COVID-19 Coding and Billing Interim Guidance

Last Updated: March 18, 2020

The American Dental Association (ADA) recognizes the unprecedented and extraordinary circumstances dentists and their patients face. Our guiding principles are to mitigate transmission while also supporting emergency care for patients so as to help prevent overwhelming hospital emergency departments over the next three weeks. Under these circumstances, while some services will continue to be performed in dental offices, the ADA recognizes that patients would be best served when telecommunication technology can be leveraged to support dental care. This guide is intended to help dental offices navigate issues related to coding and billing for such virtual appointments.

Coding

For services rendered in a dental office:
If you see a patient during the current COVID-19 quarantine environment the services you render in the office should be coded and billed per your current office routines.

For services rendered using telecommunication technology:
If you are providing care using telecommunication technology to triage patients or offer an evaluation to determine if the situation is urgent or emergent, then the following CDT codes can be used to document and report the services in the patient’s record and to a third party payer.

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.

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.

D0171 re-evaluation – post-operative office visit

Case Management:

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.
Teledentistry:
When you are providing services in a teledentistry environment one or the other of the following codes would be reported in addition to those cited above –

**D9995** teledentistry – synchronous; real-time encounter
Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.

**D9996** teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review
Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.

HIPAA & Telecommunication Technology

The Centers for Medicare & Medicaid Services (CMS) and the Office for Civil Rights (OCR) issued guidance regarding HIPAA and use of telecommunication technology during the COVID-19 public health emergency that includes the following information:

OCR Guidance:

A covered health care provider that wishes to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency is permitted to use any non-public facing remote communication product that is available to communicate with patients. OCR is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency. This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19. For full guidance [https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html](https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html)

CMS Guidance:

Currently, CMS allows for use of telecommunications technology that have audio and video capabilities that are used for two-way, real-time interactive communication. For example, to the extent that many mobile computing devices have audio and video capabilities that may be used for two-way, real-time interactive communication they may qualify as acceptable technology. The new waiver in Section 1135(b) of the Social Security Act explicitly allows the Secretary to authorize use of telephones that have audio and video capabilities for the furnishing of Medicare telehealth services during the COVID-19 PHE. In addition, effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through certain everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency, but not those that are public facing such as Facebook Live, Twitch, and TikTok. For more guidance: [https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf](https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf)

Billing

The ADA has been reaching out to third party payers to determine their policies with regards to payment for services rendered using telecommunication technology. Below is the information we have collected thus far.
The ADA has also been following guidance being issued by CMS de-regulating telehealth and offering benefits for virtual check-ins as a means to support primary care. We are exploring if this guidance applies to dental care.

