

DENTAL 360

**Enhanced Patient Safety – Point of Care
COVID-19 Testing Platform**





Overview:

We are delighted to have this opportunity to introduce its *Dental 360™* platform to you. Our proprietary platform is designed to address patient safety concerns that have adversely impacted the dental industry as a result of the COVID-19 viral pandemic while generating additional net operating income for the dental practice office.

The *Dental 360™* platform dramatically enhances patient and staff safety in the dental office environment thereby reducing the impact of the COVID-19 pandemic on daily patient volume and practice operations. Moreover, the *Dental 360™* platform will increase **net** daily operating income by at least **\$20.00** per patient visit, at no cost to the patient whatsoever.

We launched *Dental 360™* in key US markets the week of September 14th, 2020. We view your dental office as a natural alignment partner in this endeavor.

Here is a breakdown of the additional **net** income your dental office could earn daily by implementing the *Dental 360* program. If your office currently has 30 patient visits per day and, you tested each patient for COVID-19 before they were seen by your staff, the *Dental 360™* platform would increase your dental office's net operating income by at least \$900.00 each business day it is in use. That equates to an estimated \$18,000 dollars per month in additional net income.

Implementing *Dental 360* is simple and straightforward. The entire process requires 5-10 minutes of staff time per patient.

Note: As of August 17th, 2020, the definition of health care personnel from the CDC include "dentists and pharmacists". Your office is qualified to perform these tests under the direction of a licensed dentist.

COVID-19 Tests:

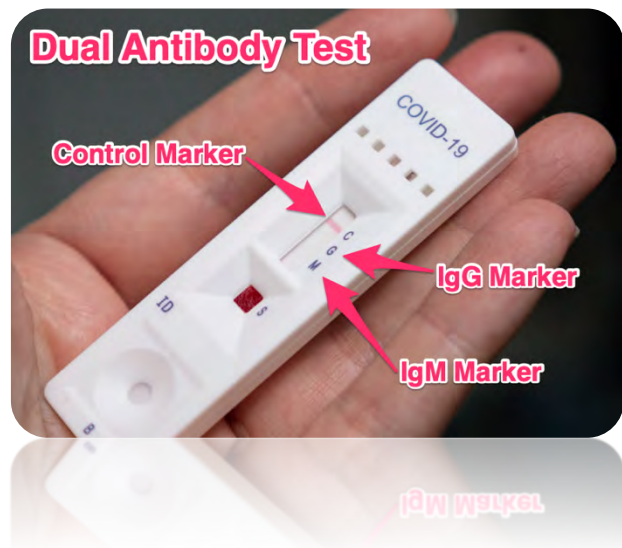
We offer two rapid result **Point of Care** COVID-19 tests. The *Dental 360* program can support the implementation of either or both of the tests within its protocol. The first is the Dual IgM and IgG Antibody "finger-stick" screening test. This tests for concentrations of the IgM antibody in the bloodstream which is produced in response to an active viral infection. In addition, it tests for concentrations of the IgG antibody, which is produced in response to a past virus infection. The combined specificity and sensitivity of the test is 100%, making it one of the most accurate antibody tests in existence. The second test is

the rapid result COVID-19 Antigen nasal diagnostic Test. This test is used for diagnosing an active viral infection in a patient. It is significantly more accurate than the standard Polymerase Chain Reaction (PCR) Test that is widely used. Moreover, **both tests produce results within 15 minutes.**

How Does The Dual Antibody Test Work?

Nearly all immune-competent individuals will develop an immune response following a COVID-19 infection. Like infections with other pathogens, the SARS-CoV-2 viral infection that causes the COVID-19 disease triggers the human body to produce IgM and IgG antibodies in response. Following the incubation of the virus (1-14 days post infection), both the IgM and IgG antibodies appear in the bloodstream in high levels of concentration. Presence of the IgM antibody indicates that the individual is contagious with an active viral infection; presence of the IgG antibody indicates that the individual has previously been infected and may have developed some level of resistance to reinfection.

