

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.

This ADA guide contains a number of Questions and Answers (immediately following), as well as Scenarios (starting on page 6) and Appendices (starting on page 8) – 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 Policy Statement on Teledentistry](#) (available online) 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:

- Synchronous (live video): Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology.
- Asynchronous (store-and-forward): 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. Is patient care delivered via teledentistry only possible or permitted during a public health emergency such as the COVID-19 pandemic?
Not at all. Delivery of care via virtual encounters became rapidly widespread during the COVID-19 public health emergency. However, the basic underlying principles, technology and regulatory needs that enable teledentistry encounters were in place many years before. Teledentistry enables delivery of necessary diagnostic, preventive and other services where patient populations are dispersed and physical or geographical obstacles make in-office care a challenge to both patients and dentists.
 5. 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.
 6. 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.
 7. 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.

8. 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 #7 (above), 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.

9. 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 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.

10. 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.

11. 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 #10 (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.

12. What should I do to ensure that a teledentistry encounter is compliant with federal (i.e., HIPAA) and state patient information security and privacy regulations?

Federal regulations established by HIPAA establish the threshold for patient information security and privacy. Individual states may enact regulations that exceed the federal threshold. There are several ADA publications available online that will help dentists better understand what is required to ensure that virtual encounters and information exchanged electronically adhere to regulatory requirements. Hyperlinks to these PDFs are –

- [ADA Tip Sheet on Certain Provisions of the HIPAA Privacy Rule](#)
- [ADA Tip Sheet on the HIPAA Security Rule](#)

Additional information is found on the ADA's [HIPAA Privacy and Security](#) web page.

13. 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).

14. 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.

15. 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.

16. What dental benefit plan coverage – commercial or governmental – is anticipated on an ongoing basis?

The COVID-19 public health emergency prompted many government and commercial benefit plans to cover services delivered in virtual encounters. Coverage did, and will likely continue, to vary between all types of third-party payers.

The ADA's position is that current dental benefit plan coverage and reimbursement provisions should apply to services delivered in-office and via teledentistry. However, 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 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.

17. 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

a) A Synchronous or “Real-Time” Teledentistry Encounter

A locally licensed dental 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 dentist via a secure HIPAA-compliant connection that uses encryption technology.

During their 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.

b) An Asynchronous or “Store and Forward” Teledentistry Encounter

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

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

In this scenario the patient interacts only with the dental auxiliary. Information collected is conveyed to the consulting dentist for diagnosis, evaluation and treatment planning at a later time, and 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 the patient who received the services delivered by the dental auxiliary described above.

D0191 assessment of a patient

D0220 intraoral – periapical first radiographic image

D0230 intraoral – periapical each additional periapical image

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.

What CDT codes would be used to document the services provided by the dentist who receives the information provided by the dental auxiliary the off-site setting?

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 to document the type of teledentistry interaction in this setting on the date of service. 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.

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.

Note: The COVID-19 Public Health Emergency has led some benefit plans (e.g., offered under government programs) to instruct providers that the place of service code reported should be the same if the service had been provided in person (e.g., POS code **11** – Office). Dentists should contact the patient’s plan to determine if a POS code other than 02 is required.

- 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										
3										
4										
5										
6										
7										
8										
9										
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.

TREATING DENTIST AND TREATMENT LOCATION INFORMATION	
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.

Appendix 2

Oral Cavity Photographs Taken at Home – A “How-To” Primer

There may be a teledentistry event where a photographic image of the patient’s oral cavity will help the dentist better evaluate clinical conditions and determine appropriate next steps in a treatment plan. If there is no experienced dental professional with the patient during the teledentistry encounter to capture an image there is a do-it-yourself method.

The ADA wishes to acknowledge receipt of the following guidance prepared and offered by the University of Minnesota School of Dentistry staff. Although intended for pediatric patients the technique could also be used for any age patient. This technique involves use of spoons as retractors, and a digital camera (e.g., mobile phone; single lens reflex) for image capture.

Illustrated Guidance

- a) The easiest way to capture these photos is using your **cell phone with flash** (in a well lit room) and a **pair of spoons** to move your child’s cheeks and lips out of the way.
- b) A second adult may be helpful to assist with these photos.
- c) Image transmittal is via a secure connection that will be determined by the dentist who is participating in the virtual encounter.
- d) Below are examples of what the photos look like.

#1 Front View



Have the child bite down naturally with their back teeth touching, directly facing the camera. Try to get as many teeth as you can in the picture. Pull their lips and cheeks away from their teeth with the spoons, to show more teeth.

#2 Lower Teeth



Have the child open their mouth wide and tilt their chin slightly downward towards their chest. Make sure the biting surfaces of all lower teeth are showing.

#3 Upper Teeth



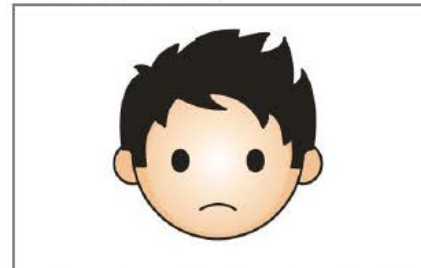
Have the child open their mouth wide and lift their chin as much as they can upwards. Make sure the biting surfaces of all upper teeth are showing.

#4 Close Up



Have the child open their mouth wide and use the spoons to make the area of concern (tooth, gum, appliance, etc.) as visible as possible. Get as close to the area as you can while still making sure the photo is in focus.

#5 Facial (No Smile)



Have the child stand two feet in front of a light-colored wall. Make sure their head is straight, eyes are open and looking straight into the camera.

Questions or Assistance?

Call 800-621-8099 or send an email to dentalcode@ada.org

Notes:

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