



COVID-19 Coding and Billing Interim Guidance: PPE

This document provides guidance regarding **PPE coding and billing & PPE Financial Support Programs**. A separate document provides information on other [third party payer financial assistance programs](#).

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](#).

Coding

As noted in the [Statement on Third Party Payer Reimbursement for PPE](#) the ADA is urging third party benefit programs to either:

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(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?

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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. Be aware of any state laws or regulations.

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. Also, be aware of emerging state laws and regulations. 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?

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

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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?

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.”

“Can a state increase provider payments to recognize higher costs of delivering care due to personal protective equipment?”

Yes. States may increase Medicaid and CHIP service payment rates to recognize increases in costs associated with personal protective equipment (PPE) and we encourage states to review their payment structures to determine whether such increases are warranted and would increase access to care during the public health emergency. Consistent with section 1902(a)(30)(A) of the Act, States may set Medicaid payment rates consistent with efficiency and economy and have the option of increasing service rates to incorporate PPE costs or paying an add-on to a service rate for PPE costs in instances when such equipment is necessary to deliver care to a beneficiary. PPE is not a distinct benefit under the Medicaid or CHIP programs and, therefore, payments to providers are only available when PPE is used in the delivery of a Medicaid or CHIP service. We note that regulations at 42 C.F.R. 447.15 require the Medicaid agency to limit participation in the Medicaid program to providers who accept, as payment in full, the amount paid by the agency plus any deductible, coinsurance or copayment required by the plan to be paid by the individual. Based on this requirement, providers are prohibited from charging beneficiaries for the cost of PPE when delivering Medicaid services.”

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.

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As of 8 AM CENTRAL September 15, 2020

Payer Programs & Policies (**UPDATED**)

This section provides information (as provided) 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

Washington State Healthcare Authority: Apple Health (Medicaid)

- Starting May 18, 2020 Apple Health Dental will reimburse CDT code D1999 for personal protective equipment. This code is allowed on a temporary basis until further notice. It is allowed at the rate of \$15 per client, per day billed on a dental claim.

MCNA Nebraska Medicaid

- MCNA is covering Personal Protective Equipment (PPE) for a limited time. Effective March 13, 2020 through June 30, 2020, the following code may be utilized:
- D1999 - unspecified preventive procedure, by report – Fee \$10
- This code is to document and report the use and cost of PPE.
- Limited to one per member, per date of service (DOS) by the same provider, facility, or group. Must be submitted with other services.
- If your office has already submitted claims for PPE utilizing D1999, no further action is necessary. MCNA will reprocess the claims that fit the criteria listed above.
- If your office submitted claims from March 13, 2020 through June 1, 2020 that did not contain reimbursement for PPE utilizing D1999, MCNA will automatically process each claim submitted and pay a single D1999 at \$10. You do not need to take any further action and the criteria listed above will apply.

Humana

- As of June 1, Humana will pay an additional \$7 per Humana member dental claim – for all fully insured Humana dental members [excludes ASO, Network Access, and Discount plans]
- At the end of each month, Humana will send a stipend to its dental provider partners, based on the total number of claims for Humana members that month.
- At this time, the additional funding will be available from June through September 2020 for all fully insured Humana dental members.

Guardian

- Guardian and its DHMO affiliates are offering financial relief for certain Personal Protective Equipment (PPE) expenses incurred by network providers from August through October.

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- PPO providers and DHMO specialists will receive \$8 per unique patient visiting a dentist on a specific date from August 1 – October 31, 2020.
- DHMO primary care dentists will receive \$2 for the average number of Guardian members and dependents assigned to their office between August 1 – October 31, 2020.
- The minimum combined payment to any network PPO and/or DHMO provider will be \$25.
- Enrollment required by September 15, 2020.
- In exchange for the contribution of funds, Guardian asks that dentists agree not to charge Guardian members for fees associated with PPE.

Anthem

- Anthem will provide in-network dental providers a PPE Credit of \$10 per patient, per visit, from June 15th through the end of August.

