

# Implementing Teledentistry: The Why and the How

By Lorri Detrick

As the COVID-19 pandemic evolved, social distancing became a primary strategy to mitigate the spread of infection. Doctors and their patients were further separated when dental offices across the nation were asked to suspend nonessential and elective dental procedures. Although some states are beginning to gradually re-open businesses — including dentistry — the need for social distancing due to the continued presence of COVID-19 is expected to be an ongoing reality for many months. What the consumer demand for in-person, non-urgent dental treatment will be is unknown. Some predict pent-up demand will overwhelm dental practices. Others, however, believe that fear of the disease may keep many from seeking preventive dental care.

Public health officials have called upon physicians and dentists to maximize the use of telehealth as an alternative to in-person visits. Although teledentistry may not have been high on a list of priorities prior to the pandemic, a combination of these and other factors makes a compelling reason why it should be now. As dentists begin to re-open for business, a new normal will exist, and teledentistry will be an important part of it.

## What is teledentistry?

In *teledentistry*, a provider in one location uses telecommunications to deliver care to a patient at a distant site. It is a component of *telehealth*, where electronic and telecommunications technologies are used to provide care and services at-a-distance. Telehealth involves a broad scope of remote health care, including patient education and engagement.

Teledentistry consists of various modes of delivering oral healthcare services or oral health education from a distance, such as:

- **Synchronous:** Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology. The American Telemedicine Association (ATA) defines synchronous telemedicine as “interactive video connections that transmit information in both directions during the same time period.” *Example: Live bi-directional video chat.*

- **Asynchronous:** The transmission of radiographs, photographs, video, and digital impressions to a practitioner through a secure electronic communications system. This information is then used to diagnose or provide a service. ATA defines asynchronous telemedicine as “*store-and-forward* transmission of medical images and/or data because the data transfer takes place over a period of time, and typically in separate time frames.” *Example: Texted photos and videos or radiographs that are reviewed by the dentist at a later time.*

- **Remote patient monitoring (RPM):** Collecting personal health and medical data for an individual via electronic medical device technologies. The data are transmitted to a different location (sometimes via a data processing service) where a practitioner can access the data for monitoring conditions and supporting care delivery. *Example: Diabetes management via real-time delivery of blood glucose, weight, and blood pressure data.*

- **Mobile Health (mHealth):** Health care education, practice, and delivery done over mobile communication devices, such as cellphones, tablet computers, and personal digital assistants (PDAs). *Example: Video education around specific oral health topics and/or dental procedures.*

## How is teledentistry evolving?

Teledentistry has primarily been a tool to drive access to care in underserved areas. The pandemic has dramatically changed that. Now, teledentistry has become a humanitarian tool essential to our overall health care ecosystem. The Health Policy Institute of the American Dental Association estimates that in normal circumstances (i.e., pre-COVID-19), someone visited an emergency department (ED) every 14 seconds for a dental condition.

In our current climate, to ease the burden on EDs, dentists have been enlisted to triage the treatment of these patients through teledentistry. Patients can be screened via video chat or text chat with photos. Antibiotics can be prescribed for infections to delay the need for emergent treatment. Treatment is then scheduled for in-person visits away from the ED, at a dentist’s office. Many

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**"As clinicians reengage with patients they should maximize the use of telehealth to determine if an in-person visit is necessary"**

**—Dr. Joneigh Khaldun, Chief Medical Executive, MDHHS**

This quote comes from a letter from the Michigan Department of Health and Human Services to Michigan Clinicians — May 3, 2020.

dentists have played a critical role in the overall public health response to the crisis by reducing the load placed on front-line health care workers.

Most significantly, with offices closed or operating with fewer staff members and a limited schedule, dentists are using teledentistry to efficiently assess a patient's needs and to determine if an in-person visit is necessary. Social distancing is maintained by limiting the need for office visits. This has proven to be an effective way to maintain patient contact, address many routine needs, and create patient satisfaction.

