Transcript for NC DHHS COVID-19 Guidance for Dental Professionals
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5:30pm – 6:30pm

Presenters:
Sarah Tomlinson, DDS, State Dental Director
Mark W. Caset, DDS, MPH, Medicaid Dental Director
Darlene P. Baker, RDH, Medicaid Lead Dental Policy Analyst
Hugh Tilson, JD, MPH, Director, North Carolina AHEC

Dr. Hugh Tilson:
Good evening, everybody. We will get started in five minutes.

Our moderator will begin in about one minute.

Good evening everyone, let's get started.

Thank you so much for participating in this evening's webinar on the states COVID-19 response. This forum is put on for dental professionals by the NC Department of Health and Human Services and North Carolina AHEC. The purpose is to provide an update the states activities and to then respond to your questions. My name is Hugh Tilson I will be moderating today's forum.

Before turning it over to the presenters I would like to take a brief moment to thank everyone for making time in your busy schedules to participate in this webinar, and for all that you are doing. I really hope that the information presented this evening will help you in your important work and will make navigating these trying times a little easier.

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After the presenters finish their updates we'll turn to your questions. We're learned in past forums that presenters will often address your questions during their presentations. We should have time to get to your questions, but I encourage you to wait until the presenters are through with their presentation before submitting a question. Please know that if for some reason we can't get to all of your questions we will forward them to the panelists who can follow up with you directly. To submit questions during the forum please use the Q&A function at the black bar on the bottom of the screen – it's the Q&A function on the black bar. If you are on the phone you can't do that, you'll need to submit a question by sending an email to questionscovid19webinar@gmail.com.

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We will record this webinar and make a written transcript of it and these slides available for the public as soon as possible on the AHEC website. Now let me turn it over to Sarah. Sarah, thank you so much.

Dr. Sarah Tomlinson:
Thank you, Hugh. Can everyone hear me?

Dr. Hugh Tilson:
Yes, we can hear you.

Dr. Sarah Tomlinson:
Thank you for your leadership at AHEC and willingness to moderate this evening's webinar.

I'm going to lead you through the interim dental guidance that's been given. The goals of my presentation first, I want to look at the national guidance, then we'll look at state guidance, then we'll look at emergency care and its importance followed by a touch on personal protective equipment.

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On March 13th President Donald Trump declared a crisis surrounding COVID-19 to be a national emergency. On March 17th at a White House coronavirus task force press briefing, White House COVID-19 response coordinator Dr. Deborah Birx recommended that hospitals and dentists cancel all elective surgeries over the next two weeks to free up hospital beds and space. The next day the centers for Medicare and Medicaid services recommended that all nonessential dental exams and procedures be postponed until further notice. Two days after that the Centers for Disease Control and Prevention recommended dental facilities postpone elective procedures, surgeries, and non-urgent dental visits. And prioritize urgent and emergency visits and procedures now and for the coming several weeks. Two days following that, the U.S. Surgeon General, Vice Admiral Jerome Adams asked health systems to cancel or delay nonessential elective procedures in a way that minimizes potential harm to patients. He closed that statement saying that these include dental procedures as well.

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CMS, on April 7th, about two weeks ago, updated recommendations to postpone nonessential surgeries and other procedures. Their leadership emphasize that conservation of critical healthcare resources, particularly personal protective equipment was needed by hospital and first-line responders. It's essential to limit exposure to patients and staff to the virus that causes COVID-19.

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Following the previous days CMS recommendations, on April 8th the CDC Division of Oral Health updated their guidance, stating that in order to protect staff and patient care supplies as well as expand available hospital capacity during the COVID-19 pandemic the CDC recommends that dental facilities postpone elective procedures, surgery, and non-urgent dental visits, and prioritize urgent and emergency visits and procedures now and for the coming several weeks. The CDC revised guidance offers more specific guidance on providing emergency care for both suspect or confirmed COVID-19 patients. These emergency dental services needed to be provided in an isolation room with negative pressure using a N95 respirator at a hospital or other facility. And those without COVID-19 should be assessed by telephone ahead of time, and then again at check in.

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In mid-March, the ADA first issued a recommendation for dentists to keep their offices closed to all but emergency care through April 6th.

New interim recommendations on April 1st from the ADA came out that dentists keep their offices closed to all but emergency procedures and urgent needs until April 30th at the earliest. This followed the CDC recommendations. The ADA believes individual dentists should exercise professional judgment and carefully consider the risks, weigh them against any possible benefit to the patient, the practice, employees, the community at large, and the practitioner. Critically important is the availability of appropriate personal protective equipment to minimize any risks of transmission during emergency and urgent care. Due to the proximity of individuals during dental procedures, and the generation of aerosols, dentists, staff and patients are at high risk of transmission. This guidance was accompanied by the release of guidance to minimize risks of COVID-19 transmission in three user-friendly flowcharts: patient triage for emergency care, screening to identify COVID-19 infection, and minimizing transmission risks.