CareFirst BlueCross BlueShield

- CareFirst is reimbursing \$7 per claim, per date of service for personal protective equipment.
- This reimbursement is for dates of service June 1 through August 31, 2020, (**extended** to 10/31/2020) and is limited to once per patient, per provider, per day.
- During this time period, claims should be submitted with code D1999 and must include the primary service(s) performed.
- These supplemental fees will be available to participating as well as nonparticipating dentists, but the reimbursement for nonpar services will be mailed to the member/patient and not to the dentists directly as they are with participating dentists.
- This supplemental payment is available for any of our CareFirst members, regardless of where they live and seek treatment.

Cigna

- Cigna will reimburse in-network providers in both PPO and Cigna Dental Care® networks at \$8 per claim, per date of service.
- The allowance is for claims processed between June 15 and July 31, 2020, and is limited to once per patient, per day. During this time period, claims should be submitted with code D1999 for reimbursement consideration.
- Reimbursement for dates of service on or after April 1, 2020, is limited to U.S. Commercial and Individual dental plans and may be excluded by certain clients.
- Standard policies regarding infection control remain in place as outlined in our Dental Office Reference Guides which are incorporated by reference into the provider agreement.

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United Concordia (UCCI)

- Allowing providers \$10 per patient visit for dates of service from 5/1/2020-9/30/2020 to help cover the costs associated with purchasing masks, sterilization procedures, and other CDC requirements resulting from COVID-19.
- 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.

UPMC Health Plan

- Starting July 15, UPMC will be reimbursing \$7 per claim with the code D1999 through September 30, 2020 for both Commercial and Government programs.
- Balance billing to patients is prohibited.

Sunlife

- Sun Life will pay a \$10 PPE allowance per Sun Life member per visit as follows:
 - Available for providers who are in-network for Sun Life's Dental PPO plans
 - D1999 for PPE is submitted with claim for covered service(s)
 - Treatment dates of October 1, 2020 through December 31, 2020
 - Allowance is not subject to a plan's deductible and will not count toward a plan's annual maximum
 - Available only for fully insured, Dental PPO plans
- Claims should be submitted no later than January 31, 2021. The PPE allowance is subject to regulatory review, may vary by state, and may not be available in all states.

Metlife

- Since in-network providers are not permitted to surcharge patients, and current network contracted fees may not reflect the short-term additional costs providers may be experiencing, MetLife has elected to temporarily increase payment under its fee schedules to assist network providers.
- MetLife will provide an additional \$8 payment per patient for claims starting with a treatment service date of September 1, 2020 on a temporary basis for in-network providers.
- Network providers must submit claims with the CDT code D1999 in order to receive this payment.

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- This is a temporary payment to help offset short-term higher costs for claims processed beginning on September 1, 2020 and continuing for eight weeks through October 26, 2020.

Lincoln Financial Group

- Offering a temporary Personal Protective Equipment allowance of up to \$10 (or contracted PPO fee if applicable) per patient visit for dates of service beginning August 1, 2020 continuing until further notice.
- This payment applies to both in- and out-of-network providers and insured dental members.
- The payment is available for all fully insured plans. Self-funded groups may opt in, but not required to cover.
- Claims must include procedure code D1999 to be eligible to receive payment for PPE.
- Excludes ortho monthly payments

[GEHA Connection Dental](#)

- GEHA Connection Dental Plus and Connection Dental Federal participating providers will be reimbursed \$7 per patient visit when PPE code D1999 is billed, so long as it is accepted as payment in full, with no additional billing to our members.
- This benefit will be in effect from July 1, 2020, through December 31, 2020.

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.

HealthPartners Dental Plan

- Beginning June 17th the HealthPartners Dental Plan will reimburse providers in the network the amount of \$10 per visit through the use of the 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/day to attempt to offset the heightened cost of PPE.
- The provider agreement does not allow billing or balance billing the patient directly for this procedure.
- This program will remain in effect through September 30, 2020.
- This reimbursement will impact our fully-insured book of business and will exclude all Medicaid.

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- Work is underway determining how this would apply to self-insured clients as, by definition, this is their ultimate decision. HPDP is strongly encouraging them to cover this claim.

