

## D9995 and D9996 – ADA Guide to Understanding and Documenting Teledentistry Events

Developed by the ADA, this guide is published to educate dentists and others in the dental community on these procedures and their codes first published in CDT 2018 and effective January 1, 2018.

### Introduction

Teledentistry provides the means for a patient to receive services when the patient is in one physical location and the dentist or other oral health or general health care practitioner overseeing the delivery of those services is in another location. This mode of patient care makes use of telecommunication technologies to convey health information and facilitate the delivery of dental services without the physical constraints of a brick and mortar dental office.

The two full CDT Code entries are:

**D9995 teledentistry – synchronous; real-time encounter**

Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.

**D9996 teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review**

Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.

The following pages contain a number of Questions and Answers, and Scenarios, all intended to provide readers with insight and understanding of how care is delivered and reported when teledentistry is a facet of the process.

### Questions and Answers

1. What is telehealth and teledentistry?

Telehealth is not a specific service; it refers to a broad variety of technologies and tactics to deliver virtual medical, health, and education services. As an umbrella term, it is further defined when applied to specific health care disciplines, such as dentistry.

Teledentistry, according to the ADA's *Comprehensive Policy Statement on Teledentistry*, refers to the use of telehealth systems and methodologies in dentistry. Teledentistry can include patient care and education delivery using, but not limited to, the following modalities:

- Live video (synchronous): Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology.
- Store-and-forward (asynchronous): Transmission of recorded health information (for example, radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a practitioner, who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction.
- Remote patient monitoring (RPM): Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in care and related support of care.

- Mobile health (mHealth): Health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers, and personal digital assistants (PDA).

2. Why are there two teledentistry CDT Codes, but four delivery modalities?

Delivery of Remote Patient Monitoring (RPM) and Mobile Health (mHealth) may occur in either a synchronous or asynchronous information exchange environment.

3. What prompts the need for teledentistry?

Teledentistry is a means to an end – a patient’s oral health. The reason or reasons why a teledentistry event occurs depends on the circumstances, such as when all persons who must be involved are not able to be in the same physical location. Another determining facet is the judgment of the dentist or other oral health or general health practitioner, all acting in accordance with applicable state law, regulation or licensure.

4. How is a teledentistry event affected when the health care practitioners are in different states?

A teledentistry event is subject to applicable state law, regulation or licensure. All involved persons (the dentist or other oral health or general health care practitioner) must determine if a teledentistry event can occur when all participants are not in the same state.

5. What are the notable attributes of a synchronous encounter reported with D9995, and asynchronous teledentistry reported with D9996?

Synchronous teledentistry (D9995) is delivery of patient care and education where there is live, two-way interaction between a person or persons (e.g., patient; dental, medical or health caregiver) at one physical location, and an overseeing supervising or consulting dentist or dental provider at another location. The communication is real-time and continuous between all participants who are working together as a group. Use of audiovisual telecommunications technology means that all involved persons are able to see what is happening and talk about it in a natural manner.

Asynchronous teledentistry (D9996) is different as there is no real-time, live, continuous interaction with anyone who is not at the same physical location as the patient. Also known as store-and-forward, asynchronous teledentistry involves transmission of recorded health information (e.g., radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to another practitioner for use at a later time.

6. Who would document and report a D9995 or D9996 CDT Code?

The dentist who oversees the teledentistry event, and who via diagnosis and treatment planning completes the oral evaluation, documents and reports the appropriate teledentistry CDT code. Applicable state regulations may also determine the oral health or general health practitioner who documents and reports these codes.

As noted in their descriptors, either one or the other teledentistry code is reported in addition to other procedures delivered to the patient on the date of service. In addition, both the individuals collecting records in the off-site setting and the dentist reviewing the records should document those activities in the progress notes in the patient’s chart.

7. Are there CDT Codes for: a) documenting collection and transmission of information in a teledentistry event; and b) for receipt of the information?

There are no such discrete codes. As noted in the answer to question #6, the collection, transmission and receipt actions should be noted in the patient's record. An unspecified procedure by report code may also be used as part of this documentation, with the required narrative report containing the pertinent information.

