

# COVID-19 & DENTISTRY

## Coding for Teledentistry

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# COVID-19: OSHA Enforcement Memo – 4/3/2020

This interim guidance will take effect immediately and remain in effect until further notice. This guidance is intended to be time-limited to the current public health crisis. [Visit OSHA's Coronavirus webpage](#) regularly for updates.

# COVID-19: OSHA Compliant

- What steps do we need to take to make sure that our staff is protected and that we are in compliance with OSHA?
  - ❖ [U.S. Department of Labor](#) issues guidance for respiratory protection during N95 shortage due to COVID-19 pandemic
  - ❖ If respiratory protection must be used, employers may consider use of alternative classes of respirators that provide equal or greater protection compared to an N95 FFR, such as National Institute for Occupational Safety and Health (NIOSH)-approved, non-disposable, elastomeric respirators or powered, air-purifying respirators



# COVID-19: OSHA Rec's - N95 Shelf Life

During N95 filtering facepiece respirator (FFR) shortages, the federal government advises that specific N95 FFRs that are beyond their manufacturer's recommended shelf life will provide greater protection than surgical masks.

NIOSH has tested a sample of N95 FFRs that are beyond their manufacturer's recommended shelf life from facilities across the United States and determined that certain N95 models continue to protect against the hazards for which they would ordinarily be appropriate.

- ❖ For N95 FFRs, this means they are still expected to filter out 95% of particles of the most penetrating particle size, or 0.3  $\mu\text{m}$

# COVID-19: When Not To Use Expired N95's

Expired N95's generally must **not** be used when HCP:

- ❖ Perform surgical procedures on patients infected with, or potentially infected with, SARS-CoV-2
- ❖ Perform or are present for **procedures expected to generate aerosols** or procedures where respiratory secretions are likely to be poorly controlled
  - ❖ Cardiopulmonary resuscitation, Intubation, Extubation, Bronchoscopy, Nebulizer therapy, Sputum induction

# COVID-19: Extended Use or Reuse of N95's

- In the event extended use or reuse of N95 FFRs becomes necessary, the same worker is permitted to extend use of, or reuse, the respirator, as long as the respirator maintains its structural and functional integrity and the filter material is not physically damaged, soiled, or contaminated
- Extended use is preferred over reuse due to contact transmission risk associated with donning/doffing during reuse
- When respirators are being re-used, employers should pay particular attention to workers' proper storage of the FFRs in between periods of reuse

# COVID-19: PPE Effectiveness

If seeing patients, how effective is our Personal Protective Equipment (PPE) for preventing contamination when assisting pre-symptomatic COVID-19 patients?

- PPE, handwashing, and proper infection control procedures will protect during emergency procedures
- Remember, it is important to wear a N95 mask if aerosol generating procedures are involved - wipe down **ALL** surfaces with a viricidal wipe
  - A study published in [JAMA](#) suggests that “air contaminated with” coronavirus “might travel four times farther than the 6 feet the CDC asks we distance ourselves.”
  - Researchers “found that under the right conditions, liquid droplets from sneezes, coughs and just exhaling can travel more than 26 feet and linger in the air for minutes.” [Lydia Bourouiba](#), the study’s author, said, “There is no virtual wall at this 3- to 6-feet distance.”

# COVID-19: PPE Effectiveness

If seeing patients, how effective is our Personal Protection Equipment (PPE) for preventing contamination when assisting pre-symptomatic COVID-19 patients?

- Pre-symptomatic Transmission of SARS-CoV-2 — Singapore, January 23–March 16, 2020 – CDC MMWR – early release 4/1/20
  - This investigation identified seven clusters of COVID-19 in Singapore in which pre-symptomatic transmission likely occurred. Among the 243 cases of COVID-19 reported in Singapore (as of March 16), 157 were locally acquired; 10 of the 157 (6.4%) locally acquired cases are included in these clusters and were attributed to pre-symptomatic transmission.
  - These findings are supported by other studies that suggest that pre-symptomatic transmission of COVID-19 can occur (1–3). An examination of transmission events among cases in Chinese patients outside of Hubei province, China, suggested that 12.6% of transmissions could have occurred before symptom onset in the source patient (3).

# COVID-19: Operatory Air Sanitation

For patients receiving emergency care not involving an aerosol generating procedure, routine post visit infection control practices should be utilized.

