

August 2018

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.

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Direct Access States

The American Dental Hygienists' Association (ADHA) defines direct access as the ability of a dental hygienist to initiate treatment based on their assessment of a patient's needs without the specific authorization of a dentist, treat the patient without the presence of a dentist, and maintain a provider-patient relationship (ADHA Policy Manual, 13-15).

Alaska 2008

Sec. 08.32.115

Collaborative Agreement:

Dental hygienist may provide services according to the terms of a collaborative agreement. The dentist's presence, diagnosis or treatment plan are not required unless specified by agreement. Care under the agreement can be provided in settings outside of the "usual place of practice" (i.e. private dental office).

Requirements: Dental hygienist must have minimum of 4,000 hours of clinical experience within preceding 5 years. Agreement must be approved by state board of dental examiners. Dentists are limited to 5 or fewer collaborative agreements.

Provider Services: Agreement can authorize nearly the entire dental hygiene scope of practice (patient education, prophylaxis, sealants, radiographs, etc).

Arizona 2004/2015

Sec. 32-1281, 32-1289

Affiliated Practice Agreement:

Dental hygienist with a written affiliated practice agreement may perform dental hygiene services in specified settings outside the private dental office. The written agreement must be submitted to state board of dental examiners. The affiliated practice dental hygienist shall consult with the affiliated practice dentist before initiating further treatment on patients who have not been seen by a dentist within 12 months of the initial treatment by the dental hygienist.

Requirements: Dental hygienist must have held an active license for at least 5 years and be actively engaged in dental hygiene practice for at least five hundred hours in each of the 2 years immediately preceding the affiliated practice relationship. Alternatively, dental hygienist who holds a bachelor's degree in dental hygiene, an active license for at least 3 years and is actively engaged in dental hygiene practice for at least 500 hours in each of the 2 years preceding the affiliated practice relationship, may also qualify for affiliated practice. In addition, dental hygienist must successfully complete 12 hours of specified continuing education that hold a current certificate in basic cardiopulmonary resuscitation.

Provider Services: The agreement must outline practice settings and services provided. The full dental hygiene scope is permitted with the exception of root planing, nitrous oxide and the use of local anesthesia unless under specified circumstances. After taking an accredited course and exam the dental hygienist will also be able to: place, contour and finish restorations, cement prefabricated crowns and place interim therapeutic restorations.