Administrative Uniformity Committee

AGENDA – MEDICAL CODE TECHNICAL ADVISORY GROUP (MCT)
Thursday, December 10, 2015
9:00 a.m. to 12:00 a.m.
Location: HealthPartners, 8170 Building, Bloomington, St. Croix – 1st floor

Webex Information

Teleconference Information:

Call-in line: 1-712-832-8300

Participant Access Code: 337213#

Callers are responsible for any long distance charges.

1. To start the webex session, go to: https://health-state-mn-ustraining.webex.com.
2. Under "Attend a Session "click "Live Sessions"
3. Click on the session for "AUC Medical Code TAG"
4. Provide your name, email address, and the following password: Mct2010! (Note: the password must be typed in; it cannot be cut and pasted. The exclamation point is part of the password)
5. Click "Join now"

1. **Welcome and Introductions**
   - **Attendance tracking: Deb Sorg** deb.a.sorg@healthpartners.com
   - **Membership request and/or updates: Deb Sorg** deb.a.sorg@healthpartners.com
2. **Review of Antitrust Statement**
3. **Review of last meeting's minutes** – October 27, 2015 and November 12, 2015
4. **Teledentistry – Kathy Sijan**

10/8/15: Kathy Sijan presented two dental related SBARs. After discussion, it was agreed that the SBARs should be included in a discussion of the 837D companion guide and possible updates to the guide. The TAG will meet on Oct. 27 to discuss the SBARs and to consider possible updates or revisions to the 837D guide.	**OPEN**
10/27/15: Under traditional telemedicine/telehealth coding, and originating site (Q3014) must be reported separately and there is currently a standard modifier (GT) for professional for telemedicine or telehealth services. In many cases, the DT initiating teledentistry in a location other than the dental clinic is an employee of the clinic. Would this same policy apply to for originating site if it is the same dental clinic? Questions re new code set, would all be appropriate under teledentistry? For example, the comprehensive exam code D0150. The date of service for imaging services was questioned. Would it be the same as the professional service? Questions/suggestions regarding telemedicine. Julie will request scenarios from Appletree of what services are they billing, how often and other data they wish to share. Is there one bill they would submitted with GT? For example, house code when services provided in nursing facility, can you use Q code? Julie (DHS) Research what other states are doing with teledentistry and present at next meeting.	**OPEN –** questions, suggestions scenarios are requested for review
11/12/15: Does this apply to two dentists in the same practice – primary care dentist; specialty practitioner? Code list is not sufficient; additional information would be needed to fully understand what is considered a consultation for accurate coding. Discussion about whether the GT and GQ modifiers used for telemedicine could be used for tele-dentistry along with the recommended U9 modifier DHS is proposing. It was felt if possible, it would clearly distinguish tele-dentistry services. TAG member confirmed there is a place on electronic dental claim for modifier. 2012 Paper dental form 34a has space for diagnosis 9 vs. 10 indicator.	**OPEN**

ACTIONS: Kathy will develop grid along with additional scenarios – to include definition of location, providers, and services Services must be provided via video or stored forward Kathy will confirm billing site.	

