

Public Health Dental Hygiene Practitioners in Rural Health Clinics

Background

In 2009, an amendment to the Dental Law was approved, now 49 PA. Code Ch. 33, which introduced Public Health Dental Hygiene Practitioners (PHDHPs) to Pennsylvania. Under this amendment, a Registered Dental Hygienist (RDH) can be certified as a PHDHP if they satisfy the following:

- Documented completion of 3600 practice hours under the supervision of a licensed dentist.
- Obtain personal malpractice/liability insurance in an amount deemed appropriate by the State Board of Dentistry.

PHDHPs are authorized to perform certain dental hygiene services without the supervision or authorization of a dentist. While PHDHPs are limited to specific practice settings, they may complete dental screenings, dental prophylaxis, fluoride application, and radiographs; provide oral health education; and place sealants. PHDHPs may not administer local anesthesia (even if they hold a local anesthesia permit) and they may not place topical anesthetics or any other medicament subgingivally. Annually, PHDHPs are required to document each patient's referral to a licensed dentist for a dental examination. Unless employed within a school-based Dental Hygiene Services Program, PHDHPs may not sign dental exam/screening forms for the state-mandated dental examination program.

Practice setting is perhaps the most important aspect of the law that PHDHPs need to consider. PHDHPs may currently practice in the following locations:

- Schools (must also abide by provisions set forth in the Public School Code)
- Correctional Facilities
- Health Care Facilities (as defined in Section 802.1 of the Health Care Facilities Act)
- Personal Care Homes (as defined in Section 1001 of the Public Welfare Code)
- Domiciliary Care Facilities (as defined in Section 2202-A of The Administrative Code of 1929)
- Older Adult Daily Living Centers (as defined in Section 2 of the Older Adult Daily Living Centers Licensing Act)
- Continuing-care Provider Facilities (as defined in Section 3 of the Continuing-Care Provider Registration and Disclosure Act)
- Federally Qualified Health Centers (FQHCs), including look-alike facilities
- Public or Private Institutions under the jurisdiction of a Federal, State or local agency
 - This includes Rural Health Clinics (RHCs) as these clinics are certified by the Centers for Medicare and Medicaid Services (CMS)
- Free and reduced-fee non-profit health clinics



Employing a PHDHP in a Rural Health Clinic

It is important to remember that Rural Health Clinics (RHCs) are obligated to ensure that 51 percent of the services they provide are primary care services. Dental care can be an additional service offered to patients in an RHC; however, all specialty services offered by the RHC, including dental services, may not exceed 49 percent of the services offered within the clinic.

PHDHPs can obtain a National Provider Identifier Standard (NPI) number through CMS. In August 2017, the Pennsylvania Department of Human Services released a Medical Assistance Bulletin on PHDHP enrollment in the Medical Assistance (MA) Program. This Bulletin specifies that PHDHPs must enroll in MA Program and obtain a Promise ID number to provide services to beneficiaries enrolled in the MA Managed Care delivery system. While PHDHPs are required to enroll in the MA Program, payment for services rendered remains at the discretion of each individual Managed Care Organization (MCO). A PHDHP may be the sole dental provider within an RHC as they do not require supervision from a dentist. The PHDHP may not supervise clinical assistants.

In November of 2010, shortly after PHDHPs began certification in Pennsylvania, the Pennsylvania Department of Public Welfare, now the Department of Human Services, released a Medical Assistance Bulletin to notify RHCs and Federally Qualified Health Centers (FQHCs) about payment for dental services. The Bulletin states that from November 2010 forward, both health centers are paid on a prospective payment system (PPS) encounter rate for all dental services, including those rendered by a PHDHP. Provider-specific PPS dental encounter rates are established for RHCs enrolled in the MA Program, including participation with MCOs, who are providing dental services. This encounter rate is established based on each RHC's cost report.

The RHC will receive payment for dental services. Reimbursement will not be sent directly to the dentist or the PHDHP and will be sent directly to the RHC. The MA Program will only pay the RHC for one dental encounter rate per day per MA beneficiary. The RHC may bill and be reimbursed for both a medical and dental encounter within the same day. To be paid, the RHC must first:

- Receive a CMS Designation Letter that includes the provision of dental services within the RHC and
- Submit a copy of the CMS Designation Letter and a cost report to the Department of Human Services

If an RHC is adding preventive and/or restorative dental services to the clinic, an interim dental encounter rate will be set. The interim rate is converted to a final PPS dental encounter rate following review of the RHC's cost report of the first full fiscal year following the establishment of the interim dental encounter rate. RHCs should submit dental claims to the MA Program using the CMS-1500 Claim Form or via Internet Claim. Procedure code T1015 (clinic visit/encounter, all inclusive) should be used with a U9 modifier which signifies that a dental service was provided. Additionally, a dental diagnosis code is required on the Claim Form or Internet Claim.



Fast Facts

- PHDHPs may practice in specific settings without supervision or authorization from a dentist
 - If practicing under the supervision of a dentist and billing as such, the PHDHP is practicing as a Registered Dental Hygienist (RDH)
- It is recommended that PHDHPs obtain an NPI number and enroll in the MA Program to obtain a Promise ID number if rendering services to MA Beneficiaries
- RHCs may provide dental services to patients as long as the dental services do not exceed 49% of the clinic's overall services provided
 - The RHC's Designation Letter must include the provision of dental services
- If an RHC is adding dental services to the clinic, an interim dental encounter rate will be set.
 - The interim rate is converted to a final PPS dental encounter rate following review of the RHC's cost report of the first full fiscal year following the establishment of the interim dental encounter rate.
- RHCs should submit dental claims to the MA Program using the CMS-1500 Claim Form or via Internet Claim.
 - Procedure code T1015 (clinic visit/encounter, all inclusive) should be used with a U9 modifier which signifies that a dental service was provided.
 - A dental diagnosis code is required on the Claim Form or Internet Claim.
 - Services maybe billed under the facility, the dentist providing services, or the PHDHP providing services but payment will be remitted to the facility.
- RHCs may receive one dental PPS payment per beneficiary per day
 - Treatment must not be prolonged unnecessarily
- A PHDHP may practice in an RHC
 - Reimbursement goes to the clinic, not directly to the PHDHP
 - Ideally, the PHDHP working in an RHC is considered an employee of the RHC

References and Resources:

- PA Code, Chapter 33, section 33.205b; Practice as a public health dental hygiene practitioner. <https://www.pacode.com/secure/data/049/chapter33/s33.205b.html>
- Pennsylvania Department of Human Services, Medical Assistance Bulletin; Subject: Public Health Dental Hygiene Practitioner Enrollment in the Medical Assistance Program. http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_263842.pdf
- Pennsylvania Department of Public Welfare, Medical Assistance Bulletin; Subject: Dental Encounter Payment for Dental Services Rendered by Rural Health Clinics and Federally Qualified Health Centers. http://www.dhs.state.pa.us/cs/groups/webcontent/documents/bulletin_admin/d_006371.pdf
- The Pennsylvania Bulletin. Rules and Regulations, Title 49, Professional and Vocational Standards. The State Board of Dentistry. 49 PA Code, Chapter 33. December 12, 2009. <https://www.pabulletin.com/secure/data/vol39/39-50/2275.html>

