

# Expanded teledentistry during COVID-19

June 16, 2020



The COVID-19 pandemic has greatly impacted the delivery of dental and oral health services. Current requirements for social distancing, infection control, PPE and other barriers will prevent typical engagement in dental services for a significant number of Medicaid members. Medicaid enrollment is also expected to increase, creating additional demand for dental services at a time when traditional clinic systems are not prepared to manage growth in patients seeking care in their clinics. In an effort to expand clinic partners' ability to provide preventive, triage, urgent or other oral health or dental services as well as more effective care coordination, a more cohesive teledentistry strategy is needed so patients can engage with providers without physically attending a visit in a clinic or alternate location.

## Introduction

CareOregon Dental is committed to supporting our providers with evidence-based clinical guidelines and recommendations to help achieve the best health outcomes for our members. In early 2020, the COVID-19 pandemic impacted the traditional dental care delivery system. The dental profession faced challenges due to operational and patient and staff safety issues. This resulted in an immediate and indefinite decrease to access and utilization with long-term consequences.

In order to support innovative ways to engage members, improve health outcomes and provide dental services in a financially sustainable method for partners under the COVID-19 public health emergency (PHE), we developed, in collaboration with our provider network, additional guidance for clinics to expand and extend teledentistry services to their patients. This teledentistry guidance is based on current standard of care and OHA COVID-19 telemedicine guidance, and it is intended to be in effect only during the COVID-19 PHE.

## Aim statement

COVID-19 has created a new and immediate shift in our traditional dental care delivery system due to social distancing and personal protective equipment (PPE) requirements. Access to and use of dental services have been severely impacted, resulting in decreased engagement for members and decreased production for provider partners. OHP membership is expected to increase while providers already have pent up demand and delayed care for dental services. Gaps in care coordination and integration have also been identified, along with network stability and payment needs. CareOregon Dental is committed to a population-based approach for improving member oral and overall health, addressing COVID-19 and wellness support, and supporting partner financial stability. Through the work of this group, an enhanced teledentistry program will be launched to meet the needs of both our members and partners.

# Expanded teledentistry during COVID-19

June 16, 2020



## Background

Although teledentistry services are included in the general benefit plan, traditional teledentistry requires a provider (usually an expanded practice dental hygienist) at the originating site with the patient and a dentist at the distant site for the exam or other appropriate services. Given the current challenges with dental care delivery, the traditional teledentistry model is not feasible. Oregon Health Authority has provided extensive guidance for the expansion of telehealth services. While this guidance has been somewhat limited for dental services, many of the key principles and guidance statements can be applied in the dental setting during the COVID-19 pandemic. CareOregon Dental will outline some additional options for teledentistry services that will be included as a covered benefit during the COVID-19 pandemic, with the goal of increasing the ability for providers to engage with members related to triage, prevention, urgent care or other services that can be appropriately provided via a teledentistry strategy.

## Teledentistry services, provider types and billing recommendations

Teledentistry visits must include medical/dental decision making. Coverage does not include referral requests, prescription refills, email or fax communication, chart review or reporting of normal tests.

Element	Preventive visit	Urgent visit
<b>Provider type</b>	RDH, EPDH or DMD/DDS	DMD/DDS
<b>Provider location</b>	Any clinic or location, including home, where privacy can be maintained	Any clinic or location, including home, where privacy can be maintained
<b>Visit element requirements</b>		
<ul style="list-style-type: none"> <li>• <b>Medical history</b></li> </ul>	Yes	Yes
<ul style="list-style-type: none"> <li>• <b>Chief complaint</b></li> </ul>	Yes	Yes
<ul style="list-style-type: none"> <li>• <b>Caries risk assessment</b></li> </ul>	Yes, unless visit is chronic disease based; other oral health assessment may be selected for chronic disease visits	No
<ul style="list-style-type: none"> <li>• <b>Oral health data collection</b></li> </ul>	Yes: should include assessment of current self-care, dietary habits, smoking/second-hand smoke status, optimal fluoride use in most cases; relevant data related to chief complaint or based on visit progression	Yes: signs, symptoms and data related to urgency and/or chief complaint or based on visit progression

