Variation in Teledentistry Regulation by State

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Re-Introduction to Teledentistry

- Prior to the COVID-19 pandemic, the use of teledentistry was limited mostly to providers and programs focused on specific populations of patients
- The full or partial closure of health care provider organizations, including dental practices, catalyzed innovative thinking about how best to connect patients with providers
- Executive orders encouraged use of technology to care for patients
- Federal directives expanded reimbursement for teledentistry
- Teledentistry was also enabled by emergency directives that loosened stringent HIPPA requirements

Variation in Teledentistry Regulation by State

- Compiled a dictionary of regulatory parameters for providing teledentistry services in each of the 50 states and the District of Columbia
- The review and subsequent compilation of data were conducted to:
    1. Understand the basic circumstances and permissions for the conduct of teledentistry services in each jurisdiction
    2. Determine common elements that could be compared across states
    3. Identify current standing law that guided the provision of teledentistry once executive orders expanding privilege had or would expire
- Collaborated with NNOHA to identify the most pertinent topics around teledentistry regulation
- Researchers reviewed regulation and guidance documents in every state
- Compared findings to findings of the Center for Connected Health Policy, the American Dental Education Association, and MouthWatch to validate

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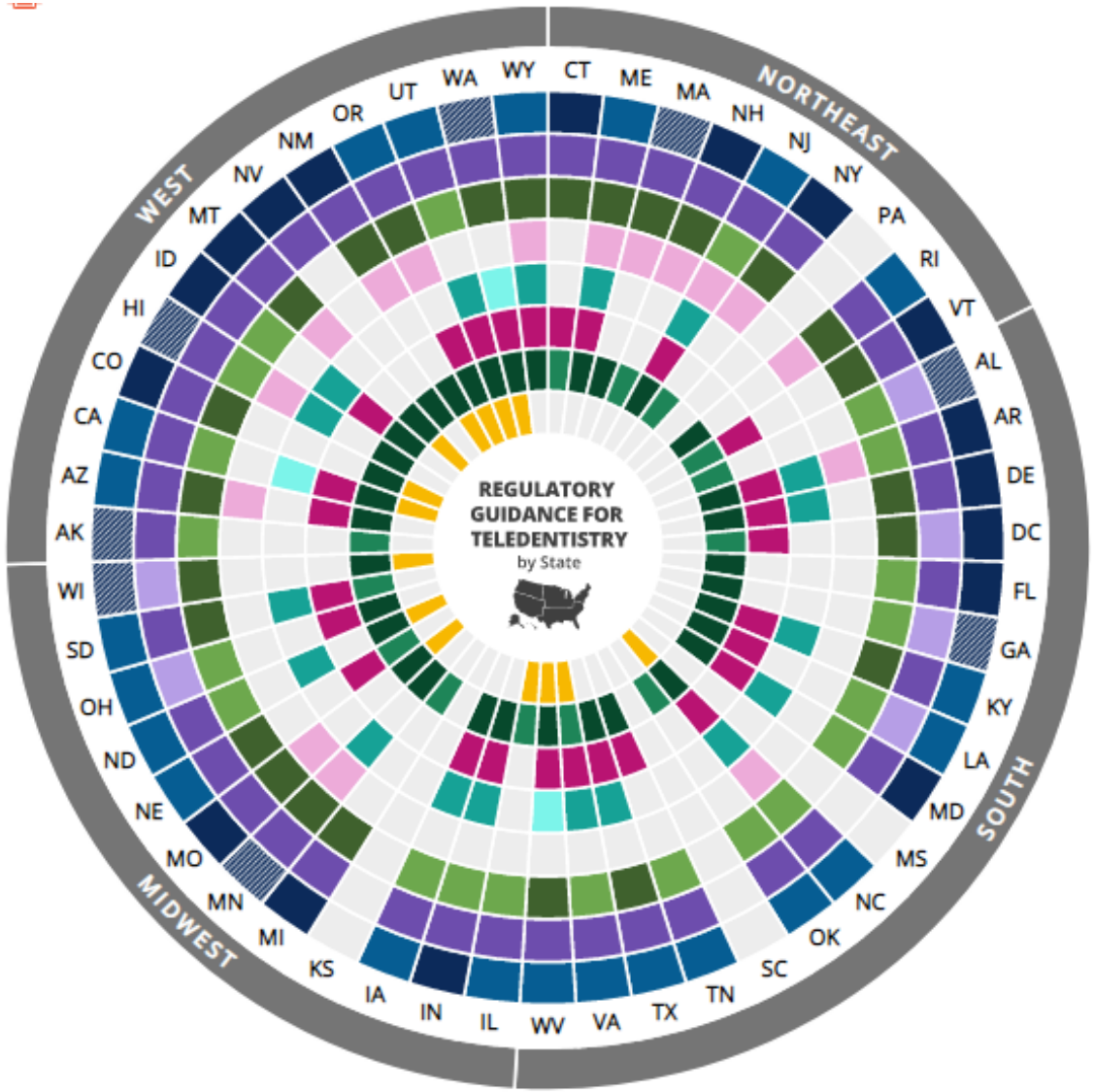
Variation in Teledentistry Regulation by State



