



# Teledentistry in Virginia Implementation Toolkit



# Acknowledgments



The Teledentistry in Virginia Implementation Toolkit presented by Virginia Health Catalyst is funded by the AT&T Foundation and Commonwealth of Virginia through the Department of Health, Office of Family Health Services, Division of Prevention and Health Promotion American Rescue Plan Act (ARPA) funds (709CQ220026).

The mission of Virginia Health Catalyst (Catalyst) is to ensure all Virginians have equitable access to comprehensive health care that includes oral health.

Thank you to the following members of the Catalyst staff and the Future of Public Oral Health Technology Workgroup for their significant contributions to this toolkit:

Brooke Crouch, RDH (Workgroup Chair)  
Julie Bilodeau, MBA  
Julie Coe, DDS, MBA, MS  
Brad Guyton, DDS, MBA, MPH  
Chernise Harris  
Rick Moore, PhD  
Elliot Popoff, MPH  
Carole Pratt, DDS  
Polly Raible, MPH  
Gabrielle Stowers

Aaron Thompson, MBA, CMR  
Eric Tolkin  
Michael Weitzner, DMD, MS  
Tiffany Williams, DDS, MSD  
Scott Wolpin, DMD

Catalyst staff:

Brita Allen, MPH  
Ericca Facetti, BS  
Sarah Holland, MS  
Kimberly Lewis

# Table of Contents

Introduction	3
<b>SECTION 1: What Is Teledentistry?</b>	<b>4</b>
A: Definitions	4
B: The Case for Teledentistry	5
C: Teledentistry Benefits & Challenges	6
<b>SECTION 2: Teledentistry Implementation</b>	<b>9</b>
A: Teledentistry Components	10
B: Teledentistry Equipment & Supplies	13
C: Workflow Development	15
D: Teledentistry Codes and Use Cases	18
<b>SECTION 3: Legal Considerations</b>	<b>22</b>
<b>SECTION 4: Best Practices</b>	<b>24</b>
Conclusion & Resources	25





# Introduction

Teledentistry, the use of electronic information to provide or support dentistry, has been in use in Virginia for years, but the COVID-19 pandemic presented a unique opportunity to highlight its effectiveness during a public health emergency. The COVID-19 pandemic propelled the General Assembly to approve and expand its use across the commonwealth.

Teledentistry is more than an emergency use service, however. Teledentistry increases access to dental care and education, improves patient knowledge of oral health behaviors, and can decrease dental fears by strengthening the patient-provider relationship. It can increase dental office efficiency by allowing clinicians to practice at the top of their license and allows more time for in-person care.

This toolkit:

- Explains what teledentistry is;
- Helps providers navigate the steps to implement teledentistry services in the dental office; and
- Provides additional resources for continued learning.

With the increased use and acceptance of teledentistry throughout the COVID-19 pandemic, Virginia is poised to take advantage of the many innovations teledentistry can offer to improve the oral health of all Virginians.

# SECTION 1

## What Is Teledentistry?



Teledentistry is the use of electronic information to provide and support dental care delivery, diagnosis, consultation, treatment, transfer of dental information, and education. This enables clinicians to provide care without patients needing to travel to the dental office. It can reduce dental-related emergency room visits and increase access to oral health services for remote populations. Through teledentistry, patient visits occur over video chat or by electronic messaging after a provider reviews photos of the patient's oral health concerns. Teledentistry is not a specific service, but a means to provide oral health care and education.

## 1A: Definitions

### Forms of Teledentistry

#### **Synchronous:**

A real-time virtual interaction between a patient and a health care provider located at a distant site.

#### **Asynchronous (store and forward):**

The transmission of a patient's health information from an originating site to the health care provider at a distant site without the patient's presence. After reviewing the information, the provider can develop a treatment plan and/or schedule an interaction with the patient.

### Settings for Teledentistry

#### **Distant site:**

A site where a health care provider is located while providing these services via a telecommunications system.

#### **Originating site:**

A site where a patient is located at the time health care services are provided via a telecommunications system or the site from which the patient's health information is transmitted for an asynchronous store and forward service.



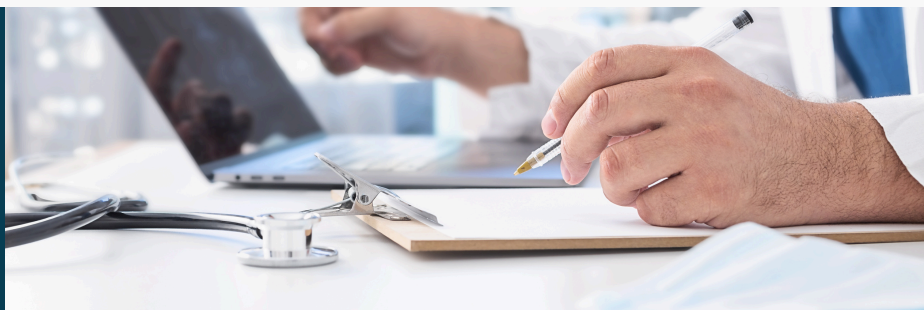
# 1B: The Case for Teledentistry

The use of teledentistry can transform dentistry by increasing access to and reducing the cost of dental care. Although research on the cost-effectiveness of teledentistry is limited, one study from CareQuest shows that the average annual dental cost per patient was \$75 less for patients with at least one teledentistry visit compared to those who did not have a teledentistry visit in 2018.

