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Triage to Treatment

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Triage to Treatment

Resources

- ADA Website
- ADA Emergency/Urgency Guidelines
- ADA Interim Guidance for Minimizing Risk of COVID-19 Transmission
- ADA Flow Chart
- ADA Teledentistry
- ADA Journal Update
- Hall Technique Guide

Pediatric Emergencies

- Uncontrolled Bleeding
- Facial trauma with bone fractures (Airway Risk)
- Cellulitis or swelling with airway risk

Pediatric Urgencies (full list not included, ie dentures)

- Severe Pain
- Pericoronitis or third molar pain
- Surgical post op osteitis
- Localized abscess, swelling resulting in pain
- Tooth fracture resulting in pain or soft tissue damage
- Dental trauma with avulsion/luxation
- Dental treatment required prior to medical care
- Final crown cementation (if temporary lost)
- Biopsy of abnormal tissue
- Deep caries
- **Manage with interim restorative techniques (possible SDF/GI)**
- Suture removal
- Replacing temporary filling on endo access
- Adjustment of orthodontic appliances piercing or ulcerating the mucosa

General Considerations during COVID

Ohio Dental Association:

- Use cell phone triage - use the cell phone to take a picture of the area and text to the dentist
- Have a detailed questionnaire/conversation before scheduling appointments and prior to any procedure about flu like symptoms, travel abroad for self and family/friends/co-workers etc. to permit a thorough evaluation of the patient
- Consider taking the temperature of the patient at the outset
- Reconsider scheduling high risk patients unless they need emergency treatment
- Careful evaluation of the need for scheduling of ASA 2 & 3 patients
- Use of 1% hydrogen peroxide rinse prior to examination of the oral cavity by the patient to reduce microbial load
- Use of rubber dam isolation & high volume suction to limit aerosol in treatment procedures
- Proper disinfection protocol between patients with a possible repeat of the protocol for a 2nd time.

<u>To prevent over-crowding of waiting areas or the possible spread of infection</u>

- Consider having patients wait in their cars instead of the waiting areas to prevent inadvertent spread of the virus (call patient when surgical area is ready for treatment)
- Consider staggering appointment times to reduce waiting room exposure
- Consider rescheduling elective procedures on ASA 2 & 3 patients
- Have front desk staff take measures to prevent exposure
- Have sterilization staff, lab technicians and auxiliary staff take adequate measures to prevent exposure
- Limit access to waiting room use to only patients. Accompanying individuals have to wait in their respective transportation.
- Remove all magazines/toys etc from waiting area to prevent contamination.

American Association of Endodontics:

- Telescreening and Triage
- Patient Evaluation (Screening)
- Pharmacologic Management (OTC analgesics, antibiotics) until safe to treat
- Patients with respiratory symptoms
    - Follow CDC guidelines
    - Preprocedural mouth rinse
    - Disposable devices
    - Extraoral imaging to reduce gag reflex
    - Rubber dam isolation
    - Minimize use of ultrasonic and high-speed handpieces
    - Negative pressure treatment room, COVID-19 patients should not be treated without this
    - Proper disinfection of all surfaces

Emergent/Urgent Dental Care Options for Pediatric Dentistry

Primary Teeth

- Silver Diamine Fluoride (SDF)
- ITR/ART
- SMART (Combination of the above)
- Hall Technique
- Extraction

Permanent Teeth

- Silver Diamine Fluoride (SDF)
- ITR/ART
- SMART (Combination of the above)
- Complicated fracture – pulpotomy with calcium silicate material, interim restoration
- Irreversible pulpitis – stabilize with pulpotomy, extraction is an alternative
- Pulpal necrosis – stabilize with pulpal debridement or definitive care extraction

38% Silver Diamine Fluoride: FDA approval for treatment of dentin hypersensitivity

- Adults over 21
- Use in pediatric patients is off label (just like varnish)

