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Title	Teledentistry Services		
Number	CP.PP.415.v1.2		
Last Approval Date	09/04/24	Original Effective Date	02/25/21
Cross Reference		Elective Date	

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

Purpose/ Application	To define when the Plan recognizes Teledentistry Telehealth services that are submitted on an American Dental Association (ADA) claim form.		
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company and Premera Blue Cross HMO lines of business and products.		
Definitions	<ul> <li>Teledentistry: the use of electronic information, imaging, and communications technologies to provide dental care delivery, diagnosis, consultation and transfer of dental information and education.</li> <li>Live video/synchronous: real time interactive audio AND video connection between patient and provider for the transmission of information in both directions.</li> <li>Store and forward/asynchronous: transmission of recorded health information (e.g., radiographs, photographs, video, digital impressions, and photomicrographs) through a secure encrypted telecommunications system.         <ul> <li>Provider generated: transmission of patient information to another practitioner who uses the information to evaluate a patient's condition, to render a diagnosis or to render a service outside of a real-time encounter with the patient.</li> <li>Member generated: frequently referred to as remote patient monitoring where personal health and medical data is collected/forwarded by a patient and transmitted to a provider for evaluation of or to support care being rendered.</li> </ul> </li> </ul>		
Policy	<ul> <li>For the purpose of this policy, telehealth in dentistry or teledentistry is a mode of telecommunications available to perform limited dental services.</li> <li>When covered by a member's benefits, the dental services that are approved to be rendered via an audio and video or audio only (code D0190 only) telecommunications system include the following services:         <ul> <li>D0140 – Limited oral evaluation-problem focused</li> <li>D0170 – Re-evaluation-limited, problem focused (established patient; not post-operative visit); assessing the status of a previous condition</li> <li>D0171 – Re-evaluation-post-operative office visit</li> <li>D0190 – Screening of patient to determine if individual needs to be seen in person by a dentist</li> </ul> </li> </ul>		

Laws, Regulations & Standards	
References and Resources	<ul> <li>American Dental Association (ADA) Policy on Teledentistry</li> <li>American Dental Association (ADA) Updates to Teledentistry Policy: Nov 5, 2020</li> <li>American Teledentistry Association (ATDA) Position Paper</li> <li>Current Dental Terminology (CDT) - 2022</li> </ul>

Policy Owner Review	Payment Integrity Oversight Committee	
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department	
Annual Review Dates	09/04/24; 12/13/23; 01/17/23; 02/10/22; 02/25/21	
Version History	02/25/21	Creation of the policy
	02/10/22	Added clarification in second paragraph of the Policy section that code D0190 can be performed via an audio only telecommunications system. Added the last bullet in the Documentation section of the policy
	01/17/23	Annual review; no changes
	12/13/23	In the Policy section, added a full description to the codes D9995 and D9996.
	09/04/24	Annual review; no changes