



Teledentistry Covid -19

Is teledentistry here to stay?

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“Nothing in life is to be feared, it is only to be understood. Now is the time to understand more, so that we may fear less.”

Marie Curie, physicist



Spring Break 2020 - CDC recommends that all routine dental procedures be postpone and dentist only see emergencies in the dental clinic.

The birth of the virtual visit.



What did that leave us with?

- Staff members - all dressed up and nowhere to go.
- Ghost town in the clinic
- Repurposed staff as needed
- We had planned to add teledentistry into our program beginning in the fall of 2020. The plan was to enhance patient-provider relationship.
- Moved up timeline - Fast track to teledentistry



ADA COVID-19 Coding and Billing Interim Guidance: Virtual Visits

- Latest version May 11, 2020
- Detailed guidance



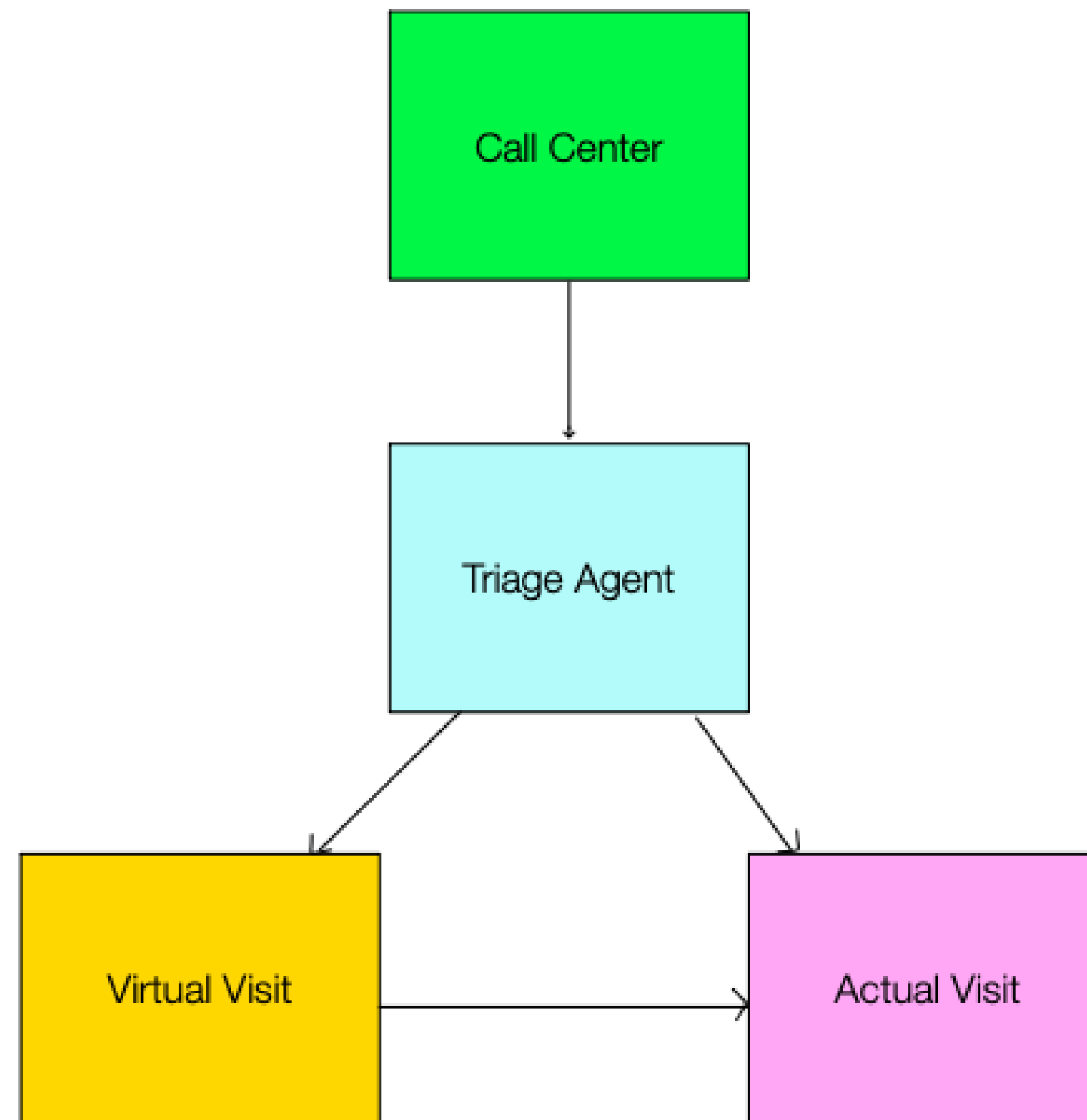
Beginning Obstacles:

