Apple Health (Medicaid)
Dental billing instruction updates related to COVID-19

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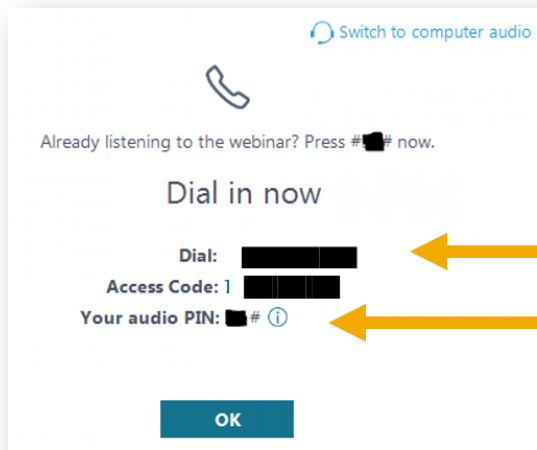Clinical Quality and Care Transformation

May 13, 2020

Agenda

- Housekeeping

- Overview

- Dental billing & policies

- Best practices and resources

- Q&A

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- This recording is open to public disclosure.

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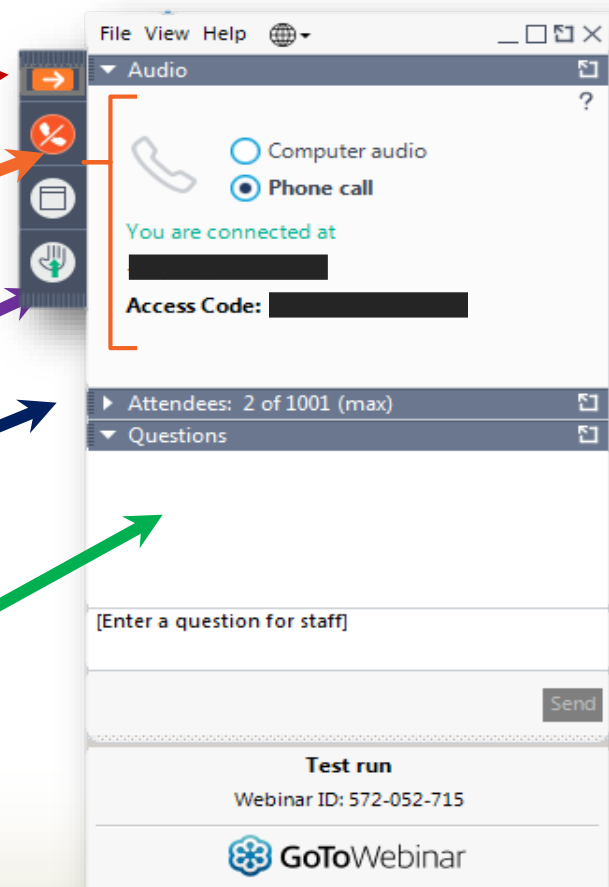
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Overview

- Apple Health is **committed to access and continuity of care** during a time where the delivery system is undergoing a rapid shift

- For services that are **appropriate to be delivered via teledentistry**, teledentistry can be a critical modality for patients and providers

- Even prior to the pandemic, **Apple Health paid parity** for services rendered via teledentistry as in-person

- In response to the pandemic, **additional policies** have been made available for providers to continue providing high quality care to patients

- Where noted, services **apply for the duration of the pandemic** only

- HCA will communicate any changes to these policies with **ample notice** to support return to office-based care and ensure a smooth transition

- We will work with providers on an ongoing basis to identify those **modalities that may be continued** in the post-pandemic dental program

D9992 – Phone triage and care coordination

- Temporary code to assess, coordinate care and/or triage clients with pre-existing or emergency dental needs by dentists or hygienists (under the general supervision of a dentist) in the absence of teledentistry.

- Not to be billed with teledentistry codes

- Rate is $15, per client, per day

- Not to be used to conduct normal business operations
  - Ex: Scheduling an appointment

D9992 – Phone triage and care coordination

- Documentation:
  - Did the patient contact you or did you contact the patient?
  - Did patient give verbal consent?
  - Was the phone triage conducted due to an emergency or care coordination?
  - What was the emergency?
  - What type of care coordination took place?
  - Name of provider rendering treatment
- End date to be determined.
- The agency will continue to reevaluate and give sufficient notice when policies are set to expire.

D9992 – Phone triage and care coordination

- Federally qualified health centers (FQHC), rural health centers (RHC), Indian Health Services (IHS) facilities, tribal clinics and tribal FQHCs
  - Code qualifies for an Encounter Rate
  - If the phone service results in an in-person visit on the same day, by the same dentist, HCA pays only one encounter rate payment.