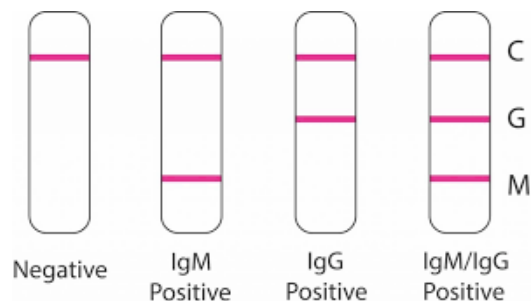
DUAL ANTIBODY SCREENING RAPID TEST – This is a self-contained lateral flow IgG /IgM dual antibody test that screens for antibodies in a patient’s blood, producing a highly accurate qualitative result within 10 minutes. This is a “Point of Care” test meaning that no additional diagnostic equipment is required.



How Is The Dual Antibody Test Read?

This test is read much like a pregnancy test. If a red bar appears on the IgG “G” section (reference the image above), this indicates that the individual has previously been infected with the SARS-CoV-2 virus and has produced antibodies that may prevent or reduce the likelihood of reinfection. If the red bar appears on the IgM “M” section, this means they are currently infected with the SARS-CoV-2 virus and are contagious. No procedures should be performed if the red bar shows up under the IgM “M” section. If only the control “C” bar shows up, the test indicates they are not infected.

Note: If the control line remains blue, the test is invalid, and the individual should be re-tested with a new test kit.



The Antigen 15-minute Rapid Test

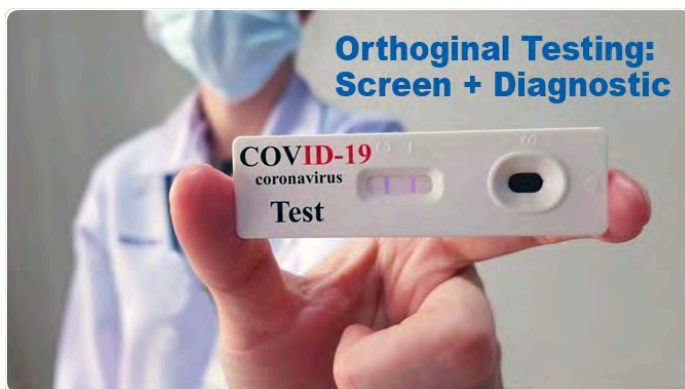
The rapid result COVID-19 Antigen Test is a “Point of Care” test that produces a result in your office within 15 minutes. It is administered using a nasal swab and is self-contained in a test cassette, requiring no additional diagnostic equipment for purposes of processing the swab-sample.

The Antigen test identifies the presence of a protein that is unique to the SARS-CoV-2 virus that causes the COVID-19 disease.



In comparisons to the popular Polymerase Chain Reaction (PCR) swab tests that have gained popularity in the United States, Antigen Tests have produced significantly more accurate results in diagnosing the presence of an active infection of the SARS-CoV-2 virus. The self-contained cassette that is used in our Antigen Test is efficient and simple to administer with minimal discomfort to the Patient.

Orthogonal Algorithm – Two Test Protocol



The CDC has endorsed the use of a two-test protocol administering the **Antibody** screening test to a Patient and following up with a confirming diagnostic test, such as the **Antigen** test, for those Patients that test negative with respect to the Antibody test. The diagnostic accuracy of the two-test protocol is significantly greater than the accuracy using the single test approach. The *Dental 360* platform supports either or both tests.

Testing Children:

It is safe for children to be tested using either the COVID-19 dual-antibody test kit or the COVID-19 rapid antigen test kit.

Testing Revenue:

Dental Offices will generate at least \$20.00 in additional net income per patient, per day. Best of all, this is achieved at **zero cost to the patient**. It's truly a win-win scenario.

Dental offices can submit claims to health insurance companies as an out-of-network provider for patients who need to be tested for COVID-19. Dental Offices can bill Medicare for this testing for those covered under Medicare and Medicaid programs and can bill through the CARES Act for uninsured patients. Don't worry about the complexity, we can help you every step of the way.

How to collect Insurance:

You have 2 options. (1) YOU do it, or (2) WE do it.