- Dentist uncertain about completing virtual visits
 - Concern about diagnosing over the phone
 - Concern about navigating the phone call - lack of confidence
- Cost with the audio/visual platform
- Equipment - phone, IT, computer
- Registration - Who does it effect in your organization. Getting information, other departments
- Not having a set process at the beginning
- Standardized notes



Flow Chart:

From the beginning to the end



Triage Agent:

- Updates health history
- Explains the process
- Covid -19 screening
- Discusses the disclosure of the media platform and billing insurance
- Collects pertinent patient demographics
- Triage patient on dental concerns and determines if virtual vs clinic visit is needed.



Virtual Visit Coordinator:

- Schedules virtual visit
- Prepares dentist for visit
- Introduces dentist and completes the initial interview of patient with dentist
- Records the time of visit.
- Scribes part of the note
- Coordinates any referral or follow - up visits



Coding:

- D9995 - Teledentistry - synchronous; real-time encounter
- D9996 - Teledentistry - asynchronous; information stored and forward to dentist for review.
- D0140 - Limited Oral Evaluation
- D0170 - Re-evaluation - limited, problem focused (established patient)
- D0171 - Re-evaluation - post operative office visit
- D0190 or D0999 - Screening
- D9992 - Dental case management - care coordination
- D9310 - Consultation



Disclosure:

ADA Disclosure

- Describes the televisit process that is focusing on problem focused evaluations
- It mentions that the federal government will not enforce HIPAA regulations concerning medical and dental offices providing non-public audio or video platforms to complete limited evaluation.
- A statement that our dental facility will take the patient information confidentiality serious and will do everything to protect it.
- It informs the patient that certain dental insurances have allowed for reimbursement of teledentistry and that we will submit such claims.
- We are using one of the approved platforms for the remote visit.



Templates: Triage Visit

[1] Was patient informed dentist will ask some questions again to confirm or clarify the information they provided?

Patient informed some questions will be asked again by dentist to c

[2] Have you ever been seen in our dental clinic?

Has been seen in clinic.
Never seen in clinic.

[3] When was the last time patient was seen in clinic?

last seen

[4] Are you having complications due to a procedure that was done in this clinic?

Yes, having complications due to a procedure performed in this clinic.
No, current issue is not related to a procedure performed in the clinic.

[5] Have you had or do you have fever, cough, shortness of breath, body aches, headache, sore throat or ANY respiratory issues/illnesses within the last 3 days? Have you had or do you have abdominal pain, nausea/vomiting, diarrhea, or sudden loss of smell or taste in the last 3 days?

Yes-in last 3 days has/had
 fever
 cough
 shortness of breath
 body aches
 headache
 sore throat
 respiratory issues/illnesses
 abdominal pain

Have you had or do you have fever, cough, shortness of breath, body aches, headache, sore throat or ANY respiratory issues/illnesses within the last 3 days? Have you had or do you have abdominal pain, nausea/vomiting, diarrhea, or sudden loss of smell or taste in the last 3 days?

shortness of breath
 body aches
 headache
 sore throat
 respiratory issues/illnesses
 abdominal pain
 nausea/vomiting
 diarrhea
 sudden loss of smell/taste
 No-denies having any Covid-19 symptoms

OK Cancel

****Prompt #5 is shown twice to include all options**



[6] Have you been around anyone that has had or suspected to have COVID-19?

Yes has been around someone who had or might have COVID-19
No denies being around anyone who had or might have COVID-19

[7] Do you have any pre-existing medical conditions?

Yes has pre-existing medical conditions,
No pre-existing medical conditions.