8. Who would document and report other procedures delivered during a teledentistry event?

The dentist or other oral health or general health practitioner acting in accordance with applicable state law, regulation or licensure, reports the appropriate CDT Code for these procedures, such as prophylaxis, topical fluoride application, diagnostic images. Supervision requirements within a state practice act determine whether the dentist must document and report all the other procedures, or if they may be reported whole or in part by another type of licensed practitioner.

More than one claim submission may be necessary when:

- there is a continuum of care that begins with a teledentistry encounter at a remote location, and continues with other services being delivered at a dental practice location, or
- state practice acts permit different licensed health care practitioners to submit claims for the particular services they provided during the teledentistry encounter.

**Notes:**

- a) Teledentistry is a mode of dental service delivery that, when applicable, is reported in addition to the other procedures provided to the patient.
- b) Procedure delivery is by a natural person (e.g., dentist); the billing entity may be a natural person or a legal person (i.e., the facility where the service is delivered).
- c) 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.

9. Who has responsibility for services delivered via teledentistry?

Responsibility, and liability, for services delivered is determined by applicable state law and regulations. Each dentist, hygienist and others involved in a teledentistry appointment should become familiar with applicable state or federal regulations to determine their liability exposure, and whether or not the person receiving care becomes their patient of record. Please note that "patient of record" may be defined differently under applicable state regulations. This could be a factor to consider in a teledentistry event where the patient and some members of the team of providers are in different states.

10. With responsibility comes potential liability – what should I do to protect myself and my practice when I engage in teledentistry?

As noted in the answer to question #9 (immediately above) liability is determined by applicable state law and regulations. This concern should be discussed with your personal legal counsel and insurance advisor to determine whether or not your existing liability insurance policies cover this risk. Additional personal, professional and practice insurance coverage may be needed to address any coverage gaps.

11. How would D9995 or D9996 be reported on a dental claim submission?

A claim submission includes the services provided to one patient. Each claim detail line identifies the particular procedure and the date it was delivered to the patient. D9995 or D9996 are reported in addition to the codes for other procedures (e.g., prophylaxis; diagnostic imaging) reported separately when the patient presents for care.

Appendix 1 contains teledentistry claim completion instructions illustrated with the ADA Dental Claim Form (©2019) for simplicity. The applicable teledentistry code is reported on a separate service line of a claim submission that also reports all the other procedures delivered during a virtual evaluation. These instructions are also the model for reporting teledentistry CDT Codes on the HIPAA standard electronic dental claim transaction (837Dv5010).

12. Are D9995 and D9996 used when a claim for teledentistry is submitted to a medical benefit plan?

D9995 and D9996 are CDT Codes that are applicable to claims filed against a dental benefit plan. Dental claim content, format and completion instructions differ from claims filed against a medical benefit plan. Claims filed against a medical benefit plan use a unique format, are prepared with different code sets, and follow their own completion instructions. Medical benefit claims are outside the scope of this guide.

13. What documentation should I maintain in my patient records, and what will be needed on a claim submission when reporting D9995 and D9996?

The patient record must include the CDT Code that reflects the type of teledentistry encounter, and there may be additional state documentation requirements to satisfy. A claim submission must include all required information as described in the completion instructions for the ADA paper claim form and the HIPAA standard electronic dental claim. Some government programs (e.g., Medicaid) may have additional claim reporting requirements.

14. What dental benefit plan coverage – commercial or governmental – is anticipated?

Current dental benefit plan coverage and reimbursement provisions should apply to services delivered in-office and via teledentistry. However, there is no expectation that commercial and government dental benefit plans must create new coverage provisions pertaining to teledentistry. Further, coverage and reimbursement for D9995 and D9996 is likely to vary between commercial benefit plan offerings and by state for government programs (e.g. Medicaid).

The ADA's "Comprehensive Policy Statement on Teledentistry" sets an expectation of consistent and equitable coverage for all procedures associated with teledentistry services – as noted in the following extract.