Uses

- As Diagnostic Aid
- Arrest Incipient Caries
- Palliative Care
- Patients with Multiple Lesions
- Emergency Patients with Reversible Pulpitis
- Delay or Avoid Sedation/General Anesthesia
- Treat Dentin Hypersensitivity
- Improve Access to Care
- Pediatric and Geriatric Patients
- Patients with Special Healthcare Needs
- SMART Technique
- Indirect Pulp Therapy

Staining

- Does not stain sound enamel or dentin
- Stains demineralized enamel and dentin
    - Takes a few hours to appear
    - Application of KI can reduce staining when used correctly
- Stains everything it touches (including skin, mucosa, dental equipment, counters, etc)
    - Skin stains resolve in 2-14 days
- Can reduce with salt solution if it does occur

Toxicity

- Similar fluoride content to a L of tap water
- 1.12-1.5 F^- mg/drop
- AAPD Does not recommend using more than one drop per visit on children

Consent

- Obtain prior to treatment, include photos on your consent
- USCF Consent Form (SDI has a copy on the website)

SDF Billing (CDT Codes)

D1208 – topical application of fluoride
D1354 – interim application of caries arresting medicament (site specific)

Restoration

Temporary:
D2940 – protective/sedative restoration (primary or permanent)
D2941 - interim therapeutic restoration: primary dentition
If intended to be final bill for the appropriate code (ie two surface resin, stainless steel crown etc)

Effectiveness

- One time application is 47-90% effective
    - Anterior teeth arrest at a higher percent than posterior teeth
    - Half of arrested surfaces reactivated after twenty-four months.
- Two applications are more effective
- Three applications had the highest arrest rates
- Anticipatory guidance is important component of treatment
- Strongly consider one application and GI/RMGI as an interim restoration at this time due to risk of exposure

AAPD Guidelines Clinical Application of Silver Diamine Fluoride

• Remove gross debris from cavitation to allow better SDF contact with denatured dentin.

• Carious dentin excavation prior to SDF application is not necessary. As excavation may reduce proportion of arrested caries lesions that become black, it may be considered for esthetic purposes.

• A protective coating may be applied to the lips and skin to prevent a temporary henna-appearing tattoo that can occur if soft tissues come into contact with SDF.

• Isolate areas to be treated with cotton rolls or other isolation methods. If applying cocoa butter or any other product to protect surrounding gingival tissues, use care to not inadvertently coat the surfaces of the caries lesions.

• Caution should be taken when applying SDF on primary teeth adjacent to permanent anterior teeth that may have non-cavitated (white spot) lesions to avoid inadvertent staining.

• Careful application with a microbrush should be adequate to prevent intraoral and extraoral soft tissue exposure. No more than one drop of SDF should be used for the entire appointment.

• Dry lesion with gentle flow of compressed air.

• Bend micro sponge brush. Dip brush into SDF and dab on the side of the plastic dappen dish to remove excess liquid before application. Apply SDF directly to only the affected tooth surface. Remove excess SDF with gauze, cotton roll, or cotton pellet to minimize systemic absorption.

