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NC Department of Health and Human Services

COVID-19 Guidance for Dental Professionals: OSHA and CDC Recommendations and PPE Review of Temporary Medicaid Policy Revisions

May 20, 2020

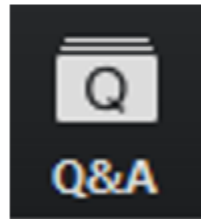
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Logistics for today's COVID-19 Forum

Question during the live webinar



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Presentation Goals

- I. Interim Dental Practice Guidance from National Organizations**
- II. OSHA Standards, Precautions, and Hierarchy of Control**
- III. Masks and Respirators**
- IV. CDC Guidance on Personal Protective Equipment**

CDC Guidance

The practice of dentistry involves the use of rotary dental and surgical instruments such as handpieces or ultrasonic scalers and air-water syringes.

Recommendations: Postpone Elective Procedures, Surgeries, and Non-urgent Dental Visits

Services should be limited to emergency visits only during this period of the pandemic. These actions help staff and patients stay safe, preserve personal protective equipment and patient care supplies, and expand available health system capacity.

OSHA Guidance

On March 16, 2020, the American Dental Association called for dentists to keep their offices closed to all but urgent and emergency procedures during the COVID-19 outbreak.

Unless emergency dental 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 (PPE), are available and used.

OSHA Dental Workers and Employers

Continued

Employers should remain alert of changing outbreak conditions, including as they relate to **community spread of the virus** and **testing availability**, and **implement infection prevention** measures accordingly. As states or regions satisfy the gating criteria to progress through the phases of the guidelines for Opening up America Again, **employers will likely be able to adapt this guidance to better suit evolving risk levels and necessary control measures in their workplaces.**

OSHA

Non-Aerosol Generating

- Standard Precautions
- Contact Precautions
- Droplet Precautions

Aerosol Generating

- Standard Precautions
- Contact Precautions
- Airborne Precautions

The CDC provides the most updated Infection Prevention and Control recommendations for emergency dental procedures during the COVID-19 pandemic.

Personal Protective Equipment

OSHA Definition

“specialized clothing or equipment worn by an employee for protection against infectious materials”

Regarding PPE, employers must

- Provide appropriate PPE for employees
- Ensure that PPE is disposed of or reusable PPE is cleaned, laundered, repaired and stored after use

OSHA specifies circumstances for which PPE is indicated

CDC recommends when, what, and how to use PPE

Standard Precautions

Previously called Universal Precautions

Assumes blood and body fluid of ANY patient could be infectious

Recommends PPE and other infection control practices to prevent transmission in any healthcare setting

Decisions about PPE use determined by type of clinical interaction with patient

PPE for Standard Precautions

Gloves— use **when touching** blood, body fluids, secretions, excretions, contaminated items; for touching mucus membranes and nonintact skin

Gowns— use during procedures and patient care activities **when contact of clothing/ exposed skin** with blood/body fluids, secretions, or excretions is anticipated

Mask and goggles or a face shield—use during patient care activities likely to **generate splashes or sprays** of blood, body fluids, secretions or excretions

PPE for Expanded Precautions

Contact Precautions—gown and gloves

Droplet Precautions— surgical masks within 3 feet of patient

Airborne Infection Isolation—particulate respirator and negative pressure isolation room

OSHA Bloodborne Pathogens Standard

OSHA's **Bloodborne Pathogens** standard applies to **exposure to blood and pathogens.**

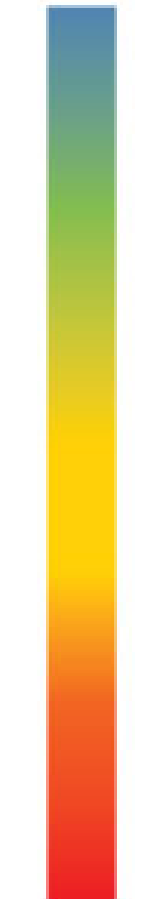
It does not apply to exposure to respiratory secretions, although saliva may contain respiratory secretions.

