

NC Department of Health and Human Services

COVID-19 Guidance for Dental Professionals: ADA and CDC Recommendations and NC Medicaid Teledentistry Services

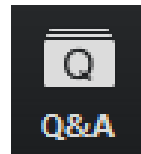
April 22, 2020

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Logistics for today's webinar

RCC (Relay Conference Captioning)
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[https://www.captionedtext.com
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5504&CustomerID=324](https://www.captionedtext.com/client/event.aspx?EventID=4415504&CustomerID=324)

Question during the live webinar



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Technical assistance

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Presentation Goals

- I. Understand Interim Dental Practice Guidance from National Organizations**
- II. Review Interim Dental Guidance from State Organizations**
- III. Differentiate between Urgent, Emergency, and Routine Dental Procedures**
- IV. Review ADA Guidance on Personal Protective Equipment “Mask and Face Shield” Guidance**

National Emergency and Guidance

Trump Declares a National Emergency Concerning COVID-19

March 13

White House Task Force and US Surgeon General

March 17

March 18

March 20

March 22

- dental services “should be limited to emergency visits only during this period of the pandemic”

CMS Guidance

Non-Emergent, Elective Medical Services, and Treatment Recommendations

To aggressively address COVID-19, CMS recognizes that

- conservation of critical healthcare resources is essential
- limiting exposure of patients and staff to the virus that causes COVID-19

CMS also recognizes the importance of

- reducing burdens on the existing health system
- maintaining services while keeping patients and providers safe

April 7th CMS shared recommendations to postpone non-essential surgeries and other procedures for patients of all ages.

CDC Guidance

Interim Guidance

On April 8th, the CDC released new interim guidance, “Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response”

This updated the previous guidance released on March 27th.

Updates from the March 27th include:

- Description of risk to dental health care personnel (DHCP) when providing emergency care during the COVID-19 pandemic.
- Recommendations for contacting patients prior to emergency dental care.
- Recommendations for providing emergency dental care to non-COVID-19 patients including engineering controls, work practices and infection control considerations.
- Potential exposure guidance.
- Contingency and crisis planning.

ADA Guidance

ADA COVID-19 webpage

- **ADA Urges Dentists to Heed April 30 Interim Postponement Recommendation, Maintain Focus on Urgent and Emergency Dental Care Only**

3 Resources

- **ADA Interim Guidance for Minimizing Risk of COVID-19 Transmission**
- **ADA Interim Guidance for Management of Emergency and Urgent Dental Care**
- **Summary of ADA Guidance During the COVID-19 Crisis**

State Level Guidance

NC DHHS

- **April 3rd** (Most Recent update)

In order to protect staff and preserve personal protective equipment and patient care supplies, as well as expand available hospital capacity during the COVID19 pandemic, NC DHHS recommends that **dental facilities take action to postpone elective procedures, surgeries, and non-urgent dental visits, and prioritize urgent and emergency visits and procedures now and for the coming several weeks.**

Doing so assures hospital emergency departments and urgent care facilities remain available to serve individuals seeking medical care and treatment for potential COVID-19.

NC Dental Board

- **March 16th**

dentists should consider **postponing elective or non-urgent care for two weeks beginning 17 March 2020.**

- **March 18th**

The NC State Board of Dental Examiners has received numerous requests for the Board to mandate the closure of all NC dental offices in response to the coronavirus pandemic. However, the **Dental Board lacks the authority to mandate the closure of dental offices.**

- **March 27th**

The recommendation (issued 16 March 2020) that **dentists treat only emergency cases during the current State of Emergency remains in effect until further notice.**

What is an Emergency ADA guide

What is an Emergency?

