



Dental Clinical Policy

Subject: Teledentistry

Guideline #: 09-900

Status: Revised

Current Effective Date: 01/01/2021

Last Review Date: 12/06/2020

Description

Teledentistry is the delivery of dental services including diagnostic, consultative, and educational limited dental procedures by a dentist to a patient who is located at a different location through the use of information and audio-visual communication technology.

The plan performs review of dental services provided by teledentistry due to contractual requirements that necessitate benefits for dental services meet specific contract requirements. For example, plan contract(s) may require the provision of benefits for services that meet generally accepted standards of dental care at the lowest cost that properly addresses the patient’s condition. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by the dental plan.

Clinical Indications

Dental review as it applies to accepted standards of care means dental services that a Dentist, exercising prudent clinical judgment, provides to a patient for the purpose of evaluating, diagnosing or treating a dental injury or disease or its symptoms, and that are: in accordance with the generally accepted standards of dental practice; , in terms of type, frequency and extent and is considered effective for the patient's dental injury or disease; and is not primarily performed for the convenience of the patient or Dentist, is not cosmetic and is not more costly than an alternative service.

For dental purposes, "generally accepted standards of dental practice" means:

- Standards that are based on credible scientific evidence published in peer-reviewed, dental literature generally recognized by the practicing dental community
- specialty society recommendations/criteria
- the views of recognized dentists practicing in the relevant clinical area
- any other relevant factors from credible sources
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Criteria

The ADA’s “Comprehensive Policy Statement on Teledentistry” states that dentists and allied dental personnel who deliver services through teledentistry modalities must be licensed or credentialed in accordance with the laws of the state in which the patient receives service. The delivery of services via teledentistry must comply with the state’s scope of practice laws, regulations or rules.

Teledentistry benefits, synchronous or asynchronous, are available to the same extent as though provided in person:

- Provided that the dental procedures can be lawfully performed within the scope of the individual licensee who is renders the care
- The procedures are dentally necessary and appropriate as determined by the standards of generally accepted dental practice
- The procedures are otherwise covered under the certificate of coverage or evidence of coverage.

The delivery of services using teledentistry technology may be available for limited dental services must be performed by licensed dentists and/or licensed dental personnel in accordance with applicable laws and regulations addressing the privacy and security of patients' private health information. Documentation of dental services via teledentistry must conform to all applicable state requirements regarding recordkeeping and clinical and financial informed consent.

Any dentist, expanded function dental auxiliary personnel, or dental therapist delivering diagnostic procedures and oral health services using teledentistry technologies must be licensed in the state where the patient receives services, or be providing these services as otherwise authorized by that state's dental board and should conform to the applicable dental practice act in the state where the patient receives services and where the dentist is licensed.

The dentist should have the capability of contacting both the allied dental personnel providing the service and the patient receiving services. Oral health care services using teledentistry must establish protocols for appropriate medical, general dentistry, and dental specialty referrals when necessary.

ADDRESS FACILITY ISSUE Point of Service (POS)

The dentist is responsible for, and retains the authority for ensuring, the safety and quality of services provided to patients using teledentistry technologies and methods. The delivery of services through teledentistry technologies will follow evidence based practice guidelines, to the degree they are available, as a means of ensuring patient safety, quality of care, and positive health outcomes.

For orthodontia provided by teledentistry technology the orthodontic entity the following may be required:

- Protocols for the appropriate monitoring of dental care
- Established protocols for direct and general supervision including components of supervision
- Required credentialing including but not limited to license and specialty
- Written protocols of the components of the initial evaluation
- Case selection limitations defined
- Written protocols regarding the components of ongoing evaluation
- Protocols for handling patient referral

Reimbursement Benefits are available for procedures performed rather than for teledentistry codes themselves.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CDT including but not limited to:

Clinical Oral Evaluations

- D0120 periodic oral evaluation
- D0140 limited oral evaluation
- D0145 oral evaluation for a patient under three years of age
- D0150 comprehensive oral evaluation
- D0170 re-evaluation – limited
- D0171 re-evaluation post-operative
- D0180 comprehensive periodontal evaluation
- D0190 screening of a patient
- D0191 assessment of a patient
- D0601 caries risk assessment - low
- D0602 caries risk assessment - medium
- D0603 caries risk assessment – high

Diagnostic Imaging

- D0210 intraoral – complete series
- D0220 intraoral – periapical first image
- D0230 intraoral – periapical each additional image
- D0240 intraoral – occlusal image
- D0270 bitewing – single image
- D0272 bitewings – two images
- D0273 bitewings – three images
- D0274 bitewings – four images
- D0277 vertical bitewings – 7 to 8 images
- D0330 panoramic image

Preventive

- D1110 prophylaxis - adult
- D1120 prophylaxis – child
- D1206 topical application fluoride varnish
- D1208 topical application of fluoride excluding varnish
- D1301 nutritional counseling
- D1320 tobacco counseling
- D1330 oral hygiene instruction

- D1351 sealant
- D1352 sealant repair
- D1354 interim caries arresting medication application

IDC-10 CM Diagnoses for Dental Diseases and Conditions: See the current CDT code book for details

References

1. Applications of teledentistry: A literature review and update, N. D. Jampani, R. Nutalapati,¹ B. S. K. Dontula,² and R. Boyapati³
2. J Calif Dent Assoc. 2000 Feb;28(2):141-3, The future of teledentistry. Birnbach JM¹.
3. J Am Dent Assoc. 2000 Jun;131(6):734-44. Practicing dentistry in the age of telemedicine. Golder DT¹, Brennan KA.

History				
Revision History	Version	Date	Nature of Change	SME
	Initial	09/09/2020	Initial	Committee
	Revised	12/06/2020	Annual Review	Committee

Federal and State law, as well as contract language, and Dental Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Clinical Policy Committee are available for general adoption by plans or lines of business for consistent review of the medical or dental necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to implement a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical or dental necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical or dental necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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