If YOU perform the collection process:

Patient's dental or health insurance information would be collected for this test and then submitted to the dental insurance company using the proper codes, or, to the Patient's health insurance company as an out-of-network provider. Most dental insurance plans provide reimbursement for COVID-19 testing. Health Insurance companies provide 100% of the published "cash Price" for the test at your office (you would need to publish this cost (typically \$120/test) somewhere on your website or in your office.



If the Patient has Medicare/Medicaid, you would simply bill Medicare for this expense. Medicare currently reimburses \$45.23 per administered test. If the Patient is uninsured, you would submit the invoice for the test through the CARES Act billing portal. The reimbursement rate under the **CARES Act for administration of each COVID-19 test is \$45.23.**

Collection of testing fees from Private health insurers, Medicare, and the CARES Act billing portal is quick. In most instances, fees are remitted within 2-4 days from the date of claims submission.

COVID-19 Test Reimbursement Schedule

- I. **Insured Patient.** Regardless of whether they are covered by dental insurance, or an out of network health provider, you may submit an invoice to the patient's insurer for your regular published price for administering a COVID-19 Test to the patient. The insurer may not require the patient to share any cost (deductible) of the test fee. In most instances, the insurers are processing payments via direct deposit within 2-3 days from receipt of invoice. Fees for individual tests range greatly across the US, from a low of approximately \$60 to a high in excess of \$450 with a recommended billing amount of \$125/test. Insurance will reimburse 100% of whatever amount is published on your website.
- II. **Medicare Patient.** CMS will pay you \$45.23 for administration of a rapid result antibody test. The rate for a rapid result antigen test has not been established, but will likely be equal to, or slightly higher than the antibody test.
- III. **Uninsured Patient.** Under the CARES Act, the government will pay you the Medicare rate for administration of a Test to an uninsured patient (\$45.23 per test).

Why Implement the Dental 360™ program?

Here are a few points you may want to consider when deciding to implement this for your dental or orthodontic practice.

- 1. Enhances Patient & Staff Safety.** Testing patients for the SARS-CoV-2 virus that causes COVID-19, as part of any dental procedure, ensures that a patient will not be at greater risk of post-procedure infection or other health related malady as a result of a compromised immune system. By testing patients, staff safety within the dental office environment is improved as well.
- 2. Increases Patient Visit Revenue.** Daily patient gross revenue is increased by at least \$20 per patient per visit.
- 3. No Additional Cost To Patient.** The increased patient revenue is generated at no additional cost or expense to the patient whatsoever. 100% of the cost of the testing is covered regardless of whether the patient is insured, covered under Medicare, or is uninsured. Health and Dental insurance companies reimburse at 100% of your published cash price rate (Suggested \$120/test). Medicare reimburses at a rate of \$45.23 per test, and the CARES Act will reimburse at the Medicare rate with respect to any patients who are uninsured.
- 4. Test Administration.** *Dental 360* will support the COVID-19 Antibody screening test, the COVID-19 Antigen diagnostic test, or both. Both tests are true **Point of Care** tests that require no diagnostic equipment and are capable of producing highly accurate results in 10-15 minutes.
- 5. Reimbursement Billing & Payment.** Private health insurance companies are required under Executive Order to pay 100% of the published “cash price” of the tests without imposing any form of Patient cost sharing or deductible whatsoever. In most cases, the submissions are processed within 2-3 days. Medicare reimbursement payments and CARES Act payments are processed within the same period of time.
- 6. Technical Support & Training.** We will assist your office staff in administering the tests and processing reimbursement payment requests.



- 7. Minimal Upfront Cost.** The upfront cost of activating the *Dental 360* program is minimal. Maintaining two-day supply of test kits is the only requirement. If your dental office sees 30 Patients per day, this translates to an upfront cost of approximately \$720.00, which includes everything the office needs to administer a two-test COVID-19 protocol to 60 patients. Assuming that 100% of your Patients were either uninsured or covered under Medicare, your office would generate at least \$1,693.80 ($\28.23×60 Patients) in net revenue which calculates out to \$16,938.00 if you were to do this for one month.
- 8. No Long-Term Contract Required.** USHD does not require a long-term commitment. You simply purchase the test kits whenever you need them. They are shipped overnight so you can have them the next business day.

