

DENTAL COVERAGE POLICY-Temporary Teledentistry



EFFECTIVE DATE: 04/02/2020

POLICY LAST UPDATED: 07/30/2020

INTERNAL POLICY DESCRIPTION:

Alongside changes made to telehealth services in adherence with the State of Rhode Island “Fourth Supplemental Emergency Declaration – Expanding Access to Telemedicine Services”, Executive Order 20-06 issued on March 18, 2020 along with the State of Rhode Island Office of Health Insurance Commissioner (“OHIC”) guidance Bulletin 2020-01, entitled “Emergency Telemedicine Measures to Address and Stop the Spread of COVID-19” and to protect the health and well-being of Commercial and Medicare members, network dentists, and their staff, Blue Cross Dental (BCBSRI) will temporarily cover in-network teledentistry services as well as virtual consultations.

For emergency evaluations, you can connect with your patients via phone, using videos or photos. Standard HIPAA requirements are waived for providers serving patients in a good faith manner for this interim period only.

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 policy is effective for dates of service on or after April 2, 2020. It is expected this policy will be in effect until December 31, 2020, unless otherwise modified by BCBSRI.

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 one of the descriptor codes must be submitted along with the corresponding evaluation code. Codes are not separately reimbursed and are used solely to indicate the method of delivery.

D9995 – Teledentistry – synchronous; real time encounter

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

CRITERIA:

LIMITATIONS:

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

RELATIONSHIP TO OTHER CODES:

D0140, D0170, D0171

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.