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Additional Q&A from the April 13, 2020 Teledentistry Course

Answers by: Dr. Charles Doring in **RED**, Dr. Cheryl Lerner in **BLUE**, and Dr. Robert Wilson Jr. in **PURPLE**

Questions	Answers
A new patient called and left message for toothache, but I have never seen this patient before, my office is closed, should I prescribe the antibiotics and pain meds over the phone without seeing this patient? Thanks!	You should never prescribe medication without first seeing the patient and reviewing a current health history including all medications (Rx, OTC, herbals, patches, and inhalants). Under the new law (SB 402/HB 448), "A health care practitioner may establish a practitioner-patient relationship through either a synchronous telehealth interaction or an asynchronous telehealth integration, if the health care practitioner:" satisfies conditions outlined in the course. Once that practitioner – patient relationship is established and you have satisfied the conditions noted above, yes, you can prescribe medication (except schedule II CDS as noted in course).
Is there a plan or a date to open practices back up? I am an associate and my employer is planning on opening back up by May 1st with a full schedule but I know that this will likely not be allowed or safe by then. Hopefully we have a clear rule for Maryland. Thank you for this webinar!	The decision to reactivate dental offices to provide routine care will be up to the Maryland Department of Health. I suggest you visit https://coronavirus.maryland.gov/ for daily updates on the spread of the virus as well news from our Department of Health.
Thank you for this meeting, will the PowerPoint slides be available for attendees for review?	Yes, we plan to have the slides available on the MSDA website. Keep in mind, as time passes and situations change, the course information will need to be updated.
Can you provide a sample note for a Teledentistry call?	Yes, a sample is being provided with this document and is available at www.msda.com/covid-19.php under MSDA Resources.

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<p>If a patient texts or emails photos and you follow up with a phone conversation to further assess and diagnose, does that not count as "telehealth/Teledentistry"?</p> <p>Additionally, is a 20-minute phone call with a patient, counseling them, etc. covered under the coding?</p>	<p>No, the new law states "Telehealth does not include the provision of health care services solely through audio-only calls, e-mail messages, or facsimile transmissions". You can collect information from emails and texts to use during your real-time teledentistry visit where you and the patient are looking at each other and referencing those images previously sent.</p>
<p>D9995- billable code?</p>	<p>Yes, but that does not mean it generates an insurance benefit for the patient. The sample consent form in the power point clearly stated patients' responsibility if the insurance company denies the claim.</p>
<p>Can D9995 only be a video call or can it be a phone call?</p>	<p>No audio-only as noted above.</p>
<p>Can a dental assistant be the synchronous or asynchronous teledental provider and give the information to a dentist for review?</p>	<p>Yes, the Teledentistry can be between the dentists and patient, dental, medical or health caregiver. The DA can be part of the team as noted by the ADA, but not the actual provider of record. The dentist has to be 'seeing' the patient simultaneously even if the DA is the one in the room with the patient providing some sort of directed care.</p>
<p>Can we use FaceTime or Facebook video?</p> <p>Additionally, with all complaints about Zoom, is using it actually recommended?</p>	<p>During this COVID-19 Pandemic, the Office of Civil Rights will not impose penalties for HIPAA non-compliance against health care providers that serve patients in good faith through certain everyday communication technologies. That being said, DO NOT USE public-facing technologies such as Facebook Live, Twitch, and TikToc. You CAN USE NON-public-facing technologies such as Apple FaceTime, Skype, Facebook Messenger video chat, Google Hangouts video, and Zoom. Keep in mind, once the Pandemic is resolved, you will want to utilize HIPAA compliant technologies.</p>

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<p>My office in Maryland is 500 yards from West Virginia. Can I not see my patients who live in WV via Teledentistry since I'm licensed in Maryland?</p> <p>Additionally, can a MD licensed dentist provide telehealth services to a patient living in PA, VA or DC? So basically, if the patient does not live in MD.</p>	<p>This is a potential issue that needs clarification. You can make a case that if your Maryland licensed "brick and mortar" location provides services to patient who come from outside Maryland that you have the right to provide Teledentistry services to that patient who reside outside the State. The new law further states "the Governor (of Maryland / Health Department) shall develop and implement a plan to facilitate the joining of the State with adjacent states and jurisdictions in interstate compacts regulating health care practitioners for the purpose of improving patient access to health care practitioners in State communities experiencing a health care practitioner shortage".</p>
<p>I just wanted to make sure that I'm understanding this correctly so for Teledentistry we can submit both 9995 and 0140?</p>	<p>For insurance claims, you should submit the service (D0140) as well as the method by which you have had the encounter (D9995) and also put "02" in the Place of Service box on the ADA claim form to indicate telehealth.</p>
<p>Do you bill code D9995 along with code D9992 when coordinating care with another provider or medical provider?</p>	<p>No, for dental case management – care coordination use would use code D9992 even if the coordination was performed virtually. If you are consulting with a medical care provider, then you may consider using D9311 - Consultation with a medical health care provider.</p>
<p>Is a "digital" signature (stylus on the patient's computer screen then emailed) the same as a "written" signature (pen on paper scanned and emailed)?</p>	<p>Please consult your practice attorney on this. The ESIGN Act, federal law passed in 2000 grants legal recognition to electronic signature and records if all parties to a contract choose to use electronic documents and to sign them electronically. That being said, there may be state and federal laws concerning retrieval and storage of such signed documents.</p>

