This document provides guidance regarding coding and billing for PPE. A separate guidance document provides information on documenting virtual visits: Coding and Billing Interim Guidance: Virtual Visits.

This document will be updated as more information is available. Please check back frequently.

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The American Dental Association recognizes the extraordinary circumstances dentists and their patients face as we navigate the COVID pandemic. The cost of infection control procedures has skyrocketed and dental offices are facing a significant financial challenge navigating this environment. Further, costs of personal protective equipment (PPE) including N95 masks, surgical masks, face shields, gowns and shoe covers, has increased due to supply shortages with prices variable across the nation. Operatory protective barriers, protective equipment for front office staff, additional disinfection protocols and other administrative or engineering controls (e.g. isolation systems, air purifiers, filters, etc.) are adding overhead for dental offices. In this environment, the ADA has issued a Statement on Third Party Payer Reimbursement for Costs Associated with Increased Standards for Personal Protective Equipment (PPE). This guide provides additional information regarding coding and billing for PPE. In the long-term dentists whose overhead has remarkably changed, may choose to approach third party administrators to re-negotiate their fee schedules. The ADA has developed a guide on Handling Contract Negotiations.

Will be updated as more information becomes available.
Coding

As noted in the Statement on Third Party Payer Reimbursement for PPE the ADA is urging third party benefit programs to either (1) adjust the maximum allowable fees for all procedures or (2) allow a standard fee per date of service per patient to accommodate the rising costs of PPE. Prior to such adjustments taking effect, dental offices may wish to use CDT code “D1999 - unspecified preventive procedure, by report” to document and report the use and cost of additional PPE. Dentists can use this code once per patient visit/claim to attempt to cover the cost of PPE.

**D1999 unspecified preventive procedure, by report**

Used for a procedure that is not adequately described by a code. Describe the procedure.

Completing the Claim Form

Because D1999 is a “by report” code, Box 35 of the ADA Claim Form must include the explanation for charges reported against this code. When additional charges for PPE are being billed, an entry of “PPE” may suffice for Box 35.

Frequently Asked Questions

**What PPE should I use?**

The use of PPE is dependent upon professional judgment based on hazard assessment including community transmission, administrative & engineering controls, availability of PPE as well as any states laws or regulations. Consult the ADA’s Return To Work Interim Guidance Toolkit for guidance on appropriate infection control procedures and PPE. The ADA has also issued guidance on Extending the Use of N95 Masks.

**How much can I charge for PPE?**

The ADA does not provide fee guidance. Please note that:

- A dentist individually determines whether to charge and his or her full fee for any procedure delivered and reported with a CDT code.
- Neither the ADA nor the CDT Code establish fee schedules for the listed procedures.
- Third-party payers determine their own reimbursement amounts for services covered by the applicable dental benefit plan.

It is always best to inform patients of any additional charges to avoid any surprise bills. Providing a documented financial policy and seeking consent is desirable.

**How do I document charges for PPE?**

Dentists should develop a standard office policy to document the additional infection control procedures or specific PPE that will be used across all patients. This documentation methodology will help justify a standard fee across all
patients. Alternatively, dentists may wish to add a note in the patient’s record to document the details of the PPE uniquely necessary for the visit when charging different fees based on the level of PPE used.

**How much will I be paid for PPE?**

For dentists who have signed participating provider agreements with third party payment programs, payment for PPE is dependent upon the contract signed between the carrier and the dentist. You may want to call the toll-free number on your patient’s identification cards to determine what coverage may be available for additional costs of PPE and to verify if you can bill the patient if there is no coverage. For Medicaid patients, please check with your state Medicaid agency.

**I don’t think the payment that the third party payer paid me covers the exorbitant costs of PPE I am facing. Can I balance bill my patients separately?**

If you are not a participating provider: yes, you are able to balance bill the patient up to your full fee. Inform the patients prior to the visit on any changes to your charges or financial policy.

If you are a participating provider: it depends. Dentists who have signed participating provider agreements have a contractual relationship with their third party carrier. These agreements determine policies that the dentist has agreed to accept. Refer to the EOB or another communication from a third party payer to determine (1) whether the patient can be billed (i.e. denied versus disallowed/non-billable) and (2) by how much.

If the payer does not pay your full fee, then some scenarios that may occur are as follows:

- Payer may apply a maximum allowable charge and decide to cover only a portion of that amount leaving the remaining as the patient’s responsibility. You can then bill the patient up to the maximum allowable charge.
- Payer may deny the claim as a non-covered service. Denied claims are typically billable to the patient but:
  - In states without non-covered services laws the dentist may still be obligated to only charge the maximum allowed fee as determined by the payer.
  - In states with non-covered services laws the dentist may be able to charge the patient up to his/her full fee. Ensure you are following your state laws on non-covered services.
- Payer may bundle the fee with the payment for other procedures provided during the same visit and disallow or make any other charges non-billable to the patient. If charges are disallowed or noted as non-billable to the patient on the EOB, the patient may not be charged a separate fee for the PPE.