5. Behavior Health Home (BHH) – Kathy Sijan, DHS

3/12/15: DHS Behavior Health Home policy staff, Jennifer Blanchard and Lisa Cariveau, attended the meeting to provide background and overview of the Behavior Health Home services described in the SBAR and to answer questions the MCT may have. Jennifer stated that the basis of BHH program is a result of the Affordable Care Act and that it is currently out for state public comments. It was noted that SAMSA approved the program. After approved, it will sent to CMS for federal approval. The anticipated start date is January 1, 2016. There are two services: • The first is the initial plan (S0280–U5 Medical home program, comprehensive care coordination and planning, initial plan, BHH, monthly). This service is billed for the first six months. These services do not have to be consecutive. • The second is maintenance of plan (S0281–U5 Medical home program, comprehensive care coordination and planning, maintenance of plan, BHH, monthly). This service is billed after the six months initial plan billing. Maintenance is ongoing and does not have a maximum. A question was asked if 99490 was considered. Codes S0280 and S0281 are already used for Health Care Home (HCH) but with different modifiers. The codes were chosen but with the U5 modifier because of the similarity of the program, BHH does not need to rendered by a physician, this is not a timed procedure (99490 designates time, and DHS want to establish a model for future health models. Participation is voluntary but has requirements for the patient/participant to be actively involved with an engaged health plan. For DHS this is a per patient/per month straight payment methodology; not flexible. There are no levels of complexity for BHH (HCH has four levels of billing). DHS currently has a pilot program. 36 providers are interested in participating in BHH. Must be a Medicaid provider, MH practitioner or MH practitioner; MH provider and/or meet DHS standards and provide service. This is s professional only. The patient/participant cannot receive duplicative services in the same/month. For example, payment may only made for a BHH or HCH, not both. Suggested "Monthly" be added to the definition to clarify payment. Suggestion that providers track services and document in their notes. What if MH wants to become a BHH if they are HCH? The provider could because the goal is to establish a relationship with a primary care.	**OPEN** DHS will send info to Faith re: State Plan language DHS will also make corrections to the SBAR and forward to Faith for distribution and request for an e-vote by MCT to approve
4/9/15: Andrea Agerlie of DHS presented a summary of coding recommendations for Behavior Health Home (BHH). She clarified that the program will become effective January 1, 2017, and that the codes could be incorporated with the TAG's coding clarification grid. However, federal approval of the codes is needed the codes could be considered for inclusion in the claims companion guides.	**OPEN**
5/14/15: No discussion; waiting for CMS approval.	**OPEN**
6/11/15: The program was open for public comments. DHS reviewed responses and updated the plan based on feedback received during public comment period. State plan was resubmitted to federal.	**OPEN**
7/28/15, 8/13/15: BHH start date is 7/1/16 per legislative update. DHS is initiating informal conversations with CMS and will be submitting State Plan Amendment in the next few weeks.	**OPEN**
9/10/15: Discussion postponed.	**OPEN**
10/8/15, 10/27/15, 11/12/15: DHS submitted the BHH state plan amendment to CMS on October 12.	**OPEN**

6. Additional Agenda Items/ Announcements

- Next regularly scheduled meeting: January 14, 9:00-12:00, St. Croix Room – 1st floor, HealthPartners, 8170 Building, Bloomington.

Title of Meeting: AUC Medical Code TAG
Date and Time of Meeting – Tuesday, October 27, 2015, 9 a.m. to 12 Noon
Location of Meeting – HealthPartners
Meeting Minutes