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So as a recap, both the federal government and national organizations have recommended postponement of elective dental procedures. And what has the state government done? Well, some have mandated that dentists comply and only see emergencies or treat urgent needs. North Carolina has issued recommendations - both the Department of Health and Human Services and the dental board coming short of issuing mandates. The Department of Health and Human Services guidance followed that of the CDC, recommending that dental facilities take action to postpone elective procedures, surgeries, and non-urgent dental visits, and prioritize urgent and emergency visits now and for the coming several weeks. On March 16th, the dental board recommended that dentists should consider postponing elective or non-urgent care for two weeks beginning the next day, March 17th. And then on March 27th, the recommendation that dentists treat only emergency cases during the current state of emergency was to remain in effect until further notice. So, North Carolina guidance is to limit care to emergencies or urgent needs, and no end date has been given.

So, next slide please.

Let's go over emergencies and why it’s important. What would be considered an emergency or urgent care? The American Dental Association developed a one-page flyer for dentists entitled “What Constitutes a Dental Emergency?” that describes not only what a dental emergency is, and what urgent care is, but also what is considered routine or non-urgent dental procedures. Basically, an emergency is considered an immediate life-threatening event. It involves bleeding, pain, trauma, and urgent care also can include pain and trauma, but it is not necessarily life-threatening. Urgent care also includes treatment before critical medical procedures, or possibly even a biopsy. In addition to that one pager for dentists, they created a one pager for patients, called “What is a Dental Emergency?” and it advises patients on what types of dental care should be rescheduled and when they should seek dental care during the pandemic. These user-friendly resources are available on the ADA COVID webpage for anyone to use.

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There have been reports of dental offices in some locations completely shutting down all services in response to the request to postpone

elective dental procedures. But the vast majority of dental offices, including those in public health, remain open to provide emergency dental care to patients. The impact of closing a large number of dental offices in a geographic region could be significant. For example, a 2009 report from the Agency for Healthcare Research and Quality showed that 70% of emergency department visits related to dental conditions was from patients who are on Medicaid or uninsured - almost twice the prevalence of those on Medicaid or uninsured using the emergency department for other health-related problems. So completely closing dental offices has the potential of forcing more people to the emergency department for the relief of dental pain, or if the overcrowded emergency departments are unable to receive these patients, closing offices has the potential to adversely affect some of those most vulnerable among us the most.

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This light is included at the request of Dr. Mark W. Casey. It was created as a market analysis slide for the Medicaid, Medicare, and CHIP Services Dental Association - they wanted to look at the distribution of essential and nonessential services because they wanted to look at how many emergency services took place in 2019. This is a very recent slide. It’s the green procedures that are the non-urgent ones. Mostly the direct fillings, the restorations or repairs to prosthetics. And actually, they did find that 17.7% of the procedures in 2019 were highly likely, or probably not elective. That means that dentists are doing less than 20% of the work that they normally do in this time during the COVID crisis.

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So, on Friday, the ADA released additional interim guidance on personal protective equipment to minimize the risk of virus transmission. They recommended the highest level of PPE, as does the CDC, available when treating patients to reduce the risk of exposure. If masks with either goggles or face shields are not available, there is a higher risk for infection. Considering all patients who are asymptomatic may still be COVID-19 infectious, it should be assumed that all patients can transmit disease. So, dentists are encouraged to use N95 masks or their equivalent to reach a low level of transmission to dental health care providers. Using a surgical mask puts the provider at a moderate risk - you can see that there in the yellow.

So, this brings my presentation to a close and it is time to transition to the dental team at the Division of Health Benefits for the North Carolina Medicaid teledentistry services portion of tonight's webinar given by Darlene P. Baker, a dental hygienist and lead policy analyst for NC Medicaid Dental Program, and Dr. Mark W. Casey, Medicaid Dental Director. Mark?

Dr. Mark W. Caset:
Thank you, Sarah, and thanks for your leadership during this health crisis. I want to also thank the AHEC staff for giving us the opportunity to share this important information with dental professionals.

Please excuse, I have a medical condition so I'm going to be whispering a lot. It's not a problem with your smart phone or personal communication device, it's my voice.

So, on behalf of the Department of Health, I want to thank the many dental professionals who are treating Medicaid and Health Choices beneficiaries who have urgent and emergent oral health needs. You are first responders and you are doing important work to keep patients, as Dr. Tomlinson said, patients with non-traumatic dental conditions out of hospital emergency rooms. Thank you, and we are grateful for what you are doing. I know that you all are facing issues like obtaining personal protective equipment and also keeping your practice open without being able to treat patients with routine. The sacrifices you have made should not go unnoticed. You are the heroes of the dental profession and your resolve will help lead us out of this crisis.