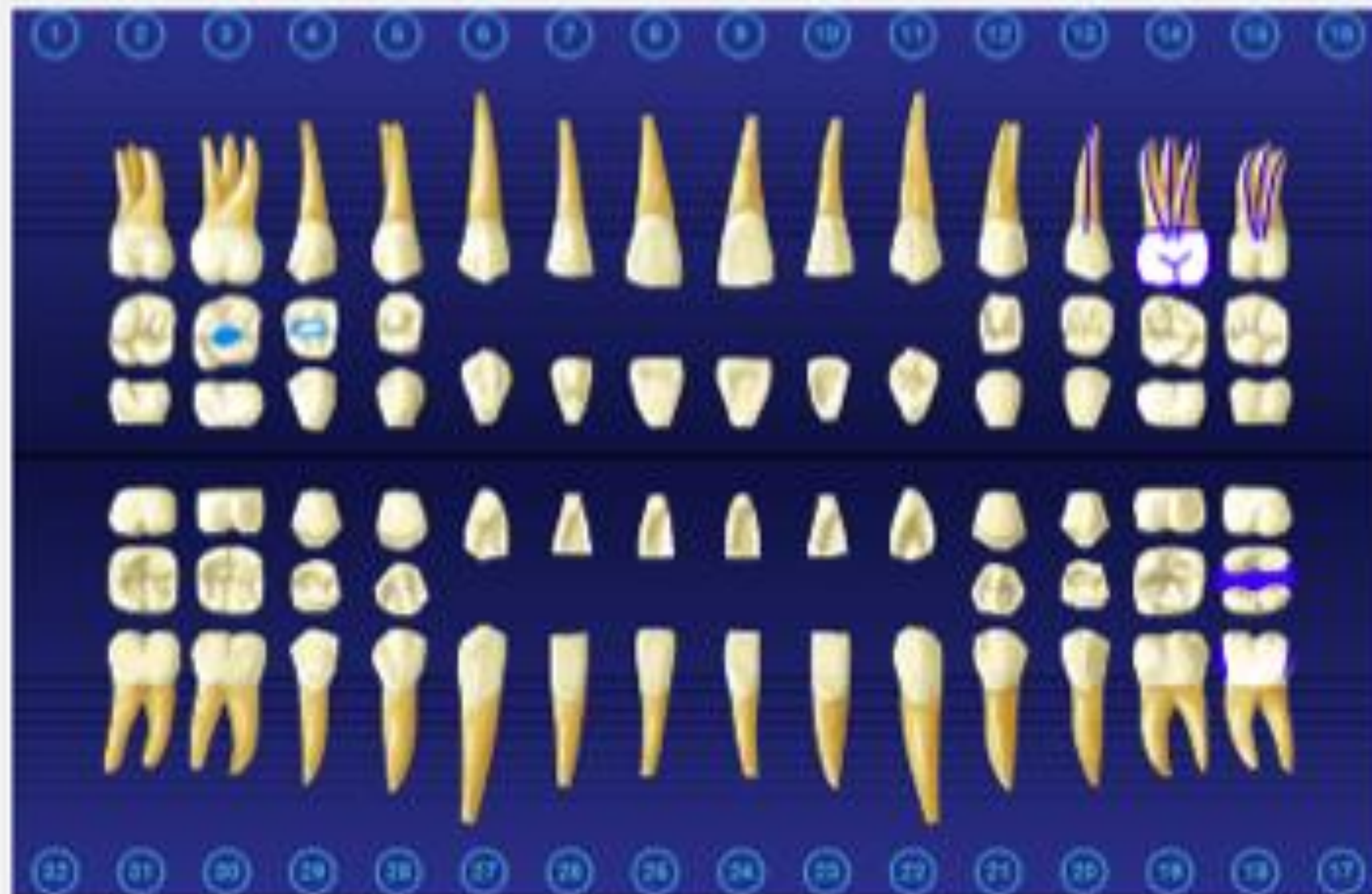
[8] List pre-existing medical conditions

[9] Do you have any allergies?

Yes has allergies,
No does not have any allergies.

[10] List allergies

[11] Where is your pain?



[12] Describe your pain

described as

[13] How long have you been in pain?

Patient states has had pain for

[14] How would you rate your pain on a scale of 0-10? 0=no pain 10=worst pain ever experienced

0/10

1/10

2/10

3/10

4/10

5/10

6/10

7/10

8/10

9/10

[15] Complete health history questionnaire

- Reviewed patient's health history questionnaire via phone
- Reviewed patient's previous health history.

[16] Have you noticed any swelling?

Yes noticed swelling.
No, denies swelling.

[17] Where is the swelling and how long has it been swollen?

[18] Are you taking any medications for the pain or swelling?

- Yes taking medication for pain
- No medication taken for pain
- yes taking medication for swelling
- no medication taken for swelling

[19] List medication(s)

Taking

[20] Are the medications helping your pain or swelling?

- yes the medication has relieved pain
- no the medication has not relieved pain
- yes the medication has improved swelling
- no the medication has not improved swelling



[21] If patient is a minor, confirm identity of person completing screening.

Name of caller:
Relationship to minor:

[22] Ask parent/caregiver minor's last known weight.

Weight:

[23] Was photo taken and uploaded to chart? Was informed consent for virtual visit reviewed and emailed to patient/caregiver?

- Photo taken and uploaded to patient chart
- No photo taken
- virtual visit informed consent reviewed verbally with patient/caregiver
- virtual visit informed consent emailed to patient/caregiver

[24] Document time for screening

Screening start time:
Screening end time:

[25] Other pertinent information

Other pertinent information:

[26] Action taken

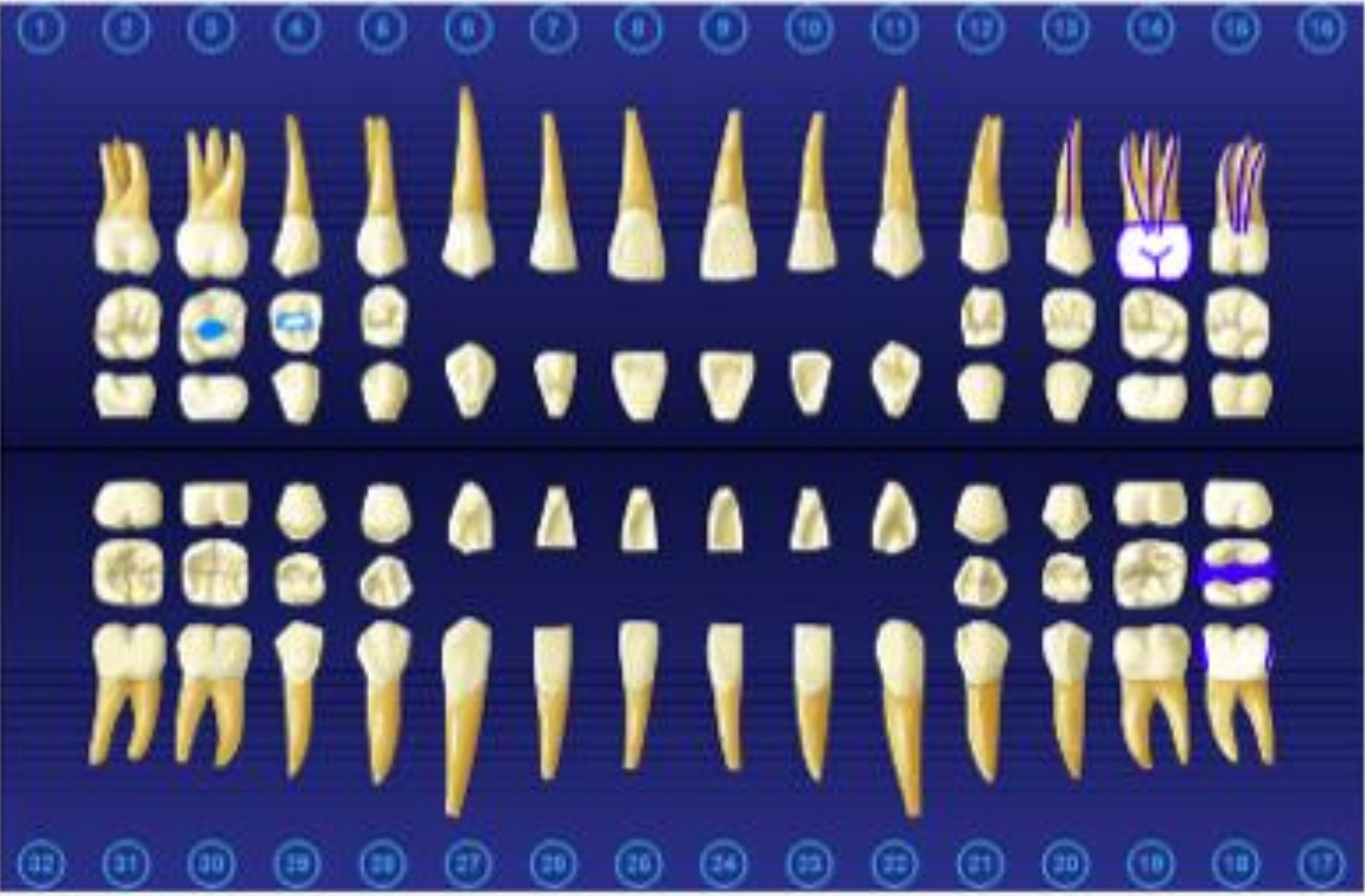
- schedule Virtual Visit
- schedule pre-registration and Virtual Visit
- schedule emergency visit in clinic
- referred to endodontist
- referred to pediatric dentist
- referred to oral surgeon
- schedule appointment in clinic
- provided patient education for concerns
- advised pt to call clinic after COVID-19 crisis and schedule a routine

