



**PACHC Memo 13-02**  
**Update of PACHC Memo 10-03**

**Applicable for:**  
FQHC Management Team  
Quality Team  
Dentists  
Billing and coding staff

**June 4, 2013**

**TO:** Health Center CEOs

**FROM:** Cheri Rinehart, President & CEO

**SUBJECT:** FQHC/RHC Billing for Dental Services and **Revisions to Guidance on Certification of Public Health Dental Hygiene Practitioners (PHDHP)**

**ISSUE:** The Department of Public Welfare (DPW) made changes to its billing policy in 2010 to permit all dental services provided through a Community Health Center **FQHC** or rural health clinic (RHC) to be billed as encounters. The revisions, effective for dental services provided on or after November 1, 2010 were implemented for ALL dental services in ALL FQHCs/RHCs providing dental services. The changes permit billing for services provided by FQHC/RHC-employed Public Health Dental Hygiene Practitioners.

**BACKGROUND:** A combination of factors—health center desire to use Public Health Dental Hygiene Practitioners (PHDHPs) to their full scope of practice, DPW data challenges, DPW desire to create more consistency in health center billing, and the joint health center/DPW goal of enhancing access to dental care—led to DPW’s decision to change its FQHC/RHC payment policy for dental services. DPW suggested that the best way to view the billing change is that the agency is now paying for “FQHC/RHC services,” not “dental services.”

**KEY PROVISIONS OF DPW FQHC/RHC DENTAL BILLING POLICY:**

- 1- **Payment Policy.** Like medical services, DPW will pay a health center its PPS encounter rate per day for all dental services provided, regardless of which dental services are provided or by which dental professional, subject to [the adult dental benefit limits implemented by DPW effective September 30, 2011.](#)
- 2- **Scope of Payment Policy.** Although the change was prompted by health centers wanting to utilize the new PHDHPs to their full scope of practice, the change is comprehensive

for all dental services provided by an FQHC/RHC under the Medical Assistance fee-for-service program.

- 3- **Billing Codes.** Effective for services provided on or after the implementation date, health centers will bill using the T1015 procedure code with a U9 pricing modifier or, if submitting claims online, use the 837P form. The dental codes that DPW has identified to date include: ICD9 520.0 – 529.9; V-codes 45.84, 49.82, 52.3, 53.4, 58.5, 58.75, 72.2, and 76.42.
- 4- **Documentation.** Specifics on the services provided during the visit will not need to be included on the claim, but must be documented in the patient’s medical record.
- 5- **Prior Authorization.** Effective for FQHC/RHC dental services provided on or after the effective date of November 1, 2010, prior authorization will no longer be required for FQHC/RHC dental services provided under the MA FFS program UNLESS they require a Benefit Limit Exception because of the [limits on the adult dental benefit under the Medical Assistance fee-for-service program that DPW implemented September 2011](#).
- 6- **Limitations.** As with medical and behavioral health services, health centers are limited to payment for one dental encounter per day, regardless of how many services are provided or by whom. As with medical or behavioral health services, the dental services should be medically necessary and the definition of “encounter” met.
- 7- **Provider Number.** Dental encounters are billed using the FQHC/RHC provider number. PHDHPs do not need to get a provider number, and in fact, cannot. DPW has made the decision not to enroll PHDHPs in the MA Program. It is still important for dentists to enroll in the MA Program and get an MA ID number—both for billing for services provided to patients enrolled in managed care and to qualify for the Medicaid HIT incentive payments.

**Important Considerations:** It is important that all health center staff are aware that, even though specifics on the services provided during the visit will not need to be included on the claim, *they must be documented in the patient’s medical/dental record*. We live in a “pay and chase” world, where claims can be paid initially and then agencies, like the DPW Bureau of Program Integrity, review claims and documentation years later for accuracy and overpayment recoupment. Accurate documentation has always been important and will remain so.

**Implications for Health Centers:** The FQHC/RHC billing procedures for dental services are designed to offer more billing consistency for health centers and improved cash flow for health centers. However, the changes are only certain for the MA FFS program. DPW cannot require the managed care organizations (MCOs) to adopt the same payment methodology. The process, coupled with certification of the new Public Health Dental Hygiene Practitioners (PHDHPs), should be of benefit to health centers.

**Member Action Needed:**

- 1) Ensure all appropriate management, billing, coding and provider staff are aware of dental billing requirements.
- 2) If you plan to utilize Public Health Dental Hygiene Practitioners (PHDHPs), they must first be certified as a PHDHP by the Pennsylvania State Board of Dentistry. Applications

- must include a personalized verification of Federal Tort Claims Act (FTCA) coverage (that is, it must have the PHDHP applicant's name on it) or it will be rejected.
- 3) PACHC has finalized arrangements with the Health Resources & Services Administration (HRSA) for health centers needing an individualized letter verifying FTCA coverage:
    - a. Email your request for an individualized letter to Cheryl Bumgardner, [cheryl@pachc.com](mailto:cheryl@pachc.com) during the **last quarter** of each year
    - b. At HRSA's request, PACHC will forward all PA health center verification letter requests at one time to HRSA
    - c. HRSA will then mail by USPS an FTCA verification letter to each health center submitting a request **which is to be used for all requests submitted to the PA State Board of Dentistry in the following calendar year**
    - d. Health centers should submit each PHDHP application to the PA State Board of Dentistry using a COPY of the original FTCA verification letter
    - e. A new verification letter must be requested annually through PACHC
  - 4) When submitting a PHDHP application to the PA State Board of Dentistry:
    - a. Enter your employee's name in the space provided on a copy of the FTCA verification letter, ensuring that the name is written the same way on all documents you will be providing (e.g., if using a middle initial, use it on all documents)
    - b. Attach a copy of your health center's Notice of Deeming Award
    - c. Attach a copy of the individual's statement of employment or contract for services
    - d. Submit all with the application for PHDHP certification
  - 5) For more information on the FQHC/RHC dental billing procedure, see Medical Assistance Bulletin 08-10-50, using the DPW Medical Assistance Bulletin [search page](#).
  - 6) For more information on PHDHPs, see [PACHC Memo 09-03](#).
  - 7) Communicate questions or concerns to PACHC so we can work through any issues with DPW and communicate the solutions to the health center community.

**PACHC Action:** PACHC will continue to follow up on concerns and questions raised by health centers on dental billing and PHCHP utilization and certification.

**For More Information:** Contact Cheryl Bumgardner, PACHC Clinical Coordinator, with questions regarding PHDHP certification at [cheryl@pachc.com](mailto:cheryl@pachc.com) or (717) 761-6443, ext. 208; contact Cindi Christ at [cindi@pachc.com](mailto:cindi@pachc.com) or (717) 761-6443, ext. 204 with questions or issues regarding DPW's FQHC/RHC dental encounter billing policy.