

Section 444.2 of Title 12 NYCRR is hereby amended to read as follows:

Section 444.2. Fee Schedule

(a) The dental fee schedule for all dental services shall be the Official New York Workers' Compensation Dental Fee Schedule, [First] Second Edition, [March 1, 2009] November 2025, prepared by the Chair and published by the Board, which is hereby incorporated by reference, except that the maximum reimbursement for dental services in cases in which the insurance carrier files or has filed a notice of controversy pursuant to Workers' Compensation Law section 25(2)(a) or (b) shall be 25 percent more than the fees set forth in the Official New York Workers' Compensation Dental Fee Schedule. Upon resolution of the controverted claim in favor of the claimant, payers shall automatically add 25 percent to any dental bill that was billed in accordance with the Official New York Workers' Compensation Dental Fee Schedule during the pendency of the controversy. When a dentist knows at the time of submission of a bill that the claim is being controverted, the dentist should use modifier 1C to identify the 25 percent increase, but the 25 percent increase cannot be denied solely because of the absence of modifier 1C on the original bill.

(b) The Official New York Workers' Compensation Dental Fee Schedule incorporated by reference herein may be examined at the office of the Department of State, 99 Washington Avenue, Suite 650, Albany, NY 12231, the Legislative Library, the libraries of the New York State Supreme Court, [and] the district offices of the Board [in Albany, Binghamton, Brooklyn, Buffalo, Hauppauge, Hempstead, Manhattan, Peekskill, Queens, Rochester and Syracuse,] as well as available for viewing free of charge on the board's website. [Copies may be obtained from the Board by writing to New York Workers' Compensation Dental Fee Schedule, Bureau of Health Management, New York State Workers' Compensation Board, 100 Broadway - Menands, Albany, NY 12241 or by telephone at 1-800-7812362 or by email at general_information@wcb.state.ny.us].

(c) The Official New York Workers' Compensation [d]Dental [f]Fee [s]Schedule shall be updated by the Chair as he or she deems warranted by changes in market rates. The [d]Dental [f]Fee [s]Schedule consists of a list of Current Dental Terminology (CDT) codes and descriptions of treatment services and procedures as published by the American Dental Association with a corresponding maximum fee to be charged by [dental providers] dentists. Nothing shall prohibit a [provider]dentist from charging a fee that is less than the Dental [f]Fee [s]Schedule.

(d) [Any treatment or procedure provided in connection with a work related injury not specifically contained in the dental fee schedule should be billed using CDT code D9999 "Unspecified Adjunctive Procedure By Report" (BR). The provider should establish a fee consistent in relativity with the other fees listed in the dental fee schedule. Any bill submitted by a dental provider which lists CDT Code D9999 shall be accompanied by a report providing the reasons why such procedure is necessary to treat the injured employee.] Except in emergencies, any procedure or item over \$1,000 or represented by CDT Code D9999 ("Unspecified

Adjunctive Procedure By Report - BR”) requires a Prior Authorization Request (PAR). Any treatment or procedure provided in connection with a work-related injury not specifically contained in the Official New York Workers’ Compensation Dental Fee Schedule should be billed using CDT code D9999. Any bill submitted by a dentist which lists CDT Code D9999 shall be accompanied by an additional report providing the reason(s) why such procedure is necessary to treat the injured employee, and why an existing Dental Fee Schedule code could not be utilized. When billing CDT Code D9999, the dentist should reference a comparable code and pricing from the current Dental Fee Schedule, reflecting a similar amount of work, materials and resources, relative to the procedure being requested or performed.

(e) Inclusion of any particular code in this fee schedule does not guarantee reimbursement for that code. Reimbursement may be dependent on multiple factors, including but not necessarily limited to, causal relationship, clinical necessity and appropriateness of the fees submitted.

(f) Physicians (MD, DO, MBBS) with specialized training such as otorhinolaryngology may on occasion perform procedures whose codes are contained within the Official New York Workers’ Compensation Dental Fee Schedule, if such procedures are consistent with their training and scope of practice. In such instances, such physicians may use the applicable codes within the Dental Fee Schedule or the applicable codes within the Surgery section of the Official New York Workers’ Compensation Medical Fee Schedule.