Medicaid Reimbursement to Article 28 Clinics for Oral Assessments by Dental Hygienists with Collaborative Practice Agreements

Information for Clinic Dental Directors:

Changes to State Education Law now permit registered dental hygienists who provide dental services in facilities organized under Article 28 of the Public Health Law to enter into a collaborative practice agreement with a licensed and registered dentist who has a formal relationship with the same facility. In order to constitute a “formal” relationship, the collaborating dentist must either be employed by the Article 28 facility or have a contract to provide services within the Article 28. In the case of a dental hygienist practicing in a School Based Health Center, the collaborating dentist must either be employed or have a contract to provide services in either the School Based Health Center or the Article 28 with whom the School Based Health Center is affiliated.

Effective September 1, 2016, Medicaid will reimburse Article 28 clinics for oral assessments provided by a registered dental hygienist in accordance with a collaborative practice agreement. In addition, Medicaid will reimburse the clinic for a follow up visit with a dentist for an oral exam or treatment. Medicaid Managed Care plans are required to implement this change effective November 1, 2016.

A registered dental hygienist providing services pursuant to a collaborative arrangement shall:

1. Only provide those services that may be provided under general supervision, provided that the physical presence of the collaborating dentist is not required for the provision of such services;
2. Instruct individuals to visit a licensed dentist for comprehensive examination or treatment;
3. Possess and maintain certification in cardiopulmonary resuscitation; and
4. Provide collaborative services only pursuant to a written agreement that is maintained in the practice setting of the dental hygienist and collaborating dentist. Such written agreement shall include:
   a) Provisions for:
      1. Referral and consultation;
      2. Coverage for emergency absences of either the dental hygienist or collaborating dentist;
      3. Resolution of disagreements between the dental hygienist and collaborating dentist regarding matters of treatment, provided that, to the extent a disagreement cannot be resolved, the collaborating dentist’s treatment shall prevail;
      4. The periodic review of patient records by the collaborating dentist; and
      5. Such other provisions as may be determined by the dental hygienist and collaborating dentist to be appropriate; and
   b) Protocols, which may be updated periodically, identifying the services to be performed by the dental hygienist in collaboration with the dentist and reflecting accepted standards of dental hygiene. Protocols shall include provisions for:
      1. Case management and care coordination, including treatment;
      2. Appropriate recordkeeping by the dental hygienist; and
      3. Such other provisions as may be determined by the dental hygienist and collaborating dentist to be appropriate.

Collaborative arrangements shall not supersede any law or regulation which requires identified services to be performed under the personal supervision of a dentist.
General Billing Information for Clinic Billing Staff:

For institutional claims submitted for a dental hygienist's services (offsite):
A dental hygienist screening of a patient should be billed using D0190. The clinic should bill for any other procedures provided by the hygienist within their scope of practice (e.g., prophylaxis). These claims will be identified by the D0190 code to indicate that a dental hygienist performed the services provided. Please note that D0190 should only be billed for screening performed by a dental hygienist. Claims billed with a screening for a patient using D0190 will not include a capital add-on.

For institutional claims submitted for a dentist's services (patient previously seen by dental hygienist):
The clinic is permitted to bill for any services rendered by the dentist with the exception of D0190. Please note, do not report D0190 for services provided by a dentist. Current policy remains in place for frequency limitations for procedures. Please refer to the dental policy manual for details.

Patient seen in an Article 28 facility by a dentist & dental hygienist on the same date of service:
Only one claim should be submitted when a patient is seen by a dentist and a dental hygienist on the same date of service. All services provided should be reported on the claim. D0190 should not be billed since the patient will be seen by a dentist providing an oral exam.

Federally Qualified Health Center (FQHC) Billing:

Please see the following chart for billing guidance based on the location where services are provided:

<table>
<thead>
<tr>
<th>Satellite Site (SBHC, etc.)</th>
<th>Host site</th>
<th>How to Bill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Hygienist at a non-FQHC (Billing APGs)</td>
<td>Dentist at an FQHC</td>
<td>Satellite may bill through APGs per guidance above. Host site may bill PPS rate.</td>
</tr>
<tr>
<td>Dental Hygienist at an FQHC</td>
<td>Dentist at a non-FQHC (Billing APGs)</td>
<td>Satellite site may only bill PPS rate. Host site may not bill.</td>
</tr>
<tr>
<td>Dental Hygienist at an FQHC</td>
<td>Dentist at an FQHC</td>
<td>Satellite or Host site may only bill one PPS rate.</td>
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Questions regarding Medicaid Fee-for-Service policy should be directed to the Division of Program Development and Management at (518) 473-2160. Questions regarding Medicaid Managed Care (MMC) reimbursement and/or documentation requirements should be directed to the enrollee's MMC plan.