

TELEDENTAL PRACTICE AND TELEDENTAL ENCOUNTERS: AN AMERICAN ASSOCIATION OF TELEDENTISTRY POSITION PAPER

The American Teledentistry Association (ATDA) endorses the terminology and definitions presented in the following section of the American Dental Association's *Guide to Understanding and Documenting Teledentistry Events* (2017) listed below:

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's Comprehensive Policy Statement on Teledentistry, 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:

- **Live video** (synchronous): Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using interactive audiovisual telecommunications technology.
- **Store-and-forward** (asynchronous): 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 or diagnose a patient's condition or render a service.
- **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 and software apps, including cell phones, tablet computers, and personal digital assistants (PDA).

The two full Current Dental Terminology (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.

The ATDA endorses the American Telemedicine Association's (ATA) rationale for determining definitions, guidelines, and standards in telehealth. The ATA position is articulated below:

*Just like health care delivered in-person, the range of service needs and care circumstances for telemedicine varies too widely for a "one size fits all" model. The nature of any clinical encounter can differ between episodic urgent care, on-going primary care, infrequent biometric monitoring, or medical emergencies requiring a specialist. As such, some uses of telemedicine are very short-term in nature such as the involvement of a specialist or multi-disciplinary care team while other uses involve repeated remote engagement between mental health professionals and patients. All medical encounters, whether conducted in person or remotely, should be based on the provider's medical competence and professional decision making using sufficient, appropriate clinical and non-clinical information to provide the medical service. It is generally understood that the frequency, duration, and makeup of the patient encounter should be determined by the physician and patient and not the licensing board. **Unfortunately, some new and proposed state laws and rules were not created to accommodate existing clinical models but to restrict remote clinical care and result in stifling care coordination and patient access to care.***

The most common use of telemedicine is for remote interpretative services of diagnostic or treatment information, such as a radiologist interpreting a CT scan, a pathologist interpreting a tissue specimen, or a dermatologist treating a skin lesion or monitoring wound treatment. These services have been in practice for over 40 years and are used in a majority of hospitals and health care practices throughout the country. Let's look at some common dental applications that challenge traditional patient care situations:

- ***A patient is admitted to the emergency room and requires a teledentistry consult with a dentist to assess the situation and make clinical recommendations to the attending physician;***
- ***A patient at home initiates an unscheduled video conferencing session for dental infection and possible antibiotic prescription;***
- ***A patient at work uses a high-resolution camera to take an image of a fractured tooth and electronically sends that image to a prosthodontist for consultation;***
- ***A parent at home initiates video conferencing so that their child, diagnosed with autism spectrum disorder, may consult with an orthodontist on the appropriateness of treatment;***
- ***A parent and child receive urgent care services from a telemedicine kiosk at a retail clinic. The kiosk is equipped with the necessary digital medical peripherals to support clinical decision making; and***
- ***An orthodontist uses store and forward records to diagnose and treat patients via doctor-direct at home clear aligner therapy.***

*In all these cases, just as it occurs with in-person treatment, a patient is seen, diagnosed, and/or treated by a licensed physician or dentist. Similarly, patients retain their rights concerning privacy and secured health information, access to their medical records, and information about benefits, risks, and alternatives to proposed treatments or procedures. Additionally, **these clinical cases are effectively provided in the absence of a scheduled appointment and previously established physician-patient relationship.** These clinical examples highlight the intricate nature of patient-centered care in the 21st century and prompt the need for consistent and comparable medical practice standards for telemedicine.*

Appropriate Standards for Telemedicine

Some states have established different clinical practice rules for telemedicine than in-person practice. Examples of some areas that yield dissimilar policies patient setting, established patient-provider relationship and/or in-person examination, provider type, applicable technology, and patient consent. These rules may be arbitrary, very prescriptive, and provide no consideration for professional medical discretion, provider shortages or patient limitations. Separate and unequal standards for telemedicine hinder patients' access to needed care. For example, a rule for a prior physical examination may hinder urgent care or mental health counseling. Some states have specific telemedicine medical practice proposals which require a physician to obtain a medical or drug history, perform a physical exam, or see the patient in-person to fulfill the provider-patient relationship. Other states simply require that the physician "personally know" the patient.

The ATDA believes that the same telehealth standards accepted in medical practice by state medical boards and the AMA should, naturally and logically, be applicable to dental practice. Dentists should be allowed to use telehealth technology to obtain the necessary medical/dental information needed to create a valid doctor-patient relationship without an in-person exam. The same standard of care for professional practice of dentistry should apply, whether the service is delivered in-person or via telehealth. The ADA *Principles of Ethics and Code of Professional Conduct (2018)* principle of justice is central to the practice of teledentistry. It states:

Section 4 PRINCIPLE: JUSTICE ("fairness")- *The dentist has a duty to treat people fairly. This principle expresses the concept that professionals have a duty to be fair in their dealings with patients, colleagues and society. Under this principle, the dentist's primary obligations include dealing with people justly and delivering dental care without prejudice. In its broadest sense, this principle expresses the concept that the dental profession should actively seek allies throughout society on specific activities that will help improve access to care for all.*

The ATDA suggests the use of D0140 along with the D999x teledentistry encounter code to establish a provider-patient relationship.

D0140—Limited oral evaluation, problem focused

An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report any additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation.

The ATDA endorses and adopts the following ATA position statement:

- ***Health professionals using telehealth shall be cognizant of establishment of a provider-patient relationship within the context of a telehealth encounter, whether interactive, store-and-forward or other mode of communication/interaction is used, and they shall proceed accordingly with an evidence-based standard of care. Health professionals should refer to existing specialty guidelines to determine whether specific definitions of “patient-provider relationship” and/or “encounter” exist.***

REFERENCES

American Dental Association (2017). ADA guide to documenting and understanding teledentistry events.

American Dental Association (2017). ADA CDT 2017. Dental procedure codes.

American Dental Association (2018). ADA principles of ethics and code of professional conduct.

American Telemedicine Association (2014). Core operational guidelines for telehealth services involving provider-patient interactions.

American Telemedicine Association (2017). State telemedicine toolkit.