United Healthcare

- Enhanced Provider Payment (EPP) financial relief program requires enrollment by eligible providers at www.UHCDental.com.
- Eligible providers include those who are participating providers with UHC, and EPP will apply to Commercial (PPO), Medicare Advantage (FFS), and Medicaid (FFS) plans. DHMO and Direct Compensation Providers are not eligible for this program.
- Providers enrolled in EPP will receive the relief payments starting the 1st of the month after enrolled in EPP.
- EPP payments will be earned for claims that include payments for codes D0120 (\$5), D0140 (\$10), D0145 (\$5), or D0150 (\$10). EPP will apply only to those claims for covered services that are medically necessary and not otherwise denied for payment.
- Providers are not required to submit a separate claim or line item on a claim to receive the additional EPP financial relief payment as payment is automated once the provider enrolls and will be limited to 4 payments per patient per provider per month.
- This program is available to providers submitting claims with dates of service between June 24, 2020 and December 31, 2020. Claims with dates of service beginning the first of the month after your enrollment date will be eligible for EPP. Example – if you enroll in the program on June 24, all claims with a date of service beginning July 1 and beyond will be eligible for payment. EPP will continue for as long as funding exists. UHC may terminate the EPP at any time.
- Patients cannot be charged a service fee for PPE by participating providers when receiving a covered service.
- Unless specifically permitted by state regulatory agencies through publicly available documentation, providers are not permitted to pass through additional charges related to protective equipment, sanitation procedures, or other equipment or administrative needs to members.

Dominion National

- Dominion will provide payments to its participating dentists of \$5 per in-network PPO, ePPO or Preventive covered plan visit to help with the costs of PPE, which includes N95 masks, gowns and other protective equipment designed to help with infectious disease control due to COVID-19.
- PPE payments will begin for services starting June 15, 2020 and may extend through the end of the year.
- Subject to change based on state mandates and experience.

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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.

Florida Combined Life (Florida Blue)/ Arkansas BlueCross BlueShield Dental/ HMSA Dental (Hawaii Blue Cross)

- Authorizing participating dental providers to bill charges for personal protective equipment (PPE) using CDT code D1999, per visit per member for dates of service occurring 5/1/2020 through 12/31/2020.
- Orthodontists will need to file a claim for member visits to receive reimbursement; this will not be included with your monthly schedule payments.
- A maximum allowable charge will be added to the fee schedules. This compensation will be in accordance with the appropriate fee schedule and will not apply to the member's annual maximum.
- A maximum allowable charge will apply, and balance billing is not permitted.

BCBS Kansas

- To help offset these additional PPE costs, BCBSKS will provide an add-on increase to all dental allowances starting with dates of service May 15, 2020 for the remainder of the year.
- This special add-on increase does not require any action on the dentist's part, nor does it require any special CDT code billing.
- As such, we will continue to deny D1999 when billed as content of service. BCBSKS will automatically include an add-on allowance to every covered service that our local network dentists' bill.
- The new add-on allowances are figured based on a percentage of the maximum allowable payment (MAP) for services. Please note there will be a reduction beginning September 1 based on the anticipation that supply and demand of PPE will eventually level out and prices will come down.
- General Dentistry, Pedodontics, Periodontics: 3.0% (May 15-Aug. 31); 2.25% (Sept. 1-Dec. 31)
- Oral/Maxillofacial Surgery, Orthodontics, Endodontics: 2.0% (May 15-Aug. 31); 1% (Sept. 1-Dec. 31)

Delta Dental Insurance Company (DDIC)

- Alabama, California, Delaware, Florida, Georgia, Louisiana, Maryland, Mississippi, Montana, Nevada, New York, Pennsylvania, Texas, Utah, Washington, D.C., West Virginia
- For services beginning June 22, 2020 through October 20, 2020, DDIC will offer a \$10 "Return to Care" as supplemental reimbursement for network providers. [Prior dates of service are not eligible].

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- Covered networks include DeltaCare USA, Delta Dental PPO, Delta Dental Premier, Delta Dental Federal (Legion)
- Qualifying evaluation and consultation codes are: D0120, D0140, D0145, D0150, D0160, D0170, D0180, D0190, D0191, D8660, D9310 and D9430.
- **Do not** submit D1999 to receive reimbursement.
- Any additional charge for sterilization/infection control is not billable to the patient.
- If patient exceeds the frequency limitation or has exceeded their plan maximum for their benefit plan for one of the qualifying CDT 2020 codes, they will be responsible for the allowed amount, which will include the temporary supplemental reimbursement.