The impact of this surge in utilization of teledentistry may have a lasting impact on its long-term use. Prior to the pandemic, the use of smart phones and tablets for taking photos and holding face-to-face chats was widely adopted. Many in business were using remote conferencing technology. During the pandemic, the use of these tools has exploded throughout society as we all try to keep connected. Our patients are now at ease using these methods of communication and they will likely expect to use them in the future. Patient demand for the ability to interact with dental service providers through text and/or video chat, may make it difficult for payers and regulators to dial back benefit coverage and requirements for use of teledentistry to pre-pandemic levels.

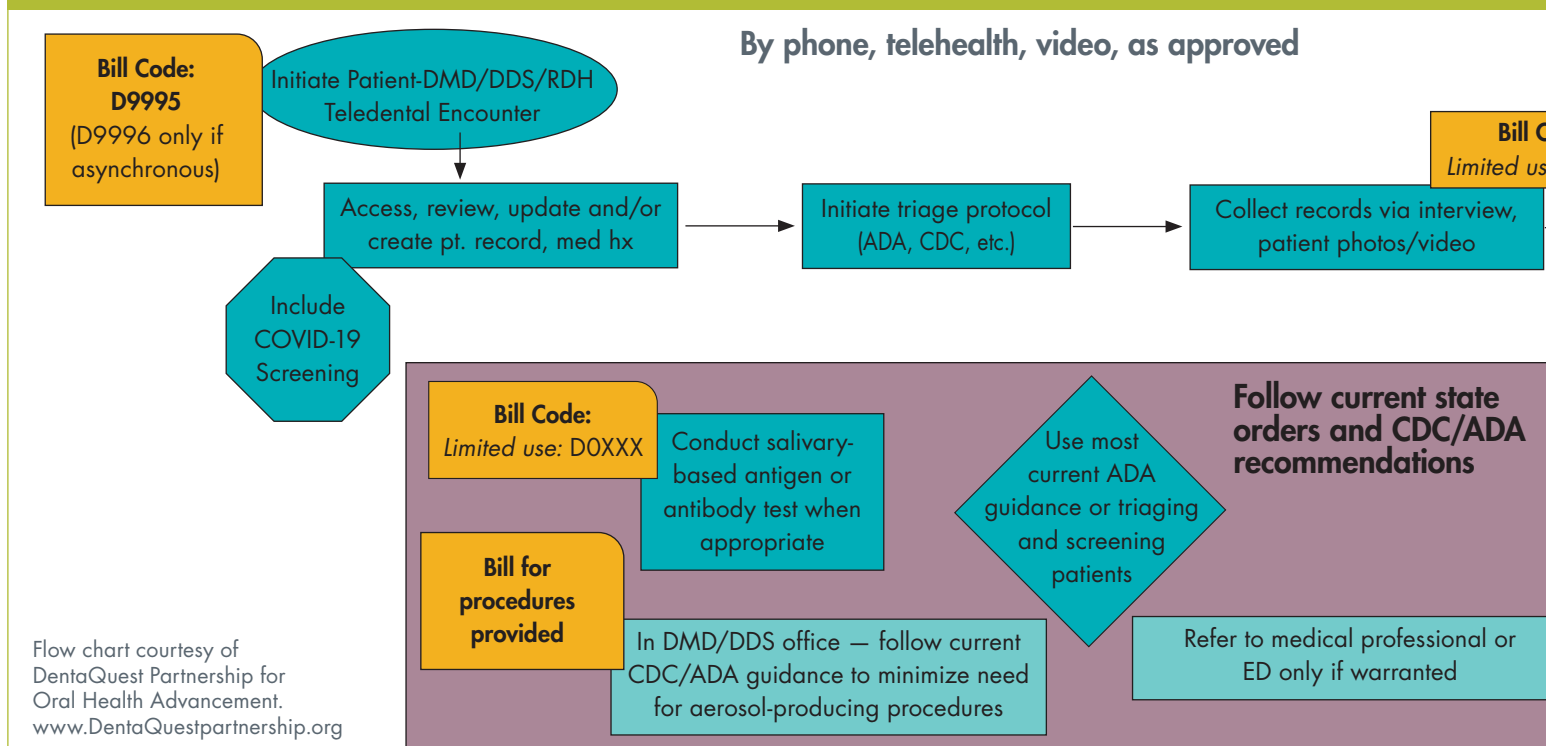
## What drivers are promoting the implementation of teledentistry?