Minutes By: Judy Edwards and Faith Bauer

Agenda Item	Discussion	Action/Follow-up:
1. Welcome and Introductions • Attendance tracking: Deb Sorg deb.a.sorg@healthpartners.com • Membership request and/or updates: Deb Sorg deb.a.sorg@healthpartners.com	Faith called meeting to order. Introductions completed by members in attendance and those participants on the telephone. Deb Sorg tracks attendance. If calling into the meeting, please send an email to Deb Sorg at deb.a.sorg@healthpartners.com . Include your name, organization and if you are calling in for another person within your organization. Members should provide Deb Sorg with email address changes and new members contact information.	Completed.
2. Antitrust Statement	Reviewed – available on AUC website.	No discussion.
3. Review of last meeting's Minutes	10/8/15 minutes reviewed and approved.	**CLOSED**
4. Dental Therapist [DT] & Advanced Dental Therapist [ADT] – Kathy Sijan	DHS is not receiving data they need to provide report to legislature. DTs can get NPIs. Delta Dental does not enroll DTs; Some ~~They subcontract with~~ MCOs subcontract with Delta to provide dental services. ADTs and DTs operate under general supervision and have scope of work identified in cooperative agreement. Preference would be to have NPI placed on claims since legislators, the Board of Dentistry, MDH and DHS are interested in knowing outcomes. Because of indirect services that the DTs can perform, should have their NPIs and should be identified as rendering provider when performed services. ~~Dental Association does not credential DTs~~, Based on past feedback, neither Delta nor HealthPartners credential DTs,though they both credential ADTs. Concern if dental practices will be able to populate modifiers. For example, w~~W~~here would the modifier be placed on dental form? Additionally, would the dental practice systems be able to accommodate this information? It was confirmed during the discussion that the ~~T~~he electronic claim format does allow for modifier submission: Line Counter , LX 2400segment – elements: 267 / SV3 / 012 – Procedure Code 267 / SV3 / 013 – Procedure Modifier 267 / SV3 / 014 – Procedure Modifier 267 / SV3 / 015 – Procedure Modifier 267 / SV3 / 016 – Procedure Modifier DHS is withdrawing SBAR. Because M.S. 256B.0625 requires identification of services rendered by an ADT/DT, a consensus was reached ~~that use of NPIs. An agreement was reached~~ that the most appropriate course of action to ensure accurate reporting would be for DHS to require DTs/ADTs to obtain NPIs, according to Minnesota Statutes ~~MS Further discussion~~. ~~Julie M. will solicit feedback from dental advisory group regarding DHS requiring dental therapists be enrolled.~~	**CLOSED –** SBAR withdrawn Julie M. will solicit feedback from dental advisory group regarding DHS requiring dental therapists be enrolled

Agenda Item	Discussion	Action/Follow-up:
5. Teledentistry – Kathy Sijan	Under traditional telemedicine/telehealth coding, and originating site (Q3014) must be reported separately and there is currently a standard modifier (GT) for professional for telemedicine or telehealth services. In many cases, the DT initiating teledentistry in a location other than the dental clinic is an employee of the clinic. Would this same policy apply to for originating site if it is the same dental clinic? Questions re new code set, would all be appropriate under teledentistry? For example, the comprehensive exam code D0150. The date of service for imaging services was questioned. Would it be the same as the professional service? Questions/suggestions regarding telemedicine. Julie will request scenarios from Appletree of what services are they billing, how often and other data they wish to share. Is there one bill they would submitted with GT? For example, house code when services provided in nursing facility, can you use Q code? Julie (DHS) Research what other states are doing with teledentistry and present at next meeting.	**OPEN –** questions, suggestions scenarios are requested for review
6. Behavior Health Home (BHH) – Kathy Sijan, DHS	DHS submitted the BHH state plan amendment to CMS on October 12.	**OPEN**
7. Next meeting	Next meeting: November 12, 9:00-11:00, St. Croix Room – 1st floor, HealthPartners, 8170 Building, Bloomington.	**CLOSED**

Title of Meeting: AUC Medical Code TAG
Date and Time of Meeting – Thursday, November 12, 2015, 9 a.m. to 12 Noon
Location of Meeting – HealthPartners
Meeting Minutes

Minutes By: Judy Edwards and Faith Bauer

1. Welcome and Introductions a. Attendance tracking: Deb Sorg deb.a.sorg@healthpartners.com b. Membership request and/or updates: Deb Sorg deb.a.sorg@healthpartners.com	Faith convened meeting. Requested those on phones email their attendance to Deb Sorg.	Completed.
2. Review of Antitrust Statement	Faith read anti-trust statement	No discussion.
3. Review of last meeting's minutes – October 27, 2015	Corrections to the minutes (Agenda Item #4, DTs and ADTs SBAR discussion) were made and additional corrections were requested. However, it was decided that clarification was needed from the presenter, Julie Marquardt regarding TAG agreed to postpone vote to approve minutes until discussion r until next meeting	Kathy will follow-up with Julie at DHS to clarify Delta Dental discussion. See revised minutes
4. Teledentistry – Kathy Sijan	Does this apply to two dentists in the same practice – primary care dentist; specialty practitioner? Code list is not sufficient; additional information would be needed to fully understand what is considered a consultation for accurate coding. Discussion about whether the GT and GQ modifiers used for telemedicine could be used for tele-dentistry along with the recommended U9 modifier DHS is proposing. It was felt if possible, it would clearly distinguish tele-dentistry services. TAG member confirmed there is a place on electronic dental claim for modifier. 2012 Paper dental form 34a has space for diagnosis 9 vs. 10 indicator.	**OPEN** Kathy will develop grid along with additional scenarios – to include definition of location, providers, and services Services must be provided via video or stored forward Kathy will confirm billing site.
5. SBAR - Public Health Response	Tess presented Public Health Response Condition Codes and a brief Q&A with	**CLOSED**