[Delta Dental of Arizona](#)

- The Interim PPE Support Program is available to all Delta Dental of Arizona contracted dental offices, which includes any dentists working under the same Tax ID Number (TIN).
- The contracted dental office must be (1) Located in Arizona, (2) Participating in the Delta Dental network as of the date of claim, (3) Participating in the Delta Dental network as of the date the check is issued.
- A \$10 PPE support payment will be calculated for all Delta Dental of Arizona member claims paid to the dental office from April 1 through July 31, 2020, with a maximum of one PPE support payment per patient per day.
- PPE support payments will be made as separate, monthly lump-sum payments that reflect the total number of Delta Dental of Arizona claims paid to the dental office for the period. Claims paid during the timeframe of the program are the only claims eligible for the PPE support payment.
- The minimum lump-sum payment is \$50. Payments will not be made for less than 5 claims in a single month.
- The lump-sum payment will be paid by check for each location operating under the same TIN and mailed to the payment address on file.
- First lump-sum payment for April and May paid claims will be issued by June 30.
- Subsequent PPE support payments will be issued by separate check in the month following the claims paid date: July (for June) and August (for July), provided eligibility is met.
- Per the Participating Provider Agreement, PPE/infection control is not billable to the patient at any time.
- No application or action is required by an eligible dental office to receive PPE support payments.

[Delta Dental of Missouri](#)

- Assistance for network dentists with costs of reopening, such as purchasing PPE
- One-time payment based on practice claims volume with DDMO.
- A total of \$3 million in Reopening Relief.
- Checks will be mailed the week of June 8, 2020, to the practice's primary office address.

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- Dentists do not need to apply and no repayment is necessary.

Delta Dental of Idaho

- Delta Dental of Idaho is committing \$500,000 dollars to support our network providers through this program.
- The PRSP will provide financial support with a one-time payment to each Delta Dental PPO™ and Delta Dental Premier® practice with currently effective provider agreements in good standing.
- Payment will be based on the number of in-network DDID members seen by the provider in 2019.
- Each network provider in good standing will receive a payment subject to a minimum award of \$100 and a maximum award of \$2,000.
- No application and No repayment is required for this program.
- Automated Clearing House (ACH) enrollees will receive deposits on or before July 15, and checks will be mailed on or before July 15 for those not currently enrolled in ACH.
- DDID will not pay separate fee for PPE; and they are not billable to the patient.

Delta Dental of Massachusetts

- Delta Dental of Massachusetts will begin paying participating Massachusetts dentists an additional \$10 per visit for DDMA members between June 1 and August 31.
- Payment will be automatically be sent to dental offices on a monthly basis without any other paperwork.

Delta Dental of Virginia

- Historically, expenses relating to the cost of doing business are understood to be broadly covered via the overall fee structures for treatment and expenses related to PPE as not billable to the patient.
- However, due to new health and safety protocols, Delta Dental of Virginia has created the new Provider Assistance Program to help meet PPE expenses during this time.
- Learn more about this new program above.
- Delta Dental of Virginia will be distributing \$3 million among Virginia Delta Dental network dentists by the end of June.
- There will be no application process for receiving these funds.
- Funding amounts will be based on a measure of the practice's Delta Dental of Virginia patients.

Northeast Delta Dental

- Covid-19 Interim Supplemental Program available for at least the next two months (May/June/July dates of service).

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- For Maine, New Hampshire, and Vermont participating dentists, when treating patients covered by Northeast Delta Dental, NEDD will be providing an additional \$10 payment, outside of the normal claims processing payment, for each patient treated in-office on any given day.
- The payment will be \$10 regardless of the dentist's network status (Premier/PPO) or specialty.
- Payment will not exceed \$10 for any unique patient for services provided on the same day, and payment will be paid to the practice based on Tax Identification Number (TIN), not the individual dentist.
- The payment will not be made when the claims are adjudicated. Around the 15th of the following month, NEDD shall run a report identifying all the patients your office saw in the prior month, and then an administrative check will be cut outside the normal claims process
- For claims adjudicated in May, with May dates of service (DOS), a report will be run approximately June 15th, followed closely by the mailing of an administrative check to your office for those claims. The same process will be followed for claims adjudicated in June with June dates of service (and any May DOS run-out), with a check to follow in July.
- The need for any extension of this COVID-19 Interim Supplemental program will be reassessed at that time.

