



Medical Affairs

DEFENSE HEALTH AGENCY
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FALLS CHURCH, VIRGINIA 22042-5101

April 27, 2020

MEMORANDUM FOR DIRECTOR, NATIONAL CAPITAL REGION MARKET
DIRECTOR, JACKSONVILLE MARKET
DIRECTOR, COASTAL MISSISSIPPI MARKET
DIRECTOR, CENTRAL NORTH CAROLINA MARKET
LEAD, DIRECT SUPPORT ORGANIZATION, ARMY
LEAD, DIRECT SUPPORT ORGANIZATION, NAVY
LEAD, DIRECT SUPPORT ORGANIZATION, AIR FORCE

SUBJECT: Teledentistry Guidance During COVID-19 Pandemic Response

This memorandum establishes interim guidance for the use of teledentistry during the COVID-19 pandemic response. While most dental treatment facilities (DTFs) are limiting routine dental services during this unprecedented time to exercise social distancing and reduce risk of exposure, DHA recognizes that some dental patients may need some level of dental care that can be supported remotely. Teledentistry is an effective way to triage patients and conduct problem-focused assessments, as needed, in order to limit in-person clinic appointments and avoid unnecessary visits to the emergency rooms.

As the COVID-19 pandemic response continues to limit routine dental services, teledentistry will allow dentists to remotely provide advice, consultations, and triage to prevent some early forms of dental disease from becoming a more complex health issue. See Attachment 1 for detailed instructions and the additional attachments for supporting information.

The teledentistry initiative developed during the COVID-19 outbreak will mature, adopt best clinical practices, and develop more efficient communication technologies. My POC for this memorandum is Col Christensen Hsu (christensen.hsu2.mil@mail.mil) or office 703-681-8862. This guidance will remain in effect during the COVID-19 national emergency, to be replaced by a Defense Health Agency - Procedural Instruction.

Paul R. Cordts, MD

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Senior Executive Service
Deputy Assistant Director - Medical Affairs

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Attachments:

- 1) Teledentistry in the MHS During the COVID-19 Pandemic Response
- 2) Informed Consent for Teledentistry (Sample Form)
- 3) Health Insurance Portability and Accountability Act Compliance Relief Amid Novel Coronavirus (DHA Memo; 30 Mar 20)
- 4) Restricted Phone Number: “How-To” Instructions (Mar 20)
- 5) Supplemental Information: Use of Non-Public Facing Everyday Communication Technologies (Mar 20)
- 6) COVID-19 Coding and Billing Interim Guidance (American Dental Association; 14 Apr 20)



Teledentistry in the Military Health System During the COVID-19 Pandemic Response

Defense Health Agency Connected Health: Virtual Health Clinical Integration Office

Purpose

Teledentistry is the use of telehealth systems in dentistry. It includes a variety of technologies and methodologies as a means to enhance care by delivering virtual health and education to the dental patient. Teledentistry will enable dentists and dental specialists to provide advice, consultation, and triage for patients with certain dental conditions and concerns. Amid the COVID-19 pandemic response, the dental profession can utilize teledentistry to comply with social distancing guidelines, preserve Personal Protective Equipment (PPE), and minimize the number of patients seeking dental care at emergency departments (ED). Teledentistry is a valuable tool for dental providers. However, it is not a substitute for readiness exams and/or definitive treatment. It can provide valuable patient care and education through the following modalities:

- Live video (synchronous)
- Store-and-forward (asynchronous)

During this challenging and unprecedented time, the Military Health System (MHS) may provide remote dental care under the following sample scenarios, but will not be limited to:

- Patients who are quarantined at home and require a virtual appointment
- Dental providers who are required to assess a Service member's risk prior to deployment
- Dental providers who are quarantined at home but can provide virtual and/or remote care
- Dental providers who need to consult with other dental and/or medical providers to assess a patient case

Dental providers will use clinical judgment to determine whether teledentistry will meet the patient's needs. The Corporate Dental System (CDS) will inform Service members of the availability of teledentistry appointments at local dental treatment facilities (DTF) with a general notification.