Dental emergencies are potentially life threatening and require immediate treatment to stop ongoing tissue bleeding, alleviate severe pain or infection, and include:

- Uncontrolled bleeding
- Cellulitis or a diffuse soft tissue bacterial infection with intra-oral or extra-oral swelling that potentially compromise the patient's airway
- Trauma involving facial bones, potentially compromising the patient's airway

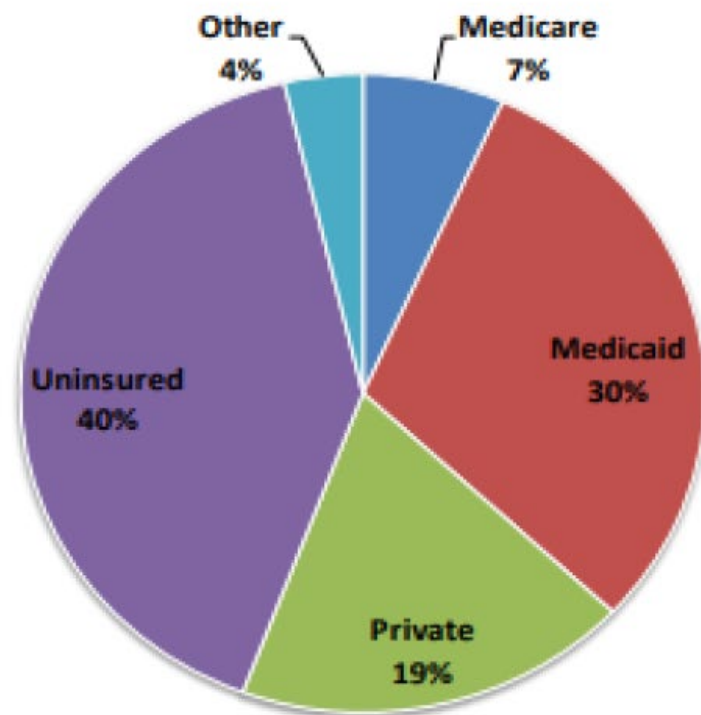
What is Urgent Care?

Urgent dental care focuses on the management of conditions that require immediate attention to relieve severe pain and/or risk of infection and to alleviate the burden on hospital emergency departments. These should be treated as minimally invasively as possible.

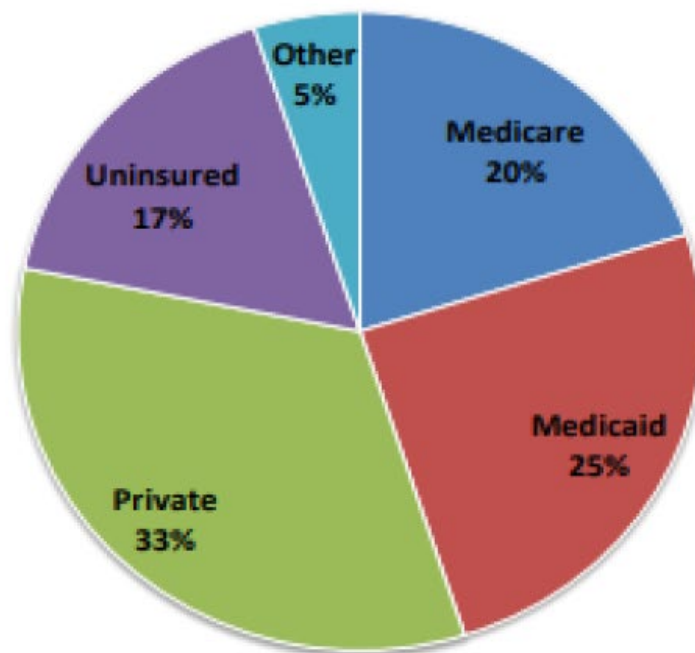
- Pain
- Trauma
- Treatment before critical medical procedures
- Biopsy of oral lesions

Expected pay source for dental-related ED visits compared to all other ED visits, 2009

Total ED visits related to dental visits



All other ED visits



AHRQ, Center for Delivery, Organization and Markets, Healthcare Cost and Utilization Project, Nationwide Emergency Department Sample, 2009