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The objectives of our short presentation are to give you some insight regarding the rationale for expanding telehealth services. We'll also present some information about the North Carolina Medicaid and Health Choices dental policies relative to teledentistry. We'll discuss the nuts and bolts of billing submission [Indiscernible] for teledentistry services. The procedure codes used, the reimbursement rates, the fact that prior approval is not required for teledentistry services and other helpful information about claims for teledentistry services. Finally, we will briefly touch on some additional resources that we believe will be helpful to help dental professionals who treat North Carolina Medicaid and North Carolina Health Choice beneficiaries, and the rationale for expansion of teledentistry services.

When we first began discussing the emergency process for meeting the challenges of the COVID-19 crisis, we agreed that in the period of time during which dental professionals focused on the urgent and emergent conditions, that beneficiaries and providers needed to have multiple modes of communication available. Synchronous, asynchronous, and telephonic contact. You will see that North Carolina Medicaid is reimbursing for all treatment modes of communication, in fact we're probably more generous than most other state Medicaid programs. I know it's the wrong time to be comparing what other states are doing, but please believe me that we have done all we have could to open up channels of communication. The policy changes in teledentistry services are all about improving access and communication between beneficiaries and dental health professionals. We also wanted to relieve hospital emergency rooms from the burden of treating patients with non-traumatic health conditions. That would be toothaches, and other presentable oral health conditions. Past utilization reports on Medicaid beneficiaries seeking dental treatment in hospital ERs have shown that roughly 17,000 beneficiaries a year go to hospital ERs with dental problems. As dental professionals know, the hospital ER is not a place to go for definitive care that will resolve the patient's health problem. The focus of hospital emergency rooms should be on treatment of COVID-19 or suspected COVID-19 patients. Keeping patients with non-traumatic dental conditions out of the hospital ER will preserve precious personal protective equipment supplies and also keep our beneficiaries out of a setting where the risk of COVID-19 transmission is greater.

At this point, I'm going to hand off the remainder of the presentation to Darlene P. Baker, our lead policy analyst, and I will be available at the end of the presentation for questions. Thank you.

Darlene P. Baker:
Good afternoon, it is Darlene Baker, I'm the Lead Dental Policy Analyst with North Carolina Medicaid. I'm going to start off giving you an overview of the teledentistry procedure codes. Prior approval is not required for these procedures. The procedures must be billed with the telehealth place of service 2. Is a covered North Carolina Medicaid and North Carolina Health Choice benefit. So teledentistry allows patients to see their dentist without actually going to the dental office. And we are going to look at all of these codes in detail and give you more guidance on the call this afternoon.

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So, these changes were made retroactive to March 10, 2020. And the changes will be in effect until the cancellation of the state of emergency declaration or when we are able to return to face-to-face services in a dental office.

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So, the ways that you can use teledentistry in your office, so now you can have contact with your patients using audio and video capabilities, such as a smart phone, a tablet, or computer. So, many patients do have access to smart phones and tablets and computers, and so they are able to connect with you and you are able to share face-to-face information and video so that you can give them guidance and try to keep them out of our emergency rooms.

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So, there was guidance from the Health and Human Services office of civil rights, where they relaxed the HIPAA rules because they realize that providers are providing these services in good faith during this COVID-19 health crisis. So, you can use applications like Apple FaceTime, Facetime messenger video chat, Google hangouts video, or Skype to connect with your patients and assist them.

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So, during this COVID-19 emergency, dentists should triage and evaluate their patients that have emergent and urgent care needs using teledentistry, and you can be reimbursed for their services. And this is consistent with the American Dental Association, the Center for Disease Control, and the Centers for Medicaid and Medicare services. As they are recommending that you postpone elect for routine dental care and that you treat emergent and urgent dental care needs only at this time.

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So, using teledentistry procedure codes, the dentists cannot delegate the service to a registered dental hygienist, dental assistant, or another member of their staff. To actually be able to bill and receive reimbursement for dentistry services, a dentist must engage with the

patient, and must be the provider that is making the diagnosis decisions to be allowed to submit a claim for the services to Medicaid or Health Choice.

So, another important thing to remember in an oral surgery office particularly, so typically after an oral surgery visit someone in the office, and not usually the dentist, but some other staff member would call a patient to follow-up on routine postoperative care from the surgery that day to see how they were responding to the anesthesia, and if they were having any problems with bleeding. So, this is part of a routine postoperative care that is done in an oral surgery office, and usually someone else on the staff would contact that patient to discuss that with them and make a follow-up call to see how they are doing later that day. So, this would not be reported as teledentistry because it is part of your routine postoperative care after surgery.