Condition Codes– Tess Konen, MDH – see SBAR	TAG members followed. The TAG stated that conditions codes currently exist for use by hospitals and, in instances where there is a condition code, Minnesota Rule states to follow Medicare. It was further stated that condition codes are not used on the professional claims and it would probably be best if external causes codes are used to capture data needed for disaster-related tracking and surveillance. The TAG made several suggestions to Tess including to request a code from National Uniform Billing Committee (NUBC); to request disaster-related codes from the CDC ICD-10 Coordination and Maintenance Committee; and to contact with Poison Control Center, trauma registries and the National Coordinator for the Office of Health Technology for public health reporting.	
6. Behavior Health Home (BHH) – Kathy Sijan, DHS	Discussion postponed	**OPEN**
7. Next regularly scheduled meeting:	December 10, 2015, 9:00-12:00, St. Croix Room – 1st floor, HealthPartners, 8170 Building, Bloomington.	**CLOSED**

Administrative Uniformity Committee

Title: Teledentistry Legislated Benefit 1-1-16

AUC BUSINESS NEED EXPLANATION FORM (SBAR)
TO BE COMPLETED BY THE MINNESOTA DEPARTMENT OF HEALTH

Date Received	Log No.	Date Closed

Status: Exec Review Date	Sent to TAG/WG	TAG Recommendation:	Decision to Originator
		_____ Accept _____ Reject	

REMINDER: Submit the completed SBAR and MCT Decision Tree form via email to the AUC at health.AUC@state.mn.us. The MCT Decision Tree is completed for medical coding issues only.

Section I – SBAR Short Title, Date, and Contact information (Person submitting the SBAR and/or Subject Matter Expert)

SBAR Short title:	Date:
Teledentistry	10-1-2015

Contact Information for person completing this form:	Organization Information:
Name: Katherine Sijan Title: HealthCare Coding Compliance Officer Email address: katherine.sijan@state.mn.us Telephone: 651-431-5784	Name: MN Dept of Human Services Address: 540 Cedar St., 7th fl -0993 St Paul, MN 55155

Section II – SBAR information (Concise and specific description of the issue to be addressed stating the Situation, Background, Assessment, and Recommendation)

SBAR Issue Title:

S	**SITUATION** – Describe the current business practice(Please describe the problem or issue to be addressed: The Minnesota Legislature recently expanded coverage of Teledentistry to dental benefits under Medical Assistance and MinnesotaCare effective January 1, 2016. Coverage under commercial plans is effective January 1, 2017. Teledentistry will help with improved access which may increase early diagnosis, facilitate timely treatment, reduce isolation of practitioners through communication with peers and specialists, and improve access to care. This new benefit is limited to 12 ADA codes.
B	**BACKGROUND** – Explain the pertinent history of the business practice (How does this work today): Currently Teledentistry is not part of the MA benefit today.
A	**ASSESSMENT** – Summarize your analysis of this issue (what are your challenges, what type of organizations are impacted by these challenges – provider types, health plans, others? Please indicate how this applies to AUC's mission, vision, values, and strategy. Are there any national or community standards that exist or are being developed that might help address the situation? If so, please explain) See statute information on page 3-5

R

RECOMMENDATION – What are you recommending, including any known timing that needs to be considered:

As stated in statute: https://www.revisor.mn.gov/statutes/?id=256B.0625

SYNOPSIS OF STATUTE:

-Providers must self-attest that they meet all of the conditions of the following MHCP Teledentistry policy. Dental and medical services must be performed via Two-way interactive video or store and forward technology. Documentation requirements are also outlined in the attached policy.

