



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services

# NEWSLETTER

Volume 30 No. 08

April 2020

**TO:** Dentists, Federally Qualified Health Centers, Independent Clinics  
– **For Action**  
Managed Care Organizations – **For Information Only**

**SUBJECT:** Requirements and Inclusion of Teledentistry and revisions to the requirements for consultation

**EFFECTIVE:** Effective for all claims with dates of service on or after March 21, 2020

**PURPOSE:** To notify providers of the inclusion of synchronous teledentistry in the NJ FamilyCare Program (NJFC) and revisions to the requirements for patient encounters that are not face-to-face.

**ACTION:** Effective for claims with dates of service on or after March 21, 2020 and continuing until further notice the Division of Medical Assistance and Health Services (DMAHS) will include synchronous teledentistry (CDT code **D9995** with lifted HIPAA compliance requirements) to allow the use of audio-visual platforms and telephonic devices for dental consultation for emergent or urgent dental care.

For diagnostic and referral services that are rendered via telephone to a new or established patient for an emergent or urgent condition when the patient and provider are in different locations, the CDT code **D9310** (consultation, diagnostic service provided by dentist or physician other than requesting dentist or physician) shall now be used. The service is allowed once per member per date of service.

For encounters with a new or established patient when the patient and provider are in different locations communicating through an audio-visual platform that allows real time visualization of the patient and where possible the area associated with the emergent or urgent condition, CDT code **D9995** (teledentistry, synchronous; real-time encounter) shall be used. The reimbursement for this service to all providers is \$22.00 for the encounter.

In addition to this service, CDT code **D0140** (limited oral evaluation problem focused) shall be billed for an initial encounter.

For a subsequent encounter, CDT code **D0170** (re-evaluation, limited problem focused established patient, not post-operative visit) shall be billed.

The teledentistry code must always be billed with an appropriate evaluation code and the combined services are allowed once per member per date of service. Claims for this service may now be submitted.

The patient record for all of these services must include the modality and platform used, along with other pertinent and required information based on NJFC and State Board patient record regulations. The standard of care shall be the same as that provided during an in-person encounter. The provider shall also comply with all regulations governing informed consent and protection of personal health information.

**The NJ FamilyCare MCOs will cover these services:**

For diagnostic and referral services that are rendered via telephone for a new or established patient, the CDT code **D0191** (assessment of a patient) shall be used and will be allowed once per member per date of service.

When the encounter for assessment is via an audio-visual platform, the code for Teledentistry, **D9995** shall also be billed with the combined services allowed once per member per date of service. The teledentistry code must always be billed with the assessment code. Each MCO will provide additional information concerning these services and should be contacted for assistance or questions.

The use of these codes is in response to the current public health crisis posed by the COVID-19 pandemic and will continue until further notice from the DMAHS.

If you have any questions regarding this newsletter please call DXC Provider Services at 1-800-776-6334.

If the Medicaid/NJ FamilyCare beneficiary receiving services is a member of a managed care organization (MCO) please contact the MCO with any questions.

**RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE**