Public Health Dental Hygiene Practitioners in Community Health Centers

History and State Code

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

- Hold a current license in good standing to practice as a dental hygienist in the Commonwealth of Pennsylvania;
- Document completion of 3,600 practice hours under the supervision of a licensed dentist; and
- Provide documentation of personal malpractice/liability insurance in an amount deemed appropriate by the State Board of Dentistry.

Scope of Practice (33.205b)

While PHDHPs are limited to specific practice settings, they are authorized to perform the following dental hygiene services (33.205(a)(2)-(6)) without the supervision or authorization of a dentist:

- Periodontal probing, scaling, root planning, polishing or another procedure required to remove calculus deposits, accretions, excess or flash restorative materials and stains from the exposed surfaces of the teeth and beneath the gingiva;
- Evaluation of the patient to collect data to identify dental hygiene care needs;
- Application of fluorides and other recognized topical agents for the prevention of oral diseases;
- Conditioning of teeth for and application of sealants; and
- Taking of impressions of the teeth for athletic appliances.

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 <u>school-based Dental Hygiene Services Program</u>, PHDHPs may not sign dental exam/screening forms for the state-mandated dental examination program or Head Start exam forms.





Practice Settings

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; and
- An office or clinic of a physician (MD or DO) that is located in a Dental Health Professional Shortage Area.

The specific language and practice setting definition in the PA Code can be found found in 33.205b, section c *Practice Settings*

Employing a PHDHP in a Community Health Center

PHDHPs must obtain a National Provider Identifier Standard (NPI) number through CMS. In August 2017, the Pennsylvania Department of Human Services (DHS) released a Medical Assistance Bulletin on PHDHP enrollment in the Medical Assistance (MA) program. This Bulletin specifies that PHDHPs must enroll in the 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, they are not required to personally enroll with each managed care organization (MCO). The facility should bill using the T1015 and U9 modifiers for services rendered by the PHDHP. A PHDHP may be the sole dental provider within a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) as they do not require supervision from a dentist and are a recognized provider type (specialty code 269). 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 DHS, released a Medical Assistance Bulletin to notify FQHCs and RHCs about payment for dental services. The Bulletin states that from November 2010 forward, FQHCs and RHCs 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 FQHCs and RHCs enrolled in the MA Program, including participation with MCOs, that are providing dental services. This encounter rate is established based on each FQHC/RHC cost report.

The FQHC/RHC receives payment for dental services. Reimbursement is not sent directly to the dentist or the PHDHP, and instead, is sent directly to the FQHC/RHC. The MA Program only pays the FQHC/RHC for <u>one</u> dental encounter <u>per day</u> per MA beneficiary. The FQHC/RHC may bill and be reimbursed for both a medical and dental encounter within the same day, even if the dental services are provided on the medical side of the facility.

To be paid, the FQHC must first:	To be paid, the RHC must first:
 Receive a Health Resources and Services Administration (HRSA) approved Scope of Service letter that accounts for the provision of dental service in the FQHC setting; and 	 Receive a CMS Designation Letter by completing a CMS-29 form that includes the provision of dental services within the RHC; and
 Submit a copy of the HRSA approved Scope of Service letter and the MA Cost Report to DHS by following the directions in Appendix E of the MA Program FQHC/RHC Provider Handbook. 	 Submit a copy of the CMS Designation Letter and a budgeted cost report to DHS.

If an FQHC/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 FQHC/RHC cost report of the first full fiscal year following the establishment of the interim dental encounter rate. FQHCs/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.





For additional information, please contact:

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Additional Resources:

<u>Public Health Dental Hygiene Practitioner Licensure Requirements Snapshot (pa.gov)</u> Dental Health (pa.gov)

References and Resources:

- PA Code, Chapter 33, section 33.205b; Practice as a public health dental hygiene practitioner. http://www.pacodeandbulletin.gov/secure/pacode/data/049/chapter33/049_0033.pdf
- Pennsylvania Department of Human Services, Medical Assistance Bulletin; Subject: Public Health
 Dental Hygiene Practitioner Enrollment in the Medical Assistance Program.
 http://parecovery.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_263842.pdf
- Pennsylvania Department of Human Services, Medical Assistance Bulletin; Subject: Service Location Enrollment Deadline.
 - https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/c_284 208.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.
 - $https://www.dhs.pa.gov/docs/Publications/Documents/FORMS\%20AND\%20PUBS\%20OMAP/d_006371.pdf$
- 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