Policy on Teledentistry

Revised
2025

How to Cite: American Academy of Pediatric Dentistry. Policy on teledentistry. *The Reference Manual of Pediatric Dentistry*. American Academy of Pediatric Dentistry; 2026:77-78.

Purpose

The American Academy of Pediatric Dentistry (**AAPD**) recognizes the need for improved access to oral health care services for infants, children, adolescents, and individuals with special health care needs when circumstances create barriers to care. The AAPD advocates teledentistry as a valuable tool to improve access to care for pediatric patients.

Methods

This policy was developed by the Council on Clinical Affairs and adopted in 2021.[1] A PubMed/MEDLINE search was performed using the terms: (*dental care for children* [**MeSH**] OR *evidence based dentistry* [MeSH] OR *oral health disparities* [**Tiab**] OR *general practice, dental* [MeSH] OR *vulnerable populations* [MeSH]) AND (*telemedicine* [MeSH] OR *teledentistry* [Tiab] OR *remote consultation* [MeSH] OR *videoconferencing* [MeSH] OR *digital health* [MeSH] OR *distance counseling* [MeSH]); fields: all; limits: within the last 10 years, English. One hundred ninety articles were identified in this search. Additionally, websites for the American Dental Association, AAPD, American Academy of Pediatrics, and American Telemedicine Association were reviewed. Expert opinions and best current practices were relied upon when clinical evidence was not available.

Background

Telehealth broadens health care delivery for patients in remote and underserved communities.[2-5] Teledentistry involves the use of telehealth modalities to deliver dental care and has many benefits in improving access to oral health care in a cost-effective manner for infants, children, adolescents, and individuals with special health care needs.[6] Teledentistry may provide time savings, reduce transportation burdens, and facilitate treatment planning for patients, parents, and practitioners.[7] Additionally, teledentistry is useful in providing consultations for time-sensitive injuries or when unexpected circumstances result in difficulties accessing care.

Telehealth, including teledentistry, occurs in numerous formats, including asynchronous (also known as store and forward) or synchronous (live video) modalities, mobile health care utilizing mobile technology, and remote patient monitoring.[4,8,9] Asynchronous modalities in telehealth utilize the transmission of health records, including photographs, videos, and radiographs, to a practitioner so that he may assess the patient.[4,6,8] Asynchronous modalities do not occur in real time. Synchronous telehealth modalities include a real-time 2-way visual interaction between a practitioner and patient.[4,8] Mobile health care utilizes mobile technology such as cellular telephones to promote oral health behaviors and monitor oral health.[4,8] Remote patient monitoring is the electronic transmission of health and medical data from individuals outside a hospital or clinic to health care professionals in an alternate location to facilitate monitoring and surveillance of diseases.[10]

Teledentistry expands access to oral health care, contributing to greater health equity.[2,6,8] Virtual dental appointments can result in improved access to specialty care for patients in rural and underserved communities.[6,11,12] Use of teledentistry increases potential for collaborative multidisciplinary care, such as that needed for patients with cleft lip and palate. Teledentistry heightens continuity of care and augments oral health instruction, dietary counseling, and nutrition education; it may lead to timely detection and treatment of early childhood caries.[6,7,13] Additionally, teledentistry is widely accepted by patients, their families, and dental professionals through utilization of technology that is economical and already part of daily life for many.[6,14,15]

Studies find teledentistry as reliable as in-person examinations for dental, orthognathic, and oral surgery evaluations, including recognition and management of odontogenic infections.[6,16] When possible, obtaining dental radiographs in conjunction with the teledentistry visit can aid in a more thorough dental diagnosis. Examinations conducted via teledentistry result in valid treatment decisions by dental professionals.[7,16]

Statutes and case law of individual states govern the practice of dentistry, including teledentistry. Some states may require dentists to be licensed in the state in which their patient is receiving services.[8] As with traditional delivery of dental services, consent for and documentation of teledentistry in accordance with state guidelines are essential. Documentation of a teledentistry visit would be like that of an in-person visit, encompassing a thorough description of the encounter. Security measures and privacy of protected patient information are necessary to ensure compliance with state and federal laws.[8,17] Review of applicable regulations can help oral health care professionals determine their compliance with licensure, documentation, and electronic security requirements for teledentistry. The care delivered through teledentistry is expected to conform to evidence-based dentistry.[8]

ABBREVIATIONS
AAPD: American Academy of Pediatric Dentistry. **MeSH:** Medical subject heading. **Tiab:** Title and abstract.

