Crisis Teledentistry Implementation Guide

In response to the COVID-19 crisis, the Virginia Department of Medical Assistance Services (DMAS) will temporarily reimburse for dental evaluations and case management appointments that occur virtually. This enables clinicians to care for their patients while adhering to social distancing guidelines; it is also intended to divert patients from the emergency department. Through teledentistry patient visits occur over video chat or by analyzing photos of a patient's concern with subsequent electronic messaging. Teledentistry is not a specific service, but rather a means to provide care and education during these uncertain times. These changes are retroactively effective for dates of service March 12, 2020 through July 31, 2020. DentaQuest and DMAS will modify this timeframe if necessary.

Virginia Medicaid Billing Updates

Smiles for Children is going to begin to reimburse clinics for teledentistry using the <u>ADA guidelines</u> from March 12, 2020 through July 31, 2020.

Teledentistry Coverage – the following codes may be used in accordance with the ADA and Smiles For Children program guidelines.

D9994	Case management – patient	Benefit limitation - 2 per 6 months per patient.	\$8.28	
	education to improve oral health	Documentation of encounter shall be maintained in the		
	literacy	patient chart. This code shall be reported in addition to		
		other diagnostic procedures on the same date of service.		
D9995	Teledentistry – synchronous; real-	Benefit limitation - 4 per 6 months per patient.	\$35.00	
	time encounter	Documentation of encounter mechanism shall be		
		maintained in the patient chart. This code shall be		
		reported in addition to other diagnostic procedures on		
		the same date of service.		
D9996	Teledentistry – asynchronous;	Benefit limitation - 4 per 6 months per patient.	\$15.00	
	information stored and forwarded	Documentation shall be maintained in the patient chart.		
	to a dentist for subsequent review	This code shall be reported in addition to other		
		diagnostic procedures on the same date of service.		
D0140	Limited oral evaluation – problem	Benefit limitation – relaxed.	\$24.83	
	focused	Documentation shall be maintained in the patient chart		
D0170	Re-evaluation – limited, problem	Benefit limitation – relaxed.	\$24.83	
	focused (established patient; not	Documentation shall be maintained in the patient chart		
	post-operative visit)			
D9992	Teledentistry – case management,	Benefit limitation - 2 per 6 months per patient.	\$8.28	
	care coordination	Documentation of encounter shall be maintained in the		
		patient chart. This code shall be reported in addition to		
		other diagnostic procedures on the same date of service.		
D9630	Drugs or medicaments dispensed	Benefit limitation – relaxed.	\$19.87	
	in the office for home use			

D1354 <u>Silver Diamine Fluoride</u> (SDF) – Benefit limitation updated to remove requirements for first and second application and definitive treatment. New benefit limitation: Two applications per lifetime per patient per tooth.

Pregnant Women Eligibility – Temporary extension of the pregnant women benefit beyond 60 days postpartum.

Teledentistry Overview

Teledentistry is a method of providing oral health consultation, care, and education over a virtual platform. It enables clinicians to communicate with patients to provide advice, consultation, and triage, and creates a complete record of images, forms, consent, payment, etc. It is not a specific service and it does not change a provider's scope of practice. A health professional is only allowed to perform procedures through teledentistry that they can perform in-person.

Teledentistry White Paper (Dentaquest)

Pros and Cons of Teledentistry

Teledentistry provides patients with secure, one-stop access to a provider without the need to leave home, which can ease multiple burdens on families while offering the provider flexibility and another touch-point for care. It has also been shown to improve patient outcomes, patient and provider satisfaction, and accessibility to a dentist. However, it also requires adequate broadband support, a modest level of technical literacy and can be especially difficult if translation or other accommodations are necessary. During the COVID-19 outbreak, teledentistry is an effective way to triage patients and conduct problem-focused evaluations to limit office visits to patients needing urgent or emergency care and to reduce time in the office overall.

