



Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: March 26, 2020
Contact: Hope Williams (860) 424-5538

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

RE: CMAP COVID-19 Response – Bulletin 14: Emergency Temporary Telehealth Coverage for Specified Dental Services

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.

Note: Please carefully review the entirety of this bulletin along with all other provider bulletins and documents (i.e. FAQs) found on the Connecticut Medical Assistance Program (CMAP) Website, <https://www.ctdssmap.com/>.

During the Temporary Effective Period, HUSKY Health members will be directed to contact their dentist if they are experiencing dental issues. If the HUSKY Health member cannot reach their dentist or does not have a dental home, they will be advised to contact Connecticut Dental Health Partnership (CTDHP) at 1-855-CT-DENTAL to receive assistance in securing appropriate dental care.

DSS is requesting that participating dentists continue to make routine care, treatment and urgent care appointments available, consistent with recommended enhanced infection control protocols and in consideration of the specific member’s situations to all HUSKY Health members.

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 post-surgical 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:

CDT Code	Description
D0190	Screening of a patient

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.

Federally Qualified Health Centers (FQHCs)

Federally Qualified Health Centers (FQHCs) are only eligible to bill their encounter rate with Prior Authorization when medically necessary teledentistry services are rendered. FQHC teledentistry encounters must include;

- Screening

- 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.

Distribution:

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

Responsible Unit:

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