- For patients requiring aerosol generating procedures:
  - ❖ Some procedures performed on patient(s) with known or suspected COVID-19 could generate infectious aerosols and should be performed cautiously and avoided if possible
- If performed, the following should occur:
  - ❖ HCP in the room should wear N95 or higher-level respirator, eye protection, gloves, and gown
  - ❖ The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support
  - ❖ AGPs should ideally take place in an AIIR
  - ❖ Clean and disinfect procedure room surfaces promptly

# COVID-19: Operatory Air Sanitation

Does the air in the operatory need to be sanitized after each patient?

- Routine cleaning and disinfection procedures (using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in health care settings, including those patient-care areas in which aerosol-generating procedures are performed
- Refer to List N external icon on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2

# Disclaimer

This presentation is for informational training purposes only, the information contained in this presentation is not to be considered legal advice. Presenter is not a licensed attorney. For legal advice, consult a health care attorney.

Coding as presented has been researched. Statements made do not necessarily apply to all plans as there is great variation. There is no guarantee that a given plan will reimburse along the guidelines presented.

Always code “what you do”.

Follow the current CDT code set exactly to the best of your ability.

# Warning! A Changing Landscape

This webinar is current as of 3/30/2020.

It is a changing landscape.

Also, check the American Dental Association (ADA) website throughout COVID-19 for updates as information becomes available.

# Objective

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The objective of this webinar is to simplify coding and reimbursement and decrease confusion regarding Teledentistry.

# What Codes Might Apply to Virtual Appointment?

## What are the Two Codes for Teledentistry?

- D9995 – Teledentistry – Synchronous; real-time encounter
- D9996 – Teledentistry – Asynchronous; Information stored and forwarded to dentist for subsequent review

## Which Teledentistry Code Applies to Interaction Between the Patient and Dentist?

- D9995 – Teledentistry – Synchronous; real-time encounter

# What Codes Might Apply to Virtual Appointment?

## Steps to Enter D9995 on the Claim Form

- 1) Place D9995 on the line item below the service rendered
  - ❖ Example: D0140 on line item 1, D9995 on line item 2
- 2) Enter “02” for the “place of service” – box #38
  - ❖ Your current default is “11” – indicates dental office

# What Codes Might Apply to Virtual Appointment?

## What About Charging A Separate Fee for D9995?

The short answer is that a fee CAN be charged but currently the reimbursement by payers is extremely low. Plus, is it “piling on” to even charge a fee?

Stay tuned – this will be covered later in the fee strategy conversation.

# What Codes Might Apply to Virtual Appointment?

## Is There An Evaluation Code Available to Report?

**YES!**

The reality is that the ADA website lists several possible evaluations:

- D0140 – limited oral evaluation – problem focused
- D0170 – re-evaluation – limited, problem focused (established patient)
- D0171 – re-evaluation post – operative office visit

# What Codes Might Apply to Virtual Appointment?

## Is One of These Procedures Superior for:

Best reimbursement coverage overall by most payers?

or

Higher UCR than for other evaluations?

- ❖ D0140 – limited oral evaluation – problem focused
- ❖ D0170 – re-evaluation – limited, problem focused (established patient)
- ❖ D0171 – re-evaluation post – operative office visit

# What Codes Might Apply to Virtual Appointment?

## Is One of These Procedures Superior for:

Best reimbursement coverage overall by most payers?

or

Higher UCR than for other evaluations?

❖ **D0140 – limited oral evaluation – problem focused**

# What Codes Might Apply to Virtual Appointment?

## What are Typical Limitations for Evaluations?

- Typically “2 per calendar year” or “1 per six-month period”
- Few may cover 2 emergencies plus 2 routine evaluations

## With COVID-19, What are the Current Limitations?

- This is a changing ballgame, to say the least!
- A few plans/payers have waived traditional limits and now cover additional evaluation(s)

# What Codes Might Apply to Virtual Appointment?

## What Other Code Has Been Mentioned for Teledentistry Consideration?

- D9992 – Dental Case Management – Care Coordination
  - ❖ Assisting in a patient's decisions regarding the coordination of oral health care services across multiple providers, provider types, specialty areas of treatment, health care settings, health care organizations, and payment systems
  - ❖ This is the additional time and resources expended to provide experience or expertise beyond that possessed by the patient

