

## Apple Health (Medicaid) dental emergency coverage related to COVID-19 pandemic

In this time of the COVID-19 pandemic, the Health Care Authority (HCA) is aware that usual and customary ways of providing and billing/reporting services may not be feasible. It is also understood that different providers will have different capabilities. Therefore, in the interest of public health, HCA's Apple Health (Medicaid) program is trying to be as flexible as possible by creating new policies, to be utilized on a temporary basis, which will allow you to provide medically necessary services and bill or report the encounter with the most appropriate code you determine applicable using the guidance below.

HCA will communicate any changes to these policies with ample notice to support return to office-based care and ensure a smooth transition. We will continue to reevaluate and give sufficient notice when these policies do expire.

*Policy pertaining to client billing still applies. Please refer to [WAC 182-502-0160](#) for further detail.*

### D1999: reimbursement of personal protective equipment

Starting May 18, 2020 Apple Health Dental will reimburse CDT code D1999 for personal protective equipment. It is allowed at the rate of \$15 per client, per day billed on a dental claim.

**Effective October 1, 2020 the temporary rate for D1999 PPE will go from \$15 to \$10 per client per day.**

**Effective November 30, 2020 HCA will no longer pay CDT D1999 (PPE).**

D1999 is separately reimbursable for FQHCs and RHCs and requires billing on a separate claim. This includes orthodontic and denture procedures.

Apple Health-enrolled orthodontists may claim PPE D1999 for approved orthodontic treatment cases, only. Must keep documentation of periodic visits associated with PPE billing if there is not an associated billable claim.

\*Mobile anesthesiologists performing anesthesia services in association with dental procedures are not eligible for the PPE reimbursement as they already receive a facility fee, which covers 'supplies, expendables, and disposables'

All claims for CDT D1999 must accompany another Apple Health-billable procedure code on the same claim or an associated claim with the same date of service and same billing provider to qualify for payment.

Coordination of benefit rules apply.

### Phone triage and care coordination D9992

D9992 (care coordination) will be allowed as a temporary code to be used for phone triage. This is not a teledentistry code and should not be billed with any teledentistry codes. It is intended to be used in the absence of teledentistry. The rate for CDT code D9992 is \$15, per client, per day.

This code can be used to assess, coordinate care and/or triage clients with pre-existing or emergency dental needs by dentists or hygienists under the general supervision of a dentist. This code can be used by providers to reach out to patients whose care has been impacted by COVID-19 to review outstanding treatment, assess and prioritize the need to come for an in-person appointment and to address home care and dental concerns related to the delay in their care.

Providers must keep supporting documentation in the client's file, including the client's phone number, reason for triage, document if the patient initiated the call or if the provider initiated the call, progress note that includes patient's reported clinical information, outcome, and name of provider.

Do not use CDT D9992 for routine phone conversations used to conduct normal business operations such as scheduling appointments or contacting patients solely for the purpose of discussing how to prepare for a scheduled appointment or to screen for COVID-like symptoms.

Federally qualified health centers (FQHC), rural health centers (RHC), Indian Health Services (IHS) facilities, tribal clinics and tribal FQHCs: Phone triage and care coordination performed by a dentist or hygienist for a client with dental needs qualifies for the dental encounter rate. If the phone service results in an in-person visit on the same day, by the same dentist, HCA pays only one encounter rate payment.

**Effective 3-1-2021 CDT D9992 (phone triage/care coordination) will sunset and will no longer be reimbursable.**

## Prior authorization requirement for general anesthesia or intravenous sedation temporarily suspended for dental emergencies

Effective for claims with dates of service March 18, 2020 until further notice, HCA is suspending prior authorization requirements for general anesthesia and intravenous sedation (CDT codes D9222, D9223, D9239, and D9243). This decision is in response to COVID-19 and in an effort to keep dental emergencies out of hospital emergency departments.

When billing for general anesthesia or intravenous sedation to bypass the prior authorization requirement, providers must include expedited prior authorization (EPA) number **870001607** on the claim form.