In response to COVID-19, the Office of Civil Rights has relaxed HIPAA restrictions for the implementation of teledentistry. Technology applications such as Zoom and Facebook Messenger video chat have been specified as acceptable options to use for remote patient communication. Penalties for HIPAA violation are being waived, and Business Associate Agreements are no longer required. Most dentists are now able, from a technology perspective, to begin providing teledentistry immediately using a smartphone, tablet, or laptop.

Teledentistry facilitates compliance with CDC guidance on social distancing and pre-screening of patients during the COVID-19 crisis. Patients can complete forms remotely for touchless import into the patient's record. Postoperative evaluations, consultations, treatment plan presentations, and case management can each be conducted without an additional office visit.

Teledentistry will never replace hands-on, in-person dentistry. However, our collective society will expect the convenience and safety of digital interaction going forward. People will be encouraged to social distance for months, if not longer. Those who are aging or have chronic conditions that make them at higher risk will surely re-enter main-

## Flowchart – Teledental Emergency Flowchart for COVID-19 Impacted Dental Coverage



stream life cautiously. Maintaining patient contact may be further challenged with unemployment at unprecedented levels. Taking time away from work will be more prohibitive than ever. Offering teledentistry is a compassionate way to address these concerns and expand on face-to-face care.

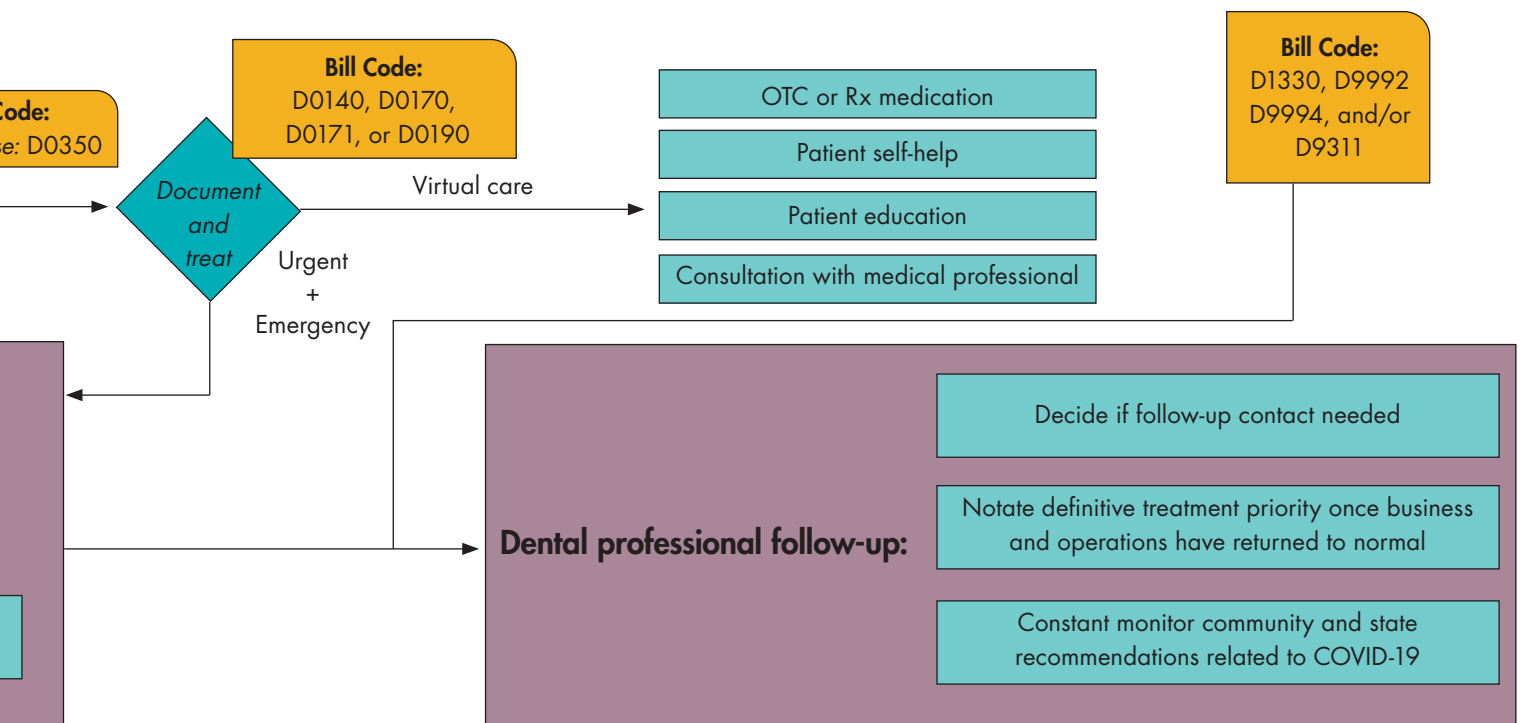
Digital connectivity increases dental office accessibility and helps maintain relationships, which in turn fosters loyalty to the practice and promotes patient retention. Teledentistry provides opportunities beyond emergency triage. Consumers and dental practices alike can benefit from its use for a wide range of services that can improve case acceptance, decrease non-productive use of chair time, increase compliance with home care recommendations, increase oral health knowledge, and increase patient engagement with the practice. It can further be used to attract new patients and grow the practice as patients begin to select dentists who offer this service.