-Coverage is limited to children, pregnant woman, and limited adult benefits as specified in Minnesota Statutes 256B.0625, Subd. 9 (covered services). Teledentistry is limited to 3 services per week.

-MCHP allows the following CDT codes for the following diagnostic services when performed via Teledentistry:

D0120: Periodic oral evaluation — established patient
D0140: Limited oral exam
D0150: Comprehensive oral evaluation – new or established patient
D0210: Intraoral — complete series of radiographic images
D0220: Intraoral — periapical first radiographic image
D0230: Intraoral — periapical each additional radiographic image
D0270: Bitewing — single radiographic image
D0272: Bitewings — two radiographic images
D0274: Bitewings — four radiographic images
D0240: intraoral---- occlusal radiographic image
D0330: Panoramic radiographic image
D9310: Medical Dental Consultation

Providers may bill for Teledentistry on the same claim form as other types of procedure codes and the above diagnostic services are based on the current MHCP coverage for Children and adults.

Coverage Limitations

- Teledentistry services are limited to three per week per recipient
- Only one reading or interpretation of diagnostic tests such as x-rays, lab tests, and diagnostic assessment.

Not covered: Sending materials; originating site fee

DHS proposes identifying these services with U modifier to denote DHS/Medicaid service:

U9 –Service via Teledentistry

Add **U9** modifier to service performed via Teledentistry [only those listed above]

Section III – AUC Response (Include date SBAR recommendation was reviewed and approved by AUC TAG; coding issue addressed or SBAR issue title; whether TAG accepted or rejected recommendation requested in SBAR; explanation or basis for TAG decision and SBAR response will be placed in recommendation grid or companion guide):

Date [SBAR Response Approved by TAG]:

Reviewed by [AUC TAG Name]:

AUC Co-Chair(s):

AUC Response:

Discussion/Summary:

Decision:

DHS Teledentistry Policy

Minnesota Legislature recently expanded the coverage of Teledentistry to dental benefits effective January 1, 2016 and tasked DHS to establish a criteria for this benefit. Teledentistry, if successfully implemented in different oral health settings, has the potential to deliver improved health outcomes and positive health professional-patient experiences. This adds teledentistry to a list of specialty health care services for which face-to-face contact is not required for diagnostic services. Improved access to teledentistry may enhance early diagnosis, facilitate timely treatment of oral diseases, reduce isolation of practitioners through communication with peers and specialists, and improve access to specialist care. Teledentistry may also lead to a greater utilization of relatively low-cost preventive interventions and may result in future cost savings by avoiding more costly dental diseases and emergencies.

Clinical uses of teledentistry support a wide range of applications with benefits to patients and practitioners. A teledentistry consultation from a health professional to a dental specialist may improve diagnosis and support clinical treatment. Teledentistry may also reduce the number of inappropriate referrals by screening patients to ensure that only those who need to see a specialist are referred for the care they need. This ensures efficient use of scarce health resources, increasing access to care, improving productivity and supporting enhanced oral health across society.

To be eligible for reimbursement, providers must self-attest (form below) that they meet all of the conditions of the following MHCP teledentistry policy:

1. **Teledentistry originating site:**
   - I. Healthcare facility,
   - II. Long-term care facility,
   - III. Public health agency or institution,
   - IV. Public or private school authority,
   - V. Private non-profit or charitable organizations,
   - VI. Social services agency or program,
   - VII. Residential setting in the presence of licensed healthcare providers.

