



Teledentistry

IN WASHINGTON

Overview

Providers have used teledentistry to deliver care to the most vulnerable and underserved patients, both rural and urban for more than a decade. In many states, teledentistry was not allowed or a reimbursable service, which limited the utilization among providers to implement this model of care. The State of Washington made teledentistry legal as well as a Medicaid benefit in 2018. The Washington Dental Quality Assurance Commission released [initial guidelines](#) in October 2017.

During the COVID-19 outbreak, many states changed scope of practice guidelines to allow the reimbursement and utilization of teledentistry, seeing it as an effective way to assess and triage patients while limiting in-office visits except for those in need of urgent or emergency care. The Washington State Dental Association fully supported and provided teledentistry [resources on their website](#) in response to the pandemic.

Teledentistry offers patients access to a dental provider through a secure platform in the comfort of their own home, removing barriers to care such as long wait times, transportation, and taking time off work. There are a variety of teledentistry applications described in this guide that can be applied in response to COVID-19 as well as in the future. As we move into a new chapter of care delivery, teledentistry services will become more commonplace.

Teledentistry Applications

- **Limited Evaluation and Triage:** This application is useful during a crisis or pandemic scenario. If a provider does not have access to a dental clinic or patients' clinical records, they can use teledentistry to complete triage, screen, or complete a limited evaluation. This application helps determine if a patient's needs are non-urgent or emergent.
- **Hygiene Assessment:** Recall and preventive appointments can easily be completed using teledentistry. This increases the organization's capacity for a high level of hygiene care, thus allowing the dentists to focus on diagnosis and restorative care. Additionally, if the dentist is not available, preventive care does not stall or halt.
- **Satellite Office Coverage:** This application uses teledentistry in a different location from the organization's main office. Reasons for opening a satellite operation vary but may include reaching an underserved area, expanding market share, or increasing quality of life factors for staff.
- **Patient Consultations:** For added convenience, this application includes follow up consultations between a patient and the dental team member or a more in-depth discussion about treatment plan options. This service serves multiple needs in relation to COVID-19 such as reducing in-person contact, eliminating use of PPE, reducing the amount of people in a space at any one time, and allowing the provider to communicate with the patient in a setting where they are comfortable.

TELEDENTISTRY METHODOLOGIES & DEFINITIONS

Asynchronous or "Store-and-Forward"

The transmission of medical images and/or data taken at a separate time from when the assessment or initial visit took place. This can be facilitated with a digital dental health form. Data may be stored directly into an existing practice management or electronic dental record to review at a later time when the provider is available.

Synchronous or "Real Time"

The video communication between a patient and a provider happening in real time. In many situations, the patient is accompanied by a dental team member such as a dental assistant or dental hygienist. Patients and providers may communicate directly using a smartphone or computer with video conferencing software.

Originating Site

The location of the patient when diagnostic data is gathered or the location of the patient when a video conference is taking place.

Distant Site

The location of the examining provider at the time a diagnosis is rendered or treatment plan is created for the patient.

Patient Presenter

The person that is presenting signs and symptoms on behalf of the patient for the dentist to review. This can be a dental team member, the patient him or herself, or any other allied healthcare provider.

ARCORA

The Foundation of Delta Dental of Washington

- **Outreach:** Teledentistry is an important element in comprehensive community outreach programs. Most often implemented in school or nursing home settings, participants receive a complete examination and treatment plan, utilizing dental staff at their highest scope to more efficiently meet the needs of the patients.
- **Specialist Referral:** Navigating the healthcare system can be difficult. Teledentistry assists patients by allowing providers to transfer data to specialists for additional consultation.
- **Medical-Dental Integration:** Inter-professional systems of care are crucial to filling the gaps in our healthcare system. Teledentistry is an effective way of integrating a dental team member within medical systems to increase access to dental care.



Documentation for Teledentistry

It's important to document the method used for obtaining data, and the specifics of the appointment to include, pain assessment, patient expectations, and contraindications in medical history. Detail and specificity are extremely important; these will help the doctor with the treatment planning process. Four key things are needed:



Time and Date: Most teledentistry regulations require that a teledentistry visit is completed within a certain period of time. This helps identify time and date of the originating assessment in conjunction with the examination.