Instructions

This document provides guidance on the use of teledentistry in the MHS during the COVID-19 pandemic response. If no virtual means is available to conduct a teledentistry appointment, then a telephone consultation may be used to provide advice, consultation, and/or triage to determine

the patient's condition and provide recommendations. In the absence of a physical examination and new radiographs, a definitive diagnosis may not be possible in a teledentistry appointment; however, preliminary findings may suffice.

Informed Consent

Dental providers are responsible for ensuring an Informed Consent specific to teledentistry is signed by the patient (Attachment 2). CDS will automatically send a link to the patient's email and/or text message along with the medical history questionnaire. If not possible then, at the minimum, the dental provider must read the consent form and confirm a verbal consent prior to conducting the teledentistry appointment.

HIPAA Compliance

Dental providers must comply with HIPAA requirements, as practicable. Providers should only use approved DoD solutions or alternative solutions approved for use by the DHA. Ensure documents and images are transmitted via encrypted email. Remember to validate the identity of the patient before providing care just as you would in a normal encounter. As practical, avoid having others in the room during the virtual encounter to protect the patient's privacy. Login through a VPN connection when possible. However, to empower providers to serve patients wherever they are during this national public health emergency, the Secretary of Health and Human Services exercised the authority to waive sanctions and penalties against covered entities that do not comply with certain provisions of the HIPAA Privacy Rule (Attachment 3).

Methodology

- 1) Telephone (government or personal)
To restrict phone number identification on a per call basis, mobile devices can utilize *67 from any cellular network (Attachment 4).
- 2) Video (government or personal)
 - a. Approved DoD solutions
 - i. Adobe Connect
 - b. Alternative solutions approved for use by DHA
 - i. Apple FaceTime
 - ii. Google Duo
 - iii. Microsoft Skype
- 3) Patient documents and images transmitted across systems must be encrypted. If encryption is not possible, then avoid sending documents and images through non-DoD communication technology.

See Attachment 5 for supplemental information on the use of non-DoD solutions for the MHS. For additional questions, contact the Virtual Medical Center (VMC) at 1-844-V-MEDCEN (1-844-863-3236) for more information about basic clinical video tool availability and access. Virtual Medical Center SharePoint site: <https://info.health.mil/army/VMC/Pages/Home.aspx>.

Scheduling the Appointment

Schedule a teledentistry appointment in Dentrix (DXE) or CDS:

- 1) In DXE: for appointment reason, select “Eval”; then in the description field (Desc:), add teledentistry so it reads “Eval - Teledentistry”.
- 2) In CDS: select Teledentistry appointment type. Note the following:
 - a. No default CDT codes (to include the W9999)
 - b. Initial and follow-up appointment reminders will be disabled (to prevent patient from inadvertently reporting to the clinic).
 - c. Medical History Questionnaire (MHQ) and Informed Consent form can be selected to send to patient prior to appointment.

Documentation

Document the following in the patient’s dental record (electronic health record or hard copy):

- 1) Informed Consent
- 2) Methodology:
 - a. Synchronous or asynchronous
 - b. Adobe Connect, Apple FaceTime, Google Duo, or Microsoft Skype
- 3) Medical History (include COVID-19 screening questions)
- 4) Chief Complaint
- 5) Signs & Symptoms
- 6) Descriptive Findings of virtual and/or any stored images in DoD systems
- 7) Preliminary Findings
- 8) Care Coordination (i.e., in-person assessment, dental specialty referral, pharmacy, or ED)

Coding

To capture the workload, the provider must schedule the teledentistry appointment in DXE or CDS. The following CDT codes can be used for teledentistry:

- D0140 limited oral evaluation - problem focused
- D0170 re-evaluation - limited, problem focused
- D0171 re-evaluation – post-operative visit
- D9311 consultation with a medical health care professional
- D9992 dental case management - care coordination
- D9995 teledentistry - synchronous; real-time encounter
- D9996 teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review

See Table 1 below for a description of CDT codes and Attachment 6 for additional information on COVID-19 coding guidance and practice considerations.