2. **Affiliate practice or originator within MN Board of Dentistry defined scope of practice must be present at originating site:**
   - I. Dentist,
   - II. Advanced dental therapists,
   - III. Dental therapists,
   - IV. Dental hygienists,
   - V. Licensed dental assistants,
   - VI. Other licensed health care professionals.

3. **Considered Teledentistry technology equipment at sites may include:**
   - I. A HIPAA compliant computer or tablet,
   - II. Means of secure storage and transmission of patient data,
   - III. Secure web-camera for video-conferencing,

IV. Intraoral dental camera to capture images,
V. Video-conferencing software (for example, Citrix GoToMeeting),
VI. Sufficient bandwidth for real-time,
VII. X-ray machine with digital sensors and digital radiograph software.

Two-way interactive video

Involves a videoconferencing session that allows health professionals at distant locations to communicate with each other. A typical set-up involves high-definition webcams combined with hands-free microphone/speaker units so that the users can see and hear each other. For this type of consultation, both parties arrange a meeting time and information is exchanged in real-time between sites. This type requires sufficient bandwith and HIPAA compliant software.

Store and forward

Communication is asynchronous including - video clips, photographs and scans, storing them in a file and sent to the dentist. The dentist retrieves the file at a time of their convenience and examines the contents. Recommendations are provided to the oral health professional in the same manner, within 7 calendar days of the time of information gathering.

Documentation requirements:

1. The type of service provided by Teledentistry ,
2. The time the service began and the time the service ended, including an a.m. and p.m. designation,
3. The licensed healthcare provider's basis for determining that teledentistry is an appropriate and effective means for delivering services to the enrollee,
4. The mode of transmission of the teledentistry service and records evidencing that a particular mode of transmission was utilized,
5. The location of the distant site,
6. If the claim for payment is based on a teledentistry consultation with a dentist, the written opinion from the consulting dentist providing the teledentistry consultation
7. Compliance with the criteria attested to by the health care provider in accordance with statute,
8. Dental provider must document verbal or written informed consent from the patient or patient's healthcare decision maker prior to delivery of care through teledentistry.
9. All reports resulting from a teledentistry consultation are part of the patient's record.

4. **Reimbursement for teledentistry**- same rate as in person to a pay to provider

5. **Benefit sets:**

Beginning January 1, 2016, MHCP will cover teledentistry claims for diagnostic services. The following CDT codes may be billed as part of teledentistry by enrolled MHCP providers. Coverage is limited to children, pregnant woman, and limited adult benefits as specified in Minnesota Statutes 256B.0625, Subd. 9 (covered services). Teledentistry is limited to 3 services per recipient per week.

MCHP allows the following CDT codes for the following diagnostic services when performed via Teledentistry:

- D0120: Periodic oral evaluation — established patient
- D0140: Limited oral exam
- D0145: oral evaluation for a patient under 3 years of age

- D0150: Comprehensive oral evaluation – new or established patient
- D0210: Intraoral — complete series of radiographic images
- D0220: Intraoral — periapical first radiographic image
- D0230: Intraoral — periapical each additional radiographic image
- D0270: Bitewing — single radiographic image
- D0272: Bitewings — two radiographic images
- D0274: Bitewings — four radiographic images
- D0240: intraoral---- occlusal radiographic image
- D0330: Panoramic radiographic image
- D9310: Medical Dental Consultation

Providers may bill for teledentistry on the same claim form as other types of procedure codes and the above diagnostic services are based on the current MHCP coverage for Children and adults.

