



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

# NEWSLETTER

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**TO:** Dentists, Federally Qualified Health Centers and Managed Care Organizations – **For Action**

**SUBJECT:** Changes in Requirements of Teledentistry as a Telehealth Service

**EFFECTIVE:** Effective for all claims with dates of service on or after July 1, 2023

**PURPOSE:** To notify providers of the revisions in the use of synchronous teledentistry in the Medicaid/NJ FamilyCare Program and revisions to the requirements for patient encounters that are not conducted face-to-face with the termination of the Public Health Emergency. *This newsletter replaces Newsletter Volume 30 No. 09.*

Telemedicine and telehealth are often used interchangeably; however, telemedicine is a subset of telehealth and specifically refers to the clinical application of electronic technology for providing long distance clinical health services. Within the NJFC program, teledentistry is a subset of telehealth, and is considered the clinical application of electronic technology for providing long distance clinical health services for the oral cavity and related structures. Telehealth is the broader application of communication technology, beyond clinical diagnostics and patient monitoring. Telehealth includes teledentistry and shall be provided following the established HIPAA requirements.

**BACKGROUND:** New Jersey State law P.L. 2017, Chapter 117, requires that the Medicaid/NJ FamilyCare reimburse for telehealth services at parity with services provided face-to face. The law also states that the services must comply with any applicable State or Federal laws or regulations. For details on coverage and reimbursement for telemedicine and telehealth services, please refer to Newsletter Volume 28, No. 17.

**ACTION:** Effective for dates of service on or after July 1, 2023, the Division of Medical Assistance and Health Services (DMAHS) will limit synchronous teledentistry (using CDT code **D9995** – synchronous real-time encounter) as a telehealth service to those with intellectual and developmental disabilities, those enrolled in MLTSS, and homebound individuals. Teledentistry must be billed with CDT code D0140 – limited oral evaluation – problem focused (see pg. 3).

The Centers for Medicare & Medicaid Services (CMS) recognizes that telehealth is a cost-effective alternative to the traditional face-to-face interaction between the provider and the Medicaid beneficiary and allows for the provision of telehealth services. CMS relies on standards established under 42 CFR § 410.78 which outlines Medicare guidelines for telehealth services, and requires that telehealth be provided using interactive, real-time,

two-way communication technologies. Please note that the use of audio-only telephone calls, electronic mail, instant messaging, phone texts, or images transmitted via facsimile machines are explicitly prohibited as standalone means of providing telehealth services.

For the purposes of Medicaid/NJ FamilyCare Program reimbursement for telehealth services, an “interactive, real-time, two-way telecommunications system” includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site provider. The interactive audiovisual equipment must provide for two-way communication at a minimum bandwidth of 384 kbps (kilobits per second). Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system. Sessions may not be recorded.

The patient and/or provider may be at any geographical location as long as the provider is licensed to practice in New Jersey. The provider is responsible for determining that the billable service meets all required standards of care. If the provider cannot meet that standard of care via telehealth/teledentistry, the provider must notify the patient, parent, or caregiver to schedule a face-to-face appointment.

If the service being provided is an initial interaction, an additional face-to-face visit is not required to establish a provider-patient relationship, however, the provider must review and be familiar with the patient’s history and medical records, when applicable, prior to the provision of any telehealth services. All services that are provided shall be documented to show the service was provided by telehealth.

Prior to seeing the patient, providers are required to establish that telehealth services can be provided under the same standards of care as a traditional face-to face visit. The provider must authenticate and identify the patient participating in the telehealth session, at a minimum, utilizing the patient’s name, date of birth and address. Additionally, providers must identify themselves, disclose their specialty, license and title, and review the patient’s history and available medical records. The patient should be adequately instructed on how to operate any necessary equipment before the session begins, and staff should be readily available to answer any technical questions or concerns the participant may have before, during, or after the session. Furthermore, the provider is responsible for referring patients to any appropriate follow-up or complementary care as needed. The provider’s contact information must be made available to the patient after the provision of services and the provider must be available for at least 72 hours following the provision of services to answer any patient questions or concerns.

For the prescribing of medication, N.J.S.A.45:1-62.d(2) specifically states that “diagnosis, treatment, and consultation recommendations, including discussions regarding the risk and benefits of the patient’s treatment options, which are made through the use of telemedicine, telehealth, or teledentistry, including the issuance of a prescription based on a telemedicine, telehealth or teledentistry encounter, shall be held to the same standard of care or practice standards as are applicable to in-person settings. Unless the provider has established a proper provider-patient relationship with the patient, a provider

shall not issue a prescription to a patient based solely on the responses provided in an online questionnaire.” N.J.S.A.45:1-62.e further states, “The prescription of Schedule II controlled dangerous substances through the use of telemedicine or telehealth shall be authorized only after an initial in-person examination of the patient, as provided by regulation, and a subsequent in-person visit with the patient shall be required every three months for the duration of time that the patient is being prescribed the Schedule II controlled dangerous substance. However, the provisions of this subsection shall not apply, and the in-person examination or review of a patient shall not be required, when a health care provider is prescribing a stimulant which is a Schedule II controlled dangerous substance for use by a minor patient under the age of 18, provided that the health care provider is using interactive, real-time, two-way audio and video technologies when treating the patient and the health care provider has first obtained written consent for the waiver of these in-person examination requirements from the minor patient’s parent or guardian.”

Teledentistry (D9995) can only be billed in conjunction with CDT code D0140 – *limited oral evaluation – problem focused*.

- For Federally Qualified Health Centers – the encounter code (D0120 with modifier 22), along with D9995 and D0140, must be billed for the same date with all services submitted on the same claim.
- For All Other Providers – both D9995 and D0140 must be billed for the same date with both services submitted on the same claim.

Managed care plans may have different requirements and providers are encouraged to refer questions or request guidance from those plans with which they have contracts.

If you have any questions concerning this Newsletter, please contact Gainwell Technologies at 1-800-776-6334.

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