In dentistry, the standard applies to occupational exposure to saliva.

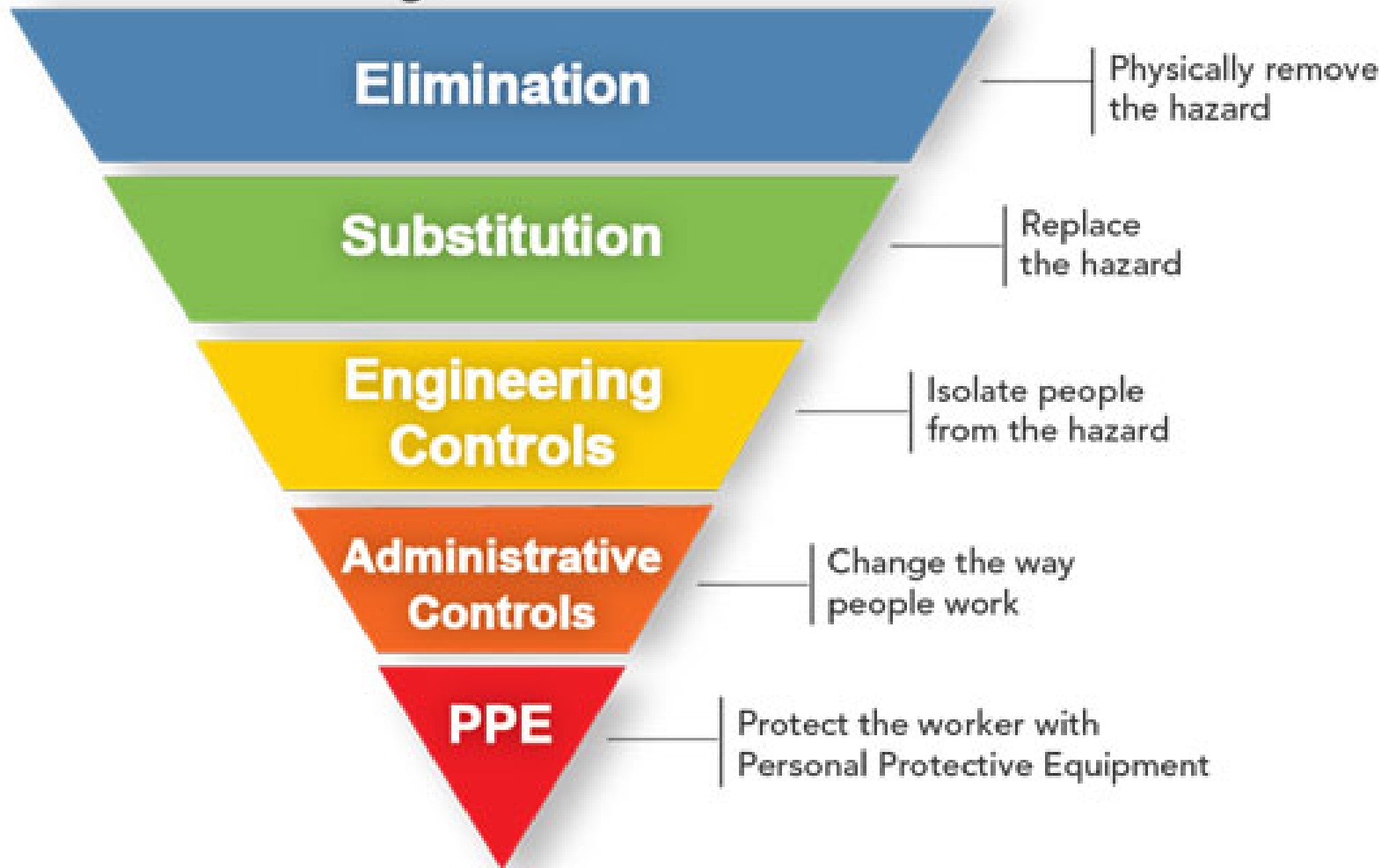
It can control some sources of the virus.