Coverage Limitations

- Payment for telemedicine services is limited to three per week per recipient
- Payment will be made for only one reading or interpretation of diagnostic tests such as x-rays, lab tests, and diagnostic assessment.
- Payment is not available to providers for sending materials

Teledentistry Scenarios for Consideration

1. A consultation with a dentist who is at the distant site:
    - A primary care dentist at the originating site (could be a dental clinic, nursing facility, group home, or other facility) performs an oral exam (limited or comprehensive) and determines the need for a consult.
        - The consultant dentist may connect in real-time two way interactive video through the use of intra oral camera to perform an exam and provide information back to the patient and the primary care dentist.
        - Alternatively, the primary care dentist records images and documents their findings and sends all of that data to the consultant dentist via secure transmission (store and forward). The consultant dentist reviews at a later time (usually within 3 days) and provides information back to the primary care dentist.
        - The two dental providers may or may not work for the same clinic practice. Both providers may have performed an oral exam (limited or comprehensive).

2. The same situation as outlined in #1 may occur, except the dental provider at the originating site could be a hygienist (may be in collaborative practice) or a dental therapist (DT or ADT) who could perform services within their scopes of practice, but determines the need for consultation with a dentist.
    - The two dental providers may or may not work for the same clinic practice. Both providers may have performed services that can be billed by each of them.
    - It is also possible that no services are performed at the originating site and they are just facilitating the services of the distant site dental provider.

3. A consult could also be arranged by a medical professional at the originating site, if they determine, through the course of their evaluation, that there is a need for dental services.
    - The dental consultation could occur through two-way interactive video or through store and forward capabilities.

4. The date of service that is typically reported by the distant site dental provider when their service occurs using store and forward capabilities is the date that the distant site provider actually makes their diagnosis and records their findings. For example, if radiographs, images, and documentation is sent to a consultant dentist on 11/1 who then reviews that information and documents and sends their report back to the other dental provider on 11/2, the consultation service that was provided via teledentistry would be reported as being performed on 11/2.

5. Currently, there are not separate codes identifying the technical and professional components of imaging services rendered by dental providers. Likewise, dental providers do not use modifiers to separately report the two components when performed by different providers. However, it may be worth discussing whether such imaging codes could be modified by the use of the appropriate technical and professional modifiers to distinguish which providers did which component of the service.

Scenario 1 Outcome: Per the legislation, only the distant site services will be considered for benefits.

1. A consultation with a dentist who is at the distant site:
• A primary care dentist at the originating site (could be a dental clinic, nursing facility, group home, or other facility) performs an oral exam (limited or comprehensive) and determines the need for a consult.
o The consultant dentist may connect in real-time two way interactive video through the use of intra oral camera to perform an exam and provide information back to the patient and the primary care dentist.
o Alternatively, the primary care dentist records images and documents their findings and sends all of that data to the consultant dentist via secure transmission (store and forward). The consultant dentist reviews at a later time (usually within 3 days) and provides information back to the primary care dentist.
o The two dental providers may or may not work for the same clinic practice. Both providers may have performed an oral exam (limited or comprehensive).

Originating Site	POS	DOS	CODE	MOD	MOD	Description	Distant Site*	POS	DOS	CODE	MOD	MOD	Description
Jones Dental-DDS	14	9/1	D0120	GT	U9	Oral Exam	Green Dental-DDS	11	9/1	D0120	GT	U9	Oral Exam
Jones Dental-DDS	14	9/1	Q3014			Telehealth, originating site fee	Green Dental-DDS	11	9/1	D0270	GT	U9	Single xray

Scenario 2

2. The same situation as outlined in #1 may occur, except the dental provider at the originating site could be a hygienist (may be in collaborative practice) or a dental therapist (DT or ADT) who could perform services within their scopes of practice, but determines the need for consultation with a dentist.
• The two dental providers may or may not work for the same clinic practice. Both providers may have performed services that can be billed by each of them.
• It is also possible that no services are performed at the originating site and they are just facilitating the services of the distant site dental provider.

Originating Site	POS	DOS	CODE	MOD	MOD	Description	Distant Site*	POS	DOS	CODE	MOD	MOD	Description
Jones Dental-ADT	14	10/1	Q3014	GT	U9	Telehealth, originating site fee	Green Dental-DDS	11	10/1	D9310	GT	U9	Medical Dental Consult

Scenario 3

3. A consult could also be arranged by a medical professional at the originating site, if they determine, through the course of their evaluation, that there is a need for dental services.
• The dental consultation could occur through two-way interactive video or through store and forward capabilities.

