Transcript for NC DHHS COVID-19 Guidance for Dental Professionals
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5:30pm -6:30pm

Presenters:
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Darlene P. Baker, RDH – Medicaid Lead Dental Policy Analyst

Hugh:
It is 5:30. Let's get started. Good evening everybody. Thank you for participating in this evening's webinar Covid-19 guidance for dental professionals. OSHA and CDC recommendations in PPE and a review of temporary medical policy revisions. This forum is put on for the dental professionals by the North Carolina Department of Health and Human Services. Our goal is to provide an update on the states activities and then to respond to your questions.
My name is Hugh Tilson, and I will moderate this evening's forum. The panelists are Dr. Sarah Tomlinson, Dr. Mark Casey and Darlene Baker. We thank you for what you do and giving us your time. Before I turn it over to Sarah, I want to thank everyone for making time in your busy schedule to participate in this webinar and for all that you are doing. The information presented this evening hopefully will help you in your work and make navigating these trying times easier.
After you hear from our presenters, we'll turn to your questions. We've learned from past forums, that the presenters will often address your questions during the presentation. I encourage you until the presenters are through with the presentations before submitting a question. Please know that if for some reason we can't get to all questions, we will send them to the panelists so they can respond to you directly. To submit a question, use the Q&A function on the black bar at the bottom of the screen. The Q&A function at the bottom of the screen. If you are on the phone, you are muted and you can't ask a question unless

you sent us one through Gmail. That address is questionscovid19webinar@gmail.com. We will record this webinar and have recording, transcript, and slides available to the public on the AHEC website as early as tomorrow. Go ahead Sarah.

Dr. Sarah Tomlinson:

Thank you. For my part of the presentation, we will look at PPE. We're going to start by reviewing the national guidance from organizations on dental practice. We will move to OSHA standards, their precautions and the hierarchy of control. We will take a deeper dive into masks and respirators and close out with a more detailed discussion on CDC guidance around personal protective equipment and we will specifically talk about the items they list on their interim guidance for dental care. The CDC guidance explains why the issue of dental care is of heightened concern. It's the aerosols that are generated. Therefore, patient and staff safety when dealing with an easily transmissible virus that can be aerosolized. Postponing elective care and treating urgent needs only is a mitigation strategy in addition to preserving PPE and supporting the hospital response should they get overcome with Covid patients.

Three weeks, ago on May 1, OSHA created their dental webpage and issued their Covid specific guidance. It reads on March 16, the ADA called for dentist to keep their offices closed to all but urgent and emergency during the Covid crisis. Unless emergency procedures absolutely cannot be delayed, OSHA further recommends that emergency dental procedures be performed on patients with suspected or confirmed Covid-19 only if appropriate precautions, including personal protective equipment are available and used. OSHA continued their guidance and pointed to changing conditions as a way for dentists to evaluate risk according to their location and adjust their takeaways from the guidance. And, you can see that in red up there. As America transitions to opening up America again, employers will likely be able to adapt this guidance to better suit involving risk levels and necessary control measures in their workplaces.

Until more is not how Covid-19 spreads, OSHA recommends using a combination of standard precautions, contact precautions and droplet precautions to protect dental providers from non-aerosol generating procedures on individuals without suspected or confirmed Covid-19. In emergency situations when workers have exposure to Covid or

confirmed Covid-19 patients and any time when performing aerosol generating procedures use standard precautions, contact cautions, and airborne precautions. OSHA also points the CDC is providing the most updated infection prevention and control recommendations for emergency dental procedures during the Covid-19 pandemic. As I understand their guidance, there must current guidance is going through approvals now and should be posted soon.

Personal protective equipment or PPE as defined by OSHA is specialized clothing or equipment worn by an employee for protection against infectious materials. Employers must provide that necessary PPE and support its use by their staff. A key difference between OSHA and the CDC is that OSHA outlines the circumstances that require PPE and the CDC recommends when and how to use it properly.