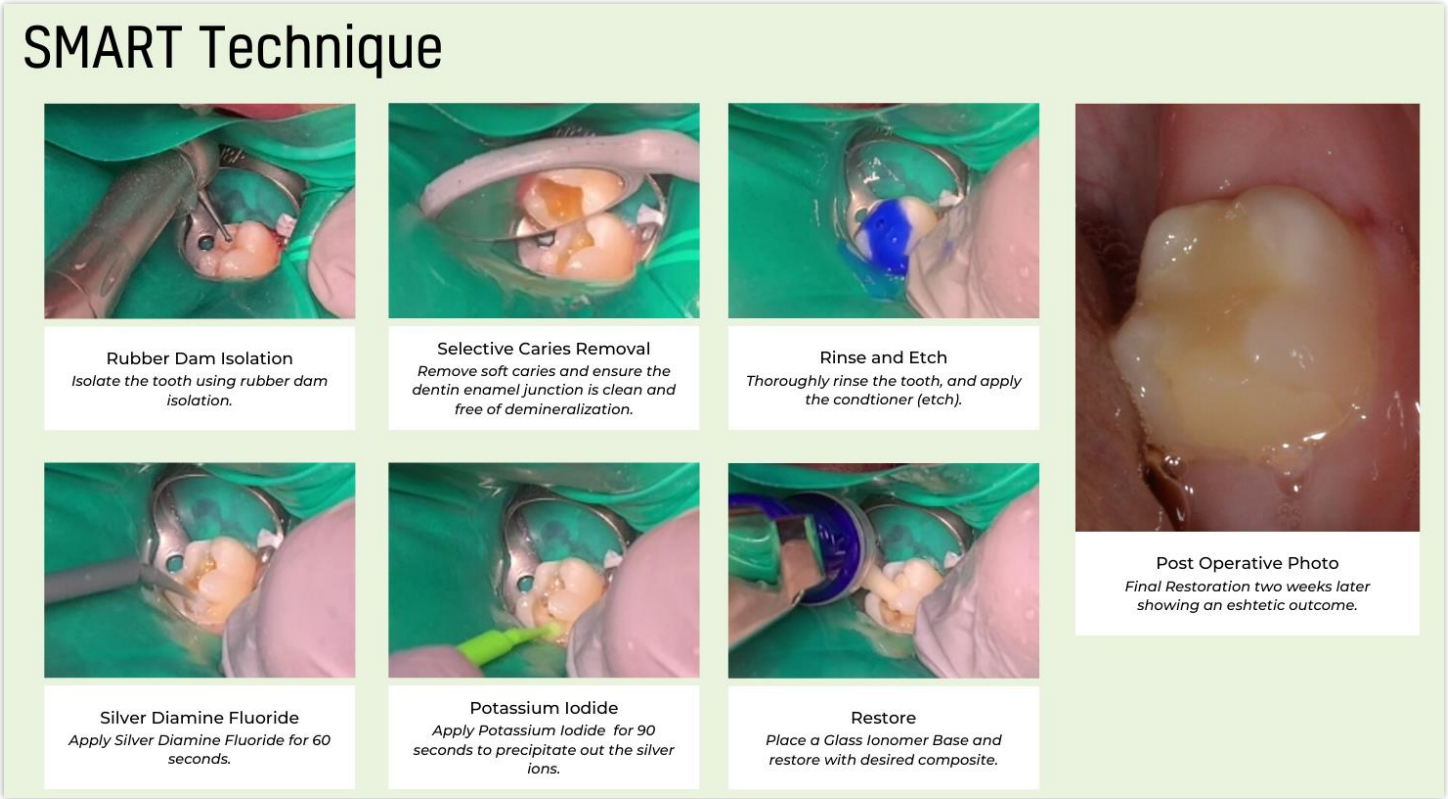
• Application time should be at least one minute if possible. (Application time likely will be shorter in very young and difficult to manage patients. When using shorter application periods, monitor carefully at post-op and re-care to evaluate arrest and consider re-application.)

• Apply gentle flow of compressed air until medicament is dry. Try to keep isolated for as long as three minutes.

• The entire dentition may be treated after SDF treatment with five percent sodium fluoride varnish to help prevent caries on the teeth and sites not treated with SDF.

Modified

- Remove Debris
- Protective Coating (ie Vaseline Cocoa Butter)
- Caries Removal (Optional)
- Isolation
- Dry Tooth
- SDF Application (1 Minute)
- KI Application (1.5 Minutes, Optional)
- Remove excess SDF/KI PPT
- Apply GI, coat with fluoride varnish or Vaseline



***Due to current concerns with aerosols a spoon excavator can be used to clean the caries to the DEJ. To minimize staining.**

Hall Technique

Advantages

- No local anesthetic
- No, or minimal tooth reduction*
- Quick, Easy
- Reduces the need for sedation

Disadvantages

- Incomplete caries removal
- Increased risk of ectopic eruption
- Occlusion
- Aspiration Risk
- Transient discomfort^

Diagnosis

- The Hall Technique is only suitable for primary teeth diagnosed with ***reversible pulpitis***.
- If a sound diagnosis cannot be reached, additional diagnostic measures should be performed, or conventional restorative dentistry with complete caries excavation should be highly considered.