Data Collection Method: It's important to list what was used to collect data during an assessment. These items will vary from radiography (how many, what type, etc.), photographs (intra-oral, extra-oral), and dental instruments.



Location of Originating and Distant Sites: Per regulations, the location that a patient receives service via a telecommunications system must be documented as the originating site. The distant site where the exam actually occurs must also be documented.



Name of Case Facilitator/Presenter: A facilitator/presenter has the responsibility to facilitate or present teledentistry cases to the exam provider. This may vary based on who collects the data; usually the dental hygienist that accompanies the patient or the patients themselves.

Guidelines for Appropriate Use of Teledentistry

In Washington, a dentist using teledentistry must be licensed in Washington. This includes dentists who treat or prescribe to Washington patients through online service sites.

A dentist may delegate allowable teledentistry tasks to Washington

- Licensed dental hygienists
- Licensed expanded function dental auxiliaries

Delegation of tasks through teledentistry must be under the general supervision provided in WAC 246-817-525 and 550. Teledentistry does not meet the definition of close supervision as the dentist is not physically present.



TELEDENTISTRY CODES

EVALUATION

- Limited, periodic, comprehensive, oral evaluation < 3, re-evaluation

METHODOLOGY

- Synchronous (real time), asynchronous (store-and-forward)

PRE-DIAGNOSTIC

- Screening, hygiene assessment

IMAGING

- Full mouth series, bitewings, periapical, occlusal, panoramic, 2-D imaging, 3-D imaging

PREVENTIVE

- Prophylaxis, periodontal maintenance, topical fluoride, caries arresting, oral hygiene instruction

ADJUNCTIVE

- House/extended care facility call, hospital call, case presentation-detailed, cleaning and inspection of prosthesis, case management

Billing and Coding a Teledentistry Visit

There is more than one way for dentists to utilize teledentistry in their practices. Outlined below are billing codes, the different types of visits, and how they can be applied in practice. We also illustrate multiple scenarios or “cases” and the coding that applies to them. The American Dental Association rolled out interim coding guidance specifically in response to COVID-19 [available here](#).

The two types of codes providers must include are the **evaluation** and the **methodology**. In some scenarios, providers will also include additional coding that may apply for additional services delivered at the time of the visit. In terms of billing, the evaluation code is normally the code paid by most dental insurance companies. In Washington, the methodology code is also a benefit.

As teledentistry is incorporated into the normal practice workflows, the additional billable codes can add value to the patient and the practice.

Types of Teledentistry Visits

- Patient to Dentist
- Hygienist to Dentist
- Medical Provider to Dentist
- Allied Health Provider to Dentist
- Dentist to Specialist

Teledentistry Scenarios

SCENARIO #1: SATELLITE OFFICE COVERAGE (RECALL)

Description: An 11-year-old patient of record with low caries risk presents for regular recall and preventive care. The dentist is at the main location and providing general supervision of the dental hygienists at the satellite office. The patient is having no pain, and the parent is glad that her child can receive care at the office near her middle school instead of traveling across town to the office where the dentist is today. However, the patient’s mother asked you if now was a good time to consult an orthodontist.

Process: The patient was scheduled 6 months ago, and a digital form was sent to update health history and obtain consents. The patient has some crowding on the lower and #K and T are still present. The patient sees the hygienist for updated bitewings as well a full set of extraoral photographs. The hygienist provided prophylaxis, fluoride, and sealants on newly erupted 2nd molars. You are at the main location, and a message is sent to see if you could jump on a webcam discussion with the patient and parent about ortho. You review the new and existing radiographs as well as the series of photographs. Once you finish up on a restorative patient, you log into the computer to discuss the findings with the mother.

Outcome: You recommend that between now and the next 6-month recall, the patient have an evaluation by the orthodontist. The referral is given to the parent and a 6-month recall appointment is scheduled. The patient received sealants without having to have a second visit.