Teledentistry has been shown to be an effective way to triage patients. In the vast majority of instances, **teledentistry offers an interactive gateway to appropriate follow-up care**. According to CareQuest, 84% of teledentistry patients had an in-person, post-teledentistry visit within the calendar year, and 71% received in-person care within a week. Only 1% of those patients returned for an emergency visit.

The ability to triage using teledentistry allows patients greater access and allows providers to more effectively schedule emergency visits. Reports from clinics that have been using teledentistry for longer suggest that as providers and patients become more comfortable and familiar with teledentistry services, the access and cost benefits of teledentistry also increase.

Tranby E. and Thakkar Samtani M. Teledentistry is an Effective Tool to Triage Patients and Save Money. CareQuest Institute for Oral Health. Boston, MA; December 2020.



## Resources

- [Teledentistry Is an Effective Tool to Triage Patients & Save Money](#) (CareQuest)
- [Fast-Track to Teledentistry: Removing Barriers While Maximizing Overall Health](#) (CareQuest)
- [Dentist Perceptions about the Value of Teledentistry](#) (CareQuest)
- [Oral Health Professionals Are Ready to Accept Teledentistry](#) (CareQuest)
- [Case Studies of 6 Teledentistry Programs: Strategies to Increase Access to General and Specialty Dental Services](#) (Oral Health Workforce Research Center)



# 1C: Benefits & Challenges

Access to oral health services is an unmet need in the United States. Many Americans have untreated dental disease, which impacts their overall health and quality of life.

The comprehensive adult dental benefit in Virginia's Medicaid program, which went into effect July 1, 2022, provides dental coverage for thousands of adults. Teledentistry can make this expanded coverage more meaningful for people who often struggle to access care.

Teledentistry and telehealth are an integral part of value-based care, transforming our health care system to place more value on health outcomes and quality than on the volume of end-stage disease procedures. Addressing the challenges that exist to teledentistry can move us towards value-based care.



# Teledentistry Benefits

## Patient Benefits

- **Makes care more accessible:** Community-based dental professionals can perform preventive treatment and maintenance services conveniently for patients, such as in schools or long-term care facilities. This is especially important in areas where oral health resources or professionals are scarce and among populations that may not have reliable transportation or experience dental-related anxiety.
- **Allows for easier continuity of care:** Teledentistry enables a provider to easily check in with a patient after a surgery or procedure. Assessing progress through teledentistry will not only save the patient a trip to the office, but patients may be more likely to keep an appointment if it can be done conveniently from home.
- **Provides educational opportunities:** Teledentistry can provide another face-to-face opportunity to educate patients and caregivers. Dental providers can even educate one another using teledentistry.
- **Eases the transportation burden for patients:** Patients may sometimes travel hundreds of miles to see a dentist or oral health care specialist. Performing pre-procedure consultations through teledentistry can reduce the time patients spend traveling to and from appointments, limit travel costs, and prevent income loss due to missed work.
- **Builds trusting and supportive patient-provider relationships:** Teledentistry can offer a gentle entry into the dental office, especially for patients who have not been to the dentist in many years, experience dental anxiety, or have extensive treatment plans. Patients can meet with providers over the phone or via video to share concerns and receive guidance.

## Provider/Office Benefits

- **Makes dental offices more efficient:** Teledentistry is an excellent triage tool to help clinicians determine if a patient should come to the office or whether to offer palliative advice. This reserves chair time for patients with emergent needs or those receiving comprehensive services. It can also help streamline patient intake processes; some studies have shown a decrease in patient wait times.
- **Enhances provider-to-provider communication and referrals:** General dentists can easily confer with specialists in real-time or through store-and-forward methods to develop treatment plans, share resources or guidance, and foster patient relationships. Using teledentistry, dentists can connect patients with other health care providers, such as primary care or behavioral health.
- **Increases professional capacity:** Teledentistry affords dentists, dental hygienists, oral health specialists, and other professionals the ability to work at the top of their training and licensure.
- **Increases funding revenue for eligible billing providers:** Providers will be able to continue billing Virginia Medicaid for some teledentistry services past the COVID-19 public health emergency. These codes include D9995 (synchronous encounter) and D9996 (asynchronous encounter).



# Teledentistry Challenges

- **Broadband availability:** Several areas across Virginia lack broadband internet access, which is necessary for live video calls or to electronically send photos and messages to the dental provider.
- **Access to technology:** Patients need a phone or computer with a camera for video call capabilities. Dental providers can suggest going to a public library to use a computer, borrowing a device from a close family member or friend, or a grant/program for low-cost devices.
- **Technology literacy:** Teledentistry appointment/login processes can be difficult to understand for some patients, especially for those who are not technologically savvy or accustomed to using online platforms. Dental providers can help by giving patients instructions on using the technology, the login process, and what to bring to the appointment. They can also suggest a trial run with the patient ahead of time.
- **Cost:** The relatively high cost of teledentistry equipment, technology, and software may be prohibitive for some dental clinics. Clinics interested in providing mobile services would also need to take the costs of mobile service equipment into consideration.
- **Translation services:** It will still be necessary to have an interpreter or translation service to support patients who speak a different language than the provider. If a friend or family member cannot translate during the appointment, the dental provider can use translation services, technologies, or other programs.
- **Virtual environment & behaviors:** Patients may be hesitant to appear on camera in their home environment for several reasons, including fear of judgment or a lack of privacy for the appointment. It can also be difficult to read or interpret body language and behaviors virtually since neither person can see the other's full body.
- **Patient understanding of insurance coverage:** Patients may not know whether their insurance covers teledentistry services. They may need the provider to be aware that Medicaid covers teledentistry.



## SECTION 2

# Teledentistry Implementation

Teledentistry utilization varies depending on the setting or application, and there are many ways to implement teledentistry. This section provides an overview of the components, equipment, workflows and use cases relevant to successful implementation of teledentistry.



### Resources

- [Six things to consider before conducting a teledentistry visit](#) (Virginia Health Catalyst)
- [Teledentistry in Community Health Centers: Checklist and Readiness Assessment](#) (National Network for Oral Health Access)

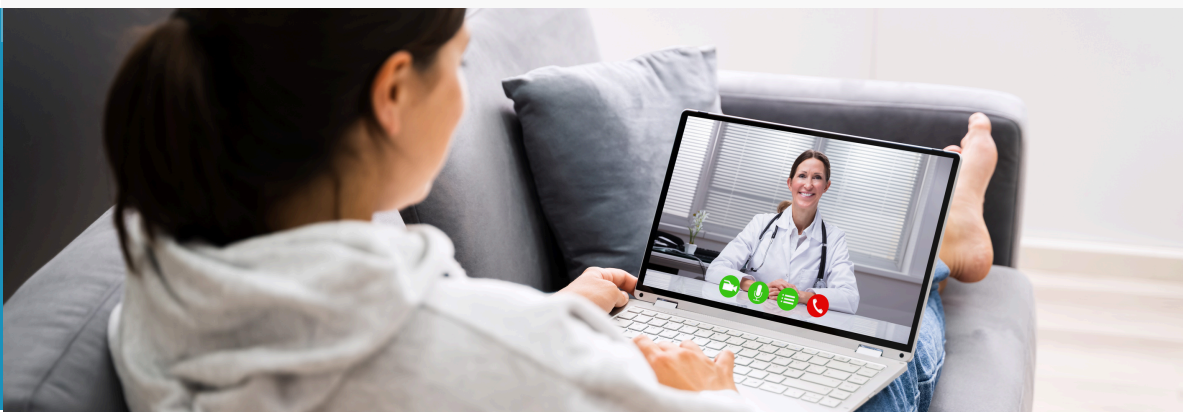
## 2A: Teledentistry Components

The components of this toolkit should be considered when starting a teledentistry program. Each component exists on a continuum, meaning there are several ways to apply them in your clinic or practice. The questions listed below each component could help you and your team determine which solution is right for you. These are not exhaustive lists but they provide ideas for how to get started with teledentistry.

Teledentistry Modalities
<b>Synchronous:</b> video conferencing in real time between patient and provider
<b>Asynchronous:</b> provider reviews health information and pictures are taken by another person of the patient previously at a different location
<b>Remote patient monitoring:</b> provider reviews the patient's health information from a different location either synchronously or asynchronously
<b>Mobile Health (mHealth):</b> information sharing, patient monitoring, and education using two mobile communication devices, like cell phones or tablets; this modality overlaps with others

### Questions to Consider

- Where will you be using teledentistry - in the community or office setting?
- What are the most common needs of your intended patient population?



Technology
Video conferencing software and audio devices are used to communicate with the patient. Not all video conference software is HIPAA-compliant. Providers are responsible for the HIPAA compliance of the software and understanding if HIPAA compliance regulations that were relaxed during the COVID-19 public health emergency are currently in effect.
Pictures of the teeth/mouth taken by the patient via cell phone or camera are sent securely to a dental provider to review and provide feedback.
Intraoral cameras are used by dental professionals in the clinical or community setting to take pictures of the teeth/mouth
Patients log onto a teledentistry or telehealth platform (ex: MouthWatch, doxy.me) for video conferencing with a dental professional in real-time
Care systems using full-time geographically distributed teledentistry-connected teams using portable or mobile equipment for care delivery (x-ray, sensors, dental chairs and equipment, etc.) in the community

#### Questions to Consider

- What team members (remote supervision dental hygienist, dentist, etc.) will be using teledentistry?
- Is video necessary in this setting?

## Resources

- [Platform options](#) – includes HIPAA compliance
- [Telehealth and HIPAA: HIPAA Compliant Teleconferencing Tools](#) (Compliance Group)
- [What will patients ask you about teledentistry? What will they want from your teledentistry platform?](#) (Mouthwatch)

Settings to Apply Technology
In-office (dental safety net clinics, private dental practices): dentist reviews and evaluates data captured by hygienist separately in-office and can consult with the patient virtually or send treatment plan
Emergency rooms: patients coming to the ER with dental concerns can see a dental provider to determine the most appropriate treatment and referral plan
Dental education settings (dental or hygiene schools): students placed in community or safety net training sites while they provide care and receive on-site training
Community settings: schools and early childhood care centers (ex: HeadStart), long-term care facilities, housing authorities, mobile dental units

#### Question to Consider

- What is the best setting to reach your patient population?

## Resources

- [Teledentistry and Mobile Dentistry: A Perfect Match](#) (Mouthwatch)



### Services Provided Using Teledentistry

**Oral health education and referrals:** patients receive education, guidance, and referrals to local dental providers from a professional.

**Emergency triage:** providers can understand the severity of a case to better determine next steps, including scheduling an in-person visit or prescribing any appropriate medications.

**Consultations or patient monitoring:** save patients a trip to the office and keep the dental chair available for hands-on procedures by conducting pre-and post-surgery consultations through teledentistry.

**Limited oral exam or preventive services:** dentists can make initial diagnoses, establish treatment plans, or authorize services to be done remotely.