Crisis Teledentistry in Virginia During COVID-19

To practice Teledentistry in Virginia, the provider must hold an active Virginia dental license. Teledentistry does *not* change the scope of practice or supervision laws - it *enhances* how dental practices provide care. It also provides an opportunity to share additional resources patients may need, such as links to food supports or housing assistance (many safety-net clinics have resource lists available). Remember to remind the patient that oral health care will be ongoing.

Steps to Implement Crisis Teledentistry

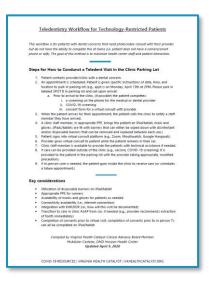
- 1. Identify a communication platform to use
- 2. Integrate this platform into your clinic's current workflow
- 3. Train your staff on platform and procedures
- 4. Have resources ready for patients: <u>Patient Guidance Form</u>, <u>Patient Assessment for Teledentistry</u>, instructions how to use specific technology, and/or language interpretation services
- 5. <u>Inform patients</u> about the availability of teledentistry (If you are able: update website/social media with teledentistry information, call patients, and/or send notification email to all patients)
- 6. Remind patients and staff that teledentistry is not definitive care, but an enhancement of personto-person care
- 7. Evaluate how teledentistry is meeting patient's need, modify practice, evaluate again
- 8. Identify additional region-specific resources to share with patients for other health needs (i.e. food banks, housing resources, mental health resources, etc.)

Resources for Crisis Teledentistry Implementation

Teledentistry Workflow Chart

Teledentistry Workflow Patient contacts provider for dental concern Apparature Name and register to the patients Patient contacts or to the patients Instrument of the contact or the patients Apparature Name and register to the patients Patient uplead photo, record, video, and and market to record video to the contact or the patients Patient uplead photo, record, video, and and market to record video to the contact or the conta

<u>Teledentistry Workflow</u> (for technology restricted patients)



Teledentistry Platform Options

System	HIPAA Compliant	Healthcare / Dental Orientated	Patient experience – easysfool proof?	Provider experience easylfool proof?	Consent	Forms / signatures
Mouthwatch	Yes	Yes, unable to integrate into EDRs	Relatively easy, but if patient is not comfortable with technology they may struggle	Yes, able to change quality of image Good internet connection is key	Upload documents into patient record on Teledent Recommend inclusion that patient should have in person follow up at later date	HIPAA compliant text through patient portal and share documents for patient download/sign and return
Teledentix Communicator	Yes	Yes, can integrate with EDRs	Web-based and Android or IOS app	Yes	Yes	Yes
Teledentix Basio - for secure videoconferenci no only, no EDR	Yes	Yes, can integrate with EDRs	Web-based and Android or IOS app	Yes	No	No
Zoom	#ERROR!	Easy to speak with patients, but does not integrate into EDR	Relatively easy, but if patient is not comfortable with technology they may struggle	Images not always orystal clear if patient does not have good internet connection	Upload documents into patient record in EDR/EHR. Recommend inclusion that patient should have in person follow up at later date.	No, do not recommend
Douimity	Yes	Yes, unable to integrate into EDRs			Separate upload documents into patient record in EDR/EHR. Recommend inclusion that patient should have in person follow up at later date.	HIPAA compliant massaging available, unclear how to get signed and returned documents uploaded
Dectulu	Yes	Yes, unable to integrate into EDRs	Requires download of specific app. Relatively easy, but if patient is not comfortable with technology they may struggle	Requires download of specific app	Separate upload documents into patient record in EDR/EHR. Recommend inclusion that patient should have in person follow up at later date	HIPAA compliant messaging available, unclear how to get signed and returned documents uploaded
			Patient can use			

Template to Alert Patients of Teledent Option



Six Things to Consider Before Conducting a Teledent Consult



<u>Patient Assessment via</u> <u>Synchronous Teledentistry</u>



For updated materials, visit Catalyst's COVID-19 resource page.

