

POLICY STATEMENT

Teledentistry: Expanding Access and Integration in Oral Healthcare

Summary

Access to oral care remains a persistent challenge across the United States, particularly for rural populations, children, older adults, and individuals with lower incomes. These variations are linked to broader social determinants of health and are reflected in unmet oral health needs across vulnerable populations. Oral health care delivery remains largely siloed from the broader healthcare system and underscores the need for innovative care delivery models to improve coordination and support continuity of care, particularly for populations with complex health needs.

Since the adoption of the Association of State and Territorial Dental Directors' (ASTDD) 2019 teledentistry policy statement and its Best Practices Approach Report in 2021, oral health care has been fundamentally transformed. The COVID-19 pandemic accelerated the utilization of telehealth technologies, including teledentistry, demonstrating its value as a core strategy for maintaining care continuity and improving access. Teledentistry expanded across multiple care settings, supported by emergency regulatory changes and increased reimbursement flexibility. Teledentistry modalities were rapidly adopted across settings to maintain continuity of care.

Barriers to broader implementation persist, including gaps in broadband infrastructure, variability in state reimbursement policies, and differing regulatory frameworks from state to state. At the same time, evolving current dental terminology (CDT) coding and expanding reimbursement flexibility have improved the feasibility and sustainability of teledentistry. In addition, guidelines and protocols are available to facilitate its use.

State and Territorial Oral Health Programs (S/TOHPs) are well positioned to promote teledentistry across public and private delivery systems including Medicaid, Federally Qualified Health Centers (FQHCs), schools, and long-term care settings. S/TOHPs can facilitate partnerships, guide evidence-based practices, and support workforce development. ASTDD supports the continued and appropriate use of teledentistry to improve access, enhance care coordination, and strengthen dental-medical integration. This statement reflects current evidence and provides guidance for S/TOHPs to support the effective implementation of teledentistry.

Problem

Persistent Barriers to Oral Health Care Access

Significant barriers to oral health care access persist in the United States, affecting both general and specialty dental services. Barriers may disproportionately impact rural populations, children, older adults, and individuals with lower incomes. Variations are linked to broader social determinants of health^{1,2} and are reflected in unmet oral health needs across vulnerable populations.³ Structural barriers driving these differences include persistent workforce maldistribution, with ongoing debate regarding whether access challenges reflect a true workforce shortage or the uneven geographic distribution of providers, as well as transportation barriers that disproportionately affect rural and underserved communities.^{4,5,6} Individuals living in these areas may experience increased travel burdens, time away from work or school, and delays in receiving care.

The increased utilization of telehealth technologies, including teledentistry, has been effective in responding to many of these barriers.⁷ This paper provides an overview of its function as a care delivery model or adjunct, its efficacy in addressing barriers, ongoing challenges, effectiveness across diverse populations and care settings, implementation considerations and future directions, and potential roles for S/TOHPs.

According to the Health Resources and Services Administration (HRSA), approximately 60 million people reside in Dental Health Professional Shortage Areas (HPSAs). Geographic variations in specialty access are even more pronounced, particularly in rural communities.⁶ More than 98% of dental specialists practice in urban areas, leaving rural populations consistently underserved while facing average travel times 3.2 times longer than urban residents for specialty care.⁶ These discrepancies contribute to delays in diagnosis and treatment, use of emergency departments where definitive care is not available, reliance on distant referral networks, and result in persistent delays in access to timely oral health services. Challenges with access are also evident in long-term care facilities and among populations requiring specialty services, where timely access to dental care is often limited.

Insurance-related barriers further compound these access challenges. Commercial dental insurance models often function less as comprehensive insurance and more as limited benefit subsidies or offsets to the costs of care, differing substantially from medical insurance models based on broader risk protection.⁸ Although Medicaid and CHIP improve access to all healthcare, participation among providers remains variable, limiting service availability (Currie & Chorniy, 2021).⁹

Fragmentation of Care Systems

Oral health care delivery remains largely siloed from the broader healthcare system. Limited integration between dental and medical services contributes to inefficiencies in referral pathways, delays in care, and missed opportunities for prevention and early intervention (Atchison et al., 2018; Christian et al., 2023).^{10,11} The lack of coordinated systems becomes more problematic for populations with complex health needs, including individuals with chronic conditions, disabilities, and those receiving care in institutional settings. All of this underscores the need for innovative care delivery models to improve coordination and support continuity of care, particularly for populations with complex health needs.