Hierarchy of Controls

Most
effective

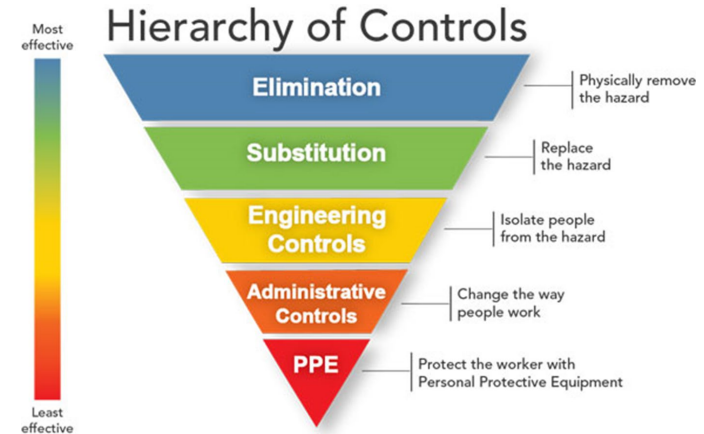


Least
effective



Elimination

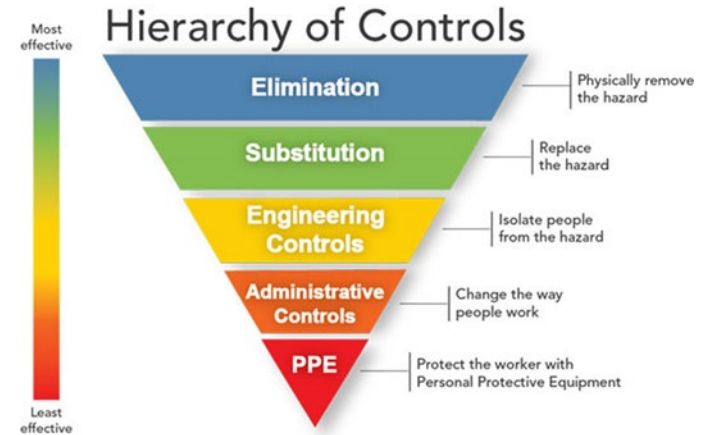
Consider appropriate modifications to patient procedures.



- Only patients needing urgent and emergency procedures should be seen during the pandemic.
- Consistent with CDC recommendations, all elective dental procedures should be postponed.
- Limiting services to urgent or emergency treatment will help control dental workers' possible exposure to sick patients.

Engineering Controls

Can shield staff, patients, and visitors from exposure to hazards.



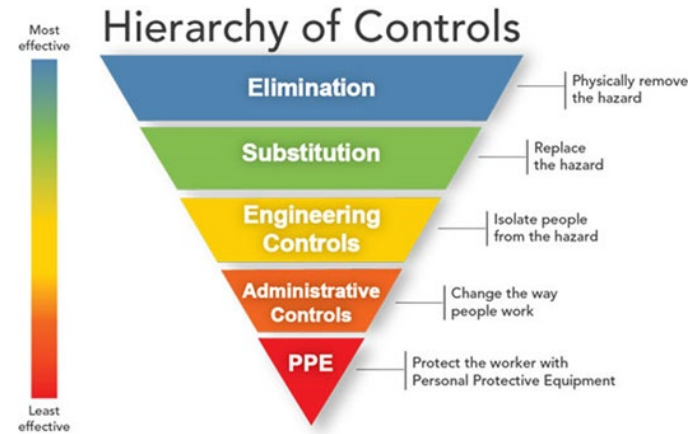
Physical barriers or partitions between patients and staff

