

COVID-19 Emergency Guidance on Temporary Adjustments to Dental Services Policy

Utah Medicaid is committed to ensuring our members continue to receive products and services with no interruptions or delays due to the novel coronavirus (COVID-19) outbreak. In response, Utah Medicaid is temporarily modifying certain policies. While some components of this guidance reflect Medicaid's ongoing policy, other parts pertain to the emergency time period. Utah Medicaid is currently defining this period to extend through the end of the month in which the Emergency Declaration Period ends. Providers are expected to provide only medically necessary services. All services rendered may be subject to post-payment review.

Teledentistry Guidance

Utah Medicaid opened the following teledentistry codes to be used in conjunction with the associated dental codes. These codes can be provided through teledentistry when services rendered do not require hands-on care, examination, testing or interaction with the Medicaid member, and can be reasonably accommodated.

Teledentistry Code⇒	[+]Associated Dental Code
<p>D9995 - Teledentistry - synchronous; real-time encounter; Reported <u>in addition</u> to other procedures (e.g., diagnostic) delivered to the patient on the date of service.</p> <p>D9996 - Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review; Reported <u>in addition</u> to other procedures (e.g., diagnostic) delivered to the patient on the date of service.</p>	<ul style="list-style-type: none"> ● 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.

Can teledentistry be utilized statewide?

Yes, teledentistry can be used to deliver defined emergency dental services statewide during the COVID-19 emergency period.

How does a dental provider bill for teledentistry services?

For fee for service claims submitted directly to Medicaid, the dental provider must bill the appropriate teledentistry code on a line in addition to the associated dental procedure. The teledentistry code will be reimbursed at \$0 and will be used for tracking purposes only. For Medicaid managed care plans, please contact the plan the member is enrolled in for additional information.

Is the rate paid to the dental provider for services delivered via teledentistry different than services delivered in person?

No, the rate is the same whether services are delivered in person or through teledentistry.

What documentation must be kept for teledentistry services?

At a minimum, the dental provider should follow current policies regarding documentation of delivered services.

Are either the provider or Medicaid member required to have special equipment or computer applications to participate in teledentistry?

It depends. The previous general definition of telehealth typically involved videoconferencing equipment in a clinician's office and another remote site that was usually another clinic or medical office. Based on rapidly evolving guidance from the Centers for Medicare and Medicaid Services (CMS) and the federal Department of Health and Human Services (HHS), at this time, Medicaid is including a broader concept of telehealth services to include a Medicaid member's home or other community settings.

Depending on the type of service provided, more traditional telehealth equipment may still be utilized, but for other services, use of more routine telephonic/video chat software may be utilized.

Do teledentistry services need to be provided using a HIPAA compliant format?

CMS provided some guidance on this topic on March 17, 2020 at <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>. This guidance states in part:

“A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients. Office of Civil Right (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.”

Although allowed under the emergency guidance from the federal Health and Human Services, Utah Medicaid policy requires providers to use HIPAA compliant means of communicating (i.e., Skype for Business, Updox, VSee, Zoom for Healthcare, Doxy.me, Google G Suite Hangouts Meet) to the greatest extent possible.

For further questions related to fee for service teledentistry, email dmhfmedicalpolicy@utah.gov.