**Community-based comprehensive care (virtual dental home):** members of the care team deliver comprehensive oral health services remotely (at school, different clinic locations, long-term care facilities, designated community centers, etc.) through authorization and guidance of providers using teledentistry.

#### Questions to Consider

- What are the goals of your teledentistry program?
- Which services are most applicable for your population?
- Which services are most feasible for your team to provide?

## Resources

- [Guidance Document for Patient Assessment via Synchronous Teledentistry](#) (Mouthwatch)
- [Patient Assessment via Synchronous Teledentistry: Clinical Techniques Overview with Dr. Scott Howell Webinar](#) (Mouthwatch)
- [ADA Guidance on Teledentistry Encounters](#) (Mouthwatch)
- [Welcome to Your Teledentistry Visit video](#) (Cavity Free SF)
- [Motivational interviewing for the dental team](#) (Cavity Free SF)
- [Notify patients about teledentistry option](#) (Virginia Health Catalyst)
- [Teledentistry Consent Form](#) (Example)
- [Teledentistry and HIPAA Acknowledgement & Consent](#) (Dental eShare)

### Professionals Involved

**Clinic:** Dentists and dental hygienists can practice teledentistry within their full scopes of practice.\*

**Professional education:** Dental and dental hygiene students have teledentistry as part of their curriculum and can learn remotely using teledentistry.

**Community:** Certified nursing assistants at long-term care facilities, school nurses, teachers or teaching assistants with child day care centers can be involved in teledentistry.

#### Questions to Consider

- Could you practice teledentistry effectively outside the clinic setting?
- Are there other professionals outside of your dental team to involve?

\*Current legislation permits only licensed dentists and registered dental hygienists to practice teledentistry in Virginia.



# 2B: Equipment & Supplies

## In the Clinic

Each clinic will have equipment and supply needs based on its physical space, the teledentistry services provided, the needs of the patient population, and its billing and clinical policies. The following list is not meant to be exhaustive.

- Intraoral cameras
- Portable x-ray equipment, including digital sensors
- Digital camera(s)
- Video conferencing software and devices (tablets, iPads, laptop, phone)
- Encryption software for sending electronic patient information
- Desktop computer equipment (webcam, dual monitors)
- Electronic consent forms & electronic intake/patient forms
  - Ability to create electronic documents
  - Ability to electronically sign documents (Docu-Sign or Hello Sign software)
  - Ability to print, complete, scan and upload paper documents
- Communication Tools
- Email, text, or other HIPAA-compliant communication platforms



## For the Patient

Patients must understand what equipment and technology they will need to be prepared for the teledentistry visit. The list below is not meant to be exhaustive.

- Video conferencing software and device (tablets, iPads, laptop, phone)
- Digital camera or webcam
- Broadband internet connection
- Ability to electronically sign documents
- Ability to print, complete, scan and upload paper documents



## Resources

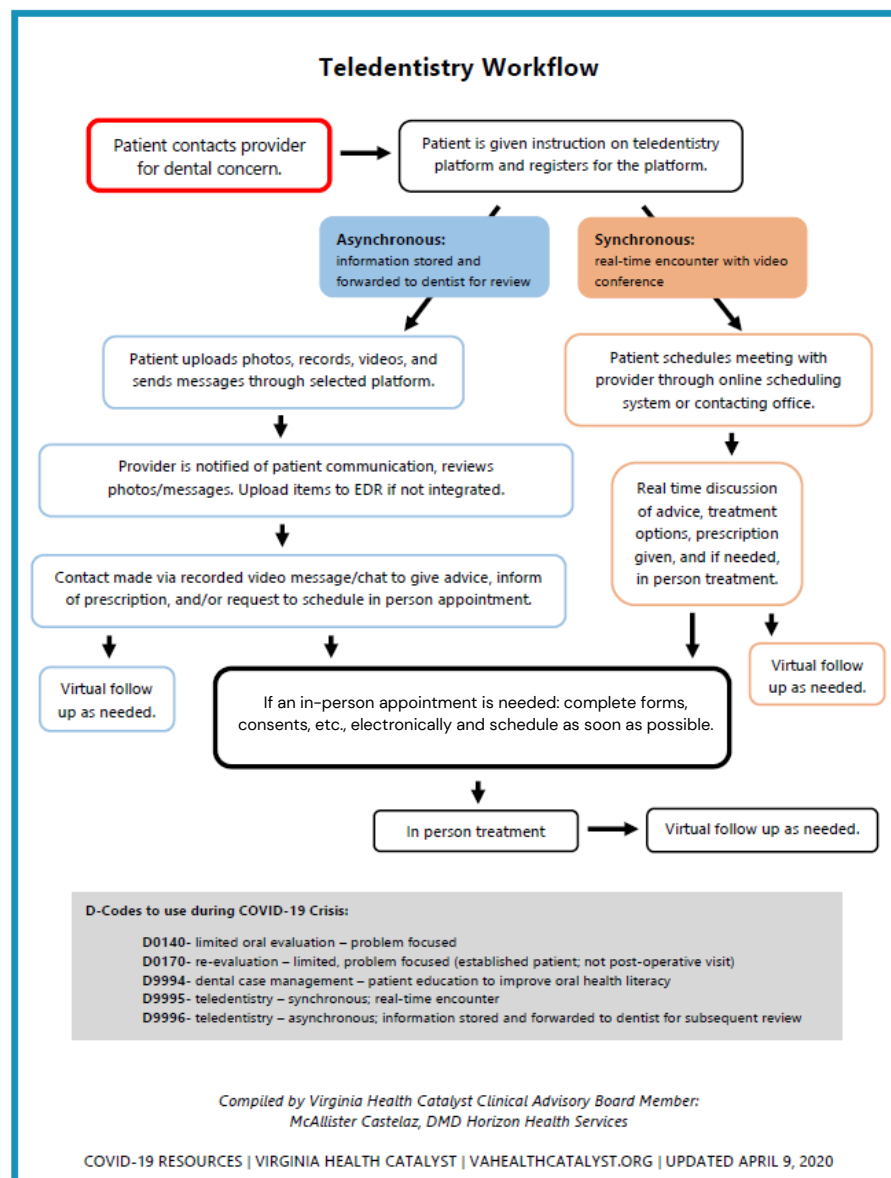
- [Platform options](#) – includes HIPAA compliance
- [Telehealth and HIPAA: HIPAA Compliant Teleconferencing Tools](#) (Compliance Group)
- [Notify patients about teledentistry option](#) (Virginia Health Catalyst)
- [Teledentistry Consent Form](#) (Example)
- [Teledentistry Consent Form](#) (Dental eShare)

