Billable codes by SBHC providers

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SBHC Provider | Procedure | Frequency details | Billable code | Billing details |
| NP, PA, MD | Oral health risk assessment | -for children under the age of 6 years  | 99420 | -maximum once every 12 months |
|  | Application of topical fluoride Varnish | -twice every 12 months-additional fluoride treatments may be available (up to a total of 4 per child per 12 month period, when high risk conditions or oral health factors are clearly documented in chart notes) | CPT - 99188 | -When billed in a FQHC/Rural Health Center/Indian Health Center topical fluoride varnish is inclusive of the visit or well-child check and is not reimbursable as a stand-alone service. |
|  | Assessment of a patient | -Periodic oral evaluation | D0120 | -assessment from a medical practitioner does not count toward the maximum number of CDT codes |
|  | Smoking cessation counseling | -two cessation attempts are covered per 12 month period | CPT - 99406 |  |
|  |
| EPDH | Assessment of patient | -maximum of once every 12 months | D0191 |  |
|  | Prophylaxis (cleaning) | -child | D1120 |  |
|  | Sealant | -per tooth | D1351 |  |
|  | Application of topical fluoride varnish | -twice every 12 months | D1206 |  |
|  | Nutritional Counseling |  | D1310 | -Documentation should include the patient's current dietary habits. -Include any specific recommendations for diet changes. |
|  | Oral hygiene instruction |  | D1330 | -Documentation should include instructions for home care. |
|  | Smoking cessation counseling | -two cessation attempts are covered per 12 month period | D1320 | -Documentation should include information about the type and frequency of tobacco use and discussion of associated risks.-Record should document that the patient was referred to medical tobacco cessation program/Oregon Quit Line. |