

COVID-19 Coding and Billing Interim Guidance

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This is evolving guidance and will be modified as more information becomes available.
VERSION: March 21, 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.

The ADA had previously disseminated guidance on use of the teledentistry codes. ([D9995 and D9996 – ADA Guide to Understanding and Documenting Teledentistry Events](#)). The following guide is intended to help dental offices navigate issues related to coding and billing for virtual appointments during the current COVID-19 pandemic.

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.

Frequently Asked Questions

What is teledentistry?

Telehealth refers to a broad variety of technologies and tactics to deliver virtual medical, health, and education services. Telehealth is not a specific service, but a collection of means to enhance care and education delivery. Teledentistry refers to the use of telehealth systems and methodologies in dentistry. Teledentistry can include patient care delivery using, but not limited to, the following modalities:

- Live video (synchronous): Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology.
- Store-and-forward (asynchronous): Transmission of recorded health information (for example, radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a practitioner, who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction.
- Remote patient monitoring (RPM): Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in care and related support of care.

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- Mobile health (mHealth): Health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers, and personal digital assistants (PDA).

For more information: [D9995 and D9996 – ADA Guide to Understanding and Documenting Teledentistry Events](#)

Can I use my smart-phone or a video conferencing service like Skype? What about text messages and emails?

Telephones that have audio and video capabilities are appropriate for virtual evaluations. During the COVID-19 public health emergency, Office for Civil Rights (OCR) will not impose penalties for HIPAA noncompliance against health care providers that serve patients in good faith through certain everyday communications technologies. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

- DO NOT USE public-facing technologies (examples): Facebook Live, Twitch, and TikTok.
- CAN USE (examples): Apple FaceTime or Skype, Facebook Messenger video chat, Google Hangouts video

Regarding emails and text messages, the [OCR Notification](#) does not address email and text communication. [HIPAA](#) does not prohibit using email or text communications, but a dental office that wishes to communicate with patients this way must conduct a written risk analysis and implement reasonable and appropriate safeguards. For some examples of safeguards contact dentalbenefits@ada.org

I am hearing that my insurance company stopped processing claims. Is this true?

Many dental benefit administrators have required their staff to work remotely to conform to national guidelines requiring communities to mitigate transmission of COVID-19. ADA has been informed that claims submitted electronically are more likely to be processed on time and offices with Electronic Fund Transfer (EFT) capability will likely receive payment on time. Any transactions that involve paper processing will take longer under these extenuating circumstances.

Can I perform a problem focused evaluation on a new patient?

Yes. During these times, there could be patients looking for dental care and may find you through the ADA's Find-A-Dentist tool or the benefit plan's provider directory. The ADA recommends that you offer assistance to these patients. Please note that a benefit through their plan may be dependent on the payer's policies. If you need assistance with claims please contact dentalbenefits@ada.org

Preventive procedures such as prophylaxis and fluoride varnish applications are covered "once every 6 months" rather than "twice an year". Can the frequency limitations be standardized to twice a year to allow some flexibility as we reschedule patients?

The ADA is looking into this issue as of this writing and will provide an update at a later date.

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. [Full guidance](#)

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. [Full guidance](#)

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.

As of 5 PM CENTRAL March 20, 2020 [will be updated daily during this public health emergency]

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Payer Information as received by the ADA:

	Would plans you administer benefit teledentistry consultations for limited and problem-focused evaluations? (D0140, D0170, D0171)?	Would plans you administer benefit a consultation with the patients' physician? (D9311)	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?
Aetna	Will reimburse for it when performed via teledentistry, same as if it is performed in a traditional practice setting. We cover D0140 and D0170 today. We do not currently cover D0171. We do not offer a separate benefit for the two teledentistry codes. When submitted, we use those codes to alert us that the service was not performed in a traditional office setting.	We do not currently cover D9311.	In most of Aetna's dental plans, members are allowed two problem-focused exams (i.e., D0140 or D0170) in a calendar year <i>in addition to</i> 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.
Liberty	Yes. See press release below	Yes. See press release below	Yes. See press release below
MetLife	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	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	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

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	<p>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.</p> <p>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 evaluations are 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.</p>	<p>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.</p>	<p>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.</p> <p><i>[Metlife continues to evaluate this guidance. Updates will be posted as available]</i></p>
United Concordia	<p>Yes to D0140 when performed using phone or video will be covered for the next 90 days</p>	<p>No</p>	<p>There would be case-by-case exceptions. UCD expects dentists to bill 0140 for teledentistry for the next 90 days.</p>
Humana	<p>Yes - Humana will allow benefits for tele-dentistry consultation for limited and problem-focused evaluation and re-evaluation (D0140, D0170 & D0171). Please note that the aforementioned evaluation/consultation codes should be accompanied by the tele-dentistry codes D9995 or D9996. These codes are required as descriptor codes and are not paid as an additional benefit.</p>	<p>Yes – Humana will allow benefits for a physician consultation (D9311) via tele-dentistry.</p>	<p>Frequency limits will be waived such that these evaluations do not count towards a member's annual frequency limitations.</p>
Principal	<p>Principal will reimburse for services when performed via tele-dentistry, same as if it is performed in a traditional dental office setting.</p>	<p>We do not cover code D9311</p>	<p>Principal has enacted our pandemic response plan, which allows us to handle claim situations on an individual basis. We will take into consideration the special</p>

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	We cover D0140 and D0170 today. We do not cover D0171. We do not offer a separate benefit for the two tele-dentistry codes		circumstances for both the member and provider when determining frequency applicability.
Guardian	We approve these codes today when they are submitted, with or without Teledentistry.	No, physician consultations are not covered under our dental insurance policies	No, but we plan to reassess this policy.
Blue Cross Blue Shield	Awaiting response		
Delta Dental (all companies)	Awaiting response.		
United Healthcare	Awaiting response		
Cigna	Awaiting response		
GEHA	Awaiting response		
Lincoln Life	Awaiting response		
Starmount	Awaiting response		
Wellpoint	Awaiting response		

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:

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- 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

Brought to you by the ADA's Practice Institute, Center for Dental benefits, Coding and Quality. For questions contact dentalbenefits@ada.org