Methodology	Type of Visit	Originating Site / Presenter	Originating Site Coding	Distant Site	Distant Site Coding
Asynchronous	Hygienist to Dentist	Satellite Office / Hygienist	D9995, D0191, D0274, D0350, D01351, D1120, D1208	Asynchronous	Hygienist to Dentist

SCENARIO #2: LIMITED EVALUATION AND TRIAGE

Description: A 35-year-old female patient of record was eating and noticed a piece of a dental filling had come out two days prior. The patient was experiencing lingering pain when drinking cold liquids, and it has been keeping her up at night. You are in your office today but do not have availability.

Process: She goes to your website and fills out a Teledentistry Consent and Questionnaire. Your staff review the digital form and ask the patient to send a photo of the problem area via your secure messaging platform.

Outcome: You review the digital form and image. Additionally, there are existing radiographs on file. The tooth in question is a maxillary molar. Between patients, you create a referral and give it to your treatment coordinator. You recommend that the patient go to the endodontist for root canal therapy and ask your staff to schedule a follow up for a crown following RCT.

Methodology	Type of Visit	Originating Site / Presenter	Originating Site Coding	Distant Site	Distant Site Coding
Asynchronous	Patient to Dentist	Patient's Home / Patient	Not applicable	Dentist's office	D9996, D0140

SCENARIO #3: HYGIENE ASSESSMENT (LIMITED EVALUATION)

Description: A 56-year-old male calls for a same-day emergency appointment. The dentist is out of the office, and it is a "hygiene only" day. The patient has some pain and slight swelling on the lower left. The dentist is available remotely to review the diagnostic data.

Process: The patient calls for a same-day appointment. A digital consent and intake form is sent to the patient. The patient comes in for a bitewing, periapical, and intra-oral photo of tooth #21.

Outcome: You review the data and image. The tooth in question has a periapical image, and the tooth had a very large restoration that has failed. The hygienist listed in the note that he would prefer to have the tooth removed and is interested in a new mandibular partial. The dentist develops a treatment plan and sends it to the patient to sign prior to coming in for the extraction.

Methodology	Type of Visit	Originating Site / Presenter	Originating Site Coding	Distant Site	Distant Site Coding
Asynchronous	Hygienist to Dentist	Dentist's Office / Hygienist	D9996, D0190, D0220, D0270, D0350	Asynchronous	Hygienist to Dentist

SCENARIO #4: OUTREACH (NURSING HOME)

Description: You get a phone call from a local nursing home. The nursing home states that a resident, a former patient of yours, is having pain, has not eaten for a couple of days, and is having trouble sleeping. The nursing home and family is concerned because the resident is starting to lose weight and believes the dental pain is affecting his overall wellbeing. For the most part, the resident is bed-bound, and it is difficult to transport him outside of the facility.

Process: The hygienist goes to the nursing home. The hygienist completes dental hygiene assessments, radiographs, photographs and takes impressions if needed. The hygienist uses a limited evaluation survey to gather the information necessary for examination.

Outcome: You complete the examination and treatment plan via teledentistry and determine the correct setting for treatment and most effective treatment modality based on the patient's health history and ability to tolerate treatment. You decide to place the patient on antibiotics and schedules to go to the nursing home to do an extraction on #30 and #31.

Methodology	Type of Visit	Originating Site / Presenter	Originating Site Coding	Distant Site	Distant Site Coding
Asynchronous	Hygienist to Dentist	Hygienist	D9996, D0190, D0220, D0270, D0350	Dentist Office/Clinic	D0140

SCENARIO #5: OUTREACH (SCHOOL-BASED)

Description: Your office is invited to do a back-to-school outreach event at a local high school. The schedule at the practice is booked up for the next two months. Your office decides to do a teledentistry outreach for the school. The nurse presents with a tenth grader who she says is high priority. She states that a student frequents her office due for Tylenol because she has a hole in her tooth. The student currently has a fistula on #19.

Process: The student's parents are sent digital dental health and consent forms before the outreach day. The hygienist goes to school with an administrative staff member, who helps gather the students who gave consent for treatment. The hygienist completes dental hygiene assessments, radiographs, photographs, prophys, fluoride, and sealants if needed on each student that signed up. Your dental office blocks off time in the schedule at the office for you to complete the exams on the students.