ADA is actively advocating on this issue. We will update the information in this guide as more information becomes available. For Medicaid patients, please check with your state Medicaid agency. Inform the patients prior to the visit on any changes to your charges or financial policy.

**Can I charge only my uninsured patients for increased PPE costs?**

It is unethical to only charge uninsured patients or only seek reimbursement for insured patients to address the costs of PPE. See Section 5.B. (Representation of Fees) of the ADA *Principles of Ethics and Code of Professional Conduct*. See in particular Advisory Opinion 5.B.3. (Fee Differential).

**I heard that payment may be delayed because I reported a D1999 code?**

*Will be updated as more information becomes available.*
In general, a “by report” code may prevent auto-adjudication of claims. Manual review is typically required to process codes with accompanying remarks resulting in a delay in processing payments. The ADA has been informed by third party payers that while some carriers are able to process claims efficiently with the increased use of D1999, other payer systems are experiencing some delays.

Has the Centers for Medicare & Medicaid Services (CMS) released any guidance around PPE payments?

While we are still awaiting explicit guidance regarding reimbursement for PPE, thus far CMS has issued the following Q & A:

“During the public health emergency, some providers are experiencing significant cost increases. Without knowing how much costs will increase right now, how should states approach making adjustments to Medicaid payment rates and methodologies to ensure that Medicaid costs are paid during the public health emergency period?

States have flexibility to make reasonable adjustments to Medicaid payments to better align Medicaid payments with the increased cost of providing services to Medicaid beneficiaries during the PHE under the Medicaid state plan through base and supplemental payments. Such adjustments could include, but are not limited to, an increase resource utilization to account for the need for more personal protective equipment or other increased safety measures, but we would consider state’s justification for increases in payment rates during the PHE. We recognize the uncertainty and challenges states and providers are facing and will work with them on their proposals to increase Medicaid payments to help assure Medicaid patients have access to services. Payments must comport with all applicable requirements, including those under section 1902(a)(30)(A) of the Act.”

I heard that some payers may pay a standard fee without my reporting a D1999 code?

Yes. Some payers have begun launching programs to provide financial support for reopening or recovery of dental offices and/or to support the cost of PPE. Please read the following “Payer Programs & Policies” section of this guidance publication for the latest information available. This information is separate and different from other financial programs that third party payers have offered in the past few weeks.

As of 1 PM CENTRAL May 21, 2020

Payer Programs & Policies (UPDATED)

This section provides information on the different carrier policies that have been announced. This is not a complete list and only includes information reported to the ADA by members. If you have additional information to share please send to dentalbenefits@ada.org

United Concordia (UCCI)

- Allowing providers $10 per patient visit for dates of service from 5/1/2020-6/30/2020 to help cover the costs associated with purchasing masks, sterilization procedures, and other CDC requirements resulting from COVID-19.

Will be updated as more information becomes available.
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- This coverage will apply to United Concordia administered business only, including: PPO commercial, Medicare Advantage, TRICARE Dental Program (TDP), Active Duty Dental Program (ADDP), Federal Employees Dental and Vision Insurance Program (FEDVIP), Gateway Health Medicare and Medicaid and its partnership business.
- To align with ADA guidance, please use procedure code D1999 unspecified preventive procedure, by report.
- Claims must include procedure code D1999 to be eligible to receive payment for PPE.
- D1999 can be used once per patient visit to cover the additional costs for PPE.

Principal

- Offering a Personal Protective Equipment payment of $7 per patient for June – December 2020 for in-network dental providers and insured dental customers.
- This payment is intended to support our in-network dentists and keep member’s safe during this time.
- Charges for PPE are considered non-covered services. Any amount charged over $7.00 for Personal Protective Equipment is patient responsibility.
- The $7.00 payment does not apply to the member’s calendar year maximum benefit amount.

The Dental Care Plus Group

- DCPG will reimburse your office $10 per patient visit during May and June of 2020.
- This reimbursement will be paid monthly ‘outside’ of the normal claim payment processes and will be based on claims with a date of service in May and June. Separate payment will be issued in June and July of 2020 for the prior month’s patient encounters.
- DCPG prefers that D1999 not be used for PPE. Payments will be made without the use of this code.

Hawaii Dental Service (HDS)

- Offering the HDS COVID-19 Interim Supplemental Program (the “Program”) for participating HDS dentists in Hawaii, Guam, and Saipan to receive a $10 supplemental payment per eligible patient visit, retroactive from May 1, 2020 through July 31, 2020.
- The Program is a new, temporary financial support program that does not have to be repaid to HDS – to help practices alleviate the costs associated with resuming dental operations during the COVID-19 pandemic.
- Participating dentists do not have to opt-in to the Program and will automatically receive monthly supplemental payments for eligible patient visits.
- Patient visits are counted once per patient, per date of service, per provider, and per service location, during the Program time period, May 1, 2020 through July 31, 2020.
- Pre-authorizations, duplicate claims for patient visits, non-par visits, and teledentistry patient encounters are not eligible. Per HDS Policy, dentists may not charge PPE costs to the patient.

Will be updated as more information becomes available.
COVID-19 Coding and Billing Interim Guidance: PPE

- Access Frequently Asked Questions (FAQ).

**Delta Dental of Arkansas**

- $2,500 grants are available to Delta Dental of Arkansas providers to help offset some of the costs of additional Personal Protection Equipment and sanitization supplies
- Applications will be accepted May 13 – June 1, 2020
- Grantees must spend all funds before December 31, 2020.
- DDAR considers infection control costs to be part of the procedure such that there is not a separate payable amount and it is not be billable to the patient.

**Delta Dental of Rhode Island**

- Allocated $1 million to assist our participating dentists with acquiring much-needed (PPE) supplies as they re-open.
- The amount of each allocation is based on Delta Dental patient volume in the practice.

**Delta Dental of Wisconsin**

- Practice Recovery Supplement Program (PRSP), to help dental practices offset some costs as they prepare to resume providing routine care to Delta Dental of Wisconsin members.
- Delta Dental of Wisconsin is committing $5 million dollars to support network providers through this program.
- The PRSP will provide financial support with a one-time payment to all Delta Dental PPO™ and Delta Dental Premier® practices in good standing.
- Payments will be allocated based on the average number of in-network DDWI member visits in 2019.
- Orthodontist awards will be based on average number of office visits expected per patient for a full year of treatment.
- All network practices in good standing will receive an award. The minimum award is $500, and the maximum award is $100,000.
- Practices with multiple locations will be aggregated to one minimum or maximum award. For example, if there are three locations that each qualify for $100, the total award will be $500. The cumulative award for any practice or aggregate of multiple locations will not exceed $100,000.
- No application required. No repayment is required for this program.

**Delta Dental of Iowa**

- Reopening Support Payment.
- Participating network (Premier, PPO, and Hawki) dentists will receive $10 for each claim they file for Delta Dental of Iowa members. [Still finalizing payments for DWP members].
The support payment will apply to services members receive between May 1 and August 31, 2020.

These support payments will be applied to all claims and there is no need to submit for payment.

The first payments will begin around June 15.

Dentists are not able to charge a separate infection control fee for services. This is not a billable charge to the member or Delta Dental.

Access Frequently Asked Questions

**Delta Dental of South Dakota (DDSD)**

- Has increased reimbursement for six different exam codes by an average of 6% to help offset offices’ new added PPE costs.
- The exam codes are D0120, D0140, D0145, D0150, D0160 and D0180. The fee increase is effective May 1, 2020.
- Costs for infection control and OSHA compliance are included in the DDSD fees for the dental services, a separate fee for infection control is not billable to the patient by a DDSD participating dentist.

**Delta Dental of Tennessee**

- Operation #SmilesMatter, a grant program to help dentists acquire much-needed supplies, equipment, and technology
- Committing more than $3.3 million for Operation #SmilesMatter
- Grants are available to all licensed dentists practicing within the state of Tennessee who have active NPI numbers.
- Each eligible dentist will receive a $1,000 grant.
- Program will be administered through Henry Schein, Inc. in the form of a credit on the eligible dentists’ account with Henry Schein, to be used towards existing account balances and then toward any future purchase of any dental products and/or services from Henry Schein1.
- Dentists with existing Henry Schein accounts at the start of the program will have funds posted to their account in the form of a credit no later than Sunday, May 31.
- This program will begin May 11, 2020, and end on December 31, 2020.

**Delta Dental of New Jersey (DDNJ) and Delta Dental of Connecticut (DDCT)**

- Will pay participating Delta Dental dentists in New Jersey or Connecticut $10 per patient visit for DDNJ and DDCT members only for a two-month period.
- PPE Program assists dental offices with increased costs related to N95 masks and other sterilization requirements resulting from the COVID-19 crisis.

*Will be updated as more information becomes available.*
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- Must be enrolled in EFT
- Delta Dental members should not be charged for infection control or D1999. Office visits counts will be calculated by Delta Dental of New Jersey and Delta Dental of Connecticut based on submitted claims.
- These payments will begin when New Jersey and Connecticut lift emergency care restrictions, and dental professionals are once again permitted to provide routine and preventive dental care. No repayment is required for this program.

*Delta Dental of Michigan*

- Not at this time.
- PPE is not a procedure to prevent dental pathologic processes, and the current Delta Dental policy is that PPE is not billable to the patient.
- Exploring options to assist dentists with the increased costs and demand for PPE.

*These materials are intended to provide helpful information to dentists and dental team members. They are in no way a substitute for actual professional advice based upon your unique facts and circumstances. This content is not intended or offered, nor should it be taken, as legal or other professional advice. You should always consult with your own professional advisors (e.g. attorney, accountant, insurance carrier). To the extent ADA has included links to any third party web site(s), ADA intends no endorsement of their content and implies no affiliation with the organizations that provide their content. Further, ADA makes no representations or warranties about the information provided on those sites.*

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