Also, I know a lot of offices are having to reschedule patients and that will be just an administrative purpose if you are having to delay a patient coming into the office, and reschedule preventive visits or restorative visits. So those types of calls for just rescheduling patients would not be reported as teledentistry as well.

The prior approval limitations that were originally in place when we added the procedure code D9995, the synchronous teledentistry procedure code, when that was first added there was a prior approval requirement. The prior approval requirement has been lifted, and so those services no longer require prior approval. And we are going to talk about some claims issues that we are seeing and how that process is in the system. We will give you more details about that.

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So, dental treatment rendered through teledentistry, must be documented in the patient's record. So that documentation should include the date, the time of the service, and the duration of the encounter. The reason for the encounter, so the emergent or urgent patient complaint, the technology that you used for the teledentistry service, any records that you reviewed, so if they sent you video, photograph, if you are real time and you are using like FaceTime with the patient using video where it is real-time video, you can document that. And then you would document the diagnosis, the dentist diagnosis of the condition, and then the treatment recommendations. So, all of these should be included in the patient's chart at your office. It is not necessary to include this on your claim for payment in the NC track system. So, this information would just be documented in the patient chart in case that data service was ever questioned.

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So, we are going to take time now to look at each individual code that is covered for teledentistry service and talk about those in more detail.

So, our first procedure code is D9995 which is the synchronous or real-time encounter for teledentistry. This could be a provider-to-provider or provider-to-patient teledentistry service. So, you could have two providers that are conversing about a patient, for example, a complex surgery such as orthognathic surgery. You may have two providers, an

orthodontist and an oral surgeon, that are conversing with video chat about a patient or audio and looking at patient records. In a real-time conversation and looking at these records in a real-time format, they would be allowed to bill the teledentistry visit. Now during the COVID-19 emergency this is being used more for patients-to-provider teledentistry services, and this could be used for real-time encounters when a doctor, a dentist is on the telephone and using FaceTime video chat or some other format where they are able to see the patient. Another example would be if the patient and the dentist are on a telephone call, but the patient sends a photo, or they sent a recorded video so that the provider can see what is going on with the patient. So, the dentist is not required to be present with the patient at the time of the teledentistry encounter. And it could be that the dentist is reviewing information real-time with video, or they could send a recorded video, or a photograph, and they are on the telephone sharing information. So, the dentist must be able to make a diagnosis of the condition in order to bill the teledentistry service, and in this situation, they would bill either an emergency exam, D0140, or follow-up emergency exam D0170 on line one of the claim and then the teledentistry service on line two of the claim to allow the services to pay.

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So, our second teledentistry procedure is the asynchronous or store-and-forward teledentistry service. So, this code can be allowed for a provider-to-provider, or provider-to-patient encounter. So, for the provider-to-provider encounter this might be used if an oral surgeon and an orthodontist were reviewing a case for orthognathic surgery and the orthodontist shared information by a protected email and sent the information by email to the specialist. So, the orthodontist sends the information by email to the oral surgeon and they review those records together. So, the orthodontist would forward the email and documentation to the oral surgeon, the oral surgeon could review those on his own time schedule, and give a response back by email to the orthodontist. So, this is a store-and-forward where they are forwarding the information to another provider, they are making their treatment recommendations, and they send an email response back to that provider. So, this is a store-and-forward. And like we mentioned earlier, if they are on a telephone call when they are reviewing recorded video or records on the telephone call, that is considered a real-time synchronous teledentistry service.

So, there is a frequency limit on the asynchronous, store-and-forward service, that it is allowed once per week in a situation where a provider is performing the service for the patient. It is allowed once per week, per provider, per patient. Again, you must be able to make a diagnosis using the video or photographic evidence. And if a diagnosis is made during this call, or during the review of this information - so a patient maybe sends an email to the dentist, and the dentist reviews the email, the video, or a photograph and responds to the patient in an email – then this would be a store-and-forward teledentistry service. And they must be able to make a diagnosis, and they would bill the emergency exam or emergencies follow-up exam on line one of the claim, and they would bill the D9996 teledentistry asynchronous service on line two of the claim. It is important the order of the services on the claim. So, you must always bill the emergency exam on line one, and then the synchronous or asynchronous teledentistry service on line two.