Standard precautions is an outgrowth of universal precautions. Universal precautions were first recommended in 1987 to prevent the transmission of blood borne pathogens to healthcare personnel. Standard precautions is intended to prevent the transmission to staff, patients, and visitors. When PPE is needed, and if so, which type is determined by the amount of clinical interaction with patients and the expected blood and body fluid contact and whether the patient has been placed on isolation precautions such as contact, droplet, or airborne.

Under standard precautions, gloves should be used when touching body, body fluids, secretions, excretions or contaminated items and for touching mucus membranes and non-intact skin. A gown should be used during procedures and patient care activity when contact of clothing/exposed skin with blood, body fluid, secretions or excretions is anticipated. Mask and goggles or a face shield should be used during patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions. Contact precautions requires gloves and gown for contact with the patient and or entering the environment of care. Droplet precautions requires the use of a surgical mask and airborne infection isolation requires that a respirator be worn. As we said earlier, during the pandemic response, droplet precautions are for non-covid and not aerosolizing procedures and airborne precautions are for Covid-19 infections and aerosolizing procedures.

OSHA's blood-borne pathogen standard applies to occupational exposure to blood and other potentially infectious materials including saliva in dental procedures. The blood-borne pathogen standard does not specifically apply to occupational exposure to respiratory secretion although saliva may contain respiratory secretion and in dentistry the standard applies to occupational exposure to saliva. Even when the standard does not apply it offers a framework that may help control some sources of the virus. Including exposure to body fluids such as respiratory secretions not covered by the standards.
Controlling exposures to occupational hazards is the fundamental method of protecting workers. Traditionally, a hierarchy of controls is used to identify control solutions. The idea behind this hierarchy is that the control methods at the top of the graphic are potentially more effective and protective than those at the bottom. Following this hierarchy normally leads to the implementation of inherently safer systems where the risk of illness or injury has been substantially reduced. PPE is at the bottom of this graph with elimination and substitution at the top.
Elimination in substitution, while most effective at reducing hazards, also tend to be the most difficult to implement in an existing process. For dentistry, following guidance from federal, state, local, tribal or territory public health agencies and professional organizations such as the ADA consider appropriate modification to patient selection procedures. Here's how elimination plays into the dental guidance during the early stages of covid. Providers were asked to offer emergency care and delay not urgent procedures, thereby eliminating some of the risk of exposure to employees to those with Covid-19.
Engineering controls are favored over administrative and personal protective equipment because they are designed to remove the hazard at the source, before it comes in contact with the worker. Well designed engineering controls can be highly effective in protecting the workers and will typically be independent of worker interactions. When urgent or emergency dental care is needed, use engineering controls to shield workers, patients and visitors from potential exposure to SARS-Covid-II. This includes easily contaminated physical barriers or partitions between patient treatment areas, such as curtains separating patients in a semiprivate area or use local exhaust ventilation to capture and remove mist or aerosols generated during the dental procedure.

Administrative controls and PPE are frequently used with existing processes where hazards are not well controlled. For dental care in the covid space, administrative controls can be phoned triage and screening those that come in, offering tele-dental services to address oral health needs without an in-person appointment. Use patient isolation. And, limit aerosol generating procedures.

Overarchingly, safe work practices for dentistry include following the standards for blood borne pathogens, reduce aerosol procedures, work away from others so you will distance yourself while at work and avoid touching your face while in PPE. Providers should always remove their PPE and wash their hands before touching their face.

Now we will take a deep dive into masks. These next slides will be a review. I'm getting lots of questions about respirators. And they're getting hard to find, alternatives may be needed. We're going to start with surgical masks. These are disposable coverings designed to be loosefitting over the users nose and mouth. They leave gaps between the mask and face, and can allow particles to pass around. Since the FDA does not address the fit and function of masks, and since surgical masks are not NIOSH-approved, these masks may not be used in situations covered by OSHA in areas requiring the use of respiratory protection.

A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the risk of inhaling hazardous airborne particles, gases and vapors. Respirators are certified by the CDC NIOSH. The most common type of N95 respirator is disposable and not designed for multiple use. However, healthcare workers may be directed to re-wear these respirators with specific directions during emergency shortages. Fit testing is required. Additionally, disposable N95 respirators can be damaged by moisture and spray from certain work tasks such as aerosolizing procedures. N95 respirators should not be reused for aerosolizing procedures. For a true reasonable respirator, an elastomeric or powered air purifying respirator should be considered.