MSDA slide

Non-urgent care GREEN

Definitely Highly Likely	Probably	Possibly	Unlikely	
<div>D0140 problem focused eval</div> <div>D0171 re-eval post-op (osteitis, dry socket)</div> <div>D0460 pulp vitality tests</div> <div>D7270 tooth re-implantation of accidentally avulsed or displaced tooth</div> <div>D9110 Palliative emergency treatment</div> <div>D9910, D9911 Desensitizing medicament/resin</div> <div>D7911, D7912 complicated sutures</div>	<div>D0220, D0230, D027 Single X-rays</div> <div>D1354-Silver Diamine Fluoride</div> <div>D2799 provisional crown</div> <div>D2910, D2915, D2920 Re-cement onlay, veneer, post/core, or crown</div> <div>D2929-D2934 Prefab crowns</div> <div>D2941 Interim therapeutic restoration-primary teeth</div> <div>D2951 Pins</div> <div>D2980-D2983 Repairs-crown, inlay, onlay, veneer trauma)</div>	<div>D4320, D4321 Provisional splinting</div> <div>D6930 re-cement fixed bridge</div> <div>D6980 repair fixed bridge</div> <div>D7111, D7140, D7210, D7250 Emergency extractions- not for asymptomatic teeth</div> <div>D7220, D7230, D7240, D7241, D7251-pericoronitis or third molar pain;</div> <div>D7510; D7511; D7520; D7521 I&D</div> <div>D8701, D8702 Ortho retainer repairs (for acute issues-pain, infection, trauma</div>	<div>D3220 pulpotomy</div> <div>D3221 pulpal debridement</div> <div>D3230, D3240 Pulpal Therapy</div> <div>D3310, D3320, D3330 RCT</div> <div>D3346, D3347 D3348 RCT Retreatment</div> <div>D33555-D3357 Pulpal Regeneration</div> <div>D34* Apicoectomy/Periradicular surgery, except D3460 Endo implant</div> <div>D5511, D5512, D5520 Full Denture Repairs</div> <div>D5611-D5671 Partial Denture Repairs</div> <div>D6090 Repair Implant prosthesis</div> <div>D6091 Replacement Implant attachment</div> <div>D6092 Re-cement Implant crown</div> <div>D6093 Re-cement Implant bridge</div> <div>D6095 Repair Implant abutment</div> <div>D6253 provisional pontic</div> <div>D6793 provisional retainer crown</div>	<div>D21*,D23* Direct fillings-unless symptomatic carious lesions</div>
CDT Codes that Align with Emergency Dental Care				

ADA Interim Mask and Face Shield Guidelines

April 18

Dentists should use professional judgment when considering the availability of appropriate PPE to minimize risk of virus transmission.

FDA has approved masks equivalent to the N95 mask because they, too, are Low Risk.

Using a surgical mask, even a level 3, puts the provider at a Moderate Risk.




Interim Mask and Face Shield Guidelines

ADA

These recommendations align with existing CDC recommendations for patients without signs/symptoms of COVID-19.

Use the highest level of PPE available when treating patients to reduce the risk of exposure. Some risk is inherent in all scenarios. If masks with either goggles or face shields are not available, please understand there is a higher risk for infection; therefore, use your professional judgment related to treatment provided and the patient's risk factors.

Considering that patients who are asymptomatic may still be COVID-19 infectious, it should be assumed that all patients can transmit disease.

Mask Type – With Goggles or Face Shield (Understanding Mask Types)		Level of Risk*** to DHCP
 N95	N95	Low
 KN95	N95 EQUIVALENT MASK* KN/KP95, PFF2, P2, DS/DL2, KOREAN SPECIAL 1ST	Low
 Surgical Mask**	Surgical Mask**	Moderate

*The FDA has authorized the use of masks equivalent to the N95 during the pandemic period. Manufacturers approved can be found here: <https://www.fda.gov/media/136663/download>

**ASTM has established performance levels for surgical masks based on fluid resistance, bacterial filtration efficiency, particulate filtration efficiency, breathing resistance and flame spread.

- Level 1 masks have the least fluid resistance, bacterial filtration efficiency, particulate filtration efficiency, and breathing resistance.
- Level 2 masks provide a moderate barrier for fluid resistance, bacterial and particulate filtration efficiencies and breathing resistance.
- Level 3 masks provide the maximum level of fluid resistance recognized by ASTM and are designed for procedures with moderate or heavy amounts of blood, fluid spray or aerosol exposure.