Source of Authority to Provide Teledentistry Services

- Dental Practice Act or Dental Board Regulation
- Telehealth/Telemedicine Statute or Regulation
- Dental Board Directive/Opinion or Medicaid Regulation/Directive

Types of Allowable Services

- Synchronous Only
- Synchronous and Asynchronous

Required Modality for Synchronous Teledentistry

- Video Only
- Video or Audio only

Other Modalities Allowed (eg, mobile apps, email)

Patient of Record Required

- Must Be Established Prior to Teledentistry Visit
- Can Be Established at Time of Teledentistry Visit

Patient Informed Consent Required

Allowed Providers

- Dentist Only
- Dentists and Dental Hygienists

Medicaid Reimbursement for CDT Codes D9995 and/or D9996

https://oralhealthworkforce.org/regulatory-guidance-for-teledentistry-by-state/

Last updated November 2022

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Highlights

Source of Authority to Provide Teledentistry Services

- Dental practice act or Dental Board Regulation- 22 states
- Telehealth/Telemedicine Statute or Regulation- 16 states and DC
- Dental Board Directive/Opinion or Medicaid Regulation/Directive- 8 States

Types of Allowable Services

- Synchronous and Asynchronous- 41 states
- Synchronous only- 5 states and DC

Allowed Providers

- Dentists only- 12 states and DC
- Dentists and Dental Hygienists- 34 states

Medicaid Reimbursement for CDT Codes D9995 and/or D9996- 14 states

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New York Regulations

- Source of Authority to Provide Teledentistry Services- **In Telehealth/Telemedicine Statute/Regulation**
- Types of Allowable Services- **Synchronous and Asynchronous**
- Required Modality for Synchronous Teledentistry- **Video or Audio Only**
- Other Modalities Allowed- **Yes**
- Patient of Record Requirement- **No**
- Patient Informed Consent Required- **Yes** (provider must document informed consent in the chart of the patient before or during the first visit in which telehealth services are provided)
- Allowed Providers- **Dentists and Dental Hygienists** (though PHL lists only licensed dentists as allowable telehealth providers, NY regulation allows all NYS Medicaid providers and providers employed by NYS Medicaid facilities, or provider agencies who are authorized to provide in-person services, are authorized to provide such services via telehealth…)
- Medicaid Reimbursement for CDT codes D9995 and/or D9996- No **(but yes)** (though those codes themselves are not reimbursed, when treatment is identified by corresponding CDT codes, those services are reimbursed at same rate as if they were delivered in person)

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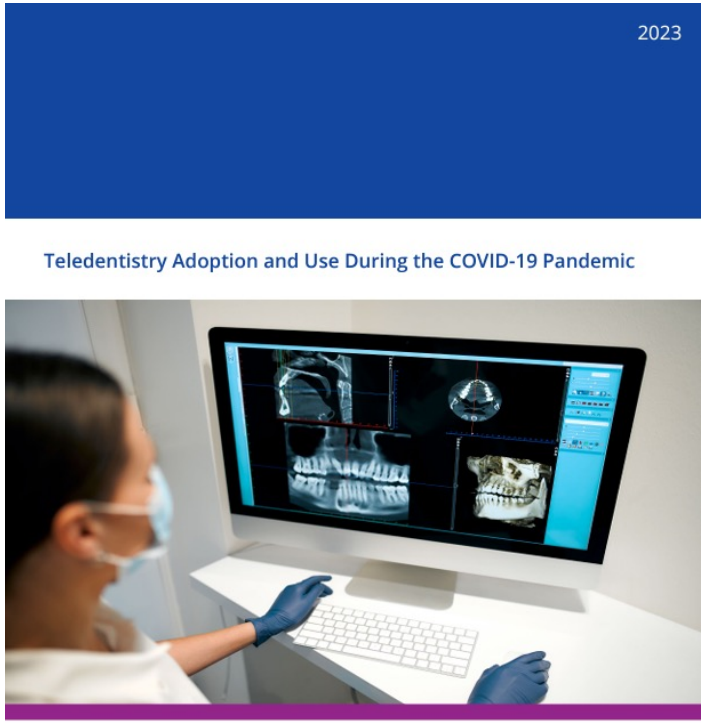
Conclusion

- The sources of regulatory authority vary widely in states, as do the ways in which appropriate usage is addressed
- Telehealth legislation is highly nuanced; In some states, regulatory language is detailed and descriptive, while in other states they are vague and subject to broad interpretation
- Fundamental terminology and definitions related to virtual services vary considerably
- This suggests that teledentistry is still an emerging practice
- Infographic will inform providers, policymakers, and teledentistry advocates of the variation of teledentistry regulation across states



https://oralhealthworkforce.org/wp-content/uploads/2023/08/OHWRC-Teledentistry-During-COVID-19_2023_Final.pdf

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Questions?

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