It's a new day in masks for dental providers. During extended procedures, in which aerosols could cause moisture to collect in and on a respirator, OSHA recommends using a R95 or a P95. They are more resistant to oils and moisture or a better filtering face piece. An elastomeric respirator or a powered air purifying respirator (PAPR)-- those are the masks pictured here. Providers will have to think about the inherent value in their ability to

be used long-term especially when N95s are difficult to secure and how these can be used with the visual magnification dentist and hygienist alike are using in practice.

Here's an elastomeric respirator. The face piece should form a tight seal against the users face and fit testing is still required. It's attached filtering cartridges are replaceable which makes the device valuable during times of high demand such as a pandemic. Some health facilities use elastomeric exclusively due to employees perception of better fit. These can be found for under $100 and they've been used since H1N1. The powered air purifying respirator provides superior respiratory protection compared to other respirators. But healthcare workers complain about its restricting peripheral vision. Loosefitting PAPRs can be used when fit testing fails or when facial hair is present. This image is not a loose fitting one. These are about $500 when I compare them on a Google online search. The looser ones, with the loose hood, are between $600 and $1000.

When removing contaminated PPE, such as a N95 respirator, do not touch the outside of the respirator without wearing gloves. Use respiratory protection as part of a comprehensive respiratory protection program that meets the requires of OSHA's respiratory protection standards and includes medical exams, fit testing and training. Employers should pick appropriate PPE and provide it to their dental healthcare providers in accordance to OSHA PPE standards. Dental healthcare providers must receive training on and demonstrate an understanding of when to use PPE, what PPE is necessary, how to properly put it on and remove it in a manner to prevent self-contamination, how to properly dispose of or disinfect and maintain their PPE, and the limitations of PPE. Dental facilities must claim PPE between uses and have a recommended sequence for safely donning and doffing PPE.

Proper PPE for well patients and non-aerosolized procedures are a lab coat, gloves, and eye protection and a surgical mask. For aerosolized procedures, the mask needs to be a N95. If no N95s are available, you can use a surgical mask and a face shield.

The same PPE is for suspected or confirmed Covid-19 patients or anytime there's aerosolization. Gloves, gown, eye protection, and an N95.

These last slides will go over how to put them on and take them off. We will look at the mask, gloves, gown, and eye protection. For masks: before entering a patient room or care area, put on your N95, and if there's no N95 available, use a combination of the surgical

mask and a full face shield. When I say N95, it could be a N95 or the other higher-level respirators we talked about: the elastomeric or PAPR. After exiting the patient's room or care area and closing the door if there is one, remove and discard your disposable respirators and surgical mask, then perform hand hygiene. Before entering the patient room or care area, put on your eye protection, goggles or a full-face shield that covers the front and sides of the face. Eyeglasses and contact lenses are not considered adequate eye protection. If respirators are not available and surgical masks are used, wear a full-face shield. After leaving the patient room or care area, remove your eye protection, clean and disinfect reusable eye protection, or discard your disposable eye protection.
Before entering the patient room or care area put on clean, nonsterile loves. Change gloves if they become torn or heavily contaminated. Before leaving the patient room or care area, remove and discard gloves and immediately perform hand hygiene.
Before entering the patient room or area, put on a clean isolation gown. Change down if it becomes soiled. Before leaving the patient room or area, remove and discard the count in a dedicated container for waste or linen. Discard disposable gowns and launder cloth gowns. These links are active. I don't know how we will share these. These will link to videos from the CDC on and OSHA on doffing and donning the PPE. There are other PPE that providers consider. Aprons, bonnets, and booties, but not of those were listed in the CDC guidance at this time. I will toss it to Darlene Baker for her to discuss the policy changes during Covid-19. Darlene?

