



IHS COVID-19 Interim Guidance for Coding Teledentistry Events

Date Implemented: March 31, 2020

IHS Division of Oral Health (DOH) interim guidance for documentation and reporting clinic / patient 'teledentistry' events:

The ADA (American Dental Association) 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] clinical encounter. (Also refer to IHS opioid prescribing guidelines.)

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

D0140 limited oral evaluation - problem focused

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

D9992 dental case management – care coordination

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.

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, see guidance available from the ADA: 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)

Telehealth guidance from the IHS Office of Information Technology: (issued March 27, 2020)

The following guidance is in response to the [President's March 13, 2020 declaration of a national emergency related to COVID-19](#)¹ and the [March 17, 2020 announcement from Secretary Azar on the historic expansion of telehealth access to combat COVID-19](#)².

Effective immediately, Indian Health Service clinicians may use certain additional, non-public facing audio or video communications technologies to augment all clinical activities related to providing care to patients during the COVID-19 national emergency. This applies to telehealth provided for any clinical reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.

Based on the [March 17, 2020 announcement from the Office for Civil Rights \(OCR\) regarding Health Insurance Portability and Accountability Act \(HIPAA\) enforcement discretion for good faith provision of telehealth during the COVID-19 nationwide public health emergency](#)³, the Indian Health Service is permitting its health care providers to communicate with patients and provide telehealth services, through the remote communications technologies, spelled out below. Even though these technologies may not fully comply with the requirements of the HIPAA rules and may potentially introduce privacy risks, IHS believes these measures are presently necessary and the benefits to patient safety and care outweigh any potential risks during this national emergency.

IHS clinicians may use the following video chats: Apple FaceTime, Facebook Messenger video chat, Adobe Connect, WebEx, Zoom, or Skype. IHS strongly encourages clinicians to provide notification to patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications. Providers should ensure the patient verbally consents to the visit before addressing any health related discussions and should provide notice that data charges may apply from their mobile data or broadband service provider. Government-issued devices should be utilized to the greatest extent possible. If necessary, a personal device can be used to call or video chat with a patient. Devices should not be used to create or store government records (e.g., text messages, notes, recordings). The patient's official medical record is the only appropriate place to document patient care.

Applications that are public facing shall not be used to provide telehealth. This includes, but is not limited to, Facebook Live, Twitch, TikTok or similar communication applications.

Clinical personnel must continue to use sound judgment in the protection of protected health information (PHI), especially in remote communications. Please see the [OCR BULLETIN: HIPAA Privacy](#)

[and Novel Coronavirus for further guidance](#) ⁴ and the [OCR FAQs related to the OCR Telehealth Notice of Enforcement Discretion](#) ⁵.

This guidance will remain in effect for the duration of the COVID-19 national emergency or until guidance is provided that amends, supersedes, or suspends this message, whichever occurs first.

If you have any questions about this guidance, please have a member of your staff contact the Office of Information Technology, at OITCOVID19@ihhs.gov.

References:

- 1: <https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/>
- 2: <https://www.hhs.gov/about/news/2020/03/17/secretary-azar-announces-historic-expansion-of-telehealth-access-to-combat-covid-19.html>
- 3: <https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html>
- 4: <https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf>
- 5: <https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf>