

Teledentistry

CDT[®] Code

- D9995** – teledentistry – synchronous; real-time encounter
Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.
- 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.

Criteria

Teledentistry services must be reported in addition to other procedures delivered to the patient on the date of service. The American Dental Association Guidelines can be found at: [ADA Policy on Teledentistry | American Dental Association](#).

Synchronous teledentistry (D9995) is 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.

The communication is real-time and continuous between all participants who are working together as a group. Synchronous teledentistry must use both audio and visual means. The totality of the communication of the information exchanged between the providers or others and the member during the synchronous teledentistry service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via an in-person interaction.

Asynchronous (store-and-forward) teledentistry (D9996) is 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.

Documentation/Billing Requirements

The dentist oversees the teledentistry event. Via diagnosis and treatment planning, the dentist completes the oral evaluation, documents, and reports the appropriate teledentistry CDT[®] code. Teledentistry code D9995 or D9996 is required when billing ND Medicaid. Service authorization is not

MEDICAL SERVICES

required. Documentation within the patient record must meet ND Medicaid's documentation guidelines. These can be found in the ND Medicaid Dental Manual here:

<https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/dental-manual.pdf> .

Patient records must include the CDT[®] Code(s) that reflect the teledentistry encounter. The claim submission must include all applicable CDT[®] codes. ND Medicaid will reimburse CDT[®] code D9995 or D9996 once per date of service. Claim submissions 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.

Place of Service code **02 or 10** is recorded in Box # 38 on the claim form or electronic equivalent.

ANCILLARY CLAIM/TREATMENT INFORMATION	
38. Place of Treatment	<input type="text"/> (e.g. 11=office; 22=O/P Hospital) (Use "Place of Service Codes for Professional Claims")

Note: POS is at the claim level for dental services, which means it pertains to all services reported on the claim submission.

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

Non Covered Services

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

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)

Revenue code 0780 should only be reported along with Q3014 when the FQHC is the originating site. When providing teledentistry services to patients located in their homes or another facility, FQHCs and RHCs should continue to bill the revenue code listed below along with the CDT[®] code for the service

rendered appended with modifier GT or 95.

Revenue Code 512: Dental Clinic.

One dental encounter is allowed per day. The encounter must be a face to face encounter to qualify for payment. Asynchronous teledentistry performed as a stand-alone service does not qualify for an encounter payment. At least one covered service must be performed as a face to face service to qualify for the dental encounter payment.

The entire Telehealth Policy can be viewed in the General Information for Providers Manual here: <https://www.hhs.nd.gov/sites/www/files/documents/general-information-medicaid-provider-manual.pdf>