Recommendations for Using Teledentistry During COVID-19

Standard of Care

It is important to remember that when providing care via teledentistry, whether communicating with a new patient or an established patient with a new concern, a provider should still take the steps to ensure a complete picture of the patient's overall health. This includes obtaining an accurate, recent medical history, history of the patient's current chief complaint, and any possible visual aids from the patient (e.g., a photograph of the area of concern). Patients should still complete new patient registration forms to the best of their abilities, including submitting insurance and/or payment information, HIPAA notifications, any modifiers that are being utilized during this pandemic, consent for treatment with an understanding care provided via teledentistry is likely not definitive, and other relevant documentation.

Teledentistry Documentation Recommendations (Teledent)

Plan for Minimum Interactions (should an in-person visit become necessary)

Providers will need to plan for efficient in-person emergency visits should those be necessary. The goal is to have all information, explanations, payments, consent, etc. exchanged or completed prior to the patient arriving at the dental office. This will minimize the time in a public space (i.e., the dental office). The goal is completion of very short appointments that can effectively manage the patient's major concerns.

How to Engage Non-emergent Dental Patients

Teledentistry is also useful to continue dental care and manage oral health goals with all patients during a crisis. Even before the pandemic, providers strived to engage and educate all patients and communities on the importance of oral health; it is important to continue supporting patients during self-quarantine so providers are prepared to welcome them back when restrictions are lifted. Here are a few easy ways to engage patients:

- Discuss "at home" strategies with patients, i.e. ways to improve at home cleaning, prescription toothpaste, dietary changes, germ control.
- Help identify the patient's values and goals through <u>motivational interviewing</u> and help patients develop self-management goals to work towards total health.
- Ask patients about their overall physical and mental health. Be prepared to share additional resources to support your patient's total health and connect them with social support services (i.e. food banks, housing support, mental health counseling)

Be respectful if oral hygiene/oral care is not a patient's top priority right now. Patients may be dealing with recent unemployment, child care challenges, or illness (either their own or a loved one). Remind patients that their providers are still available for consultation via phone or secure video to discuss any concerns, answer home care questions, etc.

To-Go Care Packages For Patients (D9630, May xx update)

Providers and patients who would like to supplement these at-home strategy conversations via teledentistry can create "care packages". These care packages can include toothpaste (such as 5000 ppm strength toothpaste), floss, toothbrush, <u>at-home oral care instructions</u>, and fluoride varnish if applicable. This does not include silver diamine fluoride (SDF) at this time.

During a virtual case management visit, providers can guide their patients through proper brushing technique at home, flossing technique, as well as fluoride application when appropriate. Fluoride is a well-documented preventive measure. Regular application of fluoride varnish on both pediatric and adult teeth can help decrease caries risk, treat sensitivity, and potentially temporarily slow caries progression until definitive treatment can be performed. During this time with the limited access to routine care including cleanings, helping empower our patients to continue good home care habits and providing additional preventive strategies and materials is paramount.

It is recommended the clinic creates these care packages as "to-go" items that a patient or family member can come pick up from the clinic. These packages must be labeled appropriately include the patient/household name. The clinic can create a designated "pick up" time for patients to retrieve the package. Each household will receive one care package. Depending on the household size, the quantity of items can be altered, but only one package per household. The patient/household should be encouraged to schedule a virtual case management appointment to guide them through successful homecare and use of care package items. If the care package includes fluoride varnish, the patient should schedule a virtual visit to have a clinician guide the application to ensure the best possible outcome.

If a clinic wishes to utilize the code D9630 for these care packages, this code does not include prescription writing nor the administrative cost of mailing materials to patients. Additionally, if toothpaste is included in the care package must be at least 5000 ppm strength to qualify for reimbursement.