***Dental 360*TM - 10 Most Frequently Asked Questions**

1. How accurate are the tests at identifying the SARS-CoV-2 virus?

Answer: The dual antibody test has a combined sensitivity and specificity accuracy level of 100%. This means that it detects 100% of infectious COVID patients. There is a 2.3% False positive rate for these tests, which means someone may not be infected, but the test would indicate they are infectious. If you suspect this, you can simply repeat with another test and confirm if the patient is indeed infected. Both tests would be reimbursable.

2. Do the tests require additional diagnostic equipment in order to work?

Answer: No. Both tests are truly Point of Care, self-contained cassettes that include everything that is required for collection, processing, and analysis.

3. What level of training is required in order to administer the tests?

Answer: Both tests are very easy to administer. Anyone in your office with a high school education or greater is qualified to administer the test under your direction and supervision.

4. How much time does it take to administer and process the tests?

Answer: The antibody test produces a result in 15 minutes or less. The antigen test produces a result in 15 minutes or less. It takes approximately 2-3 minutes for each test to be administered.

5. Has CMS issued CPT codes for the administration of the tests?

Answer: Yes. CMS has issued CPT codes for the administration of both tests - the antibody test and for the antigen test. In addition, there is a consulting CPT Code that may be billed for a 15-minute counseling session for any patient that tests positive for the virus.

6. What rates may be charged to a private health insurance company for administration of the tests?

Answer: Rates vary greatly across the US ranging from \$60 - \$450, per test. The general rule is that health insurance companies pay 100% of the published “cash price” charged by out of network providers for the tests. The median rate charged to private health insurance companies per test is \$110-125.

7. Do dental insurance companies pay for the tests under their plans?

Answer: Yes. Many dental insurance plans cover 100% of the cost of the tests. Rates of reimbursement may vary so you should check with your plans to determine the rates. If the patient has both dental coverage and medical insurance coverage, there might be an advantage of billing the patient’s medical insurance company as an out of network provider instead.

8. What if the patient does not have any dental or health insurance coverage and is a cash paying patient, do these patients qualify?

Answer: Yes. Uninsured patients are covered under the CARES Act. The rate of reimbursement is equal to the Medicare rate established by CMS, which is \$45.23 per test.

9. If our published cash rate is \$100 for each test and the patient is uninsured, can we “balance bill” the difference between the Medicare reimbursement rate and our cash price?

Answer: No. In order to receive reimbursement under the CARES Act, you must agree to accept the Medicare rate as full payment for the administration of the tests.

Note that our estimates of additional daily patient revenue are based solely on Medicare rates. Additional daily revenue for patients that are covered under private health insurance plans would be significantly higher, depending on your published “cash price”.

10. Does the dental office have to purchase the tests from US in order to access the benefits of *Dental 360*TM?

Answer: Yes. In order to access the *Dental 360*TM platform, we require that the client office use only those tests that we provide. We strive to offer pricing rates for highly accurate and legitimate tests that are well below wholesale prices. We are so confident in our test pricing that we disclose the rates for each test on every invoice that is transmitted to you. It is also why we do not require long term contracts – we are confident that our clients will not be able to access better tests at better prices, anywhere.

Reference: <https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antibody-tests-guidelines.html>

UPDATE – SEPTEMBER 12, 2020

On September 8, 2020, the American Medical Association (AMA) created a CPT Code which permits clinics and other facilities, including dental offices, to submit claims for the reimbursement of expenses incurred during the COVID-19 public health emergency (PHE) that are related to the cost of masks, face shields, isolation gowns, nitrile gloves, disinfectants, and allocated labor time, where those expenses are incurred in connection with testing, assessing, or treating Patients. A dental office may submit one CPT Code claim to a private health insurance company, Medicare, or the CARES Act portal, for each patient tested for COVID-19 prior to a dental procedure. To learn more about how you can claim these deductions in your office, contact us today.