Sample Workflow

Initial contact ➡ Scheduling ➡ Consent & Med Hx ➡ Assessment ➡ Documentation ➡ Care Coordination ➡ Coding

TABLE 1

TELEDENTISTRY CDT CODES (select 1 code)	OTHER CDT CODES: (select appropriate codes)
<p>D9995 teledentistry - synchronous; real-time encounter. Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.</p> <p>-or-</p> <p>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.</p>	<p>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.</p>
	<p>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 f/u monitoring; evaluation for undiagnosed continuing pain; and soft tissue lesion requiring follow-up evaluation.</p>
	<p>D0171 re-evaluation – post-operative visit</p>
	<p>D9311 consultation with a medical health care professional. Treating dentist consults with a medical health care professional concerning medical issues that may affect patient’s planned dental treatment.</p>
	<p>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, and health care organizations. This is the additional time and resources expended to provide experience or expertise beyond that possessed by the patient.</p>

Informed Consent for Teledentistry

Due to the COVID-19 pandemic, teledentistry is available for patients to receive advice, consultation, and/or triage in order to meet their needs and limit in-person visits to the dental clinic and/or hospital Emergency Rooms.

I, (Name/Rank) _____, acknowledge that I wish to receive a teledentistry appointment on (Date and Time) _____ with a Dentist and/or Dental Specialist. In the absence of radiographs (x-rays), I understand that I may be asked to send photographs or other documentation through encrypted email. I understand that there are limitations in providing a definitive and complete diagnosis during a teledentistry appointment. If unsatisfied at the conclusion of the teledentistry appointment, I will request for an in-person appointment at the dental treatment facility. I also understand that if I am experiencing pain or swelling that can be life threatening, I will call 911 or go to the closest Emergency Room. I understand that I am responsible for following any recommendations to include, but not limited to, an in-person visit to the Dental Treatment Facility, pick up prescriptions at the pharmacy, or go to the Emergency Room. I understand and consent to the documentation of this teledentistry appointment.

Patient's signature _____ **Date** _____

Patient's location (i.e., home or facility name) _____

Provider's Name & Signature _____ **Date** _____

Provider's location (i.e., home or facility name) _____



DEFENSE HEALTH AGENCY
7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

March 30, 2020

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER
AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NA VY (MANPOWER
AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER
AND RESERVE AFFAIRS)
DIRECTOR, HEALTH, SAFETY, AND WORK-LIFE, U.S. COAST
GUARD

SUBJECT: Health Insurance Portability and Accountability Act Compliance Relief Amid Novel
Coronavirus

References: (a) Department of Health and Human Services, COVID-19 & HIPAA Bulletin:
Limited Waiver of HIPAA Sanctions and Penalties during a Nationwide Public
Health Emergency, March 15, 2020
(b) Department of Health and Human Services, Notification of Enforcement
Discretion for Telehealth Remote Communications during the COVID-19
Nationwide Public Health Emergency, March 17, 2020

This memorandum applies to Department of Defense (DoD) covered entities (CEs), to include the Military Health System (MHS) as a single CE subject to the Health Insurance Portability and Accountability Act (HIPAA) Rules. A CE is a health plan or a health care provider who transmits any health information in electronic form in connection with a standard transaction covered by this issuance.