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<p>Instead of all of us doing the same thing and taking the risk of exposing ourselves and patients why don't we pool the emergencies according to zip code and minimize. Or better yet Healthy Smiles open up a facility and treat all their insured instead of putting all of us through all these hardships!! Can we take turns to treat these patients in need of emergency appointments?</p>	<p>Pooling resources is an excellent concept in dealing with a health crisis that stresses the system. Dentists in communities organize and put in a system to share the load. For example, if an office is closed, perhaps because of an exposure and infection of C-19, to would be great if the colleagues would cover for that practice and return the patients when the practice can operate again. If an office must close, they could share PPE resources with the Oral Surgeons, Endodontist and other offices that are providing coverage. A scheduled rotation of coverage can be arranged as well. It may not be practical to set up a large clinic to treat all the Healthy Smiles patients in a timely fashion. Further, this could create a situation where it is difficult to achieve social distancing. It is not always practical to have a parent wait in the car and send a young child in to the office for example. This could lead greater potential to cause harm. I do feel that patients that have a doctor/patient relationship would prefer to hear or see from you prior to being referred out to another practitioner. Teledentistry affords an opportunity to do an appropriate hand off.</p>
<p>Can we insert crowns during this time?</p>	<p>You need to use your best clinical judgment to determine if the insertion of a new crown is an urgent or emergent service. As an example, if the patient has lost or broken the provisional crown and is in pain, and you have the final crown, it would be appropriate. If the patient is stable and the provisional is holding up, you should postpone the delivery until offices are open for routine care again.</p>

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Is CareFirst covering asynchronous telehealth?	Review the CareFirst website (https://individualqa.insidecarefirst.com/individuals-families/about-us/coronavirus-telemedicine.page) The American Dental Association (ADA) and CareFirst have defined synchronous teledentistry (D9995) as a real time encounter, interactive, with both audio and visual components. The use of asynchronous teledentistry (D9996) will not be a covered encounter when used without subsequent real time audio and visual encounters for emergencies and urgent dental care during this public health crisis. Please also note the first question on page two of this document.
How has COVID affected dental claim processing and provider payments?	At CareFirst, the claims processing and payments continue as before. Use of electronic claims and attachments is preferred and may speed up your payment process.
How many follow up visits can be done?	That is up to the dentist and clinical situation. You may bill for one Teledentistry visit per day but most carriers have frequency limitations on benefits if they pay benefits at all. Most follow up visits can be short and on the phone. If the patient's issues are not resolving, you have the obligation to see them in person or referral to another health professional. Remember that a teledentistry visit must be synchronous, two-way and include both audio and visual communication in real time.
Hi, can you please send the consent portion so I can go over it with my lawyer?	Yes, a sample is being provided with this document and is available at www.msda.com/covid-19.php under MSDA Resources.
Was it said that CareFirst would not pay for routine procedures performed during this Covid-19 era?	Yes; it is not appropriate to provide routine care during this crises as outlined by the ADA and health department. Routine, non-emergent or urgent procedures should be postponed until after the crisis has been declared over.