Evolution of Teledentistry: Pre-COVID and Post-COVID Transformation

Teledentistry, a subset of telehealth, uses technology (including digital radiographs, digital photos/videos, electronic health records, the Internet, etc.) to facilitate the delivery of oral healthcare and oral health education services from a provider in one location to a patient in a physically different location.^{12,13} Before the COVID-19 pandemic, teledentistry was primarily utilized in pilot programs and targeted initiatives aimed at improving access in rural and underserved populations. Adoption was limited by regulatory restrictions, reimbursement challenges, and a lack of provider familiarity.^{14,15,16} ASTDD's 2021 Best Practice Approach Report (BPAR) on teledentistry documented the evidence base supporting its use and identified key implementation strategies for state oral health programs).¹⁷

The COVID-19 pandemic marked a significant turning point. Teledentistry experienced rapid expansion across multiple care settings, supported by emergency regulatory changes and increased reimbursement flexibility. Teledentistry modalities were rapidly adopted across settings to maintain continuity of care.¹⁸

Post-pandemic, teledentistry has transitioned into a sustained model of care delivery. Evidence suggests continued utilization and increased provider acceptance, with integration into routine clinical workflows. This evolution reflects a broader shift from teledentistry as a supplemental innovation to being a key strategy for improving access and system integration. The evidence and practical experience support the effectiveness of teledentistry across diverse populations and care settings, spanning consultation, triage, treatment planning, monitoring, and follow-up.

Ongoing Challenges

Despite its growth, several challenges remain. Gaps in broadband access and technology continue to limit implementation in rural and underserved areas. Differences in state regulations and reimbursement policies create inconsistencies in adoption. Additional challenges include selecting appropriate patient monitoring strategies, particularly for remote applications, as well as variability in provider and patient acceptance of technology-enabled care models and ability to engage and participate in them.^{19,20}

Furthermore, limitations of remote examinations, including the inability to perform tactile assessments or obtain radiographs in certain settings, must be acknowledged.¹⁹ Ensuring privacy, security, and compliance with HIPAA regulations remain essential.

Method

Applications and Evidence

Teledentistry includes the following modalities:

- Synchronous – real-time audio and video encounters
- asynchronous – store-and-forward exchange of clinical information
- remote patient monitoring – collection and transmission of patient data over time
- mobile health – mHealth applications

These modalities align with the American Dental Association's Policy on Teledentistry²¹ and HRSA's definition of telehealth as the use of electronic information and telecommunication technologies to support long-distance clinical health care.¹³ They allow providers to deliver services across diverse settings, including schools, community clinics, and long-term care facilities. The ADA document, Guide to Understanding and Documenting Teledentistry Events, offers "insight and understanding of how care is delivered and reported when teledentistry is a facet of the process," including additional definitions and discussion of coding.²²

Evidence of Effectiveness

A growing body of evidence supports the effectiveness of teledentistry across diverse populations and care settings, spanning consultation, triage, treatment planning, monitoring, and follow-up.

- **Pediatric access:** Teledentistry has demonstrated diagnostic accuracy comparable to in-person examination in pediatric populations, supporting early identification of dental conditions and significantly improving treatment compliance among rural pediatric patients.^{23,24} Rigorous training and calibration must be emphasized to ensure a high level of accuracy. Synchronous teledentistry consultations have been shown to significantly improve treatment compliance among rural pediatric patients.²³ Studies of synchronous consultations indicate similarly high compliance among pediatric and other population groups.^{25,26}
- **Specialty consultation:** Applications include remote consultation for temporomandibular disorders, trauma evaluation, orthodontic monitoring, identification of oral lesions, periapical (root-related) pathology, and oral surgery, which enables specialist support for general dentists and facilitates interdisciplinary consultation and second opinions.^{27,28}
- **Long-term care:** Teledentistry has improved access to preventive, routine, and prosthodontic care in long-term care settings, reducing untreated disease and supporting ongoing oral pathology monitoring.²⁹
- **Care coordination and medical-dental integration:** Teledentistry improves communication among providers and between dentists and patients, reduces unnecessary travel, and supports medical-dental integration by enabling remote triage and care management across FQHCs, pediatric medical homes, and community-based programs.^{27,30,31} By enabling communication between medical and dental providers, teledentistry supports coordinated, patient-centered care. It serves as an enabling infrastructure for integration rather than a replacement for in-person services.