## Reimbursement rate increase during COVID-19 pandemic for dental emergencies

In an effort to increase access to emergency dental services during the COVID-19 pandemic, the Health Care Authority has temporarily increased the Apple Health reimbursement rate for a limited set of oral surgery procedures. Effective for claims with dates of service March 27, 2020 until further notice, the temporary rates for the following codes are as follows:

Code	Rate
D7140	\$127.00
D7210	\$192.60
D7220	\$219.40
D7230	\$274.20
D7240	\$335.80

Please use expedited prior authorization (EPA) number **870001608** when billing these procedure codes for [emergency dental needs only](#) (pain, swelling, acute infection, or other urgent conditions). Non-urgent extractions should be billed without the EPA. When using the EPA for emergency extractions the provider will need to add the EPA # to each line of the claim containing an emergency extraction.

**Effective October 1, 2020, EPA 870001608 will expire. The following codes will return to their pre-COVID-19 rates for claims on and after date of service of October 1, 2020:**

Code	Rate
D7140	<del>\$127.00</del> \$30.49
D7210	<del>\$192.60</del> \$59.80
D7220	<del>\$219.40</del> \$70.57
D7230	<del>\$274.20</del> \$110.40
D7240	<del>\$335.80</del> \$128.80

Claims for date of service March 27 through May 28, 2020 paid the enhanced rate for all of the above extraction codes. As of May 29, 2020 through October 1, 2020, only emergency extractions pay at the enhanced rate and all other extractions will pay at the regular Apple Health rate.

## More information

- Attention Access to Baby and Child Dentistry (ABCD)-certified providers: Family Oral Health Education may be billed with teledentistry if all criteria in the ABCD billing guide are met.
  - ABCD dental providers may bill using D9999
  - ABCD medical providers may bill using CPT 99429 with modifiers DA and CR.
- D0170 is temporarily allowed for all dental providers. Providers may bill using D0170 for re-evaluation for both problem focused visits and post-operative visits with teledentistry. Clients are eligible 3x in a twelve month period and will pay a rate of \$10.
- Effective May 18, 2020 providers with an orthodontist taxonomy will be paid the pre-COVID D0170 rate for orthodontic re-evaluation. Once per client, per year until appliances are placed.
- Attention orthodontic providers: The Health Care Authority is temporarily suspending the requirement that the client be seen at least once in the quarter in order to bill. This applies to CDT codes D8020, D8030, D8080. This policy was in effect April 18, 2020-October 1, 2020. **This temporary rule is no longer in effect. Orthodontic providers must see the client at least once per quarter in order to bill D8020, D8030, D8080.** 1-8-2021 Orthodontic providers, please do not submit treatment extension requests if you received payment during a quarter when you did not see the client. The agency expects the provider to complete the treatment in the units originally approved.
- Effective June 22, 2020 D4341 (periodontal scaling and root planing – four or more teeth per quadrant) and D4342 (periodontal scaling and root planing – one to three teeth per quadrant) for all quadrants may be completed in one appointment. Documentation required: medical necessity for the procedure to be completed in one appointment, patient’s consent, and record of total treatment time.

## COVID-19 testing performed by dentists

Effective January 1, 2021, Apple Health will reimburse dentists to perform COVID-19 testing during the Public Health Emergency (PHE).

A dentist may prescribe, administer, and bill for two different COVID-19 tests prior to an aerosol generating procedure.

The billing provider must use the appropriate CDT code(s):

- D0604 (antigen testing)
- D0415 (specimen collection)

These codes can be billed separately or together.

Please see the [COVID-19 fee schedule](#) for rates.

Please note CDT codes D0604 and D0415 are not encounter eligible for federally qualified health centers (FQHCs) and rural health clinics (RHCs).

## Resources

- [Apple Health \(Medicaid\) COVID-19 testing clinical policy](#)
- [See HCA’s updated Emergency COVID-19 Fee Schedule](#), dated January 1, 2021.