DATE: March 25, 2020

SUBJECT: COVID-19 Emergency Medical Coding Guidance: Teledentistry

In response to the COVID-19 emergency declaration, AHCCCS is providing emergency medical coding guidance related to Teledentistry.

1. Teledentistry codes D9995 and D9996 have been opened for use.
   a. **D9995** teledentistry - synchronous; real-time encounter; Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.
      i. Is synchronous (thus telephonic)
   b. **D9996** teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review; Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.
      i. Is asynchronous (store and forward)

2. The following codes are covered with the use of D9995-D9996
   a. **D0140** limited oral evaluation - problem focused;
   b. **D0170** Re-evaluation-limited, problem focused (established patient; not post-operative visit)
   c. **D0220** Intraoral - periapical first radiographic image
   d. **D0230** Intraoral - periapical each additional radiographic image
   e. **D0240** Intraoral - occlusal radiographic image
   f. **D0270** Bitewing - single radiographic image
   g. **D0272** Bitewings - two radiographic images
   h. **D0273** Bitewings - three radiographic images
   i. **D0274** Bitewings - four radiographic images
   j. **D0277** Vertical bitewings - 7 to 8 radiographic images.
   k. **D0330** Panoramic radiographic image
      i. Applies to members under 6

3. The following codes will **NOT** be allowed for Teledentistry D9995 and D9996.
   a. **D0120** Periodic oral evaluation - established patient.
   b. **D0150** Comprehensive oral evaluation - new or established patient

4. Prior Authorization (PA) Requirements have been removed for the following approved code temporarily:
   a. **D2930** Prefabricated stainless steel crown-primary tooth
   b. **D2931** Prefabricated stainless steel crown-permanent tooth
c. **D3220** Therapeutic pulpotomy (excluding final restoration) removal of pulp coronal to the dentinocemental junction and application of medicament

d. **D3230** Pulpal therapy (resorbable filling)-anterior, primary tooth (excluding final restoration) Applies to members under 6

e. **D3240** Pulpal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)

f. **D3310** Endodontic therapy, anterior tooth (excluding final restoration)

g. **D3320** Endodontic therapy, premolar tooth (excluding final restoration)

h. **D3330** Endodontic therapy, molar tooth (excluding final restoration)

i. **D7140** Extraction, erupted tooth or exposed root (elevation and/or forceps removal)

j. **D7210** Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiostal flap if indicated

k. **D7220** Removal of impacted tooth-soft tissue

l. **D7230** Removal of impacted tooth-partially bony

m. **D7240** Removal of impacted tooth-completely bony

n. **D7241** Removal of impacted tooth-completely bony, with unusual surgical complications

o. **D7250** Removal of residual tooth roots (cutting procedure)

p. **D7251** Coronectomy - intentional partial tooth removal

q. **D7260** Oral antral fistula closure

r. **D7261** Primary closure of a sinus perforation

s. **D7270** Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth

t. **D7111** Extraction, coronal remnants - primary tooth