Teledentistry does not replace in-person oral health care; rather, teledentistry complements it by providing an initial point of entry, a connection for patients of record, and by facilitating access for those who might otherwise have difficulty accessing oral healthcare.³²

Future Directions

Teledentistry is expected to continue expanding in areas such as emergency triage, chronic disease monitoring, and preventive care. Advances in digital imaging and artificial intelligence may enhance diagnostic capabilities and efficiency.¹⁹ Additionally, alignment with national research priorities in dental public health highlights the importance of innovative delivery models, including teledentistry, in improving population oral health outcomes.¹⁹

Implementation Considerations

Effective implementation of teledentistry requires secure, HIPAA-compliant platforms, informed consent processes, and appropriate documentation.²² Training for staff and clinical providers is essential to ensure quality and consistency of care.¹³ Training should also support confidence in diagnosis using digital records, selection of appropriate monitoring strategies, and patient engagement in virtual care models. Infrastructure capacity is essential, including broadband access and equipment availability. Digital literacy concerns and affordability related access must also be addressed to ensure minimal variations in implementation.^{33,20}

Practical resources such as the Iowa Teledentistry Implementation Toolkit guide workflow integration, workforce roles, and program development. The U.S. Department of Health and Human Services' Introduction to Telehealth for Oral Health offers federal best-practice guidance and serves as a key reference for aligning state programs with national standards.¹³

Because coverage for services and legal authority to provide services may operate independently and affect implementation differently, clear distinctions between reimbursement policies and regulatory requirements are necessary. Teledentistry services must be delivered in alignment with applicable state dental practice acts. Supervision standards for allied dental personnel providing teledentistry-enabled services should reflect each state's scope-of-practice framework. The following table, compiled by the Oral Health Workforce Research Center, Center for Health Workforce Studies, SUNY Albany, summarizes characteristics among states as of November 2022 in teledentistry regulation by source of authority, types of services, allowed providers, and Medicaid reimbursement using ADA codes:

Variation in Teledentistry Regulation by State Source of Authority to Provide Teledentistry Services

Source of Authority	Number of States
Dental practice act or Dental Board Regulation	22 states
Telehealth/Telemedicine Statute or Regulation	16 states & DC
Dental Board Directive/Opinion or Medicaid Regulation/Directive	8 states
Types of Allowable Services	
Synchronous and Asynchronous	41 states
Synchronous only	5 states & DC
Allowed Providers	
Dentists only	12 states & DC
Dentists and Dental Hygienists	5 states & DC
	34 states
Medicaid Reimbursement for CDT Codes D9995 and/or D9996	14 states

Billing and reimbursement policies for telehealth delivered services vary from state to state.³⁶ For additional detail, the Center for Connected Health Policy (CCHP) offers a chart with a summary of each state's telehealth policies, using information gathered between late May and early September 2025.³⁷ CCHP also provides an explanation of the two types of parity requirements related to telehealth laws.

Patient rights in teledentistry encounters, including the right to informed consent, confidentiality, and continuity of care, should be explicitly addressed in program policies, and should be consistent with guidance from the American Academy of Pediatric Dentistry³⁸ and other national bodies. Other sources for guidance include the Department of Health and Human Services and the ADA, as noted above.

Role of State and Territorial Oral Health Programs

Teledentistry has emerged as an important strategy for improving access to oral health services, enhancing care coordination, and supporting integration between oral health and primary care systems. S/TOHPs are well positioned to promote teledentistry implementation and integration across public and private delivery systems, including Medicaid programs, FQHCs, schools, long-term care settings, and other community-based care models.

S/TOHPs can:

- Facilitate partnerships across healthcare, community, and tribal health systems
- Guide evidence-based practices
- Support alignment of state teledentistry programs with federal guidance, including HHS's Introduction to Telehealth for Oral Health and ASTDD's 2021 BPAR
- Promote evidence-based implementation of teledentistry across all eligible populations and settings
- Identify infrastructure and broadband access barriers to ensure broad implementation across rural, underserved, and institutional settings and promote access to telehealth infrastructure
- Support workforce training and interprofessional collaboration, including competency in digital records, remote monitoring, and virtual patient engagement
- Support efforts for reimbursement parity between teledentistry and equivalent in-person services in both public (Medicaid, CHIP) and private insurance programs
- Promote efforts to ensure that teledentistry services are provided in alignment with applicable state dental practice acts and supervision standards for allied dental personnel
- Support efforts to uphold patient rights in teledentistry encounters, including informed consent, data privacy, continuity of care, and to eliminate variations in access to services
- Monitor utilization and outcomes
- Promote and participate in ongoing evaluation and policy development to ensure sustainable and effective integration of teledentistry into oral health care delivery systems

By fulfilling these roles, S/TOHPs can help ensure that teledentistry is implemented sustainably, across all populations and in alignment with broader public health goals.

Policy Statement

ASTDD supports the continued development and appropriate use of teledentistry to improve access to oral health services, enhance care coordination, and strengthen dental-medical integration. S/TOHPs can play a central role in promoting teledentistry as a significant complement to in-person oral health care across public and private delivery systems, including but not limited to Medicaid programs, FQHCs, schools, long-term care settings, and other community-based care models. ASTDD recognizes the importance of ongoing evaluation and policy development to ensure sustainable and effective integration of teledentistry into oral health care delivery systems.

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