# 2C: Workflow Development

Because teledentistry can be applied in several settings and among various populations, there is not one workflow structure that fits every teledentistry program. Instead, consider the examples and questions in this section to create a workflow that works best for you and your team.

## Teledentistry Workflow

This workflow is an example of how teledentistry can be used in emergency situations. Additional workflow examples are listed on the next page.



## Resources

- [Teledentistry Workflow for Technology Restricted Patients](#) (Virginia Health Catalyst)
- [Emergency use \(COVID\) Teledentistry Workflow](#) (Virginia Health Catalyst)
- [Practice Teledentistry Appointment video](#) (Virginia Health Catalyst)
- [Teledentistry Visit Example](#) (NNOHA)
- [General Teledentistry Workflow](#) (NNOHA)

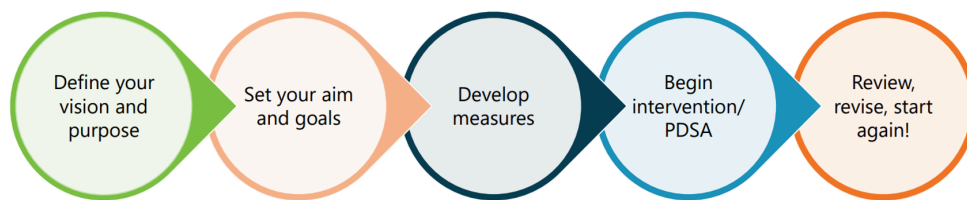
# Questions To Inform Your Teledentistry Workflow

- What is the goal of your teledentistry program?
  - Be specific. Include patient populations and measurable outcomes.
- What specific tasks are assigned to each staff member?
  - Think from start to finish – scheduling the appointment through follow-up.
  - Who will collect patient/caregiver consent?
  - How will the appointment be scheduled?
  - Who needs to be present for the appointment?
  - Who will record the notes and track next steps?
  - If asynchronous, when will patient photos be reviewed?
- How will you train dental and medical staff on the new technology?
  - Who needs to receive training?
- How will you provide technology-related education and assistance to patients?
- How will you follow up with patients?
  - Via the patient portal, over the phone, via text message, etc.
- How will you inform patients of the new teledentistry services available?
  - Consider social media, mailings, radio ads, billboards, etc.



# Quality Improvement and Evaluation

Quality improvement (QI) tools can help you develop a successful teledentistry workflow. These tools should be included during your implementation planning and execution. Use the QI process shown below to develop a project aim statement, track progress and identify successful implementation strategies that align with the needs and priorities of your health center.



QI tools, such as process mapping and root cause analysis, can help your clinic team assess how well teledentistry works for providers and patients. These tools can also identify areas of improvement. The [Plan, Do, Study, Act \(PDSA\)](#) model can then be used to make small workflow changes to improve the process. Find additional information about the QI process at the bottom of this page and in the resources section at the end of the toolkit.

Evaluating your teledentistry program will reveal if it has the intended impact on your patient population. During the QI process, it's important to create an evaluation plan and develop measures. Your evaluation may include:

- Tracking the frequency and type of teledentistry services provided;
- The number of patients that return for an in-person visit following teledentistry;
- The number of referrals provided; and
- Patient satisfaction surveys.

## Resources

- [QI Roadmap](#) (NAACHO)
- [Setting Aims](#) (Institute for Health Improvement)
- [Process Mapping](#) (Institute for Health Improvement)
- [Flowchart](#) (Institute for Health Improvement)
- [PDSA Cycle](#) (Institute for Health Improvement)
- [Root Cause Analysis](#) (ASQ)
- [Root Cause Analysis Fishbone Tool](#) (CMS)
- [Impact Effort Matrix](#) (ASQ)
- [Testing Changes](#) (Institute for Health Improvement)
- [Program Evaluation](#) (CDC)



# 2D: Teledentistry Codes and Use Cases

Virginia Medicaid reimburses for both asynchronous (D9996) and synchronous (D9995) teledentistry. These two teledentistry-specific CDT codes can be used in conjunction with other specified CDT or procedure codes for services provided on that date of service, as discussed in the CardinalCare Smiles Office Reference Manual (ORM). Not every dental procedure is eligible for delivery via teledentistry. **Teledentistry is a method for delivering care, not a service unto itself.** The teledentistry CDT codes are used to show how the service was provided and need to be billed together with the correct code for the service provided. Below is a table that includes the teledentistry CDT codes, possible linked CDT codes, frequency limitations, and current reimbursement rates as informed by the CardinalCare Smiles ORM. These may be subject to change, it is important to always consult with your Medicaid administrator and payer to ensure the most up to date information. Additionally, it is important to note that this may be different for private insurance companies and providers and patients should consult with these services to ensure adherence to coverage and reimbursement policies.



