TELEDENTISTRY SERVICES

ELIGIBLE PROVIDERS

In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenens provider must enroll in South Dakota Medicaid and be listed on the claim form. Please refer to the provider enrollment chart for additional details on enrollment eligibility and supporting documentation requirement.

Dentists must be licensed under the provisions of SDCL 36-6A or licensed as under the laws of the state they are practicing in.

ELIGIBLE RECIPIENTS

Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid's online portal.

The following recipients are eligible for medically necessary services covered in accordance with the limitations described in this chapter:

Coverage Type	Coverage Limitations
Medicaid/CHIP Full Coverage	Medically necessary services covered in accordance with the limitations described in this chapter.
Unborn Children Prenatal Care Program (79)	Medically necessary services covered in accordance with the limitations described in this chapter.

Refer to the Recipient Eligibility manual for additional information regarding eligibility including information regarding limited coverage aid categories.

COVERED SERVICES AND LIMITS

General Coverage Principles
Providers should refer to the General Coverage Principles manual for basic coverage requirements all services must meet. These coverage requirements include:

- The provider must be properly enrolled;
- Services must be medically necessary;
- The recipient must be eligible; and
- If applicable, predetermine the treatment plan.

The manual also includes non-discrimination requirements providers must abide by.

Teledentistry Coverage Requirements
Services provided via teledentistry must meet the applicable standard of care. When reporting a service completed via teledentistry, providers are certifying the services rendered to the recipient were functionally equivalent to services provided through a face-to-face visit. Services provided via teledentistry must be provided in accordance with the coverage criteria in the adult and children dental provider manuals. Synchronistic services must be of sufficient audio and visual fidelity and clarity to be functionally equivalent to a face-to-face encounter.

Limitations
The following coverage limitations apply:

- Reimbursement is limited to only one reading or interpretation of diagnostic tests such as x-rays, lab tests and diagnostic assessment per visit.
- Transmission of materials is not separately reimbursable.
- Only D0140, limited oral exam, is covered for providers that primarily or only see South Dakota Medicaid recipients via teledentistry.

Teledentistry Covered CDT Codes
South Dakota Medicaid covers the following services provided via teledentistry:

- D0120: Periodic oral evaluation—established patient
- D0140: Limited oral exam
- D0145: Oral evaluation for a patient under 3 years of age
- D0150: Comprehensive oral evaluation—new or established patient
- D0210: Intraoral—complete series of radiographic images
- D0220: Intraoral—periapical first radiographic image
- D0230: Intraoral—periapical each additional radiographic image
- D0240: Intraoral—occlusal radiographic image
- D0270: Bitewing—single radiographic image
- D0272: Bitewings—two radiographic images
- D0273: Bitewings—three radiographic images
- D0274: Bitewings—four radiographic images
- D0330: Panoramic radiographic image

CDT codes not included in this list may not be provided via teledentistry.

NON-COVERED SERVICES

Synchronous teledentistry services may not be provided via email, audio-only, or facsimile transmissions.

DOCUMENTATION REQUIREMENTS

General Requirements
Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6 years after the last date a claim was paid or denied. Please refer to the Documentation and Record Keeping manual for additional requirements.

Teledentistry Requirements
Services provided via teledentistry should include the following additional documentation in addition to the standard of service documentation as described in the children's dental services and the adult dental services manuals:

- If synchronous, the name of the platform used to complete the visit; and
- Detailed clinical notes of the visit including the name and credentials of individuals involved in the teledentistry visit and their role in the visit.

HIPAA Compliant Platform
South Dakota Medicaid requires telemedicine services are in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations as enforced by The Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS).

REIMBURSEMENT AND CLAIM INSTRUCTIONS

Timely Filing
South Dakota Medicaid's dental vendor must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid in certain circumstances. Providers should refer to the General Claim Guidance manual for additional information.

Third-Party Liability
Medicaid recipients may have one or more additional source of coverage for health services. South Dakota Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources. Providers should refer to the General Claim Guidance manual for additional information.

Reimbursement
A claim for dental services must be submitted at the provider's usual and customary charge. Payment for dental services is limited to the lesser of the provider's usual and customary charge or the fee listed on the Dental Services fee schedule.