***https://www.ada.org/-/media/CPS/Files/COVID/ADA_COVID_Int_Guidance_Treat_Pts.pdf?utm_source=adacorp&utm_medium=social&utm_campaign=coronavirus-19

Professional judgment should be exercised when considering the use of gowns, foot covers and head covers.

These guidelines are intended to help dental practices lower (but not eliminate) the risk of coronavirus transmission during the current pandemic. Dental practices should not presume that following the guidelines will insulate them from liability in the case of infection. Dentists should also be aware of any relevant laws, regulations, or rules adopted in their states.

Objectives

- **Expansion of Teledentistry Services**
- **Medicaid Policy**
- **Documentation Requirements**
- **Procedure Codes**
- **Reimbursement**
- **Prior Approval (bypassed during COVID-19)**
- **Claims Submission**
- **Resources and Guidance**

Rationale for Expansion of Teledentistry Services

- Increase access to care for beneficiaries with urgent and emergent oral health needs.
- Reduce the number of beneficiaries with non-traumatic dental conditions presenting for care at hospital ERs.
- Allow hospitals to focus on care for COVID-19 patients.
- Ensure safety of beneficiaries by keeping them out of an environment where risk of transmission may be higher.

Teledentistry

Use of telehealth systems and methodologies in dentistry which allows patients to “see their dentist” without having to go to the dentist office.

It is a NC Medicaid covered benefit.

Procedure Codes

- D0999** Unspecified diagnostic procedure, by report
- D9995** Teledentistry – synchronous; real-time encounter
- D9996** Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review
- D0140** Limited oral evaluation – problem focused
- D0170** Re-evaluation – limited, problem focused (established patient; not post-operative visit)

Prior Approval – Not required

Place of Service – Telehealth 02

Effective Dates for Teledentistry

- Temporary changes are retroactive to March 10, 2020.
- Changes will end the earlier of the cancellation of the North Carolina State of Emergency Declaration or when the policy modification is rescinded.
- When the temporary modifications end, all face-to-face service requirements will resume.

Ways to Use Teledentistry

- NC Medicaid has eliminated the restriction that teledental services cannot be conducted via “video cell phone interactions”.
- These services can now be delivered via any HIPAA-compliant, secure technology with audio and video capabilities.
- Technology includes (but not limited to) smart phones, tablets and computers.

- **Covered health care providers may use popular applications that allow for video chats.**
 - Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype
- **Providers can render telehealth services without risk that OCR might seek to impose penalties for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 health crisis.**

Use of Teledentistry Codes

- During the COVID-19 public health emergency, enrolled dentists should limit their use of teledentistry services to triage or evaluation of beneficiaries with urgent or emergent oral health problems.
- This is consistent with ADA, CDC and CMS recommendations regarding postponement of all elective or routine dental care until further notice.

Use of Teledentistry Codes

- Dentists cannot delegate to a registered dental hygienist or another staff member the responsibility of contact with a beneficiary that will be reported as a teledentistry service.
- Contact for administrative purposes such as scheduling, triage, or routine post-operative care cannot be reported as teledentistry.
- Prior approval limitations have been removed and are not required for any of the teledentistry services.

Documentation of Teledentistry Codes

- Dental treatment rendered through teledentistry must be documented in the patient's record:
 - Date/time/duration of encounter
 - Reasons for the encounter (documentation of the emergent or urgent patient complaint)
 - Technology used
 - Records reviewed
 - Diagnosis
 - Treatment recommendations

D9995 Teledentistry – synchronous; real-time encounter

Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.

- Under the existing clinical policy, Medicaid-enrolled dentists may render provider to provider teledentistry services via synchronous, live audio and video transmission in accordance with Code on Dental Procedures and Nomenclature (CDT) code D9995.
- Under this clinical policy modification, NC Medicaid is expanding this code to also cover provider to patient teledentistry services.
- A dentist is not required to be present with a patient during provider to patient synchronous teledentistry encounters
- Dentists must report one of the oral evaluation codes (D0140 or D0170) if the synchronous transmission includes enough live video, recorded video or images communicated via a mobile communication device to allow the dentist to make a diagnosis.

D9996 Teledentistry – asynchronous; store and forward

Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.