## Teledentistry CDT Codes

Code	Description	Fee	Benefit limitations
D9995	Teledentistry – synchronous; real-time encounter	\$46.87	Four per 6 month(s) per provider. Documentation of encounter shall be maintained in patient chart.
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	\$20.09	Four per 6 month(s) per provider. Documentation of encounter shall be maintained in patient chart.
D9992	Dental case management, care coordination	\$11.08	Two per 6 month(s) per provider. Documentation of encounter shall be maintained in patient chart.
D9994	Dental case management, patient education to improve oral health literacy	\$11.08	Two per 6 month(s) per provider. Documentation of encounter shall be maintained in patient chart.
D0140	Limited oral evaluation, problem-focused	\$33.25	
D0170	Re-evaluation, limited, problem-focused	\$33.25	
D9630	Drugs or medicaments dispensed in office for home use	\$26.30	Two per 6 month(s) per provider. Drug or medicament must be documented on claim and in the patient record.



## **Scenario Examples**

The use cases or examples listed below outline different ways to use these codes for Medicaid billing purposes. In each scenario, the modality of teledentistry will be identified and the appropriate procedure code(s) that are applicable due to the service(s) provided.

**SYNCHRONOUS** – In these scenarios, there is a live face-to-face virtual appointment occurring between a patient and dentist, where both audio and visual information is collected in real time by the dentist. The teledentistry code must be submitted in conjunction with appropriate CDT codes that align with services provided during the synchronous teledentistry appointment.

### **Scenario 1: Chipped tooth – Synchronous Evaluation**

Teledentistry CDT code: D9995: Teledentistry – synchronous; video real-time encounter

Accompanying CDT code(s): D0140 – Limited oral evaluation, problem-focused

USE CASE: A child fell and chipped his tooth. His caregiver set up a teledentistry appointment with the dentist to assess the damage. Using a HIPPA-compliant virtual platform with live video, the dentist was able to see the child's tooth and any related swelling and ask the child questions about his pain levels. The dentist decided that it would be in the child's best interest to come to the office as soon as possible to repair the tooth. During the teledentistry appointment, the child's in-person visit was established for the next day. Documentation of all findings and discussion, including images sent via the caregiver or captured during the virtual appointment, are included in the patient's chart for reference.

### **Scenario 2: Management of periodontal disease – Synchronous Care Coordination**

Teledentistry CDT code: D9995: Teledentistry – synchronous; video real-time encounter

Accompanying CDT code(s): D9992: Dental case management, care coordination

USE CASE: A patient came to the dental office showing signs of periodontitis. The dentist recommended that the patient see a provider who specializes in treating periodontitis. The dentist connected the patient with the specialist through a HIPPA-compliant virtual video platform during their appointment, ensuring a warm hand-off and introducing the patient to a new doctor. Items discussed during the warm hand-off and the length of the appointment are documented in the patient's chart.

### **Scenario 3: Managing anxiety before a dental visit – Synchronous Patient Management**

Teledentistry CDT code: D9995: Teledentistry – synchronous; video real-time encounter

Accompanying CDT code(s):

- D9630: Drugs or medicaments dispensed in the office for home use
- D9994: Dental case management – patient education to improve oral health literacy

USE CASE: During a medical check-up, a patient of record shares that she is afraid to see the dentist. The care team, including a dental hygienist, connects the patient and the dentist via synchronous teledentistry to address the patient's concerns. During this virtual appointment, the dentist offers to create a "care package" for the patient. As part of this care package, the dentist prescribes a 5000 ppm strength toothpaste. The hygienist puts together a "care package" with floss, toothpaste, educational materials, and the extra-strength toothpaste for the patient to take home.



The hygienist will follow up with the patient in a few weeks to determine if she is willing to make an in-person appointment to see the dentist.

**NOTE:** this use case cannot be used for establishing care with a new patient; it can only be used with a patient of record. Additionally, per the American Dental Association D9630, this code does not include prescription writing alone.

**ASYNCHRONOUS** – In these scenarios, stored and forwarded information is collected by a dental hygienist working under a remote supervision agreement with a dentist. The clinical findings and images captured by the dental hygienist are sent along to a dentist, who reviews them at a future date and time and provides follow-up information to the hygienist and/or patient in a timely manner. The teledentistry code must be submitted in conjunction with appropriate CDT codes that align with services provided during the asynchronous teledentistry appointment.

**Scenario 1: School-Based Oral Health (SBOH) Program Dental Hygienist – Asynchronous Evaluation and Triage**

**Teledentistry CDT code:** D9996: Teledentistry – asynchronous; information stored and forwarded to a dentist for subsequent review

**Accompanying CDT code(s):** D0140 – Limited oral evaluation, problem-focused

**USE CASE:** While delivering oral health services in school, a remote supervision dental hygienist (RSDH) employed by a community health center noticed one student with a visible hole in her tooth. The hygienist took pictures of the tooth using an intraoral camera and sent the pictures, along with case notes, using a secure server to the dentist. Later, the dentist looked at the pictures and notes to determine that the child had a cavity. The dentist followed up with the child's caregiver to schedule an in-person visit to fill the cavity. Documentation of clinical findings, including what intraoral images were taken, radiographs captured, as well as a description of the suspected carious lesion and known history of its occurrence and previous symptoms.

