



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Med-QUEST Division
Clinical Standards Office
P. O. Box 700190
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May 6, 2020

MEMO NO.
FFS 20-08

MEMORANDUM

TO: Fee-for-Service (FFS) Dental Providers
Federally Qualified Health Centers (FQHC)

FROM:  Judy Mohr Peterson, PhD
Med-QUEST Division Administrator

SUBJECT: TELEDENTISTRY AND TELEPHONIC GUIDANCE DURING PUBLIC HEALTH EMERGENCY
PERIOD IN RESPONSE TO COVID-19

This memorandum updates CDT codes listed in Attachment A of Memo QI-1702A/FFS 17-01 specific for dental services issued May 2, 2017 and provides clarification for dental providers regarding Memo QI-2013/FFS 20-06.

TELEDENTISTRY:

During the public health emergency that limits person to person interaction, Med-QUEST Division (MQD) is issuing this memorandum to inform dental providers of an additional CDT code to Attachment A. Procedure code D0140 (limited oral evaluation - problem focused) can be used when video/audio teledental services are performed in place of a physical face to face meeting. Frequency limits associated with D0140 remains unchanged. Please refer to the Medicaid Provider Manual Chapter 14, October 2019, for instructions on how to bill for teledentistry.

Additional Billing Guidance

FFS Dental Providers:

Both clinical records and submitted claims must indicate a tentative diagnosis and brief description of the treatment performed. Specify either D9995 (teledentistry – synchronous; real time encounter) or D9996 (teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review).

FQHC Dental Providers:

Criteria related to PPS and FFS reimbursement as indicated in Memo QI-2007/FFS 20-03 issued March 16, 2020, remains in place.

For children under age 21: D9999 will be entered on Line 1 in the Record of Services to designate the claim for PPS payment. Line 2 will be used to indicate either D9995 (teledentistry – synchronous; real time encounter) or D9996 (teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review). Line 3 will be used to indicate that the limited oral evaluation code (D0140) was used to evaluate the patient. Any other Medicaid eligible procedure performed should be indicated below Line 3. Do not indicate any fee on the claim form except the PPS rate for D9999.

Both clinical records and submitted claims must indicate a tentative diagnosis and brief description of the treatment performed.

For adults 21 and over: D0140 will be entered on Line 1 in the Record of Services to designate the claim for adult PPS payment. Line 2 will be used to indicate either D9995 (teledentistry – synchronous; real time encounter) or D9996 (teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review). Line 3 will be used to indicate the limited oral evaluation code (D0140). Any other Medicaid eligible procedure performed should be indicated below Line 3. Do not indicate any fee on the claim form except the PPS rate for D0140. Diagnosis code K08.9 must be entered in Block 35. Remarks section, of the claim form with a tentative diagnosis and brief description of the treatment performed. The tentative diagnosis and description of treatment must also be noted in the patient's record.

TELEPHONIC:

All telephonic visits must meet the billing requirements specified in Memo QI-2013/FFS 20-06 for reimbursement and be documented in the clinical records for auditing purposes.

- The call must be medically appropriate.
- Service must be clinically appropriate to be delivered via telephone and does not require the physical presence of the patient.
- Date and length of call must be documented.
- Circumstances that prevented the visit from being face to face must be documented.
- The criteria for eligible MEDICAID dental providers are the same (eq: DDS/DMD). Provider must meet and document the same face to face visit components in the patient's dental record and include but not limited to:
 - Detailed patient history;
 - Complete description of what benefit or service was provided;
 - Assessment of the issues raised by the patient; and
 - Dental decision/treatment plan that includes any tests, follow up or treatments and/or prescriptions.

- If the provider believes that the service cannot be delivered by telephone and the patient needs a face to face visit with the provider or another provider, the call is not reimbursable.

Procedure code D0140 (limited oral evaluation - problem focused) can be used when audio (telephone) only services are performed in place of a physical face to face meeting. Frequency limits associated with D0140 remains unchanged. Notate D9995 (audio only) in the Box 35, Remarks section, of the claim form.

These changes are effective for services rendered as of March 1, 2020. Any questions, please contact Dan Fujii, DDS, MQD Dental Consultant, at dfujii@dhs.hawaii.gov.