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<p>Thank you, Dr Lerner, for your presentation. Last fall I contacted CF regarding a fee review. I was told an updated fee schedule with increase in some fees would be avail Jan 2020. I have contacted CF twice since that time but no one seems to know about this. Was the rep correct in telling me CF was increasing fees to in-network providers or not? If so, when will new fee schedule come out? Advanced thanks for reply.</p>	<p>CareFirst is currently considering fee increases. Please contact your provider representative for specific information.</p>
<p>How does it seem reasonable that an attorney provides a brief phone consult and charges several hundred dollars but a dentist provides a virtual consult with consent and complete review of health history and virtual exam for \$20 reimbursement from Blue Cross?</p>	<p>During the COVID-19 crisis, CareFirst is paying the same fee for a D0140 for a virtual visit as it does for an in-office visit.</p> <p>The ADA Council on Dental Benefits is working with all the dental benefits companies to obtain paid benefits for Teledentistry. I agree with you that if Teledentistry is become sustainable in the long run, insurance companies will have to appreciate the patient service provided and pay appropriate benefits.</p>
<p>After completion of this presentation, how do we go about proving CE credit for State Board Licensure? Never needed something like this in the past, as I always took more CE than needed, but now, in-person CE is not so readily available.</p>	<p>Please keep in a file all your complete course certificates. You will need to refer back to them when you renew your license with the Maryland State Board of Dental Examiners. It is possible that the MSBDE could conduct a continuing education audit of a practitioner. Also maintain continuing education documentation is important is certain applications such as hospital privileges for example.</p>
<p>I understand not referring patients to an emergency room so as to not overburden a health care system, but why is it inappropriate to refer to a dental school where they may potentially have N95 masks and /or other PPE that I do not have available in my private practice.</p>	<p>Ethically, you have the responsibility to treat or appropriately referral of you patient to someone who can help them. Dental schools are currently not an appropriate referral for they are swamped with their own patients and have limited staffing and resources. If you have appropriate PPE and the treatment is within your scope, you should help that patient or refer to a colleague who is prepared to provide the emergency care.</p>

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<p>DSO is pressuring some employee dentists to see patients!!</p>	<p>As long as the expectation is to take care of emergency and urgent needs, that is ethically acceptable. If an employer, in any practice model, is applying pressure to treat elective needs that could be deferred, that would place a dentist in a very difficult situation. If the dentist complies with the wishes of the employer, they would be in violation of both ethical principles and the Governor's mandate. Anyone feeling they are being forced to provide elective dental care or care in an unsafe manor should contact the Maryland State Board of Dental Examiners.</p>
<p>If we do not have our staff on board, and have no way to confirm insurance benefits, how do we charge a patient when providing emergency care? Can we have the patient pay up front and have any payments from the insurance company go to the patient?</p>	<p>If the patient is one of record and carries insurance with which you participate, you should not charge them any more than their financial obligation. Call the number on the back of their insurance card to find out their co-payment or co-insurance amounts due based on the services you anticipate providing.</p>
<p>Re: the spoon technique... how would it be if the patient used the spoons turned the opposite way? And would it help to use "metal" ones to help reflect light? The metal spoons may be helpful but may also reflect too much light. Sounds like a good study to be done, plastic vs. metal spoons!</p>	<p>I prefer metal spoons to plastic for retraction. They are often more comfortable particularly the edges, there is some light reflection. They seem to work well turned either way. In fact, I am going to keep metal spoons in my office because they seem more comfortable than retractors, particularly for children and patient with smaller mouths. In some flash situations, the metal may reflect light in a positive or negative way. Sounds like a good research study plastic vs. metal!</p>
<p>Any chance dentists will get to do the antibody testing?</p>	<p>Your ADA/MSDA and our Maryland State Dental Board are working on viral testing and vaccinations within the scope of dentistry currently and more information will be available shortly.</p>
<p>Any thought on air disinfection? HEPA filtration or uvl systems used in hospital settings?</p>	<p>I am looking into such systems now. Inhibition of aerosol is going to be important factor in our future.</p>

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Just to verify Bob. We don't accept new patients over the phone due to obvious liability issues. We handle emergencies for patients of records only. Are you saying that cannot be done at this time or are you saying it is an ethical violation?	Below is the applicable section from the Principles of Ethics and Code of Professional Conduct. This is an advisory opinion under the Principle of Justice. It does not state explicitly that you have to accept the emergency patient not of record, but that you must make reasonable arrangements. That could mean assisting the person in finding a practitioner that will provide care. "4.B. EMERGENCY SERVICE. Dentists shall be obliged to make reasonable arrangements for the emergency care of their patients of record. Dentists shall be obliged when consulted in an emergency by patients not of record to make reasonable arrangements for emergency care."
You may have mentioned this but it is a moral imperative to give all PPE to frontline healthcare workers. Face the truth, you will not be opening up until the supply chain opens up. Look at your burn rate of PPEs and give away the rest. Go to MedicalSupplyDrive.com. They can pick up and deliver your PPE to where they are critically needed SAFELY! Call Dr Ritter at 410-215-9426 if you have questions.	Thank You! We will be passing this information along!
Is the webinar recorded?	Yes, it is available at www.msda.com/covid-19.php under MSDA Resources.
If we answer an emergency phone call from a non-patient of record at home, and refer to a specialist for treatment, are we obligated to follow up?	If you would like that non-patient to now become your new patient, yes, I think it would be ethical to follow up that the patient is feeling better and the issue is resolved.
Are you intending to present this course again? If so when? It was very helpful.	Yes, we are doing another live webinar on Thursday April 23 at 9am to 11am for the Southern Maryland Dental Society. Contact that society for more information and registration.