

Dental Clinical Policy

Subject: Teledentistry

Guideline #: 09-900

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Current Effective Date:

01/01/2025

Last Review Date:

11/05/2024

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.

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 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 – comprehensive 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

ICD-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. Boyapati](#)³
2. [J Calif Dent Assoc.](#) 2000 Feb;28(2):141-3, The future of teledentistry. [Birnbach JM](#)¹.
3. [J Am Dent Assoc.](#) 2000 Jun;131(6):734-44. Practicing dentistry in the age of telemedicine. [Golder DT](#)¹, [Brennan KA](#).
4. CDT 2023 Current Dental Terminology, American Dental Association.

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

	Revised	10/30/2021	Annual Review	Committee
	Revised	11/11/2022	Annual Review	Committee
	Revised	11/01/2023	Annual Review	Committee
	Revised	11/05/2024	Minor editorial refinements to description and clinical indications; intent unchanged.	Committee

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