The continuing spread of the Novel Coronavirus (COVID-19) has raised questions across the MHS workforce on how to uphold the privacy of protected health information (PHI) during this outbreak. The HIPAA Privacy Rule protects PHI, but is balanced to ensure that appropriate uses and disclosures of the information still may be made when necessary to treat a patient, to protect the nation's public health, and for other critical purposes. While the protections of the HIPAA rules remain in place during this emergency, the required rapid response efforts of COVID-19 impose challenges on health care providers. As such, on March 15, 2020, the Secretary of Health and Human Services (HHS) exercised the authority to waive sanctions and penalties against CEs that do not comply with the certain provisions of the HIPAA Privacy Rule. This waiver only applies in the emergency area identified in the public health emergency declaration, to hospitals that have instituted a disaster protocol, and for up to 72 hours from the time the covered entity implements its disaster protocol: The wavier applies to:

- the requirement to honor a request to opt out of the facility directory.
- the requirement to distribute a notice of privacy practices.
- the patient's right to request privacy restrictions.
- the patient's right to request confidential communications.

- the requirements to obtain a patient's agreement to speak with family members or friends involved in the patient's care.

Furthermore, on March 17, 2020, HHS declared that during COVID-19, CEs may communicate with patients, and provide telehealth services, through remote communication technologies. DoD CEs that wish to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency, are authorized to use the following three non-public facing everyday communications technologies to provide telehealth without risk of penalty of noncompliance with HIPAA:

- Apple Facetime
- Google Duo
- Microsoft Skype

The above three communication technologies are also approved for use on Government issued mobile devices. See attached supplemental information regarding use of non-public facing technologies. For additional information as to how the requirements of HIPAA apply during a national emergency, please see attached references (a) and (b). If specific applications of the HIPAA Privacy Rule requirements become increasingly relevant as our COVID-19 response evolves, additional guidance will be issued. If you have any questions relating to HIPAA compliance, my point of contact is Ms. Rahwa Keleta, DHA HIPAA Privacy Officer, at Rahwa.a.Keleta.civ@mail.mil.

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RONALD J. PLACE
LTG, MC, USA
Director

Attachments:
As stated

cc:
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force

RESTRICTED PHONE NUMBER: “HOW-TO” INSTRUCTIONS

**DHA CONNECTED HEALTH
(DHA MEDICAL AFFAIRS)**

MARCH 2020

BACKGROUND

The Defense Health Agency (DHA) will be providing guidance on telehealth implementation in response to the COVID-19 emergency. The guidance will include clinicians' use of their work and/or personal phones when serving patients at home. The DHA recognizes that clinicians may have concerns about revealing their work or personal caller-identifications to patients. To disable caller-identification and ensure privacy, clinicians should use the following instructions.

INSTRUCTIONS

Land Lines, Office Phones and Electronic Dialers:

To prevent a recipient from viewing the phone number of the caller, dial *67 on any device. When prompted (the prompt may be a brief series of tones) enter the phone number beginning with the area code (or 1 + the area code). The number will appear as restricted or private on the recipient's any Caller ID. This is a per call function. This step must be repeated for each call.

Mobile Phones:

To restrict phone numbers identification on a per call basis, mobile devices can utilize *67 from any cellular network. In addition to this service, smart phones have the option built in to restrict or make private the callers number:

Android:

1. Open the phone icon.
2. Select call settings.
3. Turn off “Show Caller Information.”
 - The phone call will now appear as restricted by the recipient.

Apple:

1. Go to Settings on your iPhone.
2. Scroll until you find Phone and tap on it.
3. Then select Show My Caller ID.
4. Move the slider to the left to hide your Caller ID.

NOTE: This feature may be disabled on your phone by your mobile provider. If you cannot find the listed option in your phone's settings, contact the Customer Service department of your mobile provider. “Per call” Caller ID blocking (*67) should still work.

ATTACHMENT 3B

SUPPLEMENTAL INFORMATION: USE OF NON-PUBLIC FACING EVERYDAY COMMUNICATION TECHNOLOGIES

There are three non-public facing everyday communication technologies applications approved for use across the Military Health System. Presently, the only approved applications are:

- Apple Facetime
- Google Duo
- Microsoft Skype

IMPORTANT NOTE: Use of these technologies is **optional**. Incorporation into military treatment facility workflows is also optional and delegated to individual facility Commanders and Directors to decide. **There is no formal training on how to implement use of these technologies. Facility Commanders and Directors should carefully consider if these capabilities actually add value or create more of a burden to actual operation.**

These technologies were chosen because they meet Department of Health and Human Services (HHS) guidelines, represent the largest American population of people who already have accounts to access and use them, they are free for individual use, and to minimize the amount of complexity associated with individual facilities incorporating them into scheduling workflow.