Darlene:
Good evening. Tonight, we will talk about questions we've received about dental prophylaxis and then do a review of our tele-dentistry and policy changes and give you some information about the effective dates, prior approval, and claims requirements.
We received a lot of questions from our dental providers about dental prophylaxis. There are two that are covered for adults and children under the age of 13. We mentioned on our last call that a toothbrush prophy is not covered if it includes toothbrush and toothpaste only. This would not be a billable service. During the Covid-19 state of emergency, if there was no N95 mask that could be used for aerosolizing treatments, than a dental hygienist could use hand instrumentation sickle scalers and curettes to remove dental plaques,

stains, and calculus deposits from the two structures. This is required on both children and adults. The removal of plaque and stains with a toothbrush prophy paste instead of using an air polishing or publishing with a hand piece. This is just during our Covid-19 state of emergency. If both of these services, the hand instrumentation and the removal of plaque with a tooth brush and the prophy paste, are done together, then it would be billable as a complete prophylaxis.

It's important that the provider document appropriately in the patient record. The documentation should include the hand instrumentation and removal of all plaques, stains and calculus, in addition to the removal of the plaque in stains with a toothbrush and prophy paste. And document why this was done because during the Covid-19 state of emergency they were unable to use the prophy jet, air polishing or polishing with that hand piece. This was an alternative treatment they used during this time.

Now we would like to offer a review of our policy changes. This slide shows the tele-dentistry procedure codes. They are covered for North Carolina Medicaid and North Carolina Health Choice. The first procedure code you see, D0999, is an unspecified code that's being used in North Carolina for a telephonic only visit. The next code listed is D9995, the tele-dentistry real time encounter. That must be one of the emergency exam codes, so you have to have enough information to make a diagnosis and then you are allowed to bill the emergency exam and then the tele-dentistry real-time encounter. Our third procedure code, D9996, is the store and forward dentistry procedure. You have to have enough information to make a diagnosis and you would bill one of the emergency limited oral evaluation procedure codes. And then the tele-dentistry storing forward. The store and forward is typically used when information is emailed to the provider. Right now during Covid-19 we are allowing provider to patient encounters. The patient may email or text information to you and you responded to the email or responded to the text but you were not using audio or video during this encounter. This would be an information that’s store and forward the asynchronous. Prior approval is not required for any tele-dentistry services, but you do have to bill those with the tele-helped place of service, too. Place of service is 02. On the left-hand side, we indicate these are temporary changes that were retroactive to March 10, 2020. They will end with the cancellation of the North Carolina state of emergency or it could be the federal state of emergency. We will update providers

with the NCTracks announcement as things progress to let you know when tele-dentistry codes will revert back to previous coverage.

This slide shows the reimbursement procedures. For the telephonic code, $22 is allowed. That's the only service that allowed. That's under D0999. For the real-time encounter, the provider would bill when the emergency evaluation code online one of their claims and then the real-time tele-dentistry D9995, and reimbursed one of the emergency exams of $62.50 for the real-time encounter. If it's a stored and forward encounter for tele-dentistry, the provider would bill one of the emergency exams on line 1 and asynchronous tele-dentistry service on line 2, and it be reimbursed at $22.

Two weeks ago, we made providers aware of additional changes regarding fluoride varnish. We've changed our existing policy. Originally, we covered fluoride varnish for patients under 21 once per six calendar months, and it had to be applied for all teeth erupted on that date of service. Our policy changes effective as of March 10 will allow fluoride varnish to be applied to beneficiaries of all ages once every 90 days. If the patient is high risk for caries, meaning they have active disease or previous carries related treatment. For all ages once every three calendar months period or every 90 days approximately.

Additional policy change was regarding the application of silver diamond fluoride which is billed using procedure code D1354. Our existing policy allowed silver diamond fluoride to be applied to beneficiaries ages 1 to 5 once every six calendar months for the primary teeth and the permanent first molars, and a total of four applications per tooth prior to their sixth birthday. With the Covid-19 changes, we allowed these policy changes to be retroactive back to March 10, 2020 for all ages and we included all the permanent teeth. We still cover all the primary teeth and the permanent teeth for all ages. It would be limited to once per tooth in a six calendar month period and a total of four applications per lifetime.