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If it is a telephonic visit only, a telephonic service only, then the provider would bill procedure code D0999, and this is actually not listed in the current dental terminology CDT manual as a teledentistry service. We are allowing coverage in North Carolina for Medicaid and Health Choice beneficiaries under this unspecified diagnostic procedure. So, if a dentist receives a phone call from a patient who has an urgent or emergent need, they could discuss the complaints of pain over the telephone and this would be reimbursed using the telephonic procedure D0999 only. There would not be a procedure code billed for the diagnosis and the oral evaluation, as it is unlikely that a diagnosis could be made over the phone. It is more likely that they would be able to give them guidance on some things they could try it home, like medication, that they might could try for pain, or suggest to them that they proceed to the emergency room if it was a true emergency that could not wait, or they could schedule them to come into the office at a later time to be evaluated. So, for these telephonic visits the only code that is billed as the D0999 and the dentist does not bill an emergency exam or one of the other teledentistry services.

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So, we have mentioned the oral evaluation procedure codes that are allowed, in addition to the teledentistry services, the synchronous and asynchronous teledentistry services. And, so, I just wanted to have a slide where it would give a description of the emergency problem-focused exam and give some examples. So, typically this is used for dental emergencies that involve trauma, or acute infections, swelling, pain, bleeding. And as we had mentioned before, the dentist must fill the emergency exam service on line one, and then the synchronous or asynchronous teledentistry service on line two.

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So, the reevaluation of a problem focused emergency exam is allowed under D0170, and this usually allowed for traumatic injury where no treatment was rendered but you needed to make additional follow-up. So, if you are following a child that maybe had some trauma, and you wanted to reevaluate the tooth that had traumatic injury, and you wanted to see the color of that tooth, see if there was additional swelling or maybe a fistula above the tooth, then you could have the patient send you a video, or a photograph, or use real-time video where you could evaluate that area, and then you could give them guidance about other treatment options that they could try prior to coming into the office for additional treatment. And, again, we have the note below about billing the emergency reevaluation on line one, and then the teledentistry service on line two.

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So, the reimbursement for these codes, I do have a chart here that it shows all of the reimbursement. So, the telephonic visit, D0999, is reimbursed at $22, and the asynchronous teledentistry procedure, D9996, is also reimbursed at $22. The synchronous real-time encounter, where you are using real-time on telephone with video, recorded video, or photos, that reimbursement is allowed at $62.50 in addition to the oral

evaluation codes, and on this particular slide we are including the reimbursement amounts for the general dentist, pediatric dentist, oral surgeon, and orthodontist. Those providers of health department, reimbursement is a little different, and the federally qualified health centers, oral health centers are a little different. So, we do have those fee schedules available online, but this includes the general dentist fee schedule and other specialties that reference that fee schedule.

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So, I do want to talk about in detail filing claims in NC Tracks. So, prior approval is not required, but because the procedure code for teledentistry synchronous service D9995 was originally added in the NC Tracks system is prior approval being required, when you submit the claim to NC Tracks, the procedure for the teledentistry synchronous code D9995 will suspend for prior approval as it is required. So, you will notice when you submit the claim in the NC Tracks provider portal that the claim will show its pending and it will give you a message that it is pending due to the requirement of prior approval. So, no additional action is needed by the provider. The system will update overnight, and it will bypass the prior approval edit in the system, and it will move on and pay without the prior approval requirement. So, we are getting a lot of calls about claims, providers thinking the claim is denied, but the claim has not been denied, it is pending, so you will notice the status of the claim in the NC Tracks system, you should see that it is pending and it will show the prior approval requirement, but it will resolve in 24-48 hours depending on the cycle in the NC Tracks system. It may be 24-48 hours based on when your claim was received and when the cycle is running through the system, but it will update and bypass that prior approval requirement and the claim will be paid without prior approval.

One other thing that you have to watch for is to ensure that you are entering the emergency exams and the teledentistry service and the telephonic's service all with the place of service 02. A lot of providers are billing directly for the clearinghouse, it automatically plugs the place of service 11 for office setting and those services will not process and pay correctly without the place of service 02 for telehealth. So, what you would get is a response that your teledentistry codes are denying. You might get payment for your emergency exam, but not your teledentistry service. But the teledentistry service cannot pay without payment of the emergency exam on the same day of service with the place of service 02. So, if you get payment for your emergency exam and it paid as a place of service office, you are going to need to do a replacement claim and enter your previous claim number that you are going to replace that claim number that paid with the place of service 03 with your emergency exam, replace that, and bill all services as place of service 02 for telehealth. This would allow all procedures to pay, so you would get paid for your emergency exam and your teledentistry service for that date.