[27] Who triaged the patient?

Triage Agent:



Template: Virtual Visit Coordinator

<p>[1] Pre-Assessment</p> <p>Reviewed medical history, conditions, and allergies. Discussed patient triage information with dentist. Retrieved existing dental records for dentist review and completed COVID-19 screening during triage.</p>	<p>[2] What is patient's chief complaint?</p> <p></p>	<p>[3] How does patient rate pain on scale of 0-10? 0=no pain, 10=worst pain ever experienced</p> <p>0/10 1/10 2/10 3/10 4/10 5/10 6/10 7/10 8/10 9/10</p>
<p>[4] What specific tooth has pain?</p> 	<p>[5] When did pain start?</p> <p>Pain started</p> <p></p>	<p>[6] How often does pain occur? How long has pain been present? When does pain occur?</p> <p><input checked="" type="checkbox"/> continuously <input type="checkbox"/> intermittently <input type="checkbox"/> spontaneously <input type="checkbox"/> for hours <input type="checkbox"/> for days <input type="checkbox"/> for weeks <input type="checkbox"/> without stimulation <input type="checkbox"/> with brief stimulation <input type="checkbox"/> with prolonged stimulation</p>



[7] Describe pain

- sharp
- dull
- pressure
- aching
- throbbing
- shooting
- stabbing

[8] Is the tooth sensitive to hot/cold or sweets?

- is sensitive to hot
- is sensitive to cold
- is sensitive to sweets
- is not sensitive to hot, cold or sweets.

[9] Pain when touching gums or tissue?

- it hurts to touch gums or surrounding tissue
- it does not hurt to touch gums or surrounding tissue

[10] Having difficulty eating?

- has difficulty eating
- does not have difficulty eating

[11] Does it hurt to bite down? Does it hurt when bite is released? Does it hurt when grinding your teeth?

- it hurts to bite down
- it hurts when bite is released
- it hurts when grinding teeth
- it does not hurt to bite down
- it does not hurt to release bite
- it does not hurt to grind teeth

[12] Any relief when biting down?

- Gets relief when biting down
- Does not get relief when biting down

[13] Any medication taken to relieve pain or other pain relief measures attempted?

- has taken medication to relieve pain
- has not taken medication to relieve pain
- has attempted other pain relief measures
- has not attempted other pain relief measures

[14] List medications and/or describe other pain relief measures

i.e.



[15] Were medications or other pain relief measures effective?

- pain relief with medication
- no pain relief with medication
- pain relief with other measures
- no pain relief with other measures

[16] Any swelling?

- Reports swelling is present
- Denies any swelling

[17] If yes to swelling, where and when did it occur?

[18] Is the tooth loose?

- Confirms tooth is loose
- Denies tooth is loose

[19] Any additional symptoms?