This is the reimbursement that was currently allowed. These were effective January 1, 2019. This is the current reimbursement. With the silver diamond fluoride application, we allowed the first tooth at $11. The second, third and fourth tooth at $5.50 and you're allowed to apply it on four teeth total for a total reimbursement of $27.50. If you participated two weeks ago, Dr. Kim Right from UNC, who was on our call, mentioned the

guide says to limit the application of fluoride to the total of five teeth per data service. So the Medicaid reimbursement does max out at a total of four teeth at $27.50.

I mentioned these changes all were effective March 10, 2020. They will end with the cancellation of the North Carolina state of emergency or the federal declaration state of emergency. We will update providers with notification.

Prior approval is not required for any of the tele-dentistry services or the fluoride services we discussed tonight. You will notice when you bill your claim, your claim may be in a pending status and not paid. It may depend for prior approval requirement or for an age overwride. The provider does not need to take any additional action. The NCTracks system will update in 24 to 48 hours and this claim will move to a paid status. When you file your claim, if you notice it in a pending status and it's hitting edits for prior approval or age limitation, no action is needed. Just watch your claim in 24 to 48 hours, you will see that claim update and go to a paid status.

We also wanted to share with providers if you have high risk patients you can also prescribe fluoride paste or gels for patients. This is a list of covered fluoride products. We did release this in the NCTracks bulletin article that was posted on Monday of this week.

I have other good news to share. We've got a lot of questions from dental providers. They saw ADA guidance that the ADA recommended an additional CDC Code, D1999, for the reimbursement of PPE. In North Carolina, instead of adopting this additional procedure code, the legislators allowed an update of all dental fees to be increased by 5 %. That was entered into the NCTracks system this week. You will notice if you got your claims processed in the last day or so you are receiving a 5 % increase on all dental procedure coats from Medicaid and health choice recipients. This change will be retroactive to a March date. There has been discussion whether it would be March 1 or 10th like the other dental policy changes. I don't have the exact date of March 1 or 10th. There will be a NCTracks announcement to all providers and it will be retroactive back to March. The claims that have processed with the March date will be reprocessed automatically in the NCTracks system. They will notify providers of when that will occur. Providers do not need to reprocess their claims. The NCTracks will take care of the reprocessing and apply the 5 % across-the-board increase for all dental procedures beginning in March. Now we will

turn our session back over to our moderator tonight and answer any questions you may have for our speakers.

Hugh:
Great. Thank you for that informative presentation. I have a few questions. Let me remind you to submit questions using the Q&A function at the black bar at the bottom of your screen or if you are on the phone with the email we gave you earlier, questionscovid19webinar@gmail.com.
What's the minimum age for prescription fluoride paste?

Darlene**:**
There's no age limit that I'm aware of. It could be prescribed for any Medicaid or health choice beneficiary. They do recommend a small smear if it is an infant. So parents should use that cautiously. It's a very small smear for an infant or young child, and then a pea-sized amount as the child gets older. Just an awareness of that when the providers are prescribing that.

Dr. Casey:
This is Mark Casey. I would like to add to that. Toothpaste used on preschool children should be Over-the-Counter. Not the prescription strength fluoridated toothpaste.

Darlene:
At what age do you recommend the prescription fluoride toothpaste?

Dr. Casey:
That's a good question. It would be something that the provider should talk to the pediatrician about. There used to be a rule that prior to age 3, that if the dentists wanted to recommend the fluoride toothpaste, they should consult with the pediatrician. These days, we recommend either a smear for a young kid or the preschool kids using a pea-sized amount of fluoride toothpaste. I would recommend consulting with the child's physician if you are thinking about prescribing prescription strength fluoride toothpaste.

Darlene:
There are other products that are covered for infants, fluoride drops. The ADA recommendations are more for pastes and gels. That's why on our list, we included the pastes and gels. There are infant drop fluoride prescriptions that are available. If the fluoride was tested in water and the provider checked with the pediatrician. That's an option as well.

Hugh:
We have a follow-up question. **Is there good guidance from the ADA or ANSI Medicaid to explain the difference between prescription fluoride paste and regular fluoride paste for parents and child care providers?**

Dr. Casey:
The best is the American Academy of Pediatric Dentistry. I would go to the AAPD website. They have a lot of evidence-based guidelines they publish. ADA would be another source. We don't really set standards of care here in North Carolina. The Medicaid program, we are not an organization that sets standards for clinical care. You will get instructions on how we reimburse for certain services but not a lot of standard of care information.