Outcome: You review the dental hygiene assessment that includes dental charting, x-ray interpretation, assessment of occlusion, screening of oral pathology and periodontal evaluation. You will complete the examination with the data collected and create a treatment plan. The designated staff will care coordinate a visit for root canal #19.

Methodology	Type of Visit	Originating Site / Presenter	Originating Site Coding	Distant Site	Distant Site Coding
Asynchronous	Hygienist to Dentist	School / Hygienist	D9995, D0191, D0274, D0350, D01351, D1120, D1208	Dentist's office	D0150

SCENARIO #6: FOLLOW-UP AND PATIENT CONSULTATION

Description: A 64-year-old male patient of record was in the clinic two weeks ago and had a tooth extracted. He is having some issues with food getting stuck in the extraction site and is wanting to know more about his tooth replacement options.

Process: The patient is scheduled for a video consultation with the dentist. A digital patient education video is emailed to him explaining some of the options available for replacing a single missing tooth. He is also asked to complete an informational form after watching the video so your staff can better prepare a set of treatment options. The office staff has a prepared slide deck for single tooth replacement options ready for the dentist to discuss with the patient.

Outcome: You review the patient's record as well as the treatment questionnaire. The dentist and the patient discuss how the extraction site may need to be maintained until the site has healed. The dentist also uses the slide deck to discuss the options with the patient and create a treatment plan for a partial denture to replace that tooth as well as one on the other side of the arch. No PPE or potential exposure was necessary.

Methodology	Type of Visit	Originating Site / Presenter	Originating Site Coding	Distant Site	Distant Site Coding
Synchronous	Dentist to Patient	Patient	Not applicable	Dentist's Office	D0171 or D9450

SCENARIO #7: MEDICAL-DENTAL INTEGRATION

Description: A dental hygienist works one day a week at a primary care office to help do dental screenings on medical patients. The nurse practitioner comes and talks to the hygienist about his adult patient that has facial swelling and a “bubble on the gum” and asks if he should send him to the emergency room.

Process: For the patient, the hygienist does a hygiene assessment, completes a limited evaluation survey of questions for the dentist, and takes photographs and radiographs. She calls you and request a synchronous examination.

Outcome: You review the dental hygiene assessment that includes dental charting, x-ray interpretation, assessment of occlusion, screening of oral pathology, and periodontal evaluation. You complete the examination with the data collected and create a treatment plan. The designated staff coordinate care for treatment, if needed. And for the patient, you prescribe antibiotics for an abscess on #28 and schedule the patient for an appointment at the dental office for extraction.

Methodology	Type of Visit	Originating Site / Presenter	Originating Site Coding	Distant Site	Distant Site Coding
Synchronous	Hygienist to Dentist	Primary Care Office / Hygienist	D9995, D0191, D0274, D0350, D01351, D1120, D1208	Dentist’s office	D0140

SCENARIO #8: SPECIALIST CONSULTATION

Description: A 48-year-old patient comes into the office for a molar that has broken a large amalgam restoration. You find that, due to a bulbous root and proximity to the IA canal, you will need to refer the patient out. The patient is also wanting to know if he is a good candidate for a dental implant. You inform the patient that you have a specialist that will review the records you send in order to provide a teledentistry consultation.

Process: You fill out a standardized evaluation form that the oral surgeon has established to evaluate the possible implant site, medical history, and radiographs. The dentist takes measurements of the site and uploads all information into the online platform for the oral surgeon. The oral surgeon and his staff receive a message about the submitted patient. The oral surgeon reviews the information and completes a treatment plan. The office staff schedule a video chat or phone call with the patient to review the treatment plan and answer any questions. The patient comes to the oral surgery office for extraction and any further diagnostics needed to schedule implant placement.

Outcome: The patient receives excellent coordinated care without the need of an intermediate consultation with the surgeon. The patient did not need to call the surgeon. There was a digital “hand-off” saving everyone time as well as costly chair time, limited exposure, and preserving of PPE.

Methodology	Type of Visit	Originating Site / Presenter	Originating Site Coding	Distant Site	Distant Site Coding
Asynchronous	Dentist to Specialist	Patient	D9996, D0140, D0220, D0270, D0350	Dentist’s Office	D9310