Informed Consent

- Obtain prior to treatment
- Discuss mild pain or discomfort
- Always inform them if a crown is lost the tooth needs to be treated (by replacement of the crown or conventional treatment)

Technique

- Place separators prior to crown cementation day (optional)
- Remove separators (if placed prior)
- Select crown size
- Try on crown while protecting the airway
- Adjust and crimp crown
- Cement crown, if patient is cooperative have them assist
- Clean up excess cement

Difficult teeth

- Large Primary Molars
- Second Primary Molars with a Cusp of Carabelli
- First Primary Molars with a large buccal bulge
- Ectopic Eruption (6s under Es)
- Teeth adjacent to erupting teeth
- Primate spaces when separators are used

Failures

Minor Failures

- Debonded Crown
- Perforated Crown
- Ectopic Eruption
- Recurrent Decay

Major Failures

- Spontaneous Pain
- Swelling/Sinus Tract
- Radiolucency (Apical/Furcal)
- Resorption

Hall Crown Note

Problem: caries [tooth/teeth number]

Medical History: reviewed with [mother / father/ guardian]

Treatment: Verbal and written consent obtained from [mother / father/ guardian]

Reason(s) for Hall Crown: [Reasons, see below]

Separators: [yes no n/a]

[treatment goes here]

Post Operative Instructions: [reviewed, verbal / written, OTC analgesics]

Evaluation: frankl [behavior before/behavior after]

Assistant(s): [Assistants]

Next Visit:

Hall Crown Reasons

☐	Fearful/anxious patient for whom basic behavior guidance techniques have not been successful
☐	Patient unable to cooperate due to lack of psychological or emotional maturity and/or mental physical or medical disability
☐	To protect the patient's developing psyche
☐	To reduce patient's medical risk
☐	To avoid producing aerosols

Stainless Steel Crown Reasons

A stainless-steel crown was medically necessary because:

☐	Gross decay	☐	Weakened tooth structure
☐	High caries risk	☐	Greater than three surfaces of decay on a primary tooth
☐	Unfavorable long-term prognosis of restoration due to age of the patient	☐	Hypoplastic primary molar
☐	Prior pulpal therapy	☐	Recurrent decay
☐	Treatment under sedation/general anesthesia	☐	Mesial decay on a primary first molar

Hall Technique Informed Consent

This form briefly explains the Hall Technique including some of the risks and benefits. Clinical trials have shown the Hall Technique to be effective and acceptable to the majority of children, and parents and clinicians. Like all clinical interventions, for success the Hall Technique requires careful and appropriate case selection, and long-term monitoring. In addition, it must always be provided with a full and effective cavity prevention program.

Benefits

Cavities are caused by bacteria; which breakdown the sugars and starches one eats to produce acid. The acid wears away healthy tooth structure and causes a cavity. When a cavity is sealed within a tooth the bacteria that cause it lose their potential to grow as long as the seal is maintained. The Hall Technique is one method of achieving that seal for primary molar teeth.

The Hall Technique is quick and non-invasive. A crown is seated over the tooth with no cavity removal or tooth preparation. The use of local anesthesia is not required. The technique may reduce the need for advanced behavior techniques such as sedation.

Separators

Separators are small elastics (rubber bands) that are flossed into the contact where space is needed. While the separator is being placed, the patient may feel slight pressure or discomfort sensation while the separator is squeezing through the teeth. This initial discomfort usually goes away within minutes.

Once the separators are in place, the patient will notice that they feel as though a piece of food is caught between their teeth. Usually within 4-6 hours after placement, the soreness from tooth pressure/movement will begin. The dull ache feeling will normally worsen over the next day or two, and will then subside. During those first couple of days, over the counter pain medication can be used to help with the pain.

Contraindications for fitting Hall Crowns include:

Patients at risk for infection, or subacute bacterial endocarditis
History of spontaneous tooth pain
Presence of an abscess or sinus tract
Non-restorable tooth
Extremely poor cooperation endangering patient's airway
Esthetics

Risks

Treatment with the Hall Technique is usually successful. As with any branch of medicine or dentistry, no guarantee of success can be given. On occasion, a tooth that has been treated with the Hall Technique may require additional treatment or extraction at additional fees.

Minor Failures

- New cavity formation
- Wear of crown (perforation)
- Lost crown (cavities will start growing again)
- Interferences with eruption (ectopic eruption)

Major Failures

- Infection, swelling (abscess formation)
- Pain after crown placement
- Lost crown with further breakdown of tooth structure

Alternative treatment options:

No treatment (which may lead to continued growth of the cavities, pain, swelling, infection), conventional treatment with a filling, nerve treatment (pulpotomy), crown, extraction. Conventional treatment may require advanced behavior management techniques such as restraint or sedation.

I have been fully informed of the nature of the Hall Technique, the procedure to be utilized, the risks and benefits of this form of treatment the alternatives available, and the necessity for follow-up. I have had the opportunity to ask any questions I may have in connection with the procedure and to discuss my concerns with my dentist. After thorough deliberation, I hereby consent to the use of the Hall Technique as presented to me during consultation and in the treatment plan presentation as described in this document.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.

Signed:
Date:
Printed:

Insurance Denial Narrative

April 19, 2020

«PIns_Name»
«PIns_Address»
«PIns_Address2»
«PIns_CitySTZip»

RE: «Title» «FName» «MI» «LName»
«Street»
«Street2»
«City», «State» «Zip»

Dear Representative,

I am writing in regards to «FName» «LName» (Date of Birth: «BirthDate», Member ID: «OtherID»). I am requesting payment on D2930 prefabricated stainless steel crown primary tooth teeth numbers _____ on the date of service _____.

While a conventional restoration is an option for the tooth it would require advanced behavior management techniques such as sedation or general anesthesia. This would increase cost and risk for the patient. A stainless-steel crown was medically necessary because:

☐	Fearful/anxious patient for whom basic behavior guidance techniques have not been successful
☐	Patient unable to cooperate due to lack of psychological or emotional maturity and/or mental physical or medical disability
☐	To protect the patient's developing psyche
☐	To reduce patient's medical risk

The American Academy of Pediatric Dentistry's policy on reimbursement states, "Medically-necessary care (MNC) is the reasonable and essential diagnostic, preventive, and treatment services (including supplies, appliances, and devices) and follow-up care as determined by qualified health care providers in treating any condition, disease, injury, or congenital or developmental malformation to promote optimal health, growth, and development. **MNC includes all supportive health care services that, in the judgment of the attending dentist, are necessary for the provision of optimal quality therapeutic and preventive oral care**."

I have included clinical notes, the remittance advice, and radiographs if necessary, for the claim to be reprocessed.

Sincerely,

«Prov_Name», «Prov_Title»

Jarod W. Johnson, DDS NPI:
Arctic Dental, PLC NPI:
Arctic Dental, PLC TIN:

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JAROD W. JOHNSON, DDS

Board Certified Pediatric Dentist

Dr. Jarod Johnson received his DDS from The University of Iowa College of Dentistry in 2013 and his certificate in pediatric dentistry from the University of Nevada, Las Vegas, School of Dental Medicine. He is also a diplomate of the American Board of Pediatric Dentistry and holds a position as an adjunct assisting professor in pediatric dentistry at The University of Iowa.

