



DOCUMENT 08

Teledentistry Codes, Coverage Reality, Monitoring Use Cases, and Reimbursement Strategy

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Why This Document Exists

When buyers push back with:

- “Insurance doesn’t cover that”
- “Patients only get X visits per year”
- “Why would we scan monthly?”

They are mixing up **benefit design**, **billing codes**, and **care delivery models**.

This document gives you the **real framework** so you can sell DentalScan confidently across:

- preventive screening
- orthodontic monitoring
- implant and cosmetic follow-ups
- institutional and employer programs

1) When Teledentistry Became Formalized (Codes Timeline)

Dedicated teledentistry CDT codes were introduced in **2018**:

- **D9995** — Teledentistry, synchronous (real-time)
- **D9996** — Teledentistry, asynchronous (store-and-forward)

These codes established teledentistry as a **recognized delivery modality** in dentistry.

Important: these codes describe **how care is delivered**, not necessarily a standalone reimbursable service.

2) How Teledentistry Codes Are Actually Used in Practice

In real-world billing, D9995 and D9996 are most often:

- Submitted **in conjunction with other dental procedure codes**
- Used as **modality indicators** (remote vs in-person)
- Required by some payers for documentation, even when not separately reimbursed

You do **not** usually bill “teledentistry alone.”

3) Codes Commonly Associated With Screening & Monitoring

Preventive / Screening Context

- Screening and assessment codes (payer- and program-specific)
- Documentation-based encounters paired with D9996

Orthodontic Monitoring

- Used to document **remote progress checks**
- Supports reduced in-office visits
- Common in aligner-based treatment models

Implant, Crown, and Prosthetic Monitoring

- Used for:
 - Healing observation
 - Post-op monitoring
 - Early complication detection
- Often cash-pay or bundled into treatment plans

Cosmetic Dentistry Monitoring

- Whitening progress
- Gum health changes
- Aesthetic follow-ups
- Typically **not insurance-dependent**

Key point: monitoring use cases are where **recurring scans make the most sense**, regardless of insurance limits.

4) Private Dental Insurance Coverage Reality (Critical)

There is **no universal percentage** of private dental plans that pay teledentistry codes as standalone items.

What typically happens:

- Payers **accept** claims with D9995/D9996
- The teledentistry code is often treated as:
 - descriptive
 - inclusive
 - non-separately reimbursed
- Reimbursement (if any) is tied to the **underlying evaluation or procedure**, subject to normal plan rules

This is why saying “insurance doesn’t cover teledentistry” is often **misleading**.

5) Medicaid & Public Program Coverage (High-Level Reality)

- Medicaid teledentistry reimbursement exists but is **state-dependent**
- A subset of states reimburse for D9995/D9996
- Rules vary by:

- state
- modality
- provider type
- frequency

For sales purposes:

- You should position Medicaid as **possible**, not guaranteed
- Institutional funding often bypasses individual reimbursement complexity

6) Frequency Limits vs Monitoring Reality

Many dental plans are designed around:

- 2–3 preventive visits per year
- annual maximums
- frequency limitations

These limits apply to **insurance benefits**, not to:

- orthodontic monitoring
- implant follow-ups
- cosmetic tracking
- institutional screening programs
- employer-sponsored benefits

Important distinction:

Insurance limits ≠ medical or operational limits.

Monitoring is where DentalScan creates **ongoing value**, even when insurance benefits are capped.

7) Monthly Monitoring vs Annual Preventive Visits

Insurance-Based Preventive Care

- Limited visits per year
- Strict frequency rules
- Chair-time dependent

DentalScan Monitoring

- Can be:
 - monthly
 - bi-monthly
 - treatment-phase-based
- Often:
 - cash-pay
 - bundled
 - employer- or institution-funded

This is why DentalScan performs best when sold as:

- infrastructure
- monitoring layer
- screening program

8) Dental Insurance vs Discount Plans vs Cash Pay

Dental Insurance

- Subject to plan rules
- Annual caps and frequency limits
- Not designed for frequent monitoring

Dental Discount Plans

- Not insurance

- Provide negotiated pricing
- No reimbursement mechanics

Cash Pay / Institutional Funding

- No frequency restrictions
- Ideal for:
 - orthodontics
 - implants
 - cosmetic monitoring
 - senior living
 - schools
 - employer benefits

Sales takeaway:

If insurance becomes a blocker, reposition to **program funding or cash monitoring**.

9) Why Institutions & Employers Are Ideal Buyers

Institutions are not buying:

- dental claims
- reimbursement optimization

They are buying:

- risk reduction
- early detection
- access
- reporting
- cost avoidance

This allows pricing like:

- **\$25–\$50 per scan per person**
- recurring monitoring programs
- population-based contracts

10) What to Say When Coverage Is Challenged

Use this language:

“Teledentistry codes were introduced in 2018 as a recognized delivery method. Coverage varies by payer and plan. In many cases, the teledentistry code documents how care is delivered, while reimbursement follows standard evaluation rules. For monitoring, cosmetic, orthodontic, and institutional programs, funding is typically handled outside individual insurance benefits.”

Then move the conversation back to **value and deployment**.

11) Key Takeaways to Memorize

1. Teledentistry codes exist to document **delivery method**, not guarantee payment
2. Monitoring (ortho, implants, cosmetic) is where DentalScan shines
3. Insurance limits do not apply to institutional or employer programs
4. Monthly scans are operationally valid even when insurance is capped
5. The strongest contracts are **program-funded**, not claim-dependent

Positioning Rule for This Topic

Sell DentalScan as screening and monitoring infrastructure — not as an insurance product.

If you do that, coverage questions stop killing deals.