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So, another call that we have received as of the last few days has been about emergency office visits after regularly scheduled hours. So, you would not bill the emergency office hours visit with a teledentistry

service because you are likely out of the office, and you are assisting the patient remotely. So, whether the dentist is at home, or the dentist is in the office, and they are rendering the teledentistry service with the patient, either real-time, or with the store-and-forward through like an email, the dentist should not bill the after-hours office visit for these teledentistry services. So, these should be reserved for a visit where the provider is having to return to the office during a time that they are closed. So, if a provider needs to go to the office to see one patient for an emergency visit due to swelling, infection, or bleeding, and they travel back to the office during the time that they are closed, then you could bill the emergency office visit D9440 with your office place of service and any other treatment that you render that day - it might be a pallet of treatment, for treatment of a socket, it might be a filling that you had to render on a tooth that was bothering a child, or maybe the application of silver diamine fluoride in an office visit – so, that would be appropriate to bill the office visit after regularly scheduled hours with the application of silver diamine fluoride for a child arrest the decay and deal with their emergency. You would not bill these services with the teledentistry services.

So, one other comment on this, I know some offices are open for morning office hours only to treat emergency patients. So, if you have, for example, emergency office hours from 9:00 to 12:00 each day and you are seeing multiple patients during that time, that would be considered your regular scheduled office hours. This emergency after-hours visits should be reserved for a special trip to treat one patient for an emergency.

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So, we have included here, this is an awesome tool that was created by Dr. Scott Howell who is an assistant professor at the Arizona School of Dentistry, and he is also director of teledentistry in Arizona, and he has a great tool for teledentistry. It was actually shared with our colleagues over at Virginia Medicaid in a handout and slide presentation that they have. So, we have included the link here and that is why the link says Virginia Health Catalyst, they shared it with Virginia Medicaid offices. And we wanted to include that information so that you could use this tool as well.

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So, this is an example of one of the pages in his guide where he shows some views that would be helpful when guiding the patient and you are trying to get them to show you a certain area of the mouth. So, in this guide he shows you a good example of photos and he also gives you step-by-step guidance of how you can speak to the patient in the teledentistry real-time setting and guide them to give you a better video or photograph of the area. And there are many different views, I only included just the frontal view of the frontal arches, but he has many different views in his guides. I would recommend you go out and look at his guide, and if you use this when guiding your patients so they can give you a better view of the mouth, see you can see the area that is giving them a problem.

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We have some guidance here from the American Dental Association. So, they have an ADA coronavirus website for dentists, and they have resources on teledentistry. And then a lot of the resources that Dr. Tomlinson shared earlier in her slide presentation. So, these are some links here and we will have these slides on the AHEC website, and you can go and retrieve the slides and you will be able to use these links to see the additional guidance from the American Dental Association.

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This is a link to the Medicaid special bulletin. There have been so many bulletins on the many different specialties and topics that it is a little difficult to find the actual bulletins, so I wanted to include the link to that bulletin for you in our slide deck. If a provider has additional questions, you can contact the NC Tracks call center. We also included the number here for beneficiaries if they are having questions about Medicaid dental services or other services, and this is a number you would instruct beneficiaries to call.

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And, so, we have included all of our contact information here. If you have a specific question that is not addressed today, you can email Dr. Tomlinson, Dr. Casey, or myself. You can also access information on the North Carolina Medicaid Dental and Orthodontic Services webpage.

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And now we would like to take some time to answer questions that you have. So, feel free to type questions in your question box, and you can also email a question. So, I will turn it back over to our guides today and allow them to guide you during our question-and-answer session. Thank you very much for your time.

Dr. Hugh Tilson:
Thank you Darlene, Mark, and Sarah, that was very informative. I really appreciate it. A quick reminder to everybody, if you have a question use the Q&A feature on the black bar on the bottom of the webinar. If you are on the phone, you cannot do that, you can send a question to questionscovid19webinar@gmail.com.

So, we have gotten a couple of questions already. **How about Zoom? There is a listing of technologies that were available, FaceTime and others. Can you use Zoom to do this?**

Dr. Mark W. Caset:
Who wants to take that one? I guess I will take it. So, initially that was one of the options to use, but we have heard that there are some forms of Zoom where the data or information could be hacked. So, we have been telling providers not to use Zoom, but to use apps like FaceTime and other ways to communicate. So, I would initially say no, but please keep on the lookout for more information about using Zoom.

Dr. Hugh Tilson:
Great. I had a couple of billing related questions, one relates to **if we did not include POS 02, do we have to refile all of those claims?** And then another one is **is that same code supposed to be used by health departments?**

Darlene P. Baker:
I will address that that, this is Darlene Baker. So, all the teledentistry procedures should be billed using the place of service 02, and if they did not use place of service 02 for all their procedure codes then the claim will be paid incorrectly in the system. What you need to do is notice the status of the claim. If a claim was denied, then you can simply re-submit the claim correctly. If the claim is in a paid claim status, but is paid incorrectly, then you would need to submit a replacement claim where you would reference your original claim reference number and that claim would be forwarded all in one transaction as a replacement claim. It will link to the original claim number that you enter and it re-processes the claim using the new information that you enter on the current claim. So, that would also involve remittance advice, so if you handle that you can send a paid status if you handle it as a replacement claim. It would do all the steps in one and all transactions would show on the same remittance advice and you would be able to avoid the original claim and reprocess the corrected information when all the services show up in place of service 02 so it would be paid correctly.

