



Dental Hygiene: Reimbursement Pathways

Introduction

The purpose of *Dental Hygiene: Reimbursement Pathways* is to provide an overview of the payer systems and an overview of dental hygiene reimbursement pathways.

This report should serve as a primer to gain a baseline of understanding and illustrate the steps for a registered dental hygienist (RDH) to achieve direct reimbursement.

Background

Dental Hygiene: Reimbursement Pathways was developed in consultation with a reimbursement group comprised of three dental hygienist business owners, practicing in Colorado, South Carolina and Washington State.

Shelby Kahl, AAS, RDH, RMT, President of Shelby L Kahl RDH PC, Fort Collins, Colorado, owns a free standing dental hygiene practice in Colorado. Colorado law permits a dental hygienist (no permits required) to own any type of dental hygiene practice and to practice the total scope of dental hygiene without the supervision of a dentist, in any setting.

Tammi Byrd, RDH, CEO/Clinical Director Health Promotion Specialists, Columbia, South Carolina, partners with the South Carolina Department of Health and Environmental Control (DHEC) and South Carolina school districts to provide preventive health education and oral health services in a school-based delivery system. Tammi owns a dental hygiene business, which performs services operated under the direction of DHEC and the State Dental Coordinator. She employs a number of dental hygienists and support staff and contracts with a dentist to provide general supervision.

Doreen Naughton, RDH, BS, Washington State, is the sole proprietor of Dental Hygiene Health Services. She has provided mobile dental hygiene services for over 4000 patients in eleven nursing/adult boarding homes since 1989. Currently she sees approximately 250 patients at 7 sites. Washington does not require dental hygienists practicing in sites such as nursing homes to be supervised.

The American Dental Hygienists' Association advocates that dental hygienists, be recognized for direct reimbursement for services rendered.

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Seeking Reimbursement as a Dental Hygienist

When a provider files a claim there are 4 possible outcomes:

- The payer can deny the claim (if a dental hygienist is not a recognized provider type)
- The payer can pay a claim directly to the subscriber (the patient)
- The payer can pay a claim directly to the individual provider of the service (the RDH)
- The payer can send the payment directly to a billing provider (an entity which employs or contracts with the person actually providing the service)

In order for a hygienist to be directly reimbursed (payment sent in her/his name) the hygienist needs to be an independent contractor or otherwise self employed or own a dental hygiene practice or business. The dental hygienist and/or business must also have a federally assigned National Provider Identifier (NPI) number.

Third party payers may or may not recognize dental hygienists as providers that are directly reimbursable. Unlike Medicaid that is regulated by state and federal law there are no laws determining who third party payers must pay. An insurance company has the right to decide which providers they will reimburse and which they will not.

Legislative Note: In the absence of any legislative mandate, private third party payers are free to select what procedures they will reimburse and which types of providers they will reimburse for those procedures. However, there is also the notion of provider non-discrimination laws – supported by several groups of non-physician health care providers such as chiropractors and advanced practice nurses. Up until now these have been laws found in the insurance codes of some state which require insurance company payers to reimburse nontraditional providers legally qualified to perform a service covered by a policy. There are two states, Colorado and New Mexico, which have a specific provision in the insurance code requiring dental insurance policies to pay dental hygienists on the same basis they would a dentist for services covered under their policies.

The Affordable Care Act provides for a broad antidiscrimination provision when establishing the insurance exchanges.

Third Party Reimbursement

All of the consultants' services are being effectively reimbursed by a number of health insurance companies, including Delta Dental. In both Colorado and Washington, payments are made directly to the consultants. In South Carolina payment is made to the business which then pays the hygienist employees in the same way that a dental office receives payments in its name and pays employees. All payments are identified with the NPI number of the hygienist who performed the service, but payment goes to the business NPI as an entity provider.

Best Practices for a Registered Dental Hygienist to Achieve Direct Reimbursement

How to Bill the Patient

Best practice would be to explain to patients what your charges are and for the patient to pay the RDH at the time of service rendered. Have the insurance company reimburse the patient directly.

If the RDH is billing for services rendered, upon receiving the Explanation of Benefits (EOB), any outstanding balance should be immediately billed to the patient. A best practice for this billing practice would be to have the patient pay their estimated portion due. Insurance payments can be delayed from 2 days to 3 weeks. The insurance company can be contacted to get an estimate of the patient's benefits. This can be figured into the services being rendered and a determined portion due at time of services can then be collected.

Be Flexible

Understand that the geographical location of the office where the claim is submitted can determine whether the claim is paid. If a regional office does not pay, try contacting the national office and request them to instruct the regional office to pay.