Dr. Johnson is the owner/manager of Arctic Dental in Muscatine, Iowa and is an active member of the community, serving on the board of Musser Public Library. Dr. Johnson and his wife, Laurie, have two children, Lydia and William. Together they enjoy cooking, grilling, and exploring the outdoors.

https://www.arcticdental.com/triage-to-treatment/

What Constitutes a Dental Emergency?

The ADA recognizes that state governments and state dental associations may be best positioned to recommend to the dentists in their regions the amount of time to keep their offices closed to all but emergency care. This is fluid situation and those closest to the issue may best understand the local challenges being faced.

DENTAL EMERGENCY

This guidance may change as the COVID-19 pandemic progresses. Dentists should use their professional judgment in determining a patient's need for urgent or emergency care.

Dental emergencies are potentially life threatening and require immediate treatment to stop ongoing tissue bleeding, alleviate severe pain or infection, and include:

- Uncontrolled bleeding
- Cellulitis or a diffuse soft tissue bacterial infection with intra-oral or extra-oral swelling that potentially compromise the patient's airway
- Trauma involving facial bones, potentially compromising the patient's airway

Urgent dental care focuses on the management of conditions that require immediate attention **to relieve severe pain and/or risk of infection and to alleviate the burden on hospital emergency departments. These should be treated as minimally invasively as possible.**

- Severe dental pain from pulpal inflammation
- Pericoronitis or third-molar pain
- Surgical post-operative osteitis, dry socket dressing changes
- Abscess, or localized bacterial infection resulting in localized pain and swelling
- Tooth fracture resulting in pain or causing soft tissue trauma
- Dental trauma with avulsion/luxation
- Dental treatment required prior to critical medical procedures
- Final crown/bridge cementation if the temporary restoration is lost, broken or causing gingival irritation
- Biopsy of abnormal tissue

Other urgent dental care:

- Extensive dental caries or defective restorations causing pain
  - Manage with interim restorative techniques when possible (silver diamine fluoride, glass ionomers)
- Suture removal
- Denture adjustment on radiation/ oncology patients
- Denture adjustments or repairs when function impeded
- Replacing temporary filling on endo access openings in patients experiencing pain
- Snipping or adjustment of an orthodontic wire or appliances piercing or ulcerating the oral mucosa

DENTAL NON EMERGENCY PROCEDURES

Routine or non-urgent dental procedures includes but are not limited to:

- Initial or periodic oral examinations and recall visits, including routine radiographs
- Routine dental cleaning and preventive therapies
- Orthodontic procedures other than those to address acute issues (e.g. pain, infection, trauma) or other issues critically necessary to prevent harm to the patient
- Extraction of asymptomatic teeth
- Restorative dentistry including treatment of asymptomatic carious lesions
- Aesthetic dental procedures

Updated 3/31/20

FOR THE LATEST UPDATES, VISIT ADA.ORG/VIRUS

ADA Interim Guidance for Minimizing Risk of COVID-19 Transmission

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ADA Interim Guidance for Minimizing Risk of COVID-19 Transmission