Hugh:
Can we perform and get reimbursed for other procedures outside of emergency and prophylactic if we have a respirator?

Darlene:
Sarah, do you want to address that in regards to the protective equipment?

Dr. Tomlinson:
If dentists have the proper PPE, they can begin to add other elective procedures to their repertoire. I didn't jump right in, I thought that was directed to the division health benefits, whether or not they could submit for reimbursement.
Darlene:

Oh, regarding reimbursement. We are not limiting reimbursement for any dental services because the services could be rendered on an emergency basis. We are leaving that up to the provider and patient as to what treatment is urgent and needed.

Hugh:

Does this mean Medicaid will reimburse for the fluoride products mentioned on the list? Are brands like Prevident covered?

Dr. Casey:

It covers certain products. I don't believe Prevident is one of the products. Any drug or pharmaceutical product that's covered by Medicaid needs to be a rebatable drug or product. The manufacturer offers centers for Medicare and Medicaid services a rebate. My understanding is that Colgate does not allow rebates for Prevident. Is not a medication or product that we can cover under the Medicaid formulary.

Hugh:

Will there be a new fee schedule coming soon for the rate increase or is the rate increase temporary as well?

Darlene:

There will be a new fee increase that will be posted on the dental and orthodontic page of the North Carolina Department of Health and Human Services, the North Carolina Medicaid page. We will post those updated fee schedules. The fee schedule is temporary. What we have been told is at the most, the fees would be in place through March 2021. They could be rescinded with the cancellation of the state of emergency or the federal state of emergency. We don't have an official date that the temporary increase will be rescinded. But, at the latest, it will stay in place through March of next year.

Hugh:

Is there going to be information on how many dental offices are currently doing all dental procedures in North Carolina? Any information on how many offices are open?

Dr. Tomlinson:
I can give a ballpark estimate on what I've heard. I have heard by the end of this week, a third of private practices will have ramped up to offering additional routine services. Perhaps we are at 10 % with safety net providers offering additional services beyond emergency care.

Dr. Casey:
I could suggest a good reference for that. The American Dental Association health policies are doing surveys, and they're collecting data such as what the person asked the question is asking about.

Dr. Tomlinson:
Do you know what it's standing at now?

Dr. Casey:
I don't. But I know that's the type of question they've responded to. Offhand, I don't know.

Hugh:
We've got a follow-up. **Can you post a link to the survey data that's been created?** I can't do that right now. Perhaps we could do that in a few weeks when we get back together. The answer is not right now but we will try to. **Where would be a good place to get a list of patient screening questions that are applicable to the current information of Covid-19 in a dental setting by phone prior to the appointment or on the day of the appointment?**

Dr. Kiel:

That can be found on the CDC website for interim infection prevention and control guidance for dental settings during the covid-19 response. Basically on the phone they would be asking about symptoms, travel, whether the patient has symptoms, and that's all covered in that particular document.

Hugh:
Thank you. Got a question on our Gmail. Mis-information related to Covid-19 is becoming a bigger issue as some states are trying to address it with state sponsored websites. **Do you know if North Carolina is thinking about doing something like that?**
I don't think is specific to dentistry. It's general misinformation about covid.

Dr. Tomlinson:
The department does have a covid website. The department of Health and Human Services does have a covid website that houses resources for citizens and providers. I don't know the address offhand but I can look for it.

Hugh:
Yeah, we can find that.
I got a comment that the ADA back to work kit has sample screening and survey questions in response to one of the questions was asked, that's the ADA back to work kit.
If you use a face, shield, and mask do you still need to use goggles?

Dr. Kiel:
It's either face shields or goggles and masks. The face shield should be a full face shield that covers the sides of the face as well. It's recommended by the CDC.

Hugh:
Would you recommend if patients do not have face masks, that dentist try to encourage the use of a mask when patients are not undergoing procedures or are waiting in the chair?

