

COVID-19 Coding and Billing Interim Guidance

This is evolving guidance and will be modified as more information becomes available. Please check back frequently.

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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.
- 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](#)

Do I need specialized equipment or apps to perform a problem-focused evaluation or re-evaluations virtually?

During this pandemic our goal as dental care providers is to use telecommunication technology to triage patients and conduct problem-focused evaluations to limit office visits to only those patients who need urgent or emergency care. Thus, at this time, most dentists will potentially be leveraging telecommunication technology to provide a limited scope (i.e., problem-focused evaluations and re-evaluations) interactions with patients. This can facilitate providing advice and performing triage. It can also facilitate planning for in-person interactions should they become necessary.

There are commercially available applications (apps) that can be used through cell phones, tablet computers and personal digital assistants (PDA). Further, as noted below the federal government has indicated that they will waive penalties for HIPAA violations against health care providers that serve patients in good faith through certain non-public facing everyday applications, such as Zoom, FaceTime or Skype. Having both an audio as well as a visual (video or photographs) component appears necessary to appropriately conduct a problem-focused dental evaluation. Note that some third party payers in both private and public (Medicaid) programs may have additional guidelines to determine payment.

Once an evaluation is completed as described by the nomenclature and descriptor of the appropriate CDT Code, then D0140 or D0170 or D0171 (the procedure performed) can be documented. In addition, given the current exigent conditions, D9995 or D9996 (indicating the method of transmission i.e., synchronous or asynchronous) may be included. Please remember the foundation for the ADA's position on coding – "Code for what you do, and do what you coded for." The dentist is responsible for, and retains the authority for, ensuring the safety and quality of services provided to patients using telecommunication technologies and methods. Services delivered should be consistent with in-person

services in the professional judgment of the doctor, and the delivery of services utilizing these modalities must abide by laws addressing privacy and security of a patient's dental/medical information.

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, etc.
- CAN USE (examples): Apple FaceTime, Skype, Facebook Messenger video chat, Google Hangouts video, Zoom

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 a 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 telehealth remote communications during the COVID-19 public health emergency that includes the following information:

- 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 non-public facing audio or video communication products during the COVID-19 nationwide public health emergency.
- Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency.
- 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.
- Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications that are public facing should not be used in the provision of telehealth by covered health care providers.

Virtual Services during the COVID-19 pandemic: Practice Considerations checklist (**NEW**)

The checklist below helps dentists who are new to using remote telecommunication technology, or those dentists who have systems that won't function well in the current environment, to perform problem-focused evaluations virtually.

Identify your support system

- Are you doing this on your own or do you have staff to assist?
- Will you offer virtual services only to your established patients or to any new patients as well?

TIP: Plan on allowing time for paperwork to be done either by you or your staff.

Identify the right technology

- Do you have a dedicated business cell phone or laptop?
- Do you have reliable internet connection?
- Are you going to use free tools like Skype, FaceTime or Zoom? Or do you want to use commercial applications?
- What technology are your patients most likely to have access to and be comfortable using?

- Are you open/able to using multiple platforms for greater patient choice, or would it be best for you to pick the one that you are most comfortable with?

TIP: The advantage of commercial applications is that they might allow you to manage paperwork (e.g. patient consent) and they offer HIPAA compliant encryption for data transmission. However, there will be a cost to use these commercial applications. Some will only work with intra-oral cameras since they were designed for pre-COVID teledentistry applications. Patients may need to download this additional application on their phones or personal computers to make it work. The popular non-public facing consumer telecommunication services like FaceTime, Zoom and Skype can use the smartphone's camera system. The Office for Civil Rights (OCR) will not impose penalties for HIPAA noncompliance against health care providers that serve patients in good faith through certain non-public facing everyday communications technologies during the COVID pandemic.

Inform your patients

- Do you want to identify preferred times during the day when patients can reach you virtually, especially if you are continuing to see patients who need emergency services in your office?
- How will you schedule appointments and send reminders if needed?
- How will the patients be informed that they can reach you for virtual services?