Dr. Mark W. Caset:
Darlene, could you address the pending status of the claim for D9995.

Darlene P. Baker:
Yes, we did mention that, but I will mention again that currently in the system procedure code uppercase D9995 will pend initially, so you will see it in a pending claim status that is pending prior approval requirements, but that is an edit in the system that during the COVID-19 crisis we are bypassing that edit. So, in 24-48 hours you will see that claim move on into a paid status as long as you have the correct place of service on the claim details. It will move on and pay and the provider needs to take no additional action. So, notice if it is a pending or denied status. If it is pending, we will bypass the prior approval requirement and move on to pay the claim.

Dr. Hugh Tilson:
Got a lot more claims related questions, but I have a question about **I heard that wearing the N95 masks for a long period of time can reduce carbon dioxide release and is not good for the wearer, do we have additional information or thoughts about that?** Sarah are you there? Are you muted?

Dr. Mark W. Caset:
This is Mark, I don't have information about that.

Dr. Hugh Tilson:
Okay. Sarah, I think you are muted, so - all right, we will come back to that one, let's go back to some claims questions. **What is the back date for filing into these new codes? How far back can they go and file for these?**

Darlene P. Baker:
So, the retro act date is March 10, 2020, that would allow providers to backdate their claims and be paid for services that were rendered.

Dr. Hugh Tilson:
Would these codes work for orthodontics as well?

Darlene P. Baker:
Yes, it does, we actually had good questions from orthodontists. So, teledentistry could be a great tool for an orthodontic patient who is wearing elastics. And you may have concern that they have not been in since maybe January or February because they missed their next appointment due to the COVID-19 crisis. So, if the patient can use some real-time video with the orthodontist or send them a recorded video or photograph, so that the orthodontist can see how the teeth are moving, the orthodontist would be able to give guidance about yes, please stop wearing the elastics if tooth movement has occurred enough and we don't have to continue to treat those teeth, and that could be a big concern. Another example is impacted canines. If they have had a bracket placed to try and assist a canine eruption during orthodontic treatment, that could be a visit that an orthodontist needs to follow up on, or if a patient that has a severe [Indiscernible] and they are correcting that malocclusion, that might be a good example of a case an orthodontist would need to follow up on with a patient and either see some video, or real-time visit using FaceTime or some other technology.

Dr. Mark W. Caset:
To further address the situation where an impacted tooth is exposed and bonded, there's a bracket placed on it - typically there is a chain from the bracket on the impacted tooth to the arch wire, and if the chain falls off that would be a good reason to contact or have the patient contact the orthodontist to get some guidance about what should be done.

Dr. Hugh Tilson:
Can teledentistry be used for virtual new patient exams?

Darlene P. Baker:
No. There was guidance that it should be existing patients.

Dr. Mark W. Caset:
So, temporarily, these emergency expansions are for urgent and emergent care. They are for problem-focused visits, but there are folks that are working on a model in both the schools and in long-term care settings where the teledentistry codes would be used for new patients or periodic oral evaluations. So, I think it is something that we will see growth in in the future, but at this time these expansions of teledentistry services are temporary. So, please stay tuned.

Dr. Hugh Tilson:
Is a replacement claim different than resubmitting a claim? Is there a different form?

Darlene P. Baker:
So, a replacement claim is different than submitting an original claim. So, in the NC Tracks portal, when you are entering your claims, on the claim information tab of the NC Tracks claims portal, there is a field that is noted as claim frequency type code. And, so, when you are entering an original claim you use 1 dash 1 for admit or discharge. It has other options, number 7 is a replacement claim and number 8 is a void claim. So, you would use the 1 dash 1 for admit or discharge. If you are sending a new original claim, so it is a claim, previous claim denied, then you would just send a new original claim to resubmit your corrected claim. If the original claim was in a paid status, but it was paid incorrectly with the wrong place of service, then you would choose

the claims frequency type code as number 7, replacement, and when you do that there will be an additional field that is required that states original claim reference number. And you would include that original transaction control number, or TCN, from that claim in that original claim reference number field. And then the information, the rest of the information that you key in on the claim will be your new information that you will process. And, so, what you are telling the NC Tracks system is that I want you to replace this original claim reference number that I entered with this new information that I have keyed on this claim. And it will do both steps at once. It will void the original claim, and it will replace it with the new claim information showing the place of service 02 and pay the claim correctly. And a voided claim would be used when the claim was paid in error. So, if a provider had billed, for example, uppercase D9440 inappropriately in the claim should not be billed at all you would enter the claim frequency type code as void and then list the original claim reference number so it would know which claim to void in the NC tracks system.

