



IHS COVID-19 Interim Guidance for Coding Teledentistry Events

Date Implemented: April 14, 2020

IHS Division of Oral Health (DOH) interim guidance for documentation and reporting clinic / patient ‘teledentistry’ events: (Updated teledentistry coding instructions)

The ADA CDT 2020 manual for Dental Procedure Codes have two CDT codes specific for ‘teledentistry’: **D9995** and **D9996**. Both of these codes were developed for the scenario of a patient being physically present in a clinic setting and a face-to-face encounter with a provider. Therefore, the typical ‘documentation’ would include all evaluation modalities available in the clinic setting: Objective (direct) observations; Radiographic images; Photographic / scanning images; other in-office documentation.

D9995: D9995 teledentistry - synchronous; real-time encounter; Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service. Thus, synchronous (thus, could include telephonic)

D9996: 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. Thus, asynchronous (store and forward)

Current IHS DOH guidance for reporting ‘teledentistry’ events:

Document the encounter in EDR (or hard-copy record) including all ‘Clinical Note’ requirements:

- S-O-A-P note format;
- Verification of patient identify (two methods of patient identification);
- Assessment of condition;
- Recommendation[s] given to patient including follow-up evaluation and/or treatment recommendations.
- Prescriptions should be entered in the [dental] Clinical Note and other databases as would occur in a normal [direct patient / provider] clinical encounter.
 - Refer to IHS opioid prescribing guidelines.

Code a ‘teledentistry’ patient interaction using **D9995**; also enter other code[s] as appropriate:

For **audio-only** dentist / patient interaction:

D9992 dental case management – care coordination (use ICD-10 code **Z13.84**)

D0191 assessment of a patient (Note: ADA guidance states this is a “clinical inspection”)

However, **D0190** is not available for IHS use due to “overlap” with ‘**0190**’ in RPMS

‘Link’ an ICD-10 diagnosis code to **D9995** CDT code (before completing **D9995** in Dentrax).

Sample D9995 ICD-10 code list: (see attached spreadsheet list with 45 other ICD-10 codes)

K03.81	Cracked tooth
K04.01	Reversible pulpitis
K04.02	Irreversible pulpitis
K04.1	Necrosis of pulp

K04.4	Acute apical periodontitis of pulpal origin
K08.539	Fractured dental restorative material, unspecified
K08.9	Disorder of teeth/supporting structures, unspec
M26.609	Unspecified TMJ disorder, unspecified side
R68.84	Jaw pain
S03.00XA	Dislocation of jaw, unspec side, init encounter
S03.2XXA	Dislocation of tooth, initial encounter
T81.40	Infection following a procedure, unspecified

For audio-visual dentist / patient interaction:

D0140 limited oral evaluation - problem focused

D0170 Re-evaluation-limited, problem focused (established patient; not postoperative visit)

The following codes should **NOT** be used with Teledentistry code **D9995**:

D0120: Periodic oral evaluation - established patient

D0150: Comprehensive oral evaluation - new or established patient

D0171: Re-evaluation – postoperative office visit

Other diagnostic, comprehensive or specific evaluation codes that require clinical evaluation.

NEW: coding in Dentrix for COVID-19 time lost:

Dentrix (8.0.9 and higher) can track appointments cancelled by a specific reason: for example COVID-19 Process: (This will be covered in the Wed, Apr 15, 2020, EDR webinar)

1. Set up ‘Reason code’ in Dentrix
2. Use code when cancelling any appointment
3. DXOne reporting function can search for specific Reason code and generate an exportable report (Excel) that includes appointment time length for each appointment cancelled
4. This will allow aggregation of clinic time lost due to COVID-19 reasons

DOH is in communication with CMS and the ADA concerning specific process and requirements for submitting a claim for reimbursement. At this time, several dental insurance companies have indicated they will reimburse for codes D0140, D0170 and D9992; however, there is no specific guidance concerning documentation to submit with the claim. CMS has not given guidance concerning the ‘four-walls’ requirement for reimbursement at the encounter rate. For more information: D9995 and D9996 – ADA Guide to Understanding and Documenting Teledentistry Events

The Division of Oral Health reminds staff/clinicians all patient interactions - including delivery of messages via “telehealth” - must be in alignment with IHS standards, procedures, protocols and guidelines. (see additional guidance from IHS Office of Information Technology)

Reminder from the IHS Privacy Office

In light of the COVID-19 outbreak the IHS Privacy Office is providing the following reminders to ensure that we continue to employ best practices related to patient privacy.

- Do not share protected health information with others who should not have access, including co-workers or personal acquaintances.
- Do not access a patient’s health record unless it is needed for your work.
- Minimize the potential for unauthorized personnel to overhear patient information during conversations.

‘Rules’ for a [telehealth patient interaction] are current as of March 31, 2020, [and are subject to change]: (these are based on *IHS Cisco Meeting Telehealth Rules of Use*.)

- Send a separate appointment/space invitation for each patient encounter.
- Verify the identity of your patient at the beginning of each encounter.
- Verify that there are no uninvited participants.
- DO NOT record any of the audio or video of the patient encounter.
- Delete the email invitation from your sent items after the patient encounter.
- Obtain verbal consent for a Telehealth session.

Telehealth guidance from the IHS Office of Information Technology:

Please refer to the most recent OIT guidance concerning conferencing platforms that are approved for use by IHS employees. Although Tribal clinics may not be legally bound by IHS OIT guidance, we all share a responsibility to ensure our patient's privacy is respected and information is secured.

The above guidance supersedes "*IHS COVID -19 Interim Guidance for Coding Teledentistry Events*" (released 3/31/2020).