These services are approved for use on both government and personally owned mobile phones, tablets, desktop, and notebook computers.

Government Issued Mobile Devices:

- All 10,512 Apple mobile phones associated with DHA and managed as part of the DoD Mobility Unclassified Capability (DMUC) program have been granted "open access" to the Apple Store.
- This means that the device is now able to install and download any application with the user's Apple ID.
- DISA was able to remotely enable the cameras on 8,136 of these devices. The remaining phones will require the individual user to request technical support from their local helpdesk.

Training:

- Again, there is no formal training on how to implement use of these technologies.
- Although it is true that they are everyday communications technologies and information on installation and use is widely available on the Internet, configuration is not straight forward, especially on Government furnished PCs.
- In general, use of these technologies on mobile phones is far less complicated than using them on desktops, notebooks, or tablets.

ATTACHMENT 3B

SUPPLEMENTAL INFORMATION: USE OF NON-PUBLIC FACING EVERYDAY COMMUNICATION TECHNOLOGIES

- Configuration of these technologies on personally owned desktops, notebooks, and tablets is subject to a vast number of technical issues related to age of the device, version of operating system, version of web browser, and configuration of home network.
- Configuration of these technologies on government-issued desktops, notebooks, and tablets is subject to the following known issues:
 - **FaceTime:** Only works on iPhones and Apple products
 - **Google Duo:** Works on all platforms and is easiest to learn. Must use Chrome Web Browser.
 - **Skype:** Works on all platforms, but is most difficult to learn due to advertisements and in-app purchase messages. Must use Chrome Web Browser.

COVID-19 Coding and Billing Interim Guidance

ADA®

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

VERSION: April 14, 2020

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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 few 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.

Sample Coding Scenarios

[Note: In all cases below the relevant teledentistry code should be included when applicable: Real-time synchronous versus Store and forward asynchronous.]

Patient contact with dentist who provides the consultation using *audio means only*

- DENTIST: D0190 (screening) or D0999

Patient contact with dentist who provides the problem focused evaluation using audio and visual means

- DENTIST: D0140 or D0170 or D0171

Patient contact with triage call center who then forwards to dentist who provides the problem focused evaluation using audio and visual means

- CALL CENTER: D0190 (screening) or D0999
- DENTIST: D0140 or D0170 or D0171

Patient contact with GP dentist (or specialist) who then forwards to specialist (or different specialist) who provides the problem focused evaluation using audio and visual means

- GP Dentist: D0190 (screening) or D0999
- GENERAL PRACTITIONER OR SPECIALIST DENTIST: D0140 or D0170 or D0171

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.

COVID-19 Coding and Billing Interim Guidance

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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](#)

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 visual 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.

COVID-19 Coding and Billing Interim Guidance

- 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.

I understand that some dental benefit plans do not reimburse for teledentistry as reported with CDT code "D9995 teledentistry – synchronous..." or "D9996 teledentistry synchronous..." Even so, what fee should I show for these procedures when I report them on a claim in addition other services (e.g., diagnostic) delivered during the virtual encounter?

The teledentistry procedure codes exist to document and report the additional costs associated with delivery of services when a patient and their dentist are not in the same physical location. These codes are analogous to other well-established CDT codes – "D9410 house/extended care facility call" and "D9420 hospital or ambulatory surgical center call" – that enable to dentist to document and report additional costs borne by a dentist to deliver services that would otherwise be delivered in-office.

