

Teledentistry

PURPOSE

Teledentistry is the use of telehealth in dentistry.

APPLICABILITY

ELIGIBLE PROVIDERS

To receive payment from ND Medicaid, the eligible servicing and billing provider National Provider Identifiers (NPI) must be enrolled with ND Medicaid on the date of service. Servicing providers acting as a locum tenens provider must be enrolled with ND Medicaid and be listed on the claim form. Please refer to [provider enrollment](#) for additional details on enrollment eligibility and supporting documentation requirements.

Teledentistry services can be provided by the following enrolled providers as allowed by the scope of their licensure:

- Dentists.

ELIGIBLE MEMBERS

Providers are responsible for verifying a member's eligibility before providing services. Eligibility can be verified using the [ND Medicaid MMIS Portal](#) or through the Automated Voice Response System by dialing 1.877.328.7098.

Refer to the [Member Eligibility manual](#) for additional information regarding eligibility including information regarding limited coverage categories.

COVERED SERVICES AND LIMITS

GENERAL PROVIDER POLICIES

The [General Provider Policies](#) details basic coverage requirements for all services. Basic coverage requirements include:

- The provider must be enrolled with ND Medicaid;
- Services must be medically necessary;
- The member must be eligible on the date of service; and
- If applicable, the service has an approved service authorization.

The Procedure Code Look-up Tool can be used to identify if a procedure code is covered by ND Medicaid along with code specific details such as Ordering/Referring/Prescribing (ORP) provider requirements, Service Authorization requirements, and current rates.

Covered Services

D0120	Periodic oral evaluation – established patient
D0140	Limited oral evaluation – problem focused
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver
D0170	Re-evaluation – limited, problem focused (established patient, not post- operative visit)
D0171	Re-evaluation – post-operative visit
D0190	Screening of a patient
D0191	Assessment of a patient

Image Capture Only Radiographs, if obtained via teledentistry, cannot be repeated in office.

Teledentistry services must be reported in addition to other procedures delivered to the patient on the date of service.

Teledentistry code D9995 or D9996 is required when billing ND Medicaid and will only be reimbursed once per date of service. Teledentistry must be billed using place of service (POS)/place of treatment codes:

02	Teledentistry provided in a location other than the patient's home
10	Telehealth provided in patient's home

Claims with any other place of service will be denied.

SERVICE AUTHORIZATION REQUIREMENTS

No service authorization required.

NON-COVERED SERVICES

GENERAL NON-COVERED SERVICES

The Noncovered Services Policy contains a general list of services that are not covered by North Dakota Medicaid.

Non-Covered Teledentistry Services include:

- Examinations via online/email/electronic communication;
- Patient contact with dentist who provides the consultation using *audio means only (no visual component)*; and
- Virtual check-in.

DOCUMENTATION REQUIREMENTS

GENERAL REQUIREMENTS

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to ND Medicaid. Records must be retained for at least 7 years after the last date the claim was paid or denied. Providers must follow the documentation requirements in the Provider Requirements Policy.

Patient records must include the CDT® Code(s) that reflect the teledentistry encounter. The claim submission must include all applicable CDT® codes.

REIMBURSEMENT METHODOLOGY AND CLAIM INSTRUCTIONS

TIMELY FILING

ND Medicaid must receive an original Medicaid primary claim within one hundred eighty (180) days from the date of service. The time limit may be waived or extended by ND Medicaid in certain circumstances. The Timely Filing Policy contains additional information.

THIRD-PARTY LIABILITY

Medicaid members may have one or more additional source of coverage for health services. ND Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources. The Third Party Liability Policy contains additional information.

CLIENT SHARE (RECIPIENT LIABILITY)

Client share (recipient liability) is the monthly amount a member must pay toward the cost of medical services before the Medicaid program will pay for services received. The Client Share Policy contains additional information.

REIMBURSEMENT

A claim for services must be submitted at the provider's usual and customary charge. Payment for services is limited to the lesser of the provider's usual and customary charge or the ND Medicaid calculated reimbursement.

CLAIM FORM

Teledentistry must be billed using the ADA dental claim form or 837d. Detailed claim instructions are available on the ND Medicaid Provider Guidelines, Policies & Manual webpage.

DEFINITIONS

Synchronous teledentistry (D9995) – delivery of patient care and education where there is live, two-way interaction between the patient and at least one dental, medical, or health caregiver at one physical location and an overseeing supervising or consulting dentist or dental provider at another location.

Asynchronous (store-and-forward) teledentistry (D9996) – the transmission of recorded health information (i.e., radiographs, photographs, digital impressions) through a HIPAA- compliant electronic communications system to a practitioner, who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction.

REFERENCES

- North Dakota Administrative Code
- North Dakota Century Code
- Code of Federal Regulations
- ADA Guidelines to Teledentistry
- Place of Service Code Set | CMS

FREQUENTLY ASKED QUESTIONS

Q. What is the place of service on the ADA Dental claim form?

A. Place of service is the Place of Treatment.

CONTACT

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POLICY UPDATES

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Section	Updates
	Format updates throughout.