

The American Academy of Pediatric Dentistry (AAPD) and the American Dental Association (ADA) have recently released guidance for dental practices regarding the use of COVID 19-related Personal Protective Equipment (PPE) as outlined by the Centers for Disease Control (CDC). With these new CDC recommendations comes a rise in expenses for your dental practice. Historically, normal costs related to PPE, sterilization procedures and overall universal precautions have been considered inclusive of the procedure – a practice business expense.

Many of the ADA recognized dental specialty organizations and the ADA have asked payers to consider not bundling the fee for these additional PPE expenditures, and instead treat them as a non-covered service, billable to the patient. Refer to your Preferred Provider Organization (PPO) Processing Policy Manual for specific details. Medicaid payment policies differ greatly from private commercial carriers and will be discussed later in the article.

The AAPD recommends reporting D1999 – unspecified preventive procedure by report – as an interim solution to reporting the required additional PPE. As with all CDT codes that include “by report” in the nomenclature, a narrative is required.

When sending electronic claims, the narrative should be limited to 80 characters when entered in the remarks section of the 2019 ADA Dental Claim Form. The chart note should include the type of additional PPE used. D1999 should be reported on a per-visit basis.

As previously stated, the dental specialty organizations and the ADA have reached out to payers asking them to increase reimbursement and/or allow a separate fee for PPE. The AAPD has been receiving valuable PPE information from the various state Public Policy Advocates. MCNA Nebraska, the state Medicaid dental managed care plan, is covering \$10 per patient visit when the D1999 code is submitted. The same approach is being taken by Delta Dental of Rhode Island and Delta Dental of Arizona thru the end of August. North Carolina Medicaid is implementing a temporary across the board fee increase of 5%.

Delta Dental of Virginia has chosen a different way to help with these expenses. They have established a Provider Assistance Program (PAP) to provide financial assistance to practices due to requirements necessitated by COVID-19. They indicated that the PAP payments are to help providers pay for the extra cost of PPE. Payments are calculated on the claim volume from January and February. Delta Dental of Virginia states the funds will be a one-time payment via a check and they are sending those payments to participating providers this month.

Of particular interest in the updates, states may increase Medicaid and CHIP service payment rates to recognize increases in costs associated with personal protective equipment (PPE). States have the option of increasing service rates to incorporate PPE costs or paying an add-on to a service rate for PPE costs. However, Medicaid regulations prohibit providers from charging beneficiaries for the cost of PPE and require providers to accept as payment in full the amount paid by the agency plus any deductible, coinsurance or copayment required by the plan to be paid by the individual.

The AAPD is in the process of collecting more PPE reimbursement data and will be releasing it in the near future.

For more information, please refer to the ADA COVID-19 Coding and Billing Interim Guidance on PPE [here](#).

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