A dentist should separately report the full fee for the actual services (e.g., D0140, D0170, D0171, D9992) delivered to the patient. Dentists must also determine and report their full fee for the teledentistry procedure (D9995 or D9996 as applicable to a specific encounter). Note that additional costs that you incur will depend on the type of tools/technology you have in place and the type of services you will provide. For example, under normal circumstances a virtual dental home, which offers the patient an opportunity to receive comprehensive care may be established using advanced telehealth tools/technologies. However, under the current exigent conditions, procedures that can be performed virtually are potentially limited to those noted in this guidance document requiring less complex tools/technology.

Factors to consider when determining the full fee include the costs to enable remote communication technology for the transmission of health information required to effectively connect and interact with the patient. The teledentistry procedure fee does not include the fees for actual services delivered to the patient as noted above. A separate payment for the D9995 and D9996 procedures will depend on payer policies.

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

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.

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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

Informed Consent Forms: Sample Language For Virtual Services

Our dental office [OR: NAME OF DENTAL PRACTICE] will be using [NAME OF REMOTE COMMUNICATION APPLICATION(S)] remote communication technology to conduct problem-focused evaluations/re-evaluations virtually, to help manage your oral health problem and to determine whether you have a condition that requires immediate in-office treatment.

During the current pandemic the federal government announced that it will not enforce HIPAA regulations (privacy for health records) in connection with medical and dental offices' good faith provision of medical or dental services using non-public facing audio or video remote communications services. Remote patient consultations may take place over applications that allow video chats such as Apple Face Time, Facebook Messenger video chat, Google Hangouts, or Skype and may involve or be based on photos or videos taken with smart phones by the patient and transmitted to the dental office. Please do not contact us using public-facing services such as Facebook Live, Twitch, or TikTok, which are not permitted by the federal government for this purpose.

As always, our office will take dental record confidentiality very seriously, and will do what we can under the circumstances to protect the information you send us. While we believe the risk to such confidentiality is not high, it may be greater than it would be if these remote electronic communications were encrypted, which is one of the main HIPAA requirement that is being relaxed during the nationwide COVID-19 public health emergency.

Certain major dental plans have announced that they will reimburse dental offices for conducting such remote evaluations, and we will submit claims in connection with them.

Our dental office is using one or more of the permitted modalities listed above for remote transmission of information to conduct limited problem focused evaluations. While entirely adequate in the vast majority of cases for such limited purposes, these evaluations may not reveal conditions that would be discovered during an office visit or through the use of specialized teledentistry technology.

Please indicate your understanding of and informed consent to these terms, which will be in effect until the government rescinds its suspension of these HIPAA requirements, by typing your name in the space provided and return via email to this office.

Practical Tips for Performing Virtual Evaluations

The following tips may be helpful in conducting virtual evaluations:

- Request patient to have a flashlight handy.
- Request patient to have a family member assist in holding the phone or retracting the cheek as needed.

If you have conducted virtual evaluations and have tips to share please email dentalbenefits@ada.org

Billing: Policies by Payer (**UPDATED**)

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 9 AM CENTRAL April 14, 2020 [will be updated daily during this public health emergency]

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Payer Information as received by the ADA (in no particular order):

	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?
CareFirst BlueCross BlueShield	<p>We will pay for the evaluation code (D0140 or D0170) based on allowed amounts and exclusions and limitations of the patient's existing policy. Payment for evaluations is allowed only for real-time i.e. synchronous communication (D9995) between doctor and patient. Photos or other clinical information exchanged prior to a real-time audio or video call will be considered together as a synchronous encounter. Audio and visual (video or photos) are required for billing D0140 or D0170 evaluations using telecommunication technology. If there are any patient cost sharing amounts, they will be applied. We will consider the telehealth codes submitted as 'identifiers' and there is no reimbursement for those codes and they are not billable to the patient. Dentists should include a brief description of the presenting problem in the Remarks section of the claim for telehealth and in-office continued visits.</p> <p>We will pay once per date of service for the evaluation codes, so if a follow up, in-office visit is performed on the same date as the telehealth evaluation, the evaluation in the office will be considered inclusive to the rest of the</p>	<p>We are not paying for D9311 (considered inclusive to the evaluation).</p>	<p>We will pay for the evaluation code based on allowed amounts and exclusions and limitations of the patient's existing policy. If there are any patient cost sharing amounts, they will be applied.</p>

