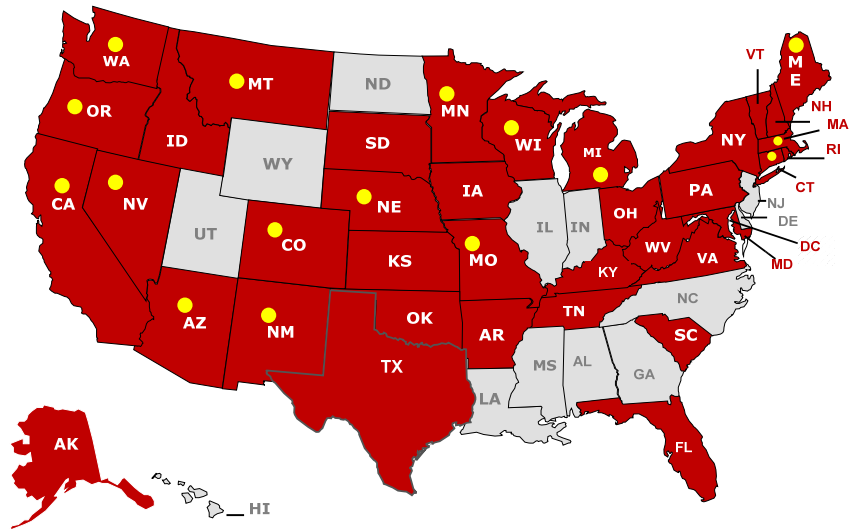


Getting Started - How A Dental Hygienist May Achieve Direct Reimbursement

Reimbursement -

The American Dental Hygienists' Association advocates for dental hygienists owning and operating dental hygiene practices; entering into provider agreements; and receiving direct and third party payments for services rendered.

Patient Care Services
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Direct Access States where dental hygienists can initiate patient care in at least one setting outside of the private dental office, without the presence of a dentist, dentist referral, or prior dental exam

States where dental hygienists can receive **Direct Reimbursement by Medicaid**

What is third party reimbursement?

Third party reimbursement is compensation for services that is paid by an entity other than the patient. Common payment models include: health maintenance organizations (HMOs), preferred provider organizations (PPOs), point of service (POS) or government programs such as Medicaid. Dental benefit plans can be purchased by employers or they can be purchased by individuals.

Can dental hygienists submit claims for third party payment?

Dental hygienists who provide services as independent contractors or own a dental hygiene practice may send claims directly to a dental insurance entity. Alternatively, they may bill a patient for services and provide a completed insurance form for the patient to submit to their dental insurance entity.

Are third party payers required to pay claims submitted by dental hygienists?

Third party payers may or may not recognize independent dental hygienists as providers. HMO and PPO plans require pre-arranged membership in "networks" of providers, which are typically limited to dentists or dental specialists. Providers that are members of an HMO or PPO plan agree to accept a pre-negotiated payment level as payment in full and may not bill patients for any unpaid balance. Many PPO plans recognize independent dental hygienists as "out-of-network" providers. POS plans allow both in-network and out-of network providers. Claims for out-of-network providers are typically paid at lower rates of reimbursement. Out-of-network or non-member providers may bill patients for any unpaid balance.

Can dental hygienists submit claims to Medicaid?

Medicaid is regulated by state and federal laws. Currently 16 states allow direct reimbursement to dental hygienists. Refer to federal and state regulations for eligibility and billing requirements.