- bleeding
- drainage
- purulence (pus)
- has not noticed bleeding, drainage or purulence

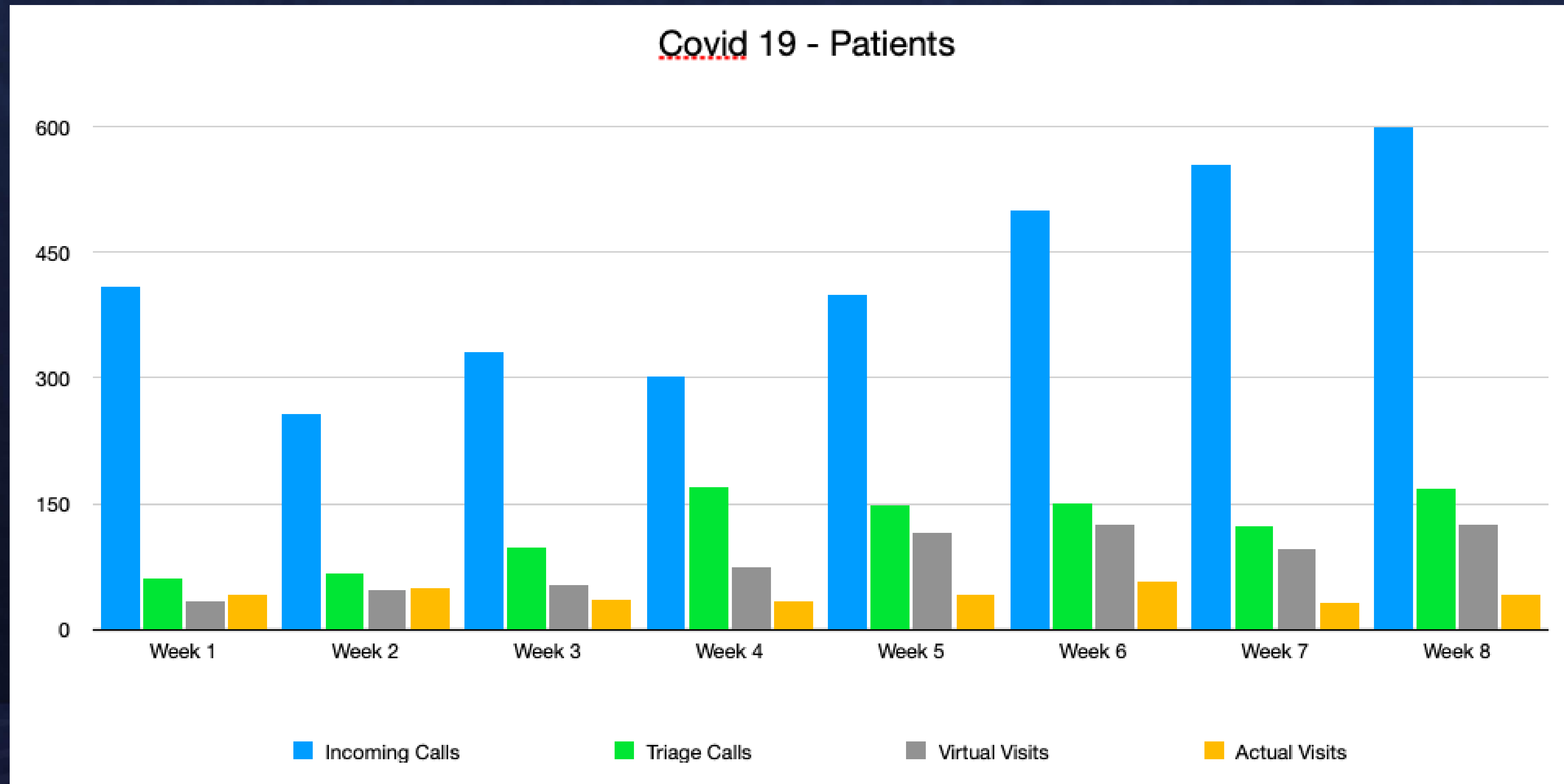


Template: Virtual Visit Dentist Note

<p>[1] Any bleeding noted?</p> <p><input checked="" type="checkbox"/> Bleeding visualized. <input type="checkbox"/> No bleeding noted.</p>	<p>[2] Any inflammation noted?</p> <p><input checked="" type="checkbox"/> Inflammation visualized. <input type="checkbox"/> No inflammation noted.</p>	<p>[3] Any swelling noted?</p> <p><input checked="" type="checkbox"/> Swelling visualized. <input type="checkbox"/> No swelling noted.</p>	<p>[4] Any purulence or drainage noted?</p> <p><input checked="" type="checkbox"/> Purulence visualized. <input type="checkbox"/> Drainage visualized. <input type="checkbox"/> Purulence and drainage visualized. <input type="checkbox"/> No purulence or drainage noted.</p>	<p>[5] Intraoral/Extraoral findings noted by dentist:</p> <div style="border: 1px solid black; height: 100px;"></div>
<p>[6] Home care measures:</p> <p><input checked="" type="checkbox"/> use cold/hot compresses <input type="checkbox"/> eat soft diet <input type="checkbox"/> use oral rinses <input type="checkbox"/> use OHI</p>	<p>[7] Prescription:</p> <p><input checked="" type="checkbox"/> Prescription written in EHR and patient to pick up in pharmacy <input type="checkbox"/> Prescription called to satellite clinic and written in EHR <input type="checkbox"/> Prescription called to outside pharmacy and written in Dentrix</p>	<p>[8] Follow-up</p> <p><input checked="" type="checkbox"/> schedule Virtual Visit <input type="checkbox"/> schedule pre-registration and Virtual Visit <input type="checkbox"/> schedule emergency visit in clinic <input type="checkbox"/> schedule appointment in clinic <input type="checkbox"/> provided patient education for concerns <input type="checkbox"/> referred to endodontist <input type="checkbox"/> referred to pediatric dentist <input type="checkbox"/> referred to oral surgeon <input type="checkbox"/> referred to primary care provider</p>		
<p>[9] Describe possible treatment needed:</p> <p>Discussed possible treatment needed with patient/caregiver. Verbalized understanding.</p>	<p>[10] Provide detailed plan of action:</p> <div style="border: 1px solid black; height: 100px;"></div>		<p>[11] How was virtual visit conducted?</p> <p><input checked="" type="checkbox"/> Patient contacted via MEND due to COVID-19. <input type="checkbox"/> Patient contacted via FaceTime due to COVID-19. <input type="checkbox"/> Patient contacted via Zoom due to COVID-19. <input type="checkbox"/> Patient contacted via Skype due to COVID-19. <input type="checkbox"/> Other</p>	