### How does a practice successfully implement teledentistry, short-, and long-term?

To successfully implement telehealth services, there are five key operational areas that must be addressed: *technology, risk, reimbursement and coding, process, and communication.*

**Technology.** In the short term, relaxing of HIPAA restrictions has permitted use of existing technology to address an urgent need. There likely will come a time when patient privacy concerns and HIPAA requirements will return to pre-pandemic status and technologies selected for the short term may need to be replaced. Desirable features to look for in teledentistry solutions include the ease of integration with patient records, practice management/billing software, imaging systems, laboratory intractability, patient communication platforms, and financial reporting tools. Many software options are emerging that address these needs.

**Risk.** It is unknown if regulations relaxed during the crisis will return to the pre-COVID-19 status. Currently, the Drug Enforcement Administration (DEA) has allowed for providers to prescribe narcotics via telehealth. The Centers for Medicare Services (CMS) has waived a requirement that telehealth may only be utilized for existing patients, allowing for the remote evaluation of new patients. Some states have waived the requirement that only providers licensed by the state where the patient resides may provide telehealth treatment. In some jurisdictions, consent forms for telehealth are not required as long as consent is documented in the doctor's notes. *(Continued on Page 40)*



vate payers have generally made policy changes that correspond to these from governmental agencies in terms of what and how they will reimburse services provided through teledentistry.

It will be critical for providers to monitor these regulations as teledentistry services are implemented on a long-term basis. As with patient privacy concerns, several of these regulations may revert to previous restrictions, while many could remain relaxed in the interest of increasing access to care and encourage ongoing social distancing.

**Reimbursement and coding.** There are several CDT and CPT codes that may be utilized in billing for teledentistry services. Each code set provides specific guidance for the use of these codes. Additionally, the ADA and the AMA have issued coding assistance for use of telehealth codes, including practice implementation tips, coverage and policy summaries, and example coding scenarios. It is important to refer often to these websites and other coding resources for appropriate use and complete coding guidance, as they are being updated frequently to address current needs.

