

DENTAL COVERAGE POLICY-Temporary Teledentistry



EFFECTIVE DATE: 01/01/2021

POLICY LAST UPDATED: 04/11/2023

OVERVIEW

To protect the health and well-being of Commercial and Medicare members, network dentists, and their staff during the COVID-19 public health emergency, BCBSRI will temporarily cover in-network teledentistry and telephone services.

For purposes of this payment policy, “teledentistry services” shall mean dental services delivered by means of real time, two-way electronic audiovisual communications, which facilitate the assessment, diagnosis, treatment, and care management of a patient’s dental care while such patient is at an originating site and the health-care provider is at a distant site, consistent with applicable state and federal laws and regulations.

“Telephone services” are dental services delivered by way of audio only communication between a dental provider at a distant site and the patient during a real-time or synchronous audio communication only.

BCBSRI has determined that the services outlined in this policy are clinically appropriate to either be provided via teledentistry or telephone. This policy is intended to define BCBSRI payment policies and criteria for reimbursement for teledentistry and telephone services.

Teledentistry/Telephone services are covered when all the following criteria are met:

1. The patient is present at the time of service.
2. Services must be equivalent or similar to in-person services with a patient.
3. Services must be dentally necessary and otherwise covered under the member’s benefit booklet or Subscriber Agreement.
4. Services must be within the provider’s scope of license.
5. The extent of any evaluation and management services (E&M) provided via teledentistry/telephone technology is an appropriate substitute for a face-to-face encounter for the service that is being rendered.
6. A record of teledentistry or telephone communications relevant to the ongoing dental care and follow-up of the patient must be maintained as part of the patient’s dental record, following all dental record documentation and coding requirements.
7. For teledentistry (real time, two-way electronic audiovisual communications) services only. Services must comply with the non-public electronic communication requirements defined by CMS and/or as otherwise designated by the State of Rhode Island, which involves both audio and video components.
8. Only the provider rendering the services via teledentistry or telephone may submit for reimbursement for services.

The following services are excluded from reimbursement:

- Teledentistry provided through public facing video communication applications, including but not limited to:
 - Facebook Live
 - Twitch
 - TikTok

BCBSRI reserves the right to implement and revoke this policy without the contractual sixty-day (60) notification for a change in policy that is normally required under BCBSRI contracts with its providers. This would apply both for the effective date, due to the urgent and emergent nature of a pandemic, as well as for the withdrawal of the policy.

Notice of the implementation, update or withdrawal of this policy will be communicated to BCBSRI providers via a notice on BCBSRI's [dental resource page](#).

This revised policy is effective for dates of service on or after January 1, 2021. It is expected this policy will be in effect until May 12, 2023, unless otherwise modified by BCBSRI. For dates of services prior to January 1, 2021, please see the archived version of this policy effective April 2, 2020 through December 31, 2020.

Please Note: All other BCBSRI policies and procedures, and coding and billing requirements continue to remain in place for services that are not specifically addressed by this policy.

CODES:

When rendering services through teledentistry or telephone as described herein one of the descriptor codes must be submitted along with the corresponding evaluation code. Descriptor codes are not separately reimbursed and are used solely to indicate the method of delivery.

DESCRIPTOR CODES:

D9995 – Teledentistry – synchronous; real time encounter

D9996 – Teledentistry – asynchronous; information stored and forwarded to another dentist for

EVALUATION CODES:

D0140, D0170, D0171

FREQUENCY: One (1) exam service per member rendered via teledentistry or telephone while this policy remains in effect, which will not count towards the frequency limitations of the patient's plan.

Subsequent exams via teledentistry or telephone under this policy will be applied to the frequency limitations of the patient's plan.

DOCUMENTATION: A record of the teledentistry encounter must be documented/maintained as part of the patient's dental record.

PER ADA CDT 2020

This dental policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your clinical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this dental policy. For information on member-specific benefits, call the provider call center. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.