# What Codes Might Apply to Virtual Appointment?

## D9992 – Dental Case Management – Care Coordination

- This code could report a consultation between the dentist and the patient's physician

## D9992 – Case Management Paid?

- Very little coverage at this point; trend doesn't appear to be positive for coverage

# What Codes Might Apply to Virtual Appointment?

## Summary of Codes

We have covered the best codes to report, based on:

- Reimbursement
- UCR

**Philosophy of  
Charging Patients for  
Various Teledentistry  
Reported Codes**



# Best Code, Overall, to Charge the Patient?

## D0140

- Coverage trend is improving
- Some payers are increasing frequency limitation

## Should You Charge for D0140?

- For long-time patients, some dentists may be reluctant
  - ❖ Keep in mind: insurance reimbursement is very good for this code!
- For new patients, some dentists may charge
- Your choice, as to charge your standard fee

# Best Code, Overall, to Charge the Patient?

## Types of Technology Allowed

- Non-public communication platforms allowed:
  - ❖ Smart phones (voice or text)
  - ❖ Apple FaceTime
  - ❖ Skype
  - ❖ Google Hangouts
  - ❖ Zoom
  - ❖ Facebook video messenger
- Public facing platforms NOT allowed include but not limited to:
  - ❖ Instagram
  - ❖ Facebook Live
  - ❖ TikTok
- Informed consent

# Best Code, Overall, to Charge the Patient?

## Types of Technology Allowed

- The HHS Office for Civil Rights (OCR) has stated it will waive potential HIPAA penalties for good faith use of telehealth during this nationwide emergency
- Full statement: <https://www.hhs.gov/about/news/2020/03/17/secretary-azar-announces-historic-expansion-of-telehealth-access-to-combat-covid-19.html>
- HHS has published an excellent document with FAQs on telehealth during COVID-19; available here: <https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf>

# Best Code, Overall, to Charge the Patient?

## What About Charging for D9995?

- D9995 is typically not covered, but a charge is permitted; very limited coverage at this time for D9995 with fees around \$12 - \$15
- A consideration is if the practice actually pays a separate Teledentistry fee
  - ❖ Example: Medpod (Henry Schein) charges about \$4 per encounter
- Another consideration is, “is it piling on” to charge a fee for D9995 *in addition to* D0140?
  - ❖ Dentist will have to decide if a fee is charged for D9995 in addition to D0140

# Best Code, Overall, to Charge the Patient?

## What About Charging for Dental Case Management – D9992?

- This code reports the dentist consulting with the patient's physician
  - ❖ At present, this is rarely covered
- Does the dentist want to charge this additional fee? Is it “piling on” to charge D9992 plus D0140 plus D9995?

**At the end of the day, the dentist must decide the appropriate charge for the most appropriate situation.**

# Documentation

## Patient Record

- Enter the Teledentistry code (D9995) and the appropriate service rendered code (ex: D0140)
- Record aspects of the audio conversation and any provided by the patient to conduct a problem – focused evaluation (D0140)
- Document the reason for encounter/diagnosis and condition of patient
  - ❖ Establishes the emergent need for telehealth
- Some patients may transmit photos to assist in their diagnoses and treatment
  - ❖ Store in a secure location to become a permanent part of their clinical record