Case Management and Care Coordination (D9992, May xx update)

There are two opportunities for case management via teledentistry. One is case management via synchronous or asynchronous communication with the patient. This could be consultation with an orthodontist regarding a bracket that has come off a tooth, motivational interviewing with a dental hygienist to identify at-home goals for oral health management or review of toothbrushing and flossing technique. The other opportunity for case management via care coordination is with other health care professionals. This might be a shared discussion between the dentist, oral surgeon, and patient regarding coordination of treatment options.

Updates to Laws and Regulations

Legal Requirements

Teledentistry does not change scope of practice or supervision; it does enhance how dental practices provide care. In Virginia, to practice teledentistry a provider must hold an active Virginia dental license, they must receive an informed consent form from the patient before beginning a virtual visit, and they must document all virtual discussions with the patient in the EDR. These ADA Guidelines offer sample language for informed consent forms for virtual services.

HRSA does not require approval for teledentistry program implementation at an FQHC.

Changes to HIPAA

The federal government will waive potential penalties for HIPAA violations against health care providers who serve patients in good faith through certain everyday communication technologies during COVID-19. 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 service via teledentistry during this time. HIPAA's relaxed legislation will only be applicable during the COVID crisis. Providers are encouraged to notify patients that third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

Virginia Medicaid Billing Updates

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	literacy	patient chart. This code shall be reported in addition to	
		other diagnostic procedures on the same date of service.	
D9995	Teledentistry – synchronous; real-	Benefit limitation - 4 per 6 months per patient.	\$35.00
	time encounter	Documentation of encounter mechanism shall be	
		maintained in the patient chart. This code shall be	
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		the same date of service.	
D9996	Teledentistry – asynchronous;	Benefit limitation - 4 per 6 months per patient.	\$15.00
	information stored and forwarded	Documentation shall be maintained in the patient chart.	
	to a dentist for subsequent review	This code shall be reported in addition to other	
		diagnostic procedures on the same date of service.	
D0140	Limited oral evaluation – problem	Benefit limitation – relaxed.	\$24.83
	focused	Documentation shall be maintained in the patient chart	
D0170	Re-evaluation – limited, problem	Benefit limitation – relaxed.	\$24.83
	focused (established patient; not	Documentation shall be maintained in the patient chart	
	post-operative visit)	·	
D9992	Teledentistry – case management,	Benefit limitation - 2 per 6 months per patient.	\$8.28
	care coordination	Documentation of encounter shall be maintained in the	
		patient chart. This code shall be reported in addition to	
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Pregnant Women Eligibility – Temporary extension of the pregnant women benefit beyond 60 days postpartum.

Teledentistry Dos and Don'ts for Dental Providers

Do engage with your patients regularly even if you cannot provide in-person care at this time. This can include a "dental wellness check" and the opportunity to discuss at-home care strategies.

Do have available resources for your patients, including guides on how to communicate via teledentistry as well as at-home care strategies to maintain their oral health.

Do respect your patient's decision to not prioritize their oral health at this time. It is important to remind your patient you are present and available for when they are ready to return to care.

Do confirm your patient's identity, whether this is a new patient or an established patient, before commencing teledentistry services.

Do not utilize a third party non-HIPAA compliant platform without informing your patients of the risks associated with this mode of communication.

Do ensure you can collect all necessary information including a complete health history, history of patient's chief complaint, necessary visuals of the chief complaint area, as well as informed consent to provide care via teledentistry before providing consultation and or prescriptions.

Do remember to document all findings, discussion, images shared, etc. This is still a service you provided to your patient and must be included in his/her dental record.

Do use Smiles for Children guidelines to appropriately code care provided.

Do remember to follow up with your patients appropriately. As the care provided through teledentistry will likely not be definitive, a virtual follow up or subsequent scheduling of in-person treatment may be required.

Do not provide any service outside your scope of practice as defined by the Virginia Board of Dentistry.

Do connect your patient with other community services that may be helpful during the crisis, such as local food banks, mental health resources, etc.

For more information on teledentistry during COVID-19 and for additional resources visit Virginia Health Catalyst's COVID-19 resource page at: https://vahealthcatalyst.org/covid-19-resources/