**Reimbursement:** Dental benefit plans and all other third-party payers, in both public (e.g. Medicaid) and private programs, shall provide coverage for services using teledentistry technologies and methods (synchronous or asynchronous) delivered to a covered person to the same extent that the services would be covered if they were provided through in-person encounters. Coverage for services delivered via teledentistry modalities will be at the same levels as those provided for services provided through in-person encounters and not be limited or restricted based on the technology used or the location of either the patient or the provider as long as the health care provider is licensed in the state where the patient receives service.

This policy statement concerns equitable application of existing coverage and reimbursement provisions, and recognizes that dental benefit plan coverage and reimbursement provisions are likely to vary.

15. How would dental benefit plan reimbursements, meaning claim payments, be processed when more than one oral health or medical health practitioner is involved in a teledentistry encounter?

Dental benefit plan reimbursements are, as today, payable to the billing entity on the claim submission, who may be a natural person (e.g., dentist) or a legal person (e.g., dental practice). Allocation of reimbursements is subject to the business relationships between the reimbursement's recipient and other oral health or medical health practitioners involved in the teledentistry event – such relationships are outside the scope of this guide.

## Coding Scenarios

**Note:** These two scenarios assume that the persons and services involved are in accordance with local state practice act, laws, rules, and regulations

### 1. A “Real-Time” Teledentistry Encounter

A locally licensed practitioner (e.g., hygienist) is scheduled to meet with residents of a local senior living facility in order to assess their potential need for dental treatment. The facility does not have dedicated space or equipment for dental assessments, so the hygienist brings a laptop computer and an intraoral camera. This equipment is used to enable information capture and a real-time connection with the dentists via a HIPAA-compliant (Security and Privacy) connection that uses encryption and a secure “cloud” server.

During her or his visit the local practitioner records patient information that includes perio probing and charting, a visual oral cancer examination, and capture of high-quality intraoral diagnostic images. The dentist through this real-time connection sees 10 patients exhibiting evidence of the need for immediate or further care (e.g., restorations; soft tissue biopsies). Several of the senior living facility residents schedule their care at the affiliated brick and mortar dental practice.

What CDT Codes would be used to document the services provided on the day of this real-time encounter?

In this scenario patients present for diagnostic and evaluative procedures. The dentist is at a different physical location with complete and immediate access to patient information being captured, and the ability to interact vocally and visually with the patient

The following procedure codes are reported by the oral health or general health practitioner, as applicable, **for each patient** who received the services described.

**D0191 assessment of a patient**

**D0350 2D oral/facial photographic image obtained intra-orally or extra-orally**

**D0351 3D photographic image**

**Note:** The types of diagnostic image (2-D or 3-D), as well as the number of separate images captured would be determined by the dentist to adequately document the clinical condition.

**D01xx (oral evaluation CDT Code – determined and reported by the dentist – or by another oral health or general health practitioner in accordance with applicable state law)**

**D9995 teledentistry – synchronous; real-time encounter**

**Note:** D9995 is reported once for each patient, in the same manner as CDT Code “D9410 house/extended care facility call” (once per date of service per patient) to document the type of teledentistry interaction in this setting on the date of service.

## 2. A “Store and Forward” Teledentistry Encounter

A locally licensed practitioner (e.g., hygienist) in an off-site setting collects a full set of electronic dental records as allowed in the state where the facility is located. These records include radiographs, photographs, charting of dental conditions, health history, consent, and applicable progress notes. This stored information is forwarded to the dentist via a HIPAA-compliant (Security and Privacy) connection that uses encryption and a secure “cloud” server. At a later time the dentist completes a comprehensive oral examination, diagnosis, and treatment plan.

What CDT Codes would be used to document the services provided in this scenario?

In this scenario the individual interacts only with the local practitioner. Information collected is conveyed to the dentist for diagnosis, evaluation and treatment planning at a later time, and possibly at a different location. This dentist has no live vocal or visual interaction with the individual or hygienist during information collection.

The following procedure codes are reported, as applicable, **for each individual** who received the services described above.