TIP: Patients may call you in case of emergency at any time. However there may be patients who are unsure and still need a consultation. Such patients likely can be requested to call during preferred times during the day.

Prepare for the paperwork

- Do you have the following paperwork ready?
 - Patient intake forms, especially if you do not have access to your practice management software
 - Informed Consent form (which includes information on billing/charges)
 - Medical/Dental History forms for new patients
- How will you securely save any images that the patient may have shared with you to include this in the patient's record?
- Can you update the patients' records within your practice management system to record the virtual services that you have provided?
- How will you submit claims if you have performed a problem-focused evaluation?

Prepare for follow-up and care coordination

- If the patient needs follow-up care, do you know what procedures you are able to safely provide?
- Do you know which specialists are accepting patients?
- How will you document your referral and care coordination?
- How will you keep a paper or digital record of all of the patients needing non-urgent follow up care when you get back to the office?

If you need assistance with claims please contact dentalbenefits@ada.org

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Billing (*New Payers Added*)

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.

See next page. As of 12 PM CENTRAL March 24, 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 limited problem-focused evaluations performed using telecommunication technology? (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?
Delta Dental National Dental Policy Committee Recommendations	Yes, unless there is a specific exclusion, member companies will benefit D0140 per group contract whether provided in a dental office or virtually. D0170 and D0171 are generally considered inclusive in the prior treatment or consultation. It is important that dental offices and members verify coverage of D0140, D0170 and D0171 on the web portals, electronically, or with the Interactive Voice Response (IVR) systems.	D9311 is generally not a covered benefit. Please check your patients' benefits for those groups that may cover a physician consultation	In light of the extraordinary circumstances arising from the COVID-19 crisis, member companies will consider frequency limitations for exams on a case-by-case basis, with the goal of covering routine exams in addition to any emergency exams that may be conducted during the crisis.
Envolve	In response to COVID-19 emergency measures, Envolve Dental, Inc. (a Centene Corporation subsidiary) will cover CDT codes D0140, D0170, D0171, and D0350 when reported with teledentistry codes D9995 or D9996, as applicable. Envolve Dental will pay D9995 and D9996 at established state fee schedule rates, if available. In the absence of respective state rates, D9995 will be reimbursed at \$12.27 and D9996 will be reimbursed at \$14.80. It is limited in time to the shorter of 90 days or the lifting of COVID-19 emergency measures	-- NA --	-- NA --

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	limiting dental services to emergency services only.		
Aetna	<p>Will reimburse for it when performed via teledentistry, same as if it is performed in a traditional practice setting.</p> <p>We cover D0140 and D0170 today. We do not currently cover D0171.</p> <p>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.</p>	We do not currently cover D9311.	<p>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.</p> <p>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.</p>
Liberty	Yes.	Yes.	Yes
MetLife	<p>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 plan members check with MetLife to determine if these services are covered under the specific</p>	<p>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 patient is enrolled in. Benefit coverage can also be verified using MetLife’s web</p>	<p>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 place for insured dental plans. MetLife has also recommended that employers</p>

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	<p>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>portal, MetDental for dentists as well as MetLife’s interactive voice response [IVR] capabilities.</p>	<p>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 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</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		consideration the special 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.
Ameritas	We will adjudicate claims the same for services performed via teledentistry or in person in a traditional practice setting. Our most common plans cover D0140 and D0170. We do not cover D0171. We do not offer a separate benefit for the two teledentistry codes (D9995 and D9996) and will have no reimbursement.	We do not currently cover code D9311	We will handle on an individual basis taking into consideration the special circumstances for both the member and the provider.
Blue Cross Blue Shield	Awaiting response		
United Healthcare	Awaiting response		
Cigna	Awaiting response		
GEHA	Awaiting response		
Lincoln Life	Awaiting response		
Starmount	Awaiting response		
Wellpoint	Awaiting response		

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