<p>[12] Add statement if PMP accessed</p> <p><input checked="" type="checkbox"/> The OBNDP PMP central repository was accessed to assess medi</p>	<p>[13] If controlled substance prescribed add this statement.</p> <p><input checked="" type="checkbox"/> Due to an exception to e-prescribing requirements as outlined in OI</p>	<p>[14] Document time spoken to patient</p> <p>Start time: End time: Total time speaking to patient:</p>		
<p>[15] Enter provider and scribe names</p> <p>I, (edit for provider name), personally performed the services described in this documentation, ascribed by (edit for scribe name) in my presence, and it is both accurate and complete.</p>				



Graph:



Insurance companies and Reimbursement

- Several Major Insurance companies - BC/BS, Delta dental, United Healthcare, Aetna, Metlife, Humana, United Concordia, and Principal.
- Other insurance companies
- Insurances do not consider D9995 and D9996 as a separate benefit
- Reimbursement D0140 or D0170
- Photo and Audio / Video
- CNDH reimbursement



Recent Obstacles:

- Communication.... Communication.... Communication —> Daily Virtual Huddle.
- Pre-registration....
- Assigning Teams - Dentist/Triage Agent/ Virtual Coordinator
- Needing a more permanent platform



Results:

Measured as a success

- Increased confidence on communicating via teledentistry
- The realization that we can treat certain emergencies via virtual visits.
- Decreased amount of PPE utilized.
- Streamlined the referral process to the specialists
- Improved customer service
- Streamlined for a Covid-19 schedule
- FaceTime then Zoom
- Potential revenue source



Post Covid - Teledentistry

Where do we go from here?

- Walk in procedure after Covid -19
- Consults with specialist
- Long distance patients - initial consultation
- Multidisciplinary Consultation - primary care, pediatrician and etc.
- Post operative appointments
- CxI/BA - Schedule team to triage patient for same-day appointment
- Who is on virtuals?
- Dentist introducing themselves to new assigned patients - create connection with patient prior to appointment.



“ There are only two days in the year that nothing can be done. One is called *yesterday* and the other is called *tomorrow*, so today is the right day to love, believe, do and mostly live.”

Dalai Lama