**Scenario 2: Remote Supervision Dental Hygienist (RSDH) at a long-term care facility – Asynchronous Evaluation and Triage**

**Teledentistry CDT code:** D9996: Teledentistry – asynchronous; information stored and forwarded to a dentist for subsequent review

**Accompanying CDT code(s):** D0140 – Limited oral evaluation, problem-focused

**USE CASE:** A remote supervision dental hygienist (RSDH) employed by a federally qualified health center is providing preventive services at a long-term care facility and saw a resident with evidence of a possible abscess during an on-site visit. The hygienist captured images of the area using an intraoral camera and forwarded those to the supervising dentist to review and develop a treatment plan. The hygienist documents are clinical findings, including what intraoral images were taken, radiographs captured, and as well as description of the abscess and known history of its occurrence.

## Resources

- [ADA Guidance on Teledentistry Encounters](#) (Mouthwatch)
- [D9995 & D9996: Coding for Teledentistry](#) (Mouthwatch)
- [CardinalCare Smiles Office Reference Manual](#) (DentaQuest)
- [American Dental Association: The CDT Code](#) (ADA)



# SECTION 3

## Legal Considerations

### **Informed Consent**

Before delivering oral health services via teledentistry, providers must inform patients and receive their verbal or written consent to use teledentistry in their care. The patient's consent must be documented in the patient's health record.

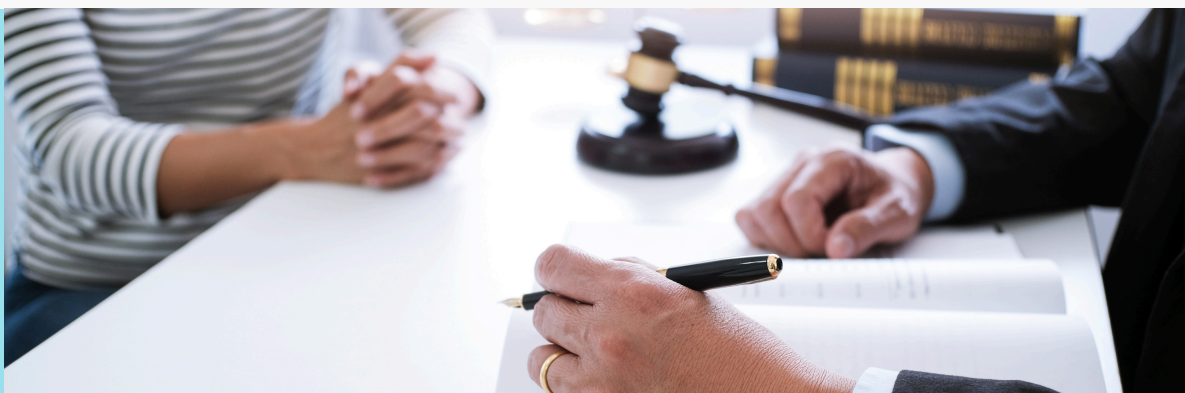
### **Protected Health Information (PHI) and HIPAA Compliance**

PHI is any information that can be linked back to an individual. PHI includes a wide range of information, including:

- Medical test results
- Prescription information
- Names and addresses of patients
- Phone numbers and email addresses
- Social security numbers
- A patient's current or past medical procedures

Anytime you share information that can be linked back to your patients with your teledentistry provider, it is PHI and must be handled accordingly.

Existing medical privacy laws, like the Health Insurance Portability & Accountability Act (HIPAA), protect patients regardless of whether they seek a virtual or in-office dental consultation. Read on to understand what HIPAA is and its role in protecting privacy in teledentistry.



## HIPAA Compliance Regulations

HIPAA is equally important for a virtual visit as it is for an in-person appointment. Providers are responsible for protecting patient privacy and information during a teledentistry appointment in the same manner as an in-person visit. Although HIPAA regulations related to telehealth services were relaxed during the COVID-19 public health emergency, HIPAA compliant platforms are strongly recommended as these regulations are likely to change. For up-to-date information and guidance, visit HHS's website [here](#).

HIPAA Compliance – Health Insurance Portability & Accountability Act	
1 – You must have informed patient consent	
2 – Your technology uses secure (e.g., HTTPS or encryption protocols when connected (sending/receiving) -- includes most online servers/services)	
3 – Your data is encrypted when in storage	
4 – Systems in use have Role-Based Access Controls (RBAC) established	
5 – The system in use has immutable audit log tracking for any/all record changes and/or release of information tracking	
6 – Covered-entity has an information security plan in place and routinely (annually) undergoes audit	

## Liability and Insurance

Each liability insurance carrier has unique perspectives on provider coverage of teledentistry visits. It is important for each dental provider to know their carrier's policy on providing oral health services through teledentistry. It's important to know that virtual visits require as much dedication to risk management as in-person visits. Some teledentistry platforms allow providers to document and archive consent forms and health history questionnaires directly within the software platform.

## Licensure and Credentialing

In Virginia, dental professionals using teledentistry must be licensed to practice in Virginia, and patients must also be located within Virginia during the time of service. This is true in other states as well. While there are no separate teledentistry-specific credentials or license requirements, some states are starting to require telehealth-specific training in order to provide any type of telehealth service. Providers should be aware of the teledentistry and broader telehealth rules in their state.