- curtains separating patients in semi-private areas
- Plexiglass or acrylic sneeze guards

Also, consider using systems to capture and remove mists or aerosols

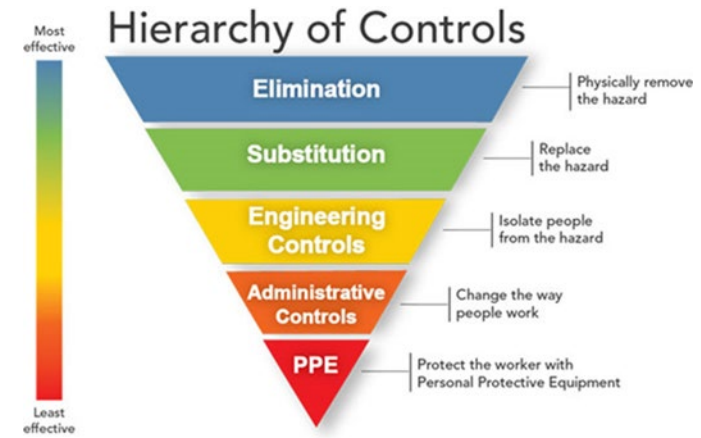
Administrative Controls

1. **Triage** needs by phone and **screen** at check-in for COVID-19 symptoms.
1. Use **teledentistry**.
2. **Isolate** patients with suspected or confirmed COVID-19. For example, if a patient has a fever, cough, or shortness of breath, isolate the patient until the patient can be sent home or to a medical facility to seek further care.
3. When emergency dental care must be provided to a person with suspected or confirmed COVID-19, restrict the number of personnel entering the patient treatment area.
4. **Minimize aerosol-generating procedures.**



Safe Work Practices in Dentistry

1. Follow bloodborne pathogen standards.
2. Minimize use of handpieces and air-water syringes.
3. If aerosol-generating procedures are necessary for emergency dental care, **use high evacuation** suction and **dental dams** to minimize droplet spatter and aerosols.
4. Do not remain in a patient care area to perform charting, sterilization, or other tasks. (social distance)
5. Avoid touching face until completing work and/or removing PPE and hands have been washed.
6. Train and retrain workers on how to follow established protocols.



Masks



Surgical Masks

Surgical masks are disposable coverings.

Loose-fitting masks leave gaps between the mask and face, so particles may pass through.

Not for aerosolized procedures that require respiratory protection.

Masks

N95 Respirator and Surgical N95

The most common type of N95 respirator is disposable and not designed for extended use.

Can be reused in some cases.

Fit testing required.

For a true reusable respirator, an elastomeric or powered air purifying respirator should be considered.



Masks

A new day in masks for dental providers!



Masks



Elastomeric Respirator

An elastomeric respirator forms a tight seal against the user's face.

Fit testing is still required.

Uses filtering cartridges.

Good for high demand, such as a pandemic.

Some health facilities use the elastomeric exclusively due to employee's perceptions of better fit.

Masks

Powered Air Purifying Respirator (PAPR)

Offers superior respiratory protection

Healthcare providers complain about wearing them → they restrict peripheral vision.

Loose-fitting PAPRs may be used when fit testing fails or when facial hair is present.



Masks– Key Points

When removing the N95 respirator, do not touch it without wearing gloves.

Respirators should be used in a comprehensive **respiratory protection program**

OSHA's Respiratory Protection standard and includes

- medical exams
 - fit testing
 - training
-

PPE use during clinical care

Dental staff must receive training on:

- when to use PPE
- what PPE is necessary
- how to properly don, use, and doff PPE
- how to properly dispose of or disinfect and maintain PPE
- the limitations of PPE

Dental facilities must clean PPE between uses and have a recommended sequence for safely donning and doffing PPE.

