

To:
Federally Qualified
Health Centers
HMOs and Other
Managed Care
Programs

Reporting Dental Hygienist Encounters on Federally Qualified Health Center Cost Reports

This *Wisconsin Medicaid and BadgerCare Update* provides information about reporting the services of Medicaid-certified dental hygienists as encounters on federally qualified health center cost reports.

Dental Hygienists as Federally Qualified Health Center Providers

As originally published in the August 2006 *Wisconsin Medicaid and BadgerCare Update* (2006-74), titled “Dental Hygienists May Become Medicaid Certified,” dental hygienists are eligible, but not required, to become Medicaid certified. Furthermore, federally qualified health centers (FQHCs) employing Medicaid-certified dental hygienists may report the hygienists’ service using the *Current Dental Terminology* (CDT) procedure codes outlined in this *Update* as encounters on their cost reports.

Refer to the April 2007 *Update* (2007-33), titled “Procedure Code and Certification Requirement Changes for Dental Hygienists,” for additional information about certification requirements, allowable CDT procedure codes and CDT procedure code limitations, and prior authorization requirements.

If a performing dental hygienist is Medicaid certified, FQHCs should indicate the dental hygienist’s provider number as the performing

provider number for the allowable CDT procedure codes on claims under the FQHC billing number. If the performing dental hygienist does not have an individual Medicaid provider number, FQHCs should continue to bill services using the dentist’s performing provider number on claims.

Allowable Procedure Codes for Cost Reports

The following CDT procedure codes may be billed using the certified dental hygienist’s performing provider number and may, consequently, be counted as encounters on the FQHC cost report:

- D0999 (Unspecified diagnostic procedure, by report).
- D1110 (Prophylaxis; adult).
- D1120 (Prophylaxis; child).
- D1203 (Topical application of fluoride [prophylaxis not included]; child).
- D1204 (Topical application of fluoride [prophylaxis not included]; adult).
- D1206 (Topical fluoride varnish; therapeutic application for moderate to high caries risk patients).
- D1351 (Sealant — per tooth).
- D4341 (Periodontal scaling and root planing — four or more teeth, per quadrant).

- D4342 (Periodontal scaling and root planing — one to three teeth, per quadrant).
- D4355 (Full mouth debridement to enable comprehensive evaluation and diagnosis).
- D4910 (Periodontal maintenance).

Encounters on the Cost Report

Federally qualified health centers employing Medicaid-certified dental hygienists may report the dental hygienist's services with the allowable procedure codes as encounters on their cost reports, effective for dates of service on and after January 17, 2007. An encounter is a face-to-face contact for the provision of a medical service between a recipient and a single Medicaid-certified provider on a single day, at a single location, for a single diagnosis or treatment. Each of the following is a single encounter and may not be reported in combination as more than one encounter for cost settlement purposes:

- One or more procedures performed by a Medicaid-certified dentist on a single day.
- One or more procedures performed by a Medicaid-certified dental hygienist on a single day.
- Multiple procedures performed by a Medicaid-certified dental hygienist and a Medicaid-certified dentist on a single day, regardless of diagnosis.

Information Regarding Medicaid HMOs

Services performed by a Medicaid-certified dental hygienist are considered dental services for the purposes of Medicaid HMO coverage. This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients who receive their dental benefits on a fee-for-service basis. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

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