



PROVIDER QUICK TIPS



Teledentistry Guidelines Related to COVID-19 for Dentists, Federally Qualified Health Centers and Rural Health Clinics

On March 6, 2020, Governor Wolf issued an [emergency disaster declaration](#) in response to the presence of the COVID-19 (coronavirus) in Pennsylvania.

Additionally, on March 26, 2020, the Department of Health (DOH) issued revised [Guidance on COVID-19 for Dental Health Care Personnel in Pennsylvania](#), which directs facilities to cease all dental treatment except urgent and emergency procedures. The guidance further encourages the use of teledentistry when available.

Teledentistry is two-way, real time interactive communication between the patient and the dentist. Teledentistry may be provided by any means that allows for two-way, real-time interactive communication, such as through audio-video conferencing hosted by a secure mobile application. During this state of emergency, telephone only services may be utilized in situations where video technology is not available.

The Department of Human Services (DHS) recognizes a medical professional may not be available at the same location as the beneficiary, therefore, during COVID-19 emergency, there is no requirement for a dentist or dental professional to be physically present at the originating site, where the member is located

Pursuant to the Governor's disaster declaration and the DOH's guidance, and in accordance with the Centers for Disease Control and Prevention's (CDC's) [recommendations](#) related to quarantine and isolation, both self-imposed and mandatory, DHS is issuing this guidance to advise all dentists (all specialties) and Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) with dental services in their approved Scope of Project, that teledentistry may be used to provide medically necessary dental services to Medical Assistance (MA) Program Fee-for-Service beneficiaries and Physical Health HealthChoices members.

Teledentistry should be used to assess whether a member has an urgent or emergent dental condition that can be treated during that encounter via teledentistry or whether the member should be seen in the office setting in accordance to DOH guidance.

This teledentistry policy does not apply to dental hygienists, Public Health Dental Hygiene Practitioners, or other dental staff.

Effective, with dates of service March 1, 2020 and after, procedure code D9995, defined as "teledentistry - synchronous" is being added to the MA Program Dental Fee

Schedule to indicate that a dental visit was rendered remotely by a dentist (all specialties) using teledentistry. Procedure code D9995 may only be used in conjunction with procedure code D0140, defined as "limited oral evaluation - problem focused" for a visit provided via teledentistry to patients who are experiencing true emergencies related to pain, infection, excessive bleeding and trauma.





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Dentists are to bill procedure code D9995 with procedure code D0140 when billing for a teledentistry visit.

Services rendered via teledentistry using procedure code D0140 will be paid at the rate listed on the MA Program Dental Fee Schedule. No additional payment will be made for the technology. In addition, dentists are to document in the beneficiary's record that the service was rendered via teledentistry.

Effective with dates of service on and after March 1, 2020, FQHCs and RHCs are to bill procedure code T1015 with the U9 and GT modifiers to indicate dental visits/encounters rendered via teledentistry to patients who are experiencing true emergencies related to pain, infection, excessive bleeding and trauma.

MA MCOs will also cover remote dental visits and encounters. MA MCOs will pay dentists according to their negotiated rates. MA MCOs must pay FQHCs and RHCs at least the MA Fee-for-Service Prospective Payment System (PPS) rate for a dental encounter.

The MA program requests providers billing medical claims in the institutional format to identify claims that are or may be impacted by specific policies related to the COVID-19 disaster with a DR (disaster related) condition code. Providers submitting medical claims using the professional claim format should use a CR modifier to identify claims that are or may be impacted by specific policies related to the COVID-19 disaster. The use of the DR condition code and the CR modifier is required when submitting a medical claim for which the payment is conditioned on the presence of the 1135 waiver. The following is a link to the 1135 waiver [letter](#) and [checklist](#) to provide further guidance on when the DR and CR should be used.

This guidance will remain in effect for the duration of the Governor's disaster declaration relating to the COVID-19 virus. DHS may re-issue these guidelines as appropriate.

Information on MA Program coverage related to COVID-19, including a FAQ document, can be found on the DHS website [here](#).

DOH has a dedicated page for COVID-19 that provides regular updates. Click [here](#) for the most up to date information regarding COVID-19.

Thank you for your service to our MA recipients.
We value your participation.
Check the Department's website often at: www.dhs.pa.gov.