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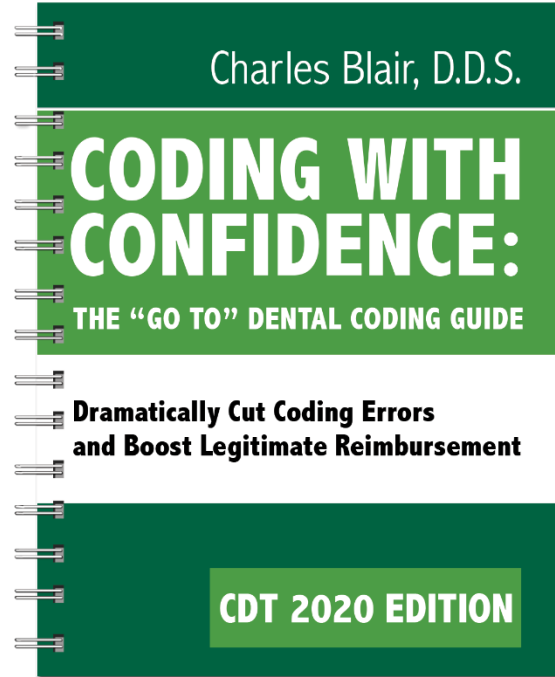
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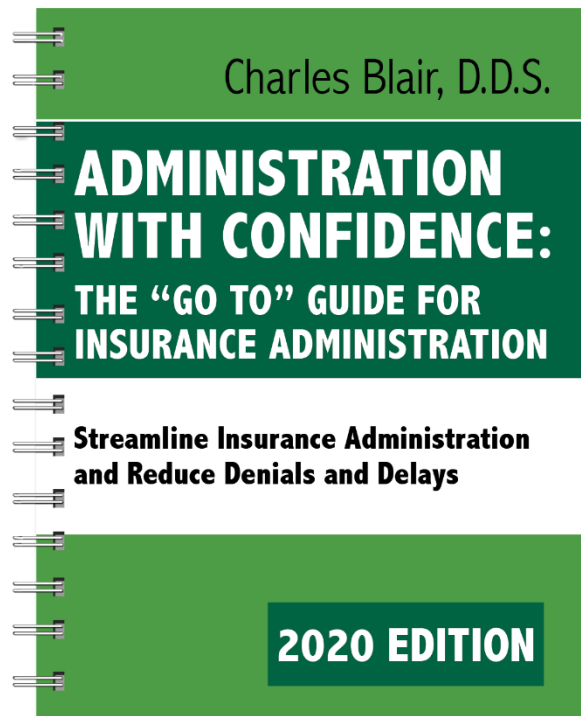
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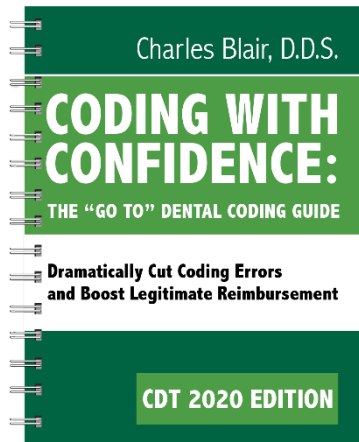
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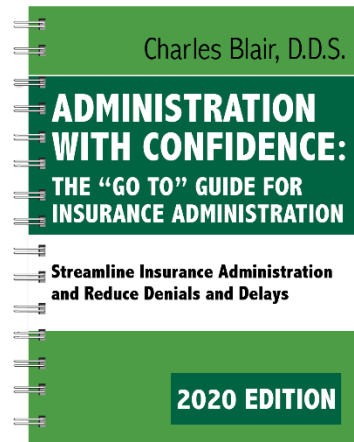
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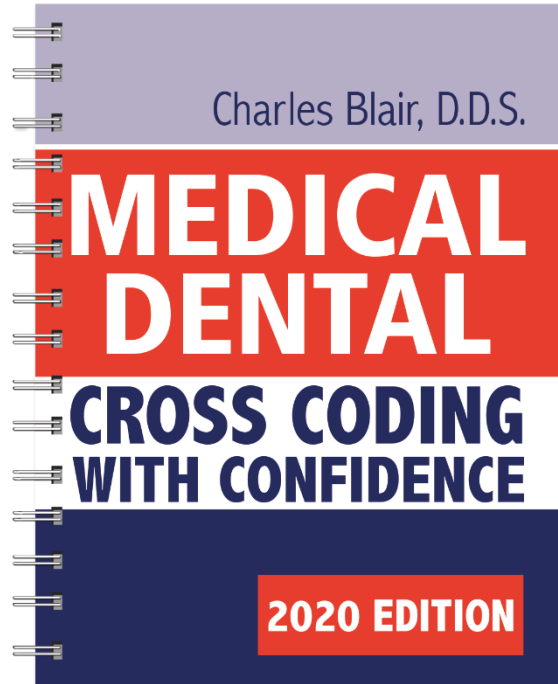
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## (2020 EDITION )



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For more information and a full list of references, please visit the Henry Schein COVID-19 resource center:

[www.henryschein.com/COVID19update](http://www.henryschein.com/COVID19update)