Dr. Kiel:
Yes, the CDC recommends that all patients and healthcare personnel wear face masks as a source control. There are symptomatic and asymptomatic patients and health care personnel that we do not know may be carrying Covid or are actively infected.

Hugh:
Prescription strength .5 % fluoride gels and paste are effective in reducing dental caries in high caries risk children over the age of six. That's more of a comment than a question.

Darlene:
And that's from Dr. Kiel, who's a pediatric dentist, so thank you. That was great advice.

Hugh:
We have operatories with a doctor side door and the same for the assistant side. Four walls but the door openings don't have doors. Is this acceptable?

Dr. Tomlinson:
A lot of dentist offices don't have the infrastructure of four walls. It would not be ideal for isolation and performing aerosolizing procedures on a patient known to have covid. There are circumstances where you want to select the patients that are receiving the treatments and the type.

Hugh:
Is there any reason to wear a level 1 mask over a N95 mask other than to protect the respirator's integrity?

Dr. Kiel:
That's not in that CDC recommendations. Although, in the shortage of N95 masks, they can be reused. N95 respirators can be reused as many times as the manufacturer has specified. If the manufacturer has not specified they could be reused up to five times. Any time a N95 respirator is soiled, they need to be discarded.

Hugh:

Those are all the questions. There were a few that Mark you answered directly, that we may want to ask so everyone sees the answer.

Is there any reimbursement for D1999 for PPE coverage?

Dr. Casey:

Our strategy was to increase rates across the board rather than one dedicated reimbursement rate.

Hugh:

I thought it was important to make sure that everyone understood that.

Dr. Casey:

I agree.

Hugh:

Will this entire call, including questions and answers, be available for replay tomorrow morning?

It will be recorded and there will be a transcript that doesn't include a written transcript of the actual questions. I don't know if it will be available as early as tomorrow morning, but we will try to get it out by the end of the day by tomorrow. And that's at the NCAIC website. There's a Covid-19 section and a whole thing on webinars and you can access them there. And we will do our best to get this up as soon as possible tomorrow.

How long can you wear a K95 mask?

Dr. Kiel:

Usually the K95 and N95 mask is used when a procedure is performed and then discarded after that. Though as I said earlier, it can be reused as approved by the manufacturer. If not, up to five times. It falls under crisis and shortages, crisis strategies actually.

Hugh:
Thank you. Got a request to repeat what Dr. Kiel said. Prescription strength .5 % fluoride gels and paste are effective in reducing dental caries in high risk children over the age of six. It has been repeated. Those are all the questions we have. Let me hold this open for a minute or two.
Is fit testing required for the K 95 mask also?

Dr. Kiel:
All N95 masks , and the K and N95 masks are approved by the FDA. All those would require fit testing.

Darlene:
This is Darlene Baker, just an announcement that we anticipate our next call will be on Wednesday, June 10 at 5:30. Providers may want to mark their calendars. We are not planning our next webinar until three weeks from today. June 10 at 5:30pm.

Hugh:
I got a question, **can anyone share more information about CO2 exchange issues with these different masks?**

Dr. Kiel:
I don't have that answer. That's available on the FDA website.

Hugh:
Dr. Kiel has clarified, do not use 5000 PPM paste or gel on children under six.
That's all we have. Let me turn it back to our panelists. Thank you all for your time and information and all that you do every day for the people in the state of North Carolina. We appreciate it. For those of you who participated, thank you for carving out time in your busy days to hear from our panelists. Any closing comments panelists?

Dr. Tomlinson:

No, thank you. This was really good. I want to say out loud what the new department website is for covid -- it's just been updated. The department's covid response website has been updated. It's covid19.NCDHHS.gov.

Hugh:
Thank you Sarah. Mark or Darlene, anything else?

Darlene.
This is Darlene Baker. Thank you to Dr. Kiel for sharing the information on fluoride. Always good to have experts from pediatric dentistry on the call.

Dr. Casey:
And I want to repeat something that was on the other webinars. Thanks to all of our providers for being first responders for Medicaid and health choice beneficiaries. We appreciate all you do. You've been real heroes in this crisis.

Hugh:
I can think of no better way to end this. Thank you for all that you do.
[Event Concluded]