The ADA advises that all patient encounters using telecommunication technology continue to be appropriately documented in the patient’s record including date/time/duration of encounter, reasons for such encounter and associated clinical notes.
<table>
<thead>
<tr>
<th>Payer</th>
<th>Would plans you administer benefit teledentistry consultations for limited and problem-focused evaluations? (D0140, D0170, D0171)?</th>
<th>Would plans you administer benefit a consultation with the patients’ physician? (D9311)</th>
<th>Will frequency limits be waived to not count towards evaluations that may be needed later in the year when D0140, D0170 and D0171 are submitted?</th>
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</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>Will reimburse for it when performed via teledentistry, same as if it is performed in a traditional practice setting.</td>
<td>We do not currently cover D9311.</td>
<td>In most of Aetna’s dental plans, members are allowed two problem-focused exams (i.e., D0140 or D0170) in a calendar year <em>in addition to</em> two comprehensive or periodic oral exams (D0150 or D0120.) More importantly, when D0140 and D0170 are performed by a specialist, those exams are not subject to frequency limits. Aetna Dental is currently invoking our disaster recovery protocols that allow us to take unique situations into account to help dental members and providers. Our “service without borders” approach allows our service team to consider a provider’s special circumstances when processing a claim.</td>
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<tr>
<td>Liberty</td>
<td>Yes. See press release below</td>
<td>Yes. See press release below</td>
<td>Yes. See press release below</td>
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<tr>
<td>MetLife</td>
<td>Limited and problem focused evaluations are typically covered by MetLife plans. To the extent it is covered by a MetLife plan, such evaluations via tele-dentistry consultation would be covered. However some employer dental plans may not cover limited and problem focused evaluations so MetLife recommends that dentists and covered plan members check with MetLife to determine if these services are covered under the specific employer’s dental plan that the patient is enrolled in. MetLife also recommends that dentists and covered plan members check with MetLife to determine if tele-dentistry services which may be separate from the actual completion of the service are covered.</td>
<td>MetLife dental plans typically cover physician consultations with respect to covered services. However some employer dental plans may not cover physician consultations so MetLife recommends that dentists and covered plan members check with MetLife to determine if this service is covered under the specific employer’s dental plan that the patient is enrolled in. Benefit coverage can also be verified using MetLife’s web portal, MetDental for dentists as well as MetLife’s interactive voice response [IVR] capabilities.</td>
<td>MetLife has developed specific criteria to address situations where an enrolled dental plan member’s dental benefits are adversely affected because the individual is a victim of the Covid-19 virus. If the claim meets these criteria and we are notified that the individual is a victim of the virus, MetLife will allow benefits. This criteria is in place for insured dental plans. MetLife has also recommended that employers with self-funded dental plans also follow the same criteria that has been developed.</td>
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</tbody>
</table>
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<tr>
<th>Insurance Company</th>
<th>Response to D0140</th>
<th>Status</th>
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<tr>
<td>United Concordia</td>
<td>Yes to D0140</td>
<td>No</td>
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<tr>
<td>Blue Cross Blue Shield</td>
<td>Awaiting response</td>
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<tr>
<td>Delta Dental (all companies)</td>
<td>Awaiting response</td>
<td></td>
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<tr>
<td>Guardian</td>
<td>Awaiting response</td>
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<td>Humana</td>
<td>Awaiting response</td>
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<tr>
<td>Principal</td>
<td>Awaiting response</td>
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<tr>
<td>United Healthcare</td>
<td>Awaiting response</td>
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<tr>
<td>Cigna</td>
<td>Awaiting response</td>
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<td>GEHA</td>
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<td>Lincoln Life</td>
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<td>Starmount</td>
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<td>Wellpoint</td>
<td>Awaiting response</td>
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There would be case-by-case exceptions. UCD expects dentists to bill 0140 for teledentistry for the next 90 days.

Brought to you by the ADA’s Practice Institute, Center for Dental benefits, Coding and Quality. For questions contact dentalbenefits@ada.org
LIBERTY ANNOUNCES EXPANDED TELEDENTISTRY TO PREVENT THE SPREAD OF CORONAVIRUS

LIBERTY Dental Plan remains fully operational and continues to monitor federal and state guidance in response to the COVID-19 Virus. LIBERTY has taken steps to ensure our members, providers, and workforce are safe and have access to vital information, as well as any assistance needed in providing or accessing emergency dental services. Our workforce is available, electronically and by telephone, to assist our members, and members may call us at any time at 888-703-6999. To better serve members who are experiencing dental pain or a potential dental emergency, **LIBERTY announces the expansion of our Teledentistry Program** to all members; including but not limited to, Medicaid, Medicare, Marketplace Exchanges, Employer Groups and Individual members. Our Teledentistry program allows members to use a free mobile app through the convenience of a smartphone or computer to access licensed dentists who are able to perform assessments, write prescriptions if needed, and advise on pain management strategies. In addition to making the app available and expanding the use of the program for all emergencies, LIBERTY will continue to assist members requiring further treatment by finding a local provider. Any member experiencing dental pain or a potential dental emergency should:

- Start by contacting your dental provider for local assistance and treatment.
- If your provider is unable to provide support or treatment due to closures, contact LIBERTY’s toll-free member hotline **888-703-6999** for navigation to the Teledentistry Program. During normal and after business hours, members can access this service through our call center.
- Immediately call 911 if the situation is thought to be life-threatening.

Our expanded Teledentistry Program will be available until further notice. LIBERTY will continue to monitor this fluid situation and adjust to support our members and providers as needed. For more information about LIBERTY Dental Plan and our Teledentistry Program, please contact John Carvelli at jcarvelli@libertydentalplan.com