# Expanded teledentistry during COVID-19

June 16, 2020



Element	Preventive visit	Urgent visit
<ul style="list-style-type: none"> <li>• <b>Additional services provided, as applicable</b></li> </ul>	Oral hygiene instruction, nutrition counseling, tobacco cessation, fluoride prescription	Any determined appropriate by dentist via televisit; include preventive if appropriate
<ul style="list-style-type: none"> <li>• <b>Triage/navigation</b></li> </ul>	Determine next visit for patient: <ul style="list-style-type: none"> <li>• Needs dental treatment: schedule in clinic or place on callback list</li> <li>• Needs new patient exam/X-rays</li> <li>• Needs urgency visit: televisit or in person</li> <li>• Assign to recall and set appropriate recall interval</li> <li>• Needs support with primary care or behavioral health visit (especially for chronic disease visit)</li> </ul>	Determine next visit for patient: Was the urgency resolved? <ul style="list-style-type: none"> <li>• If yes, is any other follow up needed? Would patient benefit from scheduling a preventive televisit with a hygienist?</li> <li>• If no, in-person scheduling</li> <li>• If determined to be routine and appropriately resolved, scheduled or placed on COVID-19 callback list</li> </ul>
<b>Documentation requirements</b>	Same as in-person visit: should align to all billing codes used	Same as in-person visit: should align to all billing codes used
<b>Patient consent</b>	Document verbal consent for visit in patient record	Document verbal consent for visit in patient record
<b>HIPAA-compliant telehealth platform required</b>	Not at this time	Not at this time
<b>Telehealth platforms</b>	<ul style="list-style-type: none"> <li>• Video, video with photos or photos with phone strongly preferred</li> <li>• Phone-only permitted but discouraged unless it's the only option for the patient</li> <li>• OHA requires that the provider notate in the record if A/V is not feasible</li> </ul>	<ul style="list-style-type: none"> <li>• Video, video with photos or photos with phone preferred</li> <li>• Phone-only currently permitted; we encourage all clinics to transition away from phone-only unless it is the only option for the patient</li> <li>• OHA requires that provider notate in the record if A/V is not feasible</li> </ul>
<b>New or established patient</b>	Yes to both during the COVID-19 PHE	Yes to both during the COVID-19 PHE

# Expanded teledentistry during COVID-19

June 16, 2020



Element	Preventive visit	Urgent visit
<b>Chart audit eligible</b>	Yes	Yes
<b>Billing</b>	<ul style="list-style-type: none"> <li>• D0191: RDH, EPDH or DMD/DDS</li> <li>• D1330, D1310, D1320 for preventive services as rendered during the visit</li> <li>• D0601/D0602/D0603: caries risk assessment finding</li> <li>• D9995: synchronous teledentistry code</li> <li>• MUST use 02 Place of Service</li> </ul>	<ul style="list-style-type: none"> <li>• D0140: DMD/DDS only</li> <li>• Other codes as applicable</li> <li>• D9995 or D9996</li> <li>• MUST use 02 Place of Service</li> </ul>
<b>Frequency</b>	Cannot be related to a recent (less than seven days) or upcoming (within 24 hours) visit; televisit is permitted once per seven days	<p>CareOregon Dental will waive seven day minimum between televisits:</p> <ul style="list-style-type: none"> <li>• For newly identified urgent issues that are unrelated to a previous urgent televisit</li> <li>• For urgency in a different clinical area or quadrant</li> <li>• In follow up to a preventive televisit at which an urgent issue was identified</li> </ul> <p>CareOregon Dental will waive the requirement that a televisit not occur 24 hours prior to a clinic visit for urgent care when the urgent teledentistry visit included a clinical decision that requires the patient to be seen in person to treat their urgent dental need. Routine post-op visits via teledentistry are not reimbursable (in alignment with the current rule that does not allow routine post-op to be billed separately).</p>
<b>Patient initiation</b>	Requires patient initiation for a visit; provider can make the patient aware of teledentistry offerings and place the call	Requires patient initiation for a visit; provider can make the patient aware of teledentistry offerings and place the call

# Expanded teledentistry during COVID-19

June 16, 2020



## Implementation technical assistance

Technical assistance to implement the various components of teledentistry — particularly as it relates to patient engagement for preventive services — is available to partner clinics. That assistance can include outreach strategies and priority populations, scheduling, photos or video workflow support, during-visit workflow, documentation, billing and revenue processes, and triage and navigation to next visit/recall for patients. Please contact CareOregon Dental staff to inquire about assistance.