TO: Dental Providers, Dental Clinics and Federally Qualified Health Centers


Effective for dates of service March 26, 2020 and forward and until the Department of Social Services (DSS) has notified providers in writing that the state has deemed COVID-19 to no longer be a public health emergency (the “Temporary Effective Period”), DSS is temporarily taking steps to eliminate obstacles to HUSKY Health members accessing dental care.

Teledentistry:
During the Temporary Effective Period, licensed dentists can perform teledentistry screenings for:

- Assessing urgent dental needs of HUSKY Health members;
- Post-surgical follow-up of HUSKY Health member patients when the provider determines that in-office postsurgical follow up is not required;

Eligible dental providers may bill the following Current Dental Terminology (CDT) code for teledentistry encounters conducted via audio and video technology:

<table>
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<tr>
<th>CDT Code</th>
<th>Description</th>
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<tr>
<td>D0190</td>
<td>Screening of a patient</td>
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Dental providers should only bill D0190 in conjunction with other procedure codes for services rendered in person if, subsequent to the screening conducted via audio and video technology, a member was seen in person and treatment provided on the same day.

Billing and Documentation Guidelines
As noted in PB 2020-09, subject to all other applicable requirements for reimbursement under the CMAP, the following guidelines apply to all service rendered via telemedicine:

- The maximum number of teledentistry services per month per person is two.
- Comply with all CMAP requirements that would otherwise apply to the same service performed in-person, including, but not...
limited to, enrollment, scope of practice, licensure, supervision, documentation, and other applicable requirements;

- Providers must obtain verbal informed consent from the member before providing services via audio and video technology and document such consent in the medical record. The provider must ensure each member is aware that they can opt-out or refuse services at any time;
  - If the member is a minor child, a parent or legal guardian must provide verbal informed consent before providing services via audio and video technology;

- Providers must develop and implement procedures to verify provider and patient identity;

- Providers must document completely for the service billed, including a notation that the service was rendered via both audio and video technology and follow current documentation requirements for the type of service being billed;

- Documentation must be maintained by the provider to substantiate the medical necessity of the services provided;

- Telephone or audio only communication is not reimbursable under Medicaid including, but not limited to, routine follow-up for laboratory and other results, provider to provider discussions and/or communication, scheduling visits or other administrative communication between the provider and member are not reimbursable under this policy.

- Hygiene Instruction
- Tobacco Counseling if appropriate
- Development of a written treatment plan
- Anticipatory Guidance and Follow up Appointment Scheduling.

All existing requirements for FQHCs billing their encounter rate remain in effect. Eligible services performed via audio and video technology must be documented within the patient’s records.

**Posting Instructions:**
Policy transmittals can be downloaded from the CMAP Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

**Distribution:**
This policy transmittal is being distributed to providers of the CMAP by Gainwell Technologies.

**Responsible Unit:**
DSS, Division of Health Services, Dental Unit, Hope Mitchell-Williams, hope.mitchell-williams@ct.gov

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