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	<p>visit. Any other codes, apart from the evaluation codes submitted with a telehealth code will not be covered. Submit separate claims for services done via telehealth and any subsequent services performed on the same date, using "02" for the telehealth Place of Service and "11" for the in-office Place of Service. Photographs and videos are considered inclusive to the telehealth visit and will not be compensated in addition to the evaluation.</p> <p>We are not paying for D0171 (typically considered inclusive to primary service).</p>		
DentaQuest	<p>Yes, DentaQuest would benefit these services unless excluded by member's plan or prohibited by applicable law. Check with your DentaQuest Provider Partner for details.</p>	<p>Yes. Where member's plan does not explicitly exclude these services, and they are permitted under applicable law, we will benefit them. Check with your DentaQuest Provider Partner for details.</p>	<p>Limited exam codes will follow the limitations defined by the member's plan, unless the client expressly waives those guidelines. Check your member's plan for limitations.</p>
Blue Cross NC / Dental Blue	<p>Blue Cross NC will reimburse for D0140 and D0170 services when performed via teledentistry the same as when performed in a traditional setting. There is no additional benefit for the D9995 and D9996 codes, however these codes should be used to document how the services were provided. However, post-operative, re-evaluation is not a covered service.</p> <p>Post-operative visits (D0171) are not a covered service; they are included in the fee for the original procedure.</p>	<p>Yes</p>	<p>No. Our frequency limitation is 2 per benefit period to allow maximum flexibility for both member and provider. D0140, D0160, and D0170 count toward the 2 per benefit period limit regardless of the encounter type.</p> <p>Other frequency limits for services such as a routine exams or prophylaxis are also covered on a "per benefit period" basis for flexibility in scheduling for providers and patients.</p>

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United Healthcare	We will administer benefits for TeleDentistry for codes D0140, D0145, D0170, D0171, D9992, D9995, and D9996.	NA	Limits on frequency will be waived until April 30, 2020, at which time we will re-evaluate an extension.
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 limiting dental services to emergency services only.	-- NA --	-- NA --
Aetna	Will reimburse for it when performed via teledentistry, same as if it is performed in a traditional practice 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

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	<p>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.</p>		<p>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.</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 employer’s dental plan that the patient is enrolled in.</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 portal, MetDental for dentists as well as MetLife’s</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</p>

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	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.	interactive voice response [IVR] capabilities.	employers with self-funded dental plans also follow the same criteria that has been developed. <i>[Metlife continues to evaluate this guidance. Updates will be posted as available]</i>
United Concordia	Yes to D0140 when performed using photo image or video will be covered. Submitted claims should include one of these teledentistry codes (D9995 or D9996).	No	There would be case-by-case exceptions. UCD expects dentists to bill 0140 for teledentistry for the next 90 days.
Humana	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.	Yes – Humana will allow benefits for a physician consultation (D9311) via tele-dentistry.	Frequency limits will be waived such that these evaluations do not count towards a member's annual frequency limitations.
Principal	Principal will reimburse for services when performed via tele-dentistry, same as if it is performed in a traditional dental office setting. We cover D0140 and D0170 today. We do not cover D0171. We do not offer a separate benefit for the two tele-dentistry codes	We do not cover code D9311	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 circumstances for both the member and