Delta Dental of Kansas

- From June 1, 2020 through July 31, 2020, for each patient visit, Delta Dental of Kansas will provide an additional \$10 per patient to help assist in covering increased PPE costs. (**UPDATE:** extended through end of 2020)
- Delta Dental of Kansas will pay participating dental practices in Kansas \$10 per patient visit for patients that are DDKS covered members only.
- No enrollment or applications needed to receive these payments.
- Participating Dentists will submit claims as usual (no special codes or notes needed).
- Claims must be received within 30 days of the date of service in order for DDKS to calculate payments.
- Payments will be issued monthly as a bulk payment for the total number of DDKS patient visits for the prior month.
- Our Professional Relations team is available to help with the program and answer any questions.

[Delta Dental of Colorado](#)

- DDCO is offering a personal protective equipment (PPE) Reimbursement Program for Delta Dental PPO and Premier network providers in Colorado.
- From May through July 2020, DDCO will automatically pay \$8 per adjudicated claim for billable dates of service between May 1 and July 31, 2020.
- Claims must be received by DDCO on or before August 31, 2020.

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- Dentists do not need to submit claims or procedure codes for PPE; those will be denied as not billable to the patient and will delay payment.
- DDCO's first lump-sum payment would be made in June 2020 for adjudicated claims for billable dates of service rendered from May 1 to May 31, 2020. A second lump-sum payment would be made in July 2020 for adjudicated claims for services rendered from May 1 to June 30, 2020 (excluding claims included in the first payment). A third lump-sum payment would be made in August 2020 for adjudicated claims for billable dates of service rendered from May 1 to July 31, 2020 (excluding claims included in the prior two payments). And a final lump-sum payment would come in September 2020 for adjudicated claims for billable dates of service rendered from May 1 to July 31, 2020 (excluding claims included in the prior three payments) and received by DDCO on or before August 31, 2020.
- Unless DDCO decides to extend the PPE Reimbursement Program, the cut-off for the receipt of claims eligible for this program is August 31, 2020, and any claims received after that date will not be eligible for this program.
- Existing open orthodontics claims will receive a one-time payment of \$24 per adjudicated claim to cover the full program period. New orthodontic claims will receive a prorated allowance based on banding date. Dentists do not need to submit an additional claim for open treatment cases.
- To be eligible for the PPE Reimbursement Program, providers must: 1. Be enrolled in the DDCO PPO or Premier network as of the date of service. 2. Currently participate in DDCO's EFT/Direct Deposit or enroll by June 12, 2020. 3. Remain enrolled for the remainder of the program.

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.
- 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

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- 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 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 Wyoming

- Operation #WyomingSmiles, a grant program to help Wyoming dentists acquire much needed supplies, equipment, and technology.
- Delta Dental will be funding a \$1,000 “allowance” or credit available to all participating dentists in Wyoming, to purchase dental products and services.
- Dentists can learn more about participation in Operation #WyomingSmiles by contacting Delta Dental of Wyoming.

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.

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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 Minnesota and Delta Dental of Nebraska

- Dentist Partners Program will go into effect during June 2020.
- An increase in reimbursement for all exam codes has been put in place effective June 6, 2020 for both our Premier and PPO networks. The average increase is 7%.
- A purchasing credit of \$1,000 with Minnesota-based Patterson Dental

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.

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- 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.
- 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, Indiana & Ohio

- All licensed dentists in Michigan, Ohio and Indiana with active Type 1 NPI numbers are eligible to receive a \$1,000 credit to Henry Schein to be used toward existing account balances or toward any future purchase of dental products and/or services from Henry Schein.
- More than one dentist in a practice may receive the credit as long as each dentist is licensed and has an active Type 1 NPI number.
- 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 June 12, 2020.
- If you do not already have an account with Henry Schein, call 844-269-4204 or set up your account on the [Henry Schein website](#). Once your account has been created and you have submitted the [Delta Dental form](#), we will confirm your eligibility and provide notice to Henry Schein, who will then credit your account.
- The program will begin for eligible dentists on May 26, 2020, and end December 31, 2020. Unless Delta Dental of Michigan, Ohio, and Indiana decides to extend the credit period, the credit will not be applied to any accounts after December 31, 2020.
- Current Delta Dental policy is that PPE is not billable to the patient.

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