Providers may also check with payers to understand benefit policies for telehealth, and any specific limitations on covered services. Nonetheless, the clinician must always choose the code that best applies to the service they deliver and not select a code based on the like-

## Figure 2 — Sample CDT Coding Scenarios

- An office staff member or call center triages a call to the dentist, who then talks to the patient and uses live audio/video technology to evaluate the problem. *Codes: D0190 and D09995. Synchronous Screening*
- Patient texts photos and video to dentist as follow up to an in-office procedure; dentist reviews and contacts the patient at a later time. *Codes: D0171 and D09996. Asynchronous Post-operative Re-evaluation*
- New patient schedules teledentistry via dentist's website, complaining of tooth pain; dentist evaluates patient via live audio/video technology. *Codes: D0140 and D09995. Synchronous Limited Oral Evaluation-Problem Focused*

The ADA's Interim Guidance for COVID-19 Billing and Coding notes that during the pandemic, many payers reimburse D0140 and D0170 but may not reimburse D0190, D0171, or D9992. Additionally, most payers do not reimburse D9995, or D9996 but they do request one of them be added for administrative purposes to best understand the setting where care was provided. ADA guidance on the use of D9995 and D9996 can be found in its COVID-19 Coding and Billing Interim Guidance document.

## Figure 1 — COVID-19 codes to utilize in the billing for teledentistry

### Codes that May Be Utilized in Billing for Telehealth

#### Oral Evaluations

**D0140 limited oral evaluation — problem-focused**

**D0170 re-evaluation — limited, problem-focused (established patient; not post-operative visit)**

**D0171 re-evaluation — post-operative office visit**

**D0190 screening**

**D9992 dental case management — care coordination**

Additional codes to consider to record and report with teledentistry patient care:

**D1330 oral hygiene instructions**

**D9994 dental case management — patient education to improve oral health literacy**

**D9311 consultation with a medical health care professional**

*The existence of a CDT code does not assume a payer will reimburse it. Dentists must carefully review the CDT code to choose the code that most appropriately represents the service provided. Remember to only code for what you do!*

### Teledentistry CDT Codes

When reporting a teledentistry service, to describe the setting where the care was delivered, one or the other of the following codes should be reported in addition to those for the actual service provided.

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

or

**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.

likelihood for reimbursement. The ADA has posted guidance related to many specific dental payers and their criteria for teledentistry billing. If a payer denies a telehealth claim or reimburses below the full fee, dentists must learn if a plan contract permits balance billing the patient for the service.

For those dental practices utilizing CPT codes for medical billing, additional guidance is available through AAOMS and the AMA. Figure 3 provides codes that can be utilized to record and report telehealth based on the amount of time required per service. All dental specialists should confirm with their professional associations and state boards for specific requirements for the use of teledentistry.

Ensuring that your EMR and practice management systems are set up to bill (and be paid for) teledentistry is important. Someone overseeing your billing should be able to add the appropriate billing codes, check billing rules of third party payers, and ensure needed documentation is added to the patient's medical record. For example, photos and videos utilized during teledentistry need to be saved and uploaded into the EMR in case they are later requested by a payer as a part of claims review. The use of SOAP notes in EMR charting will facilitate this process for medical billers. Once a fee has been determined for a teledentistry encounter, the dentist should have a method for remote billing the benefit plan and receiving payment electronically at the time of service.

**Process.** To best provide a positive patient experience and lessen practice risk, it is critical to take the time to develop clear processes. It is important that you train your team and review these policies and procedures regularly for needed updates.

Although formal patient consent forms for the use of teledentistry are not currently required in this HIPAA relaxed environment, the doctor must document consent in the progress notes. Logically, best practice would

**Figure 3 — CPT Codes and Telehealth**

New Patients	Definition	Time Required for Billing (in mins)
99201	Problem Focused	10
99202	Expanded Problem Focused	20
99203	Detailed Problem Focused	30
99204	Problem Focused — Mod. Complexity	45
99205	Problem Focused — High Complexity	60
Established Patients	Definition	Time Required for Billing (in mins)
99211	Minimal — doctor not required	5
99212	Problem Focused	10
99213	Expanded Problem Focused	15
99214	Detail Problem Focused	25
99215	Comprehensive Problem Focused	40
New or Established Patients	Definition	Time Required for Billing (in mins)
99241	Problem Focused	15
99242	Expanded Problem Focused	30
99243	Detailed Problem Focused	40
99244	Problem Focused — Mod. Complexity	60
99245	Problem Focused — High Complexity	80

If your practice does utilize CPT codes for the billing of teledentistry, it is important to use the proper modifier, indicating that the visit was provided via telehealth. Two different modifiers can be used when medical billing a telehealth appointment:

- If you are billing a commercial insurance payer, the modifier should be 95.
- If you are billing Medicare, the modifier should be GT.

call for an electronic consent form as a component of a teledentistry application. Add on applications like DocuSign, Scannable (for printing, completing and scanning back PDF's), or those for creating a fillable online PDF are all options. Some teledentistry software solutions integrate with common dental EMR systems and have incorporated these features.

