

We have received several recent inquiries at the 7th District offices on the topic of fees for PPE equipment. In light of this I will try to share what information I have garnered over the past several months (as well as some very recent updates) over the vacation that we have all been forced to take. Between information that has been passed around through the Council on Dental Benefit Programs and an ADA publication plus my own research hopefully I can shed some light on the answer to whatever questions you may have. If you do have any questions beyond this, please feel free to reach out to me.

The first major point to keep in mind is that for dentists who have signed participating provider agreements with third party payers, these dictate the terms of whether you will receive reimbursement. There have been several of these third-party payers which have come out and said that they will provide reimbursement for PPE recently. Again, refer to the terms of your contract. It all depends on whether your contract allows for this particular code to be reimbursed. Just because one company says they are going to reimburse for PPE, that is not a blanket statement for all their contracts.

The second thing we have found is that these third-party payers are setting a time limit on the length of time in which they will consider paying for this added fee. From what I have heard, the discussions are that the companies will consider these fees for a certain amount of time and then reevaluate to see if they will continue to pay for these PPE fees. My take on that is they will reevaluate to see if the cost of PPE has come down.

There are 2 different ways in which a provider can decide to add the PPE fee. The first is adding a flat fee and using the CDT code D1999. If you are a contracted provider, however, be careful with this depending on the contract that you signed. The terms of your contract may not allow you to balance bill if you choose to charge a fee that is greater than what the third party will reimburse. The second way is simply to increase your overall fees by either a percentage or a set dollar figure. Again, the terms of third-party contracts may restrict you in what you are able to do here.

So, let us look at some specific companies and what they are reimbursing at this time using the CDT code D1999.

- Recently we have gotten information that Cigna is reimbursing \$8 for this code between the dates of June 15, 2020 and July 31, 2020.
- Delta of Massachusetts is similar in that it is reimbursing \$10 for this D1999 for the dates June 1, 2020 through August 31, 2020
- United Concordia will be allowing the reimbursement of \$10 per patient per date of service for the dates May 1 to June 30, 2020

Please refer to the ADA publication entitled COVID 19 coding and billing: Interim guidance: [http://success.ada.org/~media/CPS/Files/COVID/PPE\\_Coding\\_Billing\\_Guidance.pdf](http://success.ada.org/~media/CPS/Files/COVID/PPE_Coding_Billing_Guidance.pdf)

For those of you who are Medicaid providers, at the beginning of the year Governor Cuomo announced a 1.875% across the board reduction in reimbursement's for services. Recently this was reduced from 1.875% to 1.5%. The thinking is that this reduction is to cover the cost of PPE. There is no reimbursement for the D1999 code in Medicaid or for any of the Medicaid HMO plans. Please be advised that the Medicaid subcommittee of the Council on dental benefit programs is drafting a letter to the New York State Department of Health to advocate for better reimbursement.

Also, for Medicaid providers, HHS has developed a portal for providing relief to Medicaid providers. This link will give you information on that:

<https://www.hhs.gov/about/news/2020/06/09/hhs-announces-enhanced-provider-portal-relief-fund-payments-for-safety-net-hospitals-medicaid-chip-providers.html?language=es>

Remember, when you do choose to pass this fee along to your patients, it must be a blanket fee to all your patients. You cannot pick and choose which of your patients you are going to pass this fee onto. It is unethical to charge this fee to some patients but not to others.

If you have any other questions on this matter feel free to reach out to me.

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