Well patients

Dental procedures not involving aerosol-generating procedures

- Work clothing, such as scrubs, lab coat, and/or smock, or a gown
- Gloves
- Eye protection (e.g., goggles, face shield)
- Face mask (e.g., surgical mask)

*Dental procedures that may or are known to generate **aerosols***

- Gloves
- Gown
- Eye protection (e.g., goggles, face shield)
- **NIOSH-certified, disposable N95 filtering facepiece respirator or better***

Suspected or confirmed COVID-19

Dental procedures not involving aerosol-generating procedures

- Gloves
- Gown
- Eye protection (e.g., goggles, face shield)
- NIOSH-certified, disposable N95 filtering facepiece respirator or better*

Dental procedures that may or are known to generate aerosols

- Gloves
- Gown
- Eye protection (e.g., goggles, face shield)
- NIOSH-certified, disposable N95 filtering facepiece respirator or better*

Respirators

Before entering a patient room or care area, put on one of the following:

- An N95 respirator or another type of respirator.
- If a respirator is not available, use a combination of a surgical mask and full-face shield.

During aerosol-generating procedures- An N95 respirator

After exiting the patient's room or care area and closing the door:

- Remove and discard respirators or surgical masks.
 - Perform hand hygiene **after** removing the respirator or facemask.
-

Eye Protection

Before entering the patient room or care area, put on eye protection (i.e., goggles or a full-face shield that covers the front and sides of the face).

- Personal 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 eye protection.
- Clean and disinfect reusable eye protection according to manufacturer's reprocessing instructions prior to reuse.
- Discard disposable eye protection after use.

Gloves

Before entering the patient room or care area, put on clean, non-sterile gloves.

- Change gloves if they become torn or heavily contaminated.

Before leaving the patient room or care area:

- Remove and discard gloves.
- Immediately perform hand hygiene.

Gowns

Before entering the patient room or area, put on a clean isolation gown.

- Change gown if it becomes soiled.

Before leaving the patient room or area, remove and discard the gown in a dedicated container for waste or linen.

- Discard disposable gowns after use.
- Launder cloth gowns after each use.

OSHA and CDC Donning and Doffing PPE procedures

- I. Donning (Putting on) and Doffing (Taking off) and User Seal Checks VideoCdc-mediaExternal
- II. https://www.cdc.gov/video/socialmedia/316343_DoffingPPE_final_lowres.wmv
- III. https://www.cdc.gov/video/socialmedia/316343_DonningPPE_final_lowres.wmv

- **Dental Prophylaxis**
- **Teledentistry Review/Reimbursement**
- **Expansion of Application of Fluoride Varnish Services**
- **Expansion of Application of Silver Diamine Fluoride**
- **Reimbursement of D1206 and D1354**
- **Effective Dates**
- **Prior Approval/Claims Submission**
- **Prescription Fluoride Products**
- **Contact Information**

- Prophylaxis – Adult (D1110)
- Prophylaxis – Child (D1120)
- Toothbrush Propy (Not Covered)
 - Toothpaste or prophy paste and a toothbrush **ONLY** are used
 - Not a billable service
- Propy during the COVID-19 State of Emergency
 - Hand instrumentation (sickle scalers and cures) to remove dental plaque, extrinsic stains, and calculus deposits from the tooth structures on both children and adults; **AND**
 - Removal of dental plaque and stains with a toothbrush and prophy paste (as an alternative to air polishing or polishing with a handpiece)
 - Billable service when both steps are completed as the prophy

- Hand instrumentation (sickle scalers and curettes) to remove plaque, stains, and calculus
- Removal of plaque and stains with a toothbrush and prophy paste
- As an alternative to air polishing or polishing with a handpiece due to the Center for Disease Control (CDC) recommendation of limiting non-aerosolizing dental treatment during the COVID-19 State of Emergency

Teledentistry

Temporary changes

Retroactive to March 10, 2020

Changes will end the earlier of the cancellation of the North Carolina State of Emergency Declaration or when the policy modification is rescinded.