Working with Third Party Payers

Patiently work through any technical difficulties with a declined claim with the payer. If the payer declines to pay based on the fact that you are a dental hygienist, obtain a statement to that effect and the explanation of why they will not pay a hygienist in writing.

Identify the appropriate person in the dental reimbursement section for a potential payer and schedule an appointment so you can make your case. Press the payer's representative you are dealing with for the name and contact within the organization that has the authority to make a policy decision. You may want to speak with the legal department, as they are more likely to move direct reimbursement forward faster.

Most insurance companies are including statements on EOB stating that they will not reimburse a dental hygienist. Even though this statement is made, the claim can be contested. When disputing a claim, a best practice is to create an office document, "Insurance Talking Points" or evidence to support. The RDH state reimbursement laws and scope of practice is handy to have in this situation.

Third Party Payers

Delta Dental is one of the largest third party payers. There are separate Delta plans in almost all the states, although some plans cover more than one state. The Deltas are typically organized as not for profit membership organizations of dentists. Because the members are all dentists, it has been traditionally unheard of for non-dentists to be in-network providers. However, Delta reimburses individual hygienists in both Washington and Colorado as out-of-network providers.

Other major third party payers who have reimbursed dental hygienists are MetLife, Oxford Life, United Healthcare, Regence and Blue Shield. In addition, there are at least two federally managed programs that cover large numbers of people. Tricare, a Department of Defense plan, covers military personnel, their families and retirees. Tricare has reimbursed hygienists in Washington for retired military. Tricare is currently administered by MetLife. Plans issued under the federal Office of Management and Budget (OMB) makes dental coverage available for federal employees, including postal employees.

At A Glance: Process to Apply for Reimbursement

1. Obtain a National Provider Identifier (NPI) number from the federal government, a simple process. The NPI number is required on all claims filed electronically for the purpose of consistently identifying who a provider is, but does not guarantee reimbursement.
Follow link: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
2. Entities can bill for a provider--this happens frequently when dental offices bill for all providers in the office. If a dental hygienist works as an independent contractor for a nursing home, school, etc. or works for their own dental hygiene business/practice that entity may bill as an institutional provider. This billing provider must also have an NPI number and must also be recognized by the third party payer as a valid billing provider.
3. Some payers will pay a hygienist only if they have another entity to pay through, even if the other entity is not a dentist. A hygienist can often form a business entity with a separate NPI to bill through.
4. Purchase a CDT (ADA's Current Dental Terminology) code book or consider purchasing practice management software that will include the current CDT and CPT (Current Procedural Terminology) Codes. Be sure you understand the dental claim form and how to fill it out.
5. The fastest and most efficient way to file a claim is by electronic filing through practice management software. This allows you to file and receive payment in 48-72 hours. Most importantly the software manages your account receivables, find your unpaid claims, track and generate statements for portions due, and in some cases, issue credit when an over payment has been made on a patient's account.
6. Be mindful that the payer may not be accustomed to RDH claims that do not come through a dentist. It is helpful to indicate that the hygienist is "an independent dental hygienist" or a "self-employed dental hygienist" on the form. It is helpful to attach a completed IRS W-9 form to claims sent to an insurance company for the first time. The W-9 clearly delineates that the dental hygienist or their business is a separate business entity, not an employee of a dental practice. The W-9 form also exempts the insurance entity from withholding taxes from the claim payment.
7. If the RDH is billing for services rendered, upon receiving the Explanation of Benefits (EOB), any outstanding balance should be immediately billed to the patient. A best practice for this billing practice would be to have the patient pay their estimated portion due. Insurance payments can be delayed from 2 days to 3 weeks.

8. The geographical location of the office where the claim is submitted can determine whether the claim is paid. For example, offices located in southern states are seemingly less likely to pay a hygienist than offices located on the west coast. If one regional office does not pay, try contacting the national office and request them to instruct the regional office to pay.
9. Patiently work through any technical difficulties with a declined claim with the payer. If the payer declines to pay based on the fact that you are a dental hygienist, obtain a statement to that effect and the explanation of why they will not pay a hygienist in writing. Identify the appropriate person in the dental reimbursement section for a potential payer and schedule an appointment so you can make your case. Obtain the name and contact information for whomever has the authority to make a policy decision. Sometimes the legal department is more likely to move direct reimbursement forward faster.
10. Even if the EOB states a dental hygienist will not be reimbursed, a denial of a claim can be contested. When disputing a claim, a best practice is to create an office document, "Insurance Talking Points" or evidence to support. You may cite examples of companies who have been reimbursing hygienists for a long time, any RDH state reimbursement laws and scope of practice. You can bill the patient for the portion due until the matter is resolved and /or encourage the patient to contact their insurance company on the basis of the denied claim.