Policy statement

The AAPD encourages the use of teledentistry as an adjunct to in-person clinical care to improve access to care for infants, children, adolescents, and individuals with special health care needs. The AAPD advocates that teledentistry services

- be recognized as a vital extension of contemporary pediatric dentistry by stakeholders including oral health care professionals, patients, state and federal regulatory agencies, and third party payors.
- complement but do not serve as a substitute for the establishment of a dental home.
- serve as a useful tool for the timely assessment and triage of traumatic injuries.
- provide an important option when access to oral health care professionals is limited including, but not limited to, local unforeseen circumstances, patients in remote locations, and patients with special health care needs who may not be able to engage in traditional services.
- be consistent with evidence-based guidelines and recommendations promulgated by organizations or agencies with recognized expertise and stature.
- be included as an essential component of health care benefits plans with reimbursement rates on par with in-person delivery of care.

The AAPD recognizes that teledentistry is an expanding and increasingly beneficial technology. Further research and development of teledentistry policy and technology are needed on a state and national level to facilitate widespread implementation.

References

1. American Academy of Pediatric Dentistry. Policy on teledentistry. *The Reference Manual of Pediatric Dentistry*. American Academy of Pediatric Dentistry; 2021:51-52.
2. Khairat S, Haithcoat T, Liu S, et al. Advancing health equity and access using telemedicine: A geospatial assessment. *J Am Med Inform Assoc*. 2019;26(8-9):796-805. DOI: 10.1093/jamia/ocz108
3. Kopycka-Kedzierawski DT, Billings RJ. Comparative effectiveness study to assess two examination modalities used to detect dental caries in preschool urban children. *Telemed J E Health*. 2013;19(11):834-840. DOI: 10.1089/tmj.2013.0012
4. Kopycka-Kedzierawski DT, McLaren SW, Billings RJ. Advancement of teledentistry at the University of Rochester's Eastman Institute for Oral Health. *Health Affairs*. 2018;37(12):1960-1966. DOI: 10.1377/hlthaff.2018.05102
5. McLaren SW, Kopycka-Kedzierawski DT, Nordfelt J. Accuracy of teledentistry examinations at predicting actual treatment modality in a pediatric dentistry clinic. *J Telemed Telecare*. 2017;23(8):710-715. DOI: 10.1177/1357633X16661428
6. Irving M, Stewart R, Spallek H, Blinkhorn A. Using teledentistry in clinical practice as an enabler to improve access to clinical care: A qualitative systematic review. *J Telemed Telecare*. 2018;24(3):129-146. DOI: 10.1177/1357633X16686776
7. Iribarren S, Leary KS, Lesch A, et al. Synchronous teledentistry in a university pediatric dentistry clinic: Impact on treatment completion and visit attendance. *Pediatr Dent*. 2024;46(2):128-134.
8. ADA policy on teledentistry. American Dental Association; 2020. Accessed October 5, 2024. https://www.ada.org/about/governance/current-policies/ada-policy-on-teledentistry
9. Lyne A, Noar J. Virtual clinics in paediatric dentistry. *Int J Paediatr Dent*. 2024;34(Suppl 1):52-58. DOI: 10.1111/ipd.13245
10. American Telemedicine Association. Telehealth: Defining 21st Century Care. American Telemedicine Association; 2020. Accessed June 2, 2025. https://f.hubspotusercontent30.net/hubfs/5096139/Files/Resources/ATA_Telehealth_Taxonomy_9-11-20.pdf
11. Nguyen J, Yang S, Melnikova A, et al. Novel approach to improving specialist access in underserved populations with suspicious oral lesions. *Curr Oncol*. 2023;30(1):1046-1053. DOI: 10.3390/curroncol30010080
12. Sharma H, Suprabha BS, Rao A. Teledentistry and its applications in paediatric dentistry: A literature review. *Pediatr Dent J*. 2021;31(3):203-215. DOI: 10.1016/j.pdj.2021.08.003
13. Aly NM, El Kashlan MK, Giraudeau N, El Tantawi M. A Tele-detection and referral pAthways model for early childhood cariEs control – a protocol for a randomized factorial study: The TRACE study. *BMC Oral Health*. 2024;24(1):934. DOI: 10.1186/s12903-024-04706-8
14. American Telemedicine Association. Patient satisfaction with virtual care. American Telemedicine Association, 2021. Accessed October 5, 2024. https://www.americantelemed.org/resources/patient-satisfaction-with-virtual-care/
15. Tan WK, Chua DR. Parental use and acceptance of an accessible, commercially available intraoral camera for teledentistry in their children. *Eur Arch Paediatr Dent*. 2024;25(2):237-246. DOI: 10.1007/s40368-024-00878-7
16. Alabdullah JH, Daniel SJ. A systematic review on the validity of teledentistry. *Telemed J E Health*. 2018;24(8):639-648. DOI: 10.1089/tmj.2017.0132
17. Burke BL Jr, Hall RW; Section on Telehealth Care. Telemedicine: Pediatric applications. *Pediatrics*. 2015;136(1):e293-e308. DOI: 10.1542/peds.2015-1517