Process to apply for reimbursement -

1. **Obtain a National Provider Identification (NPI) number.** An NPI is a unique HIPAA provider identification number for an individual, group or organization of providers of health care services or supplies. It is required for all financial transactions such as electronically filed claims. A number can be obtained online at: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.
2. **Determine if claims can be submitted by an individual dental hygienist** with a personal NPI number, or by an entity for which the dental hygienist provides services such as a school, nursing home, or community clinic with another group or organizational NPI number. Some third party payers will reimburse only for services to a group or organization for which the dental hygienist provides services.
3. **Use the most recent American Dental Association Current Dental Terminology (CDT) codes on claims.** The CDT code book can be purchased from ADA at www.ada.org. Many practice management software programs include current CDT and Current Procedural Terminology (CPT) Codes. Universal claim forms can be purchased from ADA. Claim forms from specific third party payers are available on their websites. Follow the instructions for completing and submitting claims.
4. **Determine the patient's eligibility for dental benefits before providing services.**
 - a. Obtain a copy of insurance card from patient (or guardian), and a picture identification.
 - b. Verify insurance eligibility with third party payer by telephone or website. Faxed copies of eligibility and benefits can be requested.
 - c. Discuss eligibility and benefits with patient (guardian) including deductibles, co-pays, co-insurance, and patient's portion of expenses before filing claim. Explain that the information provided to the dental hygienist is not a guarantee of payment by the third party payer. **(See item d below.) Note:** some providers ask patients to pay their projected unbenefited amount on the day of service.
 - d. When necessary, submit a claim for pre-authorization to the third party payer to determine benefits that will be paid on a specific claim.
 - e. Obtain patient (guardian) signature that affirms acceptance of treatment plan, projected fees, the right to disclose health information related to the claim, authorization of direct payment to the provider dental hygienist (or billing entity), and the responsibility for payment of all charges for services not paid by the dental benefit plan. Patient (guardian) signature must be on each claim form, or a form with the original signature may be kept on file in dental records. Write "signature on file" on the submitted claim form.
5. **Read the instructions that accompany claim forms** to determine if paper claims are accepted through the mail, by fax, or if electronic claim submission is required. **Note:** A third party payer may accept electronic claims via direct entry on the payer's internet site, through dental software programs, or from a commercial clearing house service for claim submission. Typically electronic claims are paid faster than paper claims.
6. **Complete and submit claim form.**
Notes: Third party payers are less familiar with receiving claims from dental hygienists. It may be helpful to include a note on the claim that states: "Treatment was provided by an independent dental hygienist" or "self-employed dental hygienist." Providers must enter their tax identification number on the claim form. This is a personal social security number or an employer identification number (EIN). Attach a completed IRS W-9 form to a claim that is submitted the first time to a third party payer. A W-9 form identifies that a dental hygienist or business is a separate business entity. The W-9 form exempts the payer from withholding taxes from the claim payment. A W-9 form can be downloaded at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>.
7. **Third party payers processes claims within 2 days to 3 weeks. Payment and an explanation of benefits (EOB) are mailed to the dental hygienist provider or to the patient.** EOB codes explain why a claim or portion of a claim is denied. A provider and/or a patient may contact the payer for additional information when a claim is denied. Frequently, there are simple errors on claims that can be corrected and claims can be re-processed. If allowed by the insurance plan, the patient may be billed for any remaining balance. **Note:** Some payers do not make direct payments to out-of-network providers. Payment and EOB are mailed to the insured patient. In this case, a provider must request payment in full from the patient (guardian). Request the patient include a copy of the EOB with the payment. If a privately insured patient has a secondary insurance, the outstanding balances may be submitted to them to determine if additional benefits are payable.
8. **Additional notes: Some payers deny claims because they are submitted directly by dental hygienists.** This occurs more frequently in states where direct access care is not permitted or is more geographically restricted. When claims are denied solely based on the provider type, ask for a reconsideration of the claim. If denied, ask to speak or meet with a provider relations specialist. Discuss practice act changes that allow dental hygienists to provide direct access care. Explain why it is beneficial for your patients to receive care directly from you. Give examples of other third party payers that pay claims submitted by dental hygienists. It may be necessary to continue your appeal to the national payer's office. Keep ADHA apprised of your efforts. Finally, do not underestimate the influence of your patient, their guardians, and their employers to request policy changes. Ask them to call the payers and write letters. Patients and employers are direct purchasers of the plans. They can be the best promoters of policy change.