## Resources

- [Platform options](#) – includes HIPAA compliance
- [Telehealth and HIPAA: HIPAA Compliant Teleconferencing Tools](#) (Compliance Group)



# SECTION 4

## Best Practices

### Teledentistry Do's and Don'ts for Dental Providers



- **Do** engage with your patients regularly even when you cannot provide in-person care. This can include a “dental wellness check” and the opportunity to discuss at-home care strategies.
  - **Do** consult available resources for your patients, including guides on how to communicate via teledentistry as well as at-home care strategies to maintain their oral health.
  - **Do** respect your patient's decision to not prioritize their oral health during uncertain times (like the COVID pandemic). It is important to remind your patient you are present and available for when they are ready to return to care.
  - **Do** confirm your patient's identity with two unique patient identifiers (i.e. date of birth and name), whether this is a new patient or an established patient, before commencing teledentistry services.
  - **Do** ensure you can collect all necessary information including a complete health history, history of the patient's chief complaint, necessary visuals of the chief complaint area, as well as informed consent to provide care via teledentistry before providing consultation and/or prescriptions.
  - **Do** remember to document all findings, discussion, images shared, etc. This is still a service you provided to your patient and must be included in his/her dental record.
  - **Do** remember to follow up with your patients appropriately. As the care provided through teledentistry will likely not be definitive, a virtual follow-up or subsequent scheduling of in-person treatment may be required.
  - **Do** connect your patient with other community services that may be helpful during a crisis, such as local food banks, mental health resources, etc.
  - **Do** check with your malpractice and liability insurance provider about covering teledentistry appointments.
- 
- **Don't** utilize a third-party, non-HIPAA compliant platform without informing your patients of the risks associated with this mode of communication.
  - **Don't** provide any service outside your scope of practice as defined by the Virginia Board of Dentistry.



# Conclusion



Teledentistry is a versatile and innovative tool to increase access to oral health care. Although teledentistry cannot replace in-person procedures and preventive services, it allows dental providers to meet patients where they are. Oral health education, triage, and follow-up care are a few of the services available via synchronous and asynchronous teledentistry. While many dental clinics are experiencing workforce challenges, teledentistry provides an avenue for existing dental providers and staff to work at the top of their license.

Teledentistry implementation requires team collaboration, equipment procurement, workflow changes, data collection planning, staff training, and patient communication on how to utilize these new services. The Teledentistry Implementation Toolkit serves as one resource available to dental providers in Virginia who are at the beginning stages of teledentistry planning.

Virginia Health Catalyst staff work to build a future in which all Virginians have access to comprehensive healthcare that includes oral health. Teledentistry is one component of the larger systems-level change needed to move toward that goal.

# Resources

## General Teledentistry and Implementation

- [Six Things to Consider Before Conducting a Teledentistry Visit](#) (Virginia Health Catalyst)
- [Teledentistry Resources](#) (CareQuest)
- [Teledentistry User Guide](#) (National Network for Oral Health Access)
- [Teledentistry in Community Health Centers: Checklist and Readiness Assessment](#) (National Network for Oral Health Access)
- [Teledentistry website](#) (ATSU School of Dentistry & Oral Health)
- [Teledentistry Guide to Understanding and Documenting Teledentistry Events](#) (ADA, updated 10/2021)
- [Program Evaluation](#) (CDC)

## Patient Communication

- [Preparing for a child's teledentistry visit](#) (Cavity Free SF)
- [Patient Assessment via Synchronous Teledentistry](#) (Teledent)
- [Notify Patients of Teledentistry](#) (Virginia Health Catalyst)
- [Teledentistry Patient Consent Form](#) (Example)
- [Teledentistry Consent Form](#) (Example)

## Technology

- [Platform options](#) – includes HIPAA compliance
- [Telehealth and HIPAA: HIPAA Compliant Teleconferencing Tools](#) (Compliance Group)

## Quality Improvement

- [QI Roadmap](#) (NACCHO)
- [Setting Aims](#) (Institute for Health Improvement)
- [Process Mapping](#) (Institute for Health Improvement)
- [Flowchart](#) (Institute for Health Improvement)
- [PDSA Cycle](#) (Institute for Health Improvement)
- [Root Cause Analysis](#) (ASQ)
- [Root Cause Analysis Fishbone Tool](#) (CMS)
- [Impact Effort Matrix](#) (ASQ)
- [Testing Changes](#) (Institute for Health Improvement)



### Provider Resources

- [Motivational interviewing for the dental team](#) (Cavity Free SF)
- [Case Studies of 6 Teledentistry Programs: Strategies to Increase Access to General and Specialty Dental Services](#) (Oral Health Workforce Research Center)

### CareQuest Resources

- [Teledentistry Is an Effective Tool to Triage Patients & Save Money](#)
- [Fast-Track to Teledentistry: Removing Barriers While Maximizing Overall Health](#)

### Mouthwatch Resources

- [Guidance Document for Patient Assessment via Synchronous Teledentistry](#)
- [Asynchronous Teledentistry: The Most Popular Teledentistry Method](#)
- [Teledentistry and Mobile Dentistry: A Perfect Match](#)
- [D9995 & D9996: Coding for Teledentistry](#)
- [What will patients ask you about teledentistry? What will they want from your teledentistry platform?](#)
- [Patient Assessment via Synchronous Teledentistry: Clinical Techniques Overview with Dr. Scott Howell](#) (Webinar)
- [ADA Guidance on Teledentistry Encounters](#)