General anesthesia and intravenous sedation

- Effective March 18, 2020 until further notice, the Health Care Authority is suspending prior authorization requirements for the following codes:
  - General anesthesia (D9222/D9223)
  - Intravenous sedation (D9239/D9243)
- Please use Expedited Prior Authorization (EPA) #: 870001607 when billing for these specific codes

Increased rates for oral surgery

- Effective March 27, 2020 until further notice, reimbursement rates for a limited set of oral surgery procedures has temporarily increased.

- Please use EPA #: 870001608 when billing for these specific codes.

- The agency will pay enhanced rates for emergency extraction codes using the EPA.

Increased rates for oral surgery

Rates		
Code	Before COVID–19 (21 and older)	During COVID–19 (all ages)
D7140 (simple)	$30.49	$127.00
D7210 (surgical)	$59.80	$192.60
D7220 (impacted, soft tissue)	$70.57	$219.40
D7230 (impacted, partially bony)	$110.40	$274.20
D7240 (impacted, completely bony)	$128.80	$335.80

Increased rates for oral surgery

- EPA is intended to be used for emergency dental needs only (pain, swelling, acute infection, or other emergency conditions).

- If there are other teeth that are at imminent risk of pain or infection, those teeth may also be extracted at the same appointment as the emergency extraction in order to reduce need for future office visits.

Teledentistry

- Synchronous (D9995): the dental provider and the client are in separate locations virtually interacting in real time through real-time audio and video.

- Asynchronous (D9996): store-and-forward technology where the client and the dental provider do not interact in real time. A dentist reviews client health information and records previously gathered by another professional at a different time and location than where the records were initially obtained.

Teledentistry

- Documentation
  - Service provided via teledentistry
    - What was the dental emergency or specific oral health complaint?
    - Where was the client referred and why?
    - Provider who saw the patient through teledentistry
  - Location of Client
  - Location of Provider
  - Name and credentials of all persons involved in the teledentistry visit and their role in the encounter at the originating and distant sites.

Teledentistry

- The agency does not cover email, audio only telephone, and facsimile transmissions as teledentistry services.

- Teledentistry must have a visual component

Teledentistry and HIPAA

- The Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS)
  - exercise its enforcement discretion
  - will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.
  - This notification is effective immediately.

Teledentistry and HIPAA

- Health care providers may use popular applications that allow video chats in order to communicate with their patients:
  - Apple FaceTime
  - Facebook Messenger video chat
  - Zoom
  - Skype

- For more information, go to the HHS's [Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency](#).

Family oral health education (FOHE)

- D9999
  - ABCD dental providers may bill FOHE with teledentistry if all criteria in the ABCD billing guide are met.

- CPT 99429 with modifiers DA and CR
  - ABCD medical providers may bill FOHE with teledentistry if all criteria in the ABCD billing guide are met.
  - Prior to COVID-19, DA was only needed
  - CR is added to track for use during COVID-19

Limited oral evaluations

- D0140
- Only when the provider performing the limited oral evaluation is not providing routine scheduled dental services for the client on the same day. The limited oral evaluation must evaluate the client for one of the following:
  - A specific dental problem or oral health complaint.
  - A dental emergency.
  - A referral for other treatment.

Limited oral evaluations

- Documentation:
  - What was the dental emergency or specific oral health complaint?
  - Where was the client referred and why?
  - Name of provider who saw the patient through teledentistry
- FQHCs, RHCs, IHS facilities, tribal clinics and tribal FQHCs: code qualifies for an Encounter Rate

Follow-up appointments

- D0170
  - Re-evaluation for problem focused visits and post-op visits
  - May be billed with teledentistry
  - Temporarily allowed for all dental providers.
  - Three times in a twelve month period
  - Rate is $10

Follow-up appointments

- Documentation:
  - Is this an evaluation for a preexisting condition?
  - Is this a post-op evaluation for treatment rendered?
  - Were there any referrals as a result of the pre- or post-op evaluation?
  - Name of provider rendering treatment

Orthodontic providers

- The agency has temporarily suspended the requirement that the client must be seen at least once in the quarter in order to bill.

- This applies for the following CDT codes:
    - D8020
    - D8030
    - D8080

Resources

- HCA's information about COVID-19

- ADA's *Teledentistry & Virtual Evaluations during COVID-19*

- ADA's *What Constitutes a Dental Emergency?*

- ADA's *Interim Guidance for Management of Emergency*

- Arcora Foundation's *Teledentistry in Washington*

- HHS's *Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency*

Webinar Panel

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Questions?

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