**D0191 assessment of a patient**

**D0350 2D oral/facial photographic image obtained intra-orally or extra-orally**

**D0351 3D photographic image**

**Note:** The types of diagnostic image (2-D or 3-D), as well as the number of separate images captured would be determined by the clinical condition being documented.

**D01xx (oral evaluation CDT Code – determined and reported by the dentist – or by another oral health or general health practitioner in accordance with applicable state law)**

**D9996 teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review**

**Note:** D9996 is reported once for each individual to document the type of teledentistry interaction in this setting on the date of service.

## Appendix 1

### Special Claim Completion Instructions – Coding a Teledentistry Event

A teledentistry event claim or encounter submission involves reporting the appropriate Place of Service (POS) code and CDT Code.

- POS code **02** (Telehealth – the location where health services and health related services are provided or received, through telecommunication technology) was added to that code set effective January 1, 2017.
- CDT Codes **D9995** and **D9996** became effective January 1, 2018. These codes are reported in addition to other services (e.g., diagnostic) reported separately when the patient presents for care. They document services provided by the dentist, or other practitioner providing care, who is not in direct contact with the patient at the time of the encounter.

These instructions apply only to the ADA Dental Claim Form. Please contact your practice management system vendor for guidance when reporting D9995 or D9996 on the HIPAA standard electronic dental claim (837D v 5010).

POS code **02** is recorded in Item # 38 on the claim form.

ANCILLARY CLAIM/TREATMENT INFORMATION	
38. Place of Treatment	<input type="text"/> (e.g. 11=office; 22=O/P Hospital) (Use "Place of Service Codes for Professional Claims")

**Note:** POS is at the Claim level for dental services, which means it pertains to all services reported on the claim submission.

**D9995** or **D9996** is recorded on **any** unused line (1 through 10) in the 'Record of Services Provided' section of the form. The applicable teledentistry code is always reported on a separate service, in addition to those used for reporting all other procedures delivered during a virtual evaluation.

RECORD OF SERVICES PROVIDED										
	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee
1										
2										
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10										

The following special instructions for Items 24 - 31 apply to the service line on which D9995 or D9996 is reported.

24. Procedure Date (MM/DD/CCYY): Enter date the dental procedures delivered in the teledentistry encounter were performed. The date must have two digits for the month, two for the day, and four for the year.

25. Area of Oral Cavity: Not Used



- 26. Tooth System: Not Used
- 27. Tooth Number(s) or Letter(s): Not Used
- 28. Tooth Surface: Not Used
- 29. Procedure Code: **Enter** D9995 or D9996 as applicable. Only one type of teledentistry service may be reported for the encounter.
  - 29a Diagnosis Code Pointer: Not Used
  - 29b Quantity: Cannot be greater than “1”
- 30. Description: **Enter** “Teledentistry – Synchronous” or “Teledentistry – Asynchronous” as applicable.
- 31. Fee: **Enter** the full fee for the reported teledentistry procedure that is related to the other procedures delivered in the encounter.

**Note:** The full fee is an amount that the dentist determines covers the costs associated with the tools and technology needed to enable remote communication.

In addition to the above, for teledentistry encounters Item # 56 in the claim’s “Treating Dentist and Treatment Location” block the address is the dentist’s practice location, not the patient’s address.

<b>TREATING DENTIST AND TREATMENT LOCATION INFORMATION</b>	
53. I hereby certify that the procedures as indicated by date are in progress (for proced multiple visits) or have been completed.	
X _____ Signed (Treating Dentist) Date	
54. NPI	55. License Number
56. Address, City, State, Zip Code	56a. Provider Specialty Code

- 56. Address, City, State, Zip Code: For teledentistry encounters the treatment location is the dentist’s practice location, not the patient’s location. Must be a street address, not a Post Office Box.

### Questions or Assistance?

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Call 800-621-8099 or send an email to [dentalcode@ada.org](mailto:dentalcode@ada.org)

### Notes:

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- Version History

Date	Version	Remarks – Change Summary
07/17/2017	1	Initial publication
03/31/2020	2	Clarification of claim completion instructions in Q&A #11, in Coding Scenarios 1 & 2, and in Appendix 1