Originating Site	POS	DOS	CODE	MOD	MOD	Description	Distant Site*	POS	DOS	CODE	MOD	MOD	Description
Jones Dental-ADT	31	10/4	D9310	GT	U9	Medical Dental Consult	Green Dental-DDS	11	10/4	D9310	GT	U9	Medical Dental Consult
Jones Dental-ADT	31	10/4	Q3014			Telehealth, originating site fee							

SYNOPSIS OF STATUTE:
-Providers must self-attest that they meet all of the conditions of the following MHCP Teledentistry policy.
Dental and medical services must be performed via Two-way interactive video or store and forward technology.
Documentation requirements are also outlined in the attached policy.

-Coverage is limited to children, pregnant woman, and limited adult benefits as specified in Minnesota Statutes 256B.0625, Subd. 9 (covered services). Teledentistry is limited to 3 services per week.
-MCHP allows the following CDT codes for the following diagnostic services when performed via Teledentistry:

D0120: Periodic oral evaluation – established patient
D0140: Limited oral exam
D0150: Comprehensive oral evaluation – new or established patient
D0210: Intraoral – complete series of radiographic images
D0220: Intraoral – periapical first radiographic image
D0230: Intraoral – periapical each additional radiographic image
D0270: Bitewing – single radiographic image
D0272: Bitewings – two radiographic images
D0274: Bitewings – four radiographic images
D0240: intraoral---- occlusal radiographic image
D0330: Panoramic radiographic image
D9310: Medical Dental Consultation

Providers may bill for Teledentistry on the same claim form as other types of procedure codes and the above diagnostic services are based on the current MHCP coverage for Children and adults.

Scenario 4

4. The date of service that is typically reported by the distant site dental provider when their service occurs using store and forward capabilities is the date that the distant site provider actually makes their diagnosis and records their findings. For example, if radiographs, images, and documentation is sent to a consultant dentist on 11/1 who then reviews that information and documents and sends their report back to the other dental provider on 11/2, the consultation service that was provided via teledentistry would be reported as being performed on 11/2.

Originating Site	POS	DOS	CODE	MOD	MOD	Description	Distant Site*	POS	DOS	CODE	MOD	MOD	Description
Jones Dental-DT	34	11/1	Q3014			Telehealth, originating site fee	Green Dental-DDS	11	11/2	D9310	U9		Medical Dental Consult

Scenario 5

5. Currently, there are not separate codes identifying the technical and professional components of imaging services rendered by dental providers. Likewise, dental providers do not use modifiers to separately report the two components when performed by different providers. However, it may be worth discussing whether such imaging codes could be modified by the use of the appropriate technical and professional modifiers to distinguish which providers did which component of the service.

Originating Site	POS	DOS	CODE	MOD	MOD	Description	Distant Site*	POS	DOS	CODE	MOD	MOD	Description

Coverage Limitations

- Teledentistry services are limited to three per week per recipient
- Only one reading or interpretation of diagnostic tests such as x-rays, lab tests, and diagnostic assessment.

Not covered: Sending materials; originating site fee

A technical correction: both sites could technically submit a claim (the originating site could potentially try to bill for the originating site fee), but under current law, MA only covers the services performed at the distant site. As Faith noted at the last TAG meeting, Medicare does cover an originating site fee, so I believe her thought was that the AUC should have a uniform standard to bill the service, but whether any payer in the state covers it would be up to each payer. If other services are performed at the originating site, they can certainly bill for any of those services that they rendered face to face with the patient, of course

Legend		
	U9-Teledentistry	POS
	GT-Via interactive audio and video telecommunication systems	11 - Office 14 - Group Home
	Q3014- Telehealth originating site facility fee	31- skilled nursing facility 34-Hospice