Office policies and procedures for patient privacy and HIPAA, patient intake, health histories, patient billing, need to be updated and/or created to accommodate teledentistry. Minors or others as applicable should not receive telehealth services without a parent or guardian visibly present during the teledentistry visit. Request that pa-

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tients not record teledentistry sessions. Part of your protocol should be to verify the patient's identity prior to beginning the teledentistry session and obtaining an address and contact number should an emergency occur during the session for which paramedics or other agencies may need to be contacted.

It can be helpful to send patients scheduled for a teledentistry visit an email or text in advance of the appointment in order to ensure they are prepared. Ask them to be in a well-lit space, to have a flashlight, and someone with them to retract their cheek. Request that they turn off noises in the space (i.e., televisions, music) and silence notifications on their phones/tablets/laptops to avoid distractions during the visit.

Consistent implementation of your teledentistry services by any associates or other employees in your practice can reduce risk and improve the patient experiences. Developing a training plan for the team and being available to assist and answer questions as the office implements teledentistry to assure success.

**Communication.** Getting word out to your existing and potential patients can be done inexpensively and effectively using a variety of methods. The first important step is to set up a direct phone number that can be provided to all patients that is specific to your teledentistry services. If a third-party vendor or call center handles emergency calls, the option of teledentistry can be added to the scripting. This option will help to screen emergencies requiring immediate care from those that can be seen via teledentistry on the next business day. An email address may also be linked to the practice website so a patient can easily submit a teledentistry appointment request.

Once an incoming communication strategy is developed, reach out to existing patients to let them know of this new service and how it can be accessed. Direct communication via email, text, or printed letter using platforms like Lighthouse, RevenueWell, ProSites, or DemandForce are perfect tools for announcing this information. It's critical to share the

news about teledentistry and explain how and the practice chose to incorporate it into patient care.

### If you need help . . .

The ADA website has a great deal of information on teledentistry to consider prior to beginning or expanding teledentistry services. The MDA has developed a Frequently Asked Questions document addressing key topics of performing teledentistry during the COVID-19 virus. Involving the entire office team can drive creativity to enhance the processes to improve communication and patient engagement. Additional resources can be found on Facebook and LinkedIn, with a plethora of webinars and podcasts on teledentistry that can be found through a simple Internet search.

A well-informed, coordinated approach to teledentistry is the key for an initiative that will be successful in the near term and provide a foundation for the future. ●

### Additional Resources You May Find Helpful

#### ADA COVID-19 Coding and Billing Guidance

[https://success.ada.org/~media/CPS/Files/COVID/ADA\\_COVID\\_Coding\\_and\\_Billing\\_Guidance.pdf](https://success.ada.org/~media/CPS/Files/COVID/ADA_COVID_Coding_and_Billing_Guidance.pdf)

#### Telehealth Basics

<https://www.americantelemed.org/resource/why-telemedicine/>

#### Emergency Department Visits for Dental Conditions: A Snapshot

[https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic\\_0420\\_1.pdf?la=en](https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic_0420_1.pdf?la=en)

#### Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

#### Medicaid.gov – Telemedicine

<https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html>

#### Telehealth FAQs – AAOMS

<https://www.aaoms.org/practice-resources/telehealth-faqs>

### About the Author

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She has more than 20 years of executive and C-suite experience, and nearly 10 years of this has been in leading Dental Support Organization (DSO) operations. She has been involved in telehealth initiatives in both dentistry and outpatient health care provider settings. Prior to joining West Monroe, she served in the chief operating officer role for a mid-size DSO, and most recently provided operational consulting services.