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			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.
Lincoln Financial Group	Lincoln will continue administering limited and problem-focused evaluations according to policy provisions, whether performed in office or through teledentistry consultations.	Lincoln's Dental plans do not provide benefits for physician consultation (D9311)	Under Lincoln's dental plans, limited and problem-focused evaluations do not count toward the frequency limits for Preventive oral examinations.
Cigna	Cigna allows benefits for limited and problem-focused evaluations (D0140, D0170). We will cover these evaluations if performed in traditional practice settings or if completed through teledentistry. Cigna considers post-operative services covered as part of the primary service completed. Cigna considers teledentistry (D9995 and D9996) as reporting a modality to deliver services generally covered as part of the primary service completed. But D9995 and D9996 may be separately reimbursable where specific plan designs allow or depending on state regulations.	Cigna considers (D9311) a dentist consultation with a medical health care professional to be part of the dental services provided directly to the patient. No separate reimbursement is allowed unless required by state law.	Applicable frequency limits for evaluations, including limited and problem-focused evaluations will remain in place.

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Sun Life	Sun Life will reimburse D0140 and D0170 per plan provisions whether service is conducted in the provider's office or virtually. We do not currently cover D0171.	Our dental plans do not cover physician consultations under ADA code D9311.	Sun Life will consider both the provider and member's circumstances and handle each request individually.
Dominion National	Benefits allowed include consultation for limited and problem-focused evaluation and re-evaluation (CDT codes: D0140, D0170 and D0171).	Dominion will also allow benefits for a physician consultation (D9311) via teledentistry.	Dominion is waiving frequency limits and these evaluations will not count toward a member's annual frequency limitations until further notice. This will be reviewed periodically and updated as needed.
Anthem	Anthem reimburses for all covered dental services the same regardless of provided in a dental office or using teledentistry. Our standard benefit for examinations includes a 2 per 12 month frequency for limited-problem focused exams (inclusive of D0140, D0170) with a separate 2 per 12 months for routine exams. D0171 is a post-operative examination and is standardly disallowed as inclusive of dental surgical or similarly situated care and not reimbursed separately. In relation to synchronous and asynchronous teledentistry (D9995, D9996) we disallow reimbursement, but encourage the submission of these codes with or without fees per ADA/CDT guidance when used as the modality of providing dental care.	Anthem's standard benefit allows reimbursement of D9311 at the same reimbursement as D9310, which is a consultation with a dentist or physician other than the dentist or physician the member originally sought care and may include diagnostic and/or therapeutic services.	We are monitoring member utilization of services provided through teledentistry and dental office visits and will make a determination on the ability to waive frequency limits in consultation with stakeholders. At this time, general guidance among third party teledentistry solutions, is to primarily utilize D0140 mitigating a need to remove standard benefit frequency limits at this time.
Argus Dental	Yes – Argus Dental & Vision, (a subsidiary of Aflac, Inc) will cover codes D0140 and D0170 performed telephonically with the corresponding D9995 or D9996 Tele-Dentistry code.	We do not currently cover the D9311 code.	For any plans which include D0140 or D0170 as covered benefits, normal in-office evaluations done after the pandemic has subsided will

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			be covered, subject to stated plan limitations.
Blue Cross Blue Shield Massachusetts	<p>Until further notice, we will cover consultations by telephone or video (“virtual consultations”) between dental providers and their patients, effective March 23, 2020, for all members who already have coverage for problem-focused exams (D0140), with no cost share (deductible, copayment, or co-insurance).</p> <ul style="list-style-type: none"> • Report virtual consultation services using CDT code D0140 (Limited Oral Evaluation – Problem Focused). • Virtual consultations should be patient-initiated and related to a specific dental problem which would otherwise have required an in-person office visit. • In the patient’s chart, please document the problem that necessitated the telephone or video consultation and what you recommended to the patient. 	NA	NA
Unum/Colonial Life	D0140 or D0170 will be covered per plan provisions when performed virtually and submitted with a D9995 or D9996, as descriptor codes, through 6/30/2020 or when the COVID-19 emergency measures limiting dental services are lifted. The D9995 and D9996 will not be paid as an additional benefit.	No	A D0140 accompanied with either D9995 or D9996 will not be counted against frequency limitations during this period.

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