

# Teledentistry

## CDT Code

**D9995** – teledentistry – synchronous; real-time encounter  
Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service

## Criteria

Synchronous teledentistry (D9995) is delivery of patient care and education where there is live, two-way interaction between the patient and at least one 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 can see what is happening and talk about in a natural manner.

## Documentation/Billing Requirements

The dentist oversees the teledentistry event and via diagnosis and treatment planning, completes the oral evaluation, documents and reports the appropriate teledentistry CDT code.

Teledentistry is a mode of dental service delivery that, when applicable, is reported in addition to the other ND Medicaid-covered procedures provided to the patient. The dentist or dental office reports the appropriate CDT Code for these procedures, such as prophylaxis, topical fluoride application, sealants and diagnostic images.

The American Dental Association Guidelines can be found at:

[http://www.ada.org/~media/ADA/Publications/Files/D9995andD9996\\_ADAGuidetoUnderstandingandDocumentingTeledentistryEvents\\_v1\\_2017Jul17.pdf?la=en](http://www.ada.org/~media/ADA/Publications/Files/D9995andD9996_ADAGuidetoUnderstandingandDocumentingTeledentistryEvents_v1_2017Jul17.pdf?la=en).

The patient record must include the CDT Code(s) that reflects the teledentistry encounter. The claim submission must include all applicable CDT codes. ND Medicaid will reimburse CDT code D9995 once per date of service. Claim submissions must be billed utilizing place of service (POS)/place of treatment code 02 or the dental claim will be denied. Service authorization for D9995 is not required. Documentation within the patient record must meet ND Medicaid's documentation guidelines.

Place of Service code **02** is recorded in Item # 38 on the claim form.

**ANCILLARY CLAIM/TREATMENT INFORMATION**

**38. Place of Treatment**  (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.