- Under this clinical policy modification, NC Medicaid has added a new teledentistry code, D9996, to cover and reimburse for asynchronous teledentistry encounters, such as store and forward or eConsults.
- This code can be billed for both provider to provider and provider to patient encounters.
- There is a frequency limit applied the use of this code for both provider to provider and provider to patient asynchronous teledentistry encounters (providers may not bill this code more than once per week, per patient).
- Dentists must report one of the oral evaluation codes (D0140 or D0170) if the asynchronous transmission includes enough video and/or photographic evidence for the dentist to make a diagnosis.

D0999 Unspecified diagnostic procedure, by report

Teledentistry Encounters Without Live Video, Recorded Video and/or Digital Photos

- Procedure code D0999 has been added for telephone or audio-only encounters between dentists and patients that do not result in a diagnosis.
- Telephonic encounters billed with D0999 are not allowed to be reported with any other service.
- Dentists should not bill D9995 or D9996 for telephone or audio-only interactions, as these codes require the use of video or photos.

Oral Evaluations

- **D0140 Limited oral evaluation – problem focused**

An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation.

Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.

Note: Dentists must report one of the oral evaluation codes (D0140 or D0170) if the synchronous or asynchronous transmission includes enough live video, recorded video or images communicated via a mobile communication device to allow the dentist to make a diagnosis.

Oral Evaluations

- **D0170 Re-evaluation – limited, problem focused (established patient; not post-operative visit)**

Assessing the status of a previously existing condition.

For example:

- a traumatic injury where no treatment was rendered but patient needs follow-up monitoring;*
- evaluation for undiagnosed continuing pain;*
- soft tissue lesion requiring follow-up evaluation.*

Note: Dentists must report one of the oral evaluation codes (D0140 or D0170) if the synchronous or asynchronous transmission includes enough live video, recorded video or images communicated via a mobile communication device to allow the dentist to make a diagnosis.

Reimbursement

Procedure Codes	Description	Reimbursement
D0999	Unspecified diagnostic procedure, by report	\$22.00
D9995	Teledentistry – synchronous; real-time encounter	\$62.50
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	\$22.00
D0140	Limited oral evaluation – problem focused	\$38.43
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	\$30.05

Prior Approval and Billing



Prior Approval

Not Required

Claim

Place of Service
(02 – telehealth)

Emergency Office Visits

- **D9440 Office visit – after regularly scheduled hours**

Note: Dentists should only report this code if the beneficiary is treated in the office on an emergency basis. This code is not allowed on the same date of service as teledentistry services.

Patient Assessment via Synchronous Teledentistry

Created by Scott Howell, DMD, MPH

**Assistant Professor and Director of
Teledentistry at A.T. Still University,
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Health**

<https://vahealthcatalyst.org/wp-content/uploads/2020/04/Guidance-Document-for-Patient-Assessment-via-Synchronous-Teledentistry-Dr.-Scott-Howell.pdf>

Patient Assessment via Synchronous Teledentistry



Patient Assessment via Synchronous Teledentistry

PATIENT ASSESSMENT VIA SYNCHRONOUS TELEDENTISTRY

PATIENTS



**Front teeth,
lip side**



1. Open your mouth slightly.
2. Pull your cheeks back and flip your upper lip up and your lower lip down.
3. Look straight at the camera.

**Bottom teeth,
lip side**



1. Open your mouth slightly.
2. Pull your lower lip down.
3. Look straight at the camera.

- **Teledentistry Website:**
[ADA Coronavirus Center for Dentists](#)
- **Link:**
[COVID-19 Resources for Dentists](#)
- **Document:**
[COVID-19 Coding and Billing Guidance](#)

- **MEDICAID SPECIAL BULLETIN
COVID-19 #36: Telehealth Clinical Policy Modifications –
Outpatient Specialized Therapies and Dental Services**
<https://medicaid.ncdhhs.gov/providers/medicaid-bulletin>
- **Providers - NCTracks Call Center (800) 688-6696**
- **Beneficiaries – NC Medicaid Contact Center (888) 245-0179**

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NC Medicaid Dental and Orthodontic Services
<http://www.ncdhhs.gov/dma/services/dental.htm>



Any Questions?