



# Dental Clinical Policy

**Subject:** Teledentistry  
**Guideline #:** 09-900  
**Status:** Revised

**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,<sup>1</sup> B. S. K. Dontula,<sup>2</sup> and R. Boyapati<sup>3</sup>
2. J Calif Dent Assoc. 2000 Feb;28(2):141-3, The future of teledentistry. Birnbach JM<sup>1</sup>.
3. J Am Dent Assoc. 2000 Jun;131(6):734-44. Practicing dentistry in the age of telemedicine. Golder DT<sup>1</sup>, Brennan KA.
4. CDT 2023 Current Dental Terminology, American Dental Association.

<b>History</b>				
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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