Use of telehealth systems and methodologies in dentistry which allows patients to “see their dentist” without having to go to the dentist office.

It is a NC Medicaid covered benefit.

Procedure Codes

D0999	Unspecified diagnostic procedure, by report
D9995	Teledentistry – synchronous; real-time encounter
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review
D0140	Limited oral evaluation – problem focused
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)

Dentists must report one of the oral evaluation codes (D0140 or D0170) if the synchronous or asynchronous transmission includes enough live video, recorded video or images communicated via a mobile communication device to allow the dentist to make a diagnosis.

Prior Approval – Not required

Place of Service – Telehealth 02

Reimbursement

Procedure Codes	Description	Reimbursement
D0999	Unspecified diagnostic procedure, by report	\$22.00
D9995	Teledentistry – synchronous; real-time encounter	\$62.50
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	\$22.00
D0140	Limited oral evaluation – problem focused	\$38.43
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	\$30.05

Note: Dentists must bill the oral evaluation codes (D0140 or D0170) on detail line 1 of the claim and the teledentistry service (D9995 or D9996) on detail line 2 of the claim.

Existing Policy:

- Allowed for beneficiaries under age 21
- Allowed once per six calendar month period (approximately every 180 days)
- Must be applied to all teeth erupted on the date of service

Policy Changes Include:

- Allow for beneficiaries of all ages
- Allow once per three calendar month period (approximately every 90 days) for patients at high risk for caries (active disease or previous caries related treatment)

Application of silver diamine fluoride (interim caries arresting medicament application per tooth)

Existing Policy:

- Limited to beneficiaries ages 1 to 5
- Allowed once per six calendar month period (approximately every 180 days) per tooth
- Limited to a total of four applications per tooth prior to age 6
- Valid tooth numbers (A-T, 03, 14, 19, 30)

Policy Changes Include:

- Allow for all ages
- Allow for all permanent teeth (01-32)

Reimbursement

Procedure Codes	Description	Reimbursement
D1206	Topical application of fluoride varnish	\$16.78
D1354	Interim caries arresting medicament application per tooth (silver diamine fluoride)	\$11.00 (first tooth) \$5.50 (second, third and fourth tooth) \$27.50 (total reimbursement)

Effective Dates for Policy Revisions

- Temporary changes are retroactive to March 10, 2020.
- Changes will end the earlier of the cancellation of the North Carolina State of Emergency Declaration or when the policy modification is rescinded.



Prior Approval

Not Required

Claim

- Pending Status
- No action needed by the provider
- NCTracks will override the age limitation in 24-48 hours

Medicaid Prescription Fluoride Products

DRUG NAME	MANUFACTURER NAME	NATIONAL DRUG CODE (NDC)
SODIUM FLUORIDE 5000 PPM CREAM (TOOTHPASTE)	BUREL PHARMACEUTICAL	35573043451
SODIUM FLUORIDE 1.1% GEL	BUREL PHARMACEUTICAL	35573043556
SODIUM FLUORIDE 5000 PLUS CREAM (TOOTHPASTE)	METHOD PHARMACEUTICAL	58657049018
SODIUM FLUORIDE 1.1% GEL	METHOD PHARMACEUTICAL	58657049102
SF 5000 PLUS CREAM (TOOTHPASTE)	CYPRESS PHARMACEUTICAL	60258015001
SF 1.1% GEL	CYPRESS PHARMACEUTICAL	60258015101
DENTA 5000 PLUS CREAM (TOOTHPASTE)	RISING PHARMACEUTICAL	64980030550
DENTA 5000 PLUS CREAM (TOOTHPASTE)	RISING PHARMACEUTICAL	64980030650
DENTAGEL 1.1% GEL	RISING PHARMACEUTICAL	64980030760

Questions

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NC Medicaid Dental and Orthodontic Services

<https://medicaid.ncdhhs.gov/providers/programs-services/dental-and-orthodontic>

Any Questions?