Reimbursement for services provided via teledentistry is the same as reimbursement for services provided at a face-to-face visit. When services are provided via teledentistry, CDT D9995 or D9996 must be reported with the CDT codes for the services provided on the date of service.

Claim Instructions

Refer to the Dental Claim Instructions, Explanation of Benefits, Predeterminations, and Appeals Manual for information regarding completing a claim form.

In addition to the applicable CDT code(s), a claim for services provided via teledentistry must include one of the following codes:

- D9995 – Teledentistry, synchronous; real-time encounter; and
- D9996 – Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review.

D9995 and D9996 should never be reported alone on a claim form. Services that are not covered when provided via teledentistry must not be reported on the same claim as D9995 or D9996.

DEFINITIONS

1. "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 dentist, who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction.

2. "Distant site," physical location of the practitioner providing the service via synchronous teledentistry.
3. "Originating site", physical location of the Medicaid recipient at the time the synchronous teledentistry service is provided.
4. "Synchronous (live video)", live, two-way interaction between a patient and a provider using audiovisual telecommunications technology.

5. "Teledentistry", the delivery of dental care while the patient and the dentist are in different locations via synchronous telecommunication technology or the transmission and review of recorded health information collected by another oral health professional and transmitted via asynchronous communication to create a treatment plan.

REFERENCES

- Administrative Rule of South Dakota (ARSD)
- South Dakota Medicaid State Plan
- Code of Federal Regulations

QUICK ANSWERS

1. **What is an example of a synchronous teledentistry service?**
   A patient is suffering severe tooth and gum pain on a Thursday evening. Using a secure, synchronistic teledentistry platform, the patient meets with the dentist. Using video and audio services, the provider can determine that tooth #8 is decayed to the gumline with visible abscess present. The provider sends prescriptions for an antibiotic and short-term pain-relief to the patient's pharmacy and instructs office staff to schedule patient for restoration.

   The services must be of sufficient audio and visual fidelity and clarity to be functionally equivalent to a face-to-face encounter. Services provided via email, audio only telephone, and facsimile transmissions as teledentistry services are not reimbursable.

2. **What is an example of an asynchronous teledentistry service?**
   A hygienist from a dental office performs routine cleanings and takes portable x-rays of patients residing in a nursing facility or other group care setting. The hygienist documents the services in the patient's record which the dentist reviews asynchronously to plan treatment. Treatment plan could include recall cleaning in 6 months, application of silver diamine fluoride (SDF) by the hygienist in the facility, or restorations in the office.

3. **What are the service limitations for X-Rays?**
   Services provided via teledentistry must follow the same limitations an in-office visit. Covered services are listed on the dental services fee schedules and in the adult and children dental provider manuals.

4. **How do I document a teledentistry visit?**
   Services provided via teledentistry should include the same documentation as an office visit. Examples include clinical notes, patient diagnosis, and treatment plan. Please refer to the Documentation Requirements section for additional information.

5. **Can I be reimbursed an originating site facility fee?**
   An originating site is the physical location of the patient at the time a synchronous (live, two-way interaction between a patient and a provider using audiovisual telecommunications technology) teledentistry service is provided. A distant site is the physical location of the practitioner providing the service via synchronous teledentistry.

   Enrolled dental providers, such as a dental office, FQHC/RHC, or IHS facility, are eligible to receive an originating site facility fee for acting as an originating site if the service being provided from the distant site is a covered teledentistry service. Other sites not listed may also serve as an originating site but are not eligible for an originating site facility fee reimbursement. Asynchronous services are not eligible for an originating site fee.

The maximum rate for originating site facility fee is listed on the physician fee schedule under procedure code Q3014. The facility fee is reimbursed on a fee for service basis for eligible encounter-based providers. There is no additional reimbursement for equipment, technicians, technology, or personnel utilized during services provided via teledentistry.

The originating site must submit a CMS 1500 or 837P claim to South Dakota Medicaid. For more information on originating sites please refer to the Telemedicine manual. Originating sites are not reimbursed for any additional costs associated with equipment, technicians, technology, or personnel utilized in the performance of the teledentistry service. For more information on originating sites please refer to the Telemedicine manual.