Dr. Hugh Tilson:
Is there a limit on using codes on the same day, for example, can you do provider to provider uppercase D9996 and then later that same day provider to patient D9995?

Darlene P. Baker:
There is a limit of one teledentistry service per day, so they would have to make us aware if they had an unusual circumstance where they talked with the patient and then later they had to correspond with another specialist. And so that we could assist them in getting that claim paid. So, I would recommend that they bill both claims in the NC Tracks system and if there was some unusual circumstance that they feel both claims should be allowed, after the second claim denies they would have to contact the state office for assistance and we could assist them with adjusting that claim.

Dr. Hugh Tilson:
Great. So, can you go back a slide to the contacts? We have got about five minutes left and we wanted to ask you all for some thoughts about what else you might want to hear at future webinars. So, we have additional webinars planned and I know, Mark, you were going to have some ideas, did you want to talk about and open it up for others to suggest?

Dr. Mark W. Caset:
Yes. Thank you. The webinars that we have planned, one will address successful models of adult dentistry. For example, if you are at the service centers, there set up to do synchronous teledentistry services. So, having a presenter from ECU would be beneficial I think for the dental providers throughout the state. In addition, UNC, the School of Dentistry, has a call center that not only Medicaid patients, but patients for all payers are calling in with their urgent care issues. We have some facilities like FQHCs that are doing a great job with teledentistry. So, that would be one webinar that we would like to have. Another one that we have already agreed to is for nonsurgical carries management techniques. And we have some speakers from the UNC School of Pediatric Dentistry, Dr. Tim Wright who is a national expert on fluoride, so he will talk about things like silver diamine fluoride, fluoride varnish, using smart restorations. So, you'll want to keep that on your radar for a future webinar. But we really would love to

have any other ideas about webinars. One could be for reviewing personal protective equipment, that would be a webinar I think we can present. So please send your ideas to us.

Dr. Hugh Tilson:
Yeah, and so we have the contact information slide up, and I think what Mark, Sarah, and Darlene would request is that if you have ideas for future webinars you send emails to them about ideas. And we have Wednesday evenings reserved and we will get them scheduled based on newly released guidance, as well as availability of speakers. And we will get information out as quickly as possible about upcoming webinars.

So, we have just a couple of minutes left. I wanted to thank everybody for making time for joining the webinar. Thank you so much for all the work that you are doing in your communities for your patients. We know these are really trying times. We hope the information was helpful landmark. Mark, Sarah, and Darlene thank you so much for the work you are doing for the people of the state of North Carolina. It is truly, truly appreciated. Before we go let me just turn it back to you for any final comments.

Dr. Mark W. Caset:
Well I just want to say, as I said in my earlier comments, thank you all for being first responders in dentistry. You are really helping out our beneficiaries, Health Choice and Medicaid beneficiaries and keeping lines of communication open so they don't have to go to the hospital for treatment. That has been so important, and your roles in that, so thank you.

Dr. Hugh Tilson:
Sarah, I think we got you back, sorry we lost you there for a little bit.

Dr. Sarah Tomlinson:
I am back, thank you so much. I'm sorry I could not figure out how to unmute my phone. But this has been a great webinar and Hugh, you've been an excellent moderator and host, thank you to AHEC for assisting in it. Should be good back to the N95 masks, or was that addressed?

Dr. Hugh Tilson:
I don't think we got that. So, do you want to give that a comment? **And there is another question about whether you can reuse them.** So, if you want to take a crack at that that would be great.

Dr. Sarah Tomlinson:
N95 masks can be reused, it is not ideal, but in this situation, you can store your N95 masks in a paper bag and use it again. And it is true that if you use a N95 mask for a long period of time it can affect your carbon dioxide exchange. So, some of these masks have respirators in them, which is an additional filter to support air exchange, and that is an option if that becomes necessary. Sometimes the difference between a N95 mask and a N95 respirator is that additional filter piece to support the air exchange.

Dr. Hugh Tilson:
Well, great, thank you so much. Any final parting comments before we call it an evening?

Dr. Sarah Tomlinson:
No, thank you.

Dr. Hugh Tilson:
Well thank you all very much. For those of you who we did not get a chance to get to your questions we will forward those to the panelists so they can respond directly. Thank you all so much, and take care.

Darlene P. Baker:
Thank you.

Dr. Mark W. Caset:
Bye-bye.

[Event Concluded]