Before Dental Care Starts

Dentist and Dental Team Preparation

1. Ensure that the dental health care personnel (DHCP) have received their seasonal flu vaccine. (https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html)
2. DHCP experiencing influenza-like-illness (ILI) (fever with either cough or sore throat, muscle aches) should not report to work. (https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html, https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html)
3. DHCP who are of older age, have a pre-existing, medically compromised condition, pregnant, etc., are perceived to be at a higher risk of contracting COVID-19 from contact with known or suspected COVID-19 patients. (https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/people-at-higher-risk.html). Dental offices "... should consider and address the level(s) of risk associated with various worksites and job tasks workers perform at those sites." It is suggested that providers who do not fall into these categories (older age; presence of chronic medical conditions, including immunocompromising conditions; pregnancy)." should be prioritized to provide care. (https://www.osha.gov/Publications/OSHA3990.pdf)
4. All DHCP should self-monitor by remaining alert to any respiratory symptoms (e.g., cough, shortness of breath, sore throat) and check their temperature twice a day, regardless of the presence of other symptoms consistent with a COVID-19 infection. Dental offices should create a plan for whom to contact if an employee develops fever or respiratory symptoms to determine whether medical evaluation is necessary. (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)
    a. To prevent transmission to DHCP or other patients, contact your local health department immediately if you suspect a patient has COVID-19. You can also contact your state health department. (https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html)
5. "Designate convalescent [DHCP] provision of care to known or suspected COVID-19 patients (those who have clinically recovered from COVID-19 and may have some protective immunity) to preferentially provide care." This means that providers who have recently contracted and recovered from a COVID-19 infection should be the preferred personnel providing care. (https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html)
6. "Conduct an inventory of available personal protective equipment (PPE) supplies [e.g., surgical masks, surgical gowns, surgical gloves, face shields]." (https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html) Assume that supplies may be unavailable in the near future. (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html)
7. Remove magazines, reading materials, toys and other objects that may be touched by others and which are not easily disinfected (https://www.ncbi.nlm.nih.gov/pubmed/28916372, https://www.alabamapublichealth.gov/oralhealth/assets/cov-dental-protocol-031720.pdf)
8. Print and place signage (https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf) in the dental office for instructing patients on standard recommendations for respiratory hygiene/cough etiquette and social distancing. (https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf); (https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html)

9. Schedule appointments apart enough to minimize possible contact with other patients in the waiting room. (https://success.ada.org/en/practice-management/patients/coronavirus-frequently-asked-questions)
10. Prevent patients from bringing companions to their appointment, except for instances where the patient requires assistance (e.g., pediatric patients, people with special needs, elderly patients, etc.). If companions are allowed for patients receiving treatment, they should also be screened for signs and symptoms of COVID-19 during patient check-in and should not be allowed entry into the facility if signs and symptoms are present (e.g., fever, cough, shortness of breath, sore throat). Companions should not be allowed in the dental office if perceived to be at a high risk of contracting COVID-19 (e.g., having a pre-existing medically compromised condition). Any person accompanying a patient should be prohibited in the dental operatory. (https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html#manage_access)

Screening for COVID-19 Status and Triaging for Dental Treatment

1. A recommendation as of March 16th was for "Dentists nationwide postpone elective procedures for the next three weeks. Concentrating on emergency dental care will allow us to care for our emergency patients and alleviate the burden that dental emergencies would place on hospital emergency departments." State and local mandates as well as regional variation in infection rates may affect guidance on postponement period going forward (Algorithm 1). (https://www.ada.org/en/press-room/news-releases/2020-archives/march/ada-calls-upon-dentists-to-postpone-elective-procedures, https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html)
2. "Make every effort to interview the patient by telephone, text monitoring system, or video conference before the visit." (https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html, https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html)
3. If an emergency or urgent dental patient does not have a fever and is otherwise without even mild symptoms consistent with COVID-19 infection (e.g., fever, sore throat, cough, difficulty breathing), they can be seen in dental settings with appropriate protocols and PPE in place. (Algorithm 2 and 3).
4. If an emergency or urgent dental patient has a fever strongly associated with a dental diagnosis (e.g., pulpal and periapical dental pain and intraoral swelling is present), but no other signs/symptoms of COVID-19 infection (e.g., fever, sore throat, cough, difficulty breathing), they can be seen in dental settings with appropriate protocols and PPE in place (Algorithm 2 and 3).
5. If an emergency or urgent dental patient does exhibit signs and symptoms of respiratory illness, the patient should be referred for emergency care where appropriate Transmission-Based Precautions are available. (Algorithm 2). (https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf; https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf)
6. As the pandemic progresses, some patients will recover from the COVID-19 infection. It is important to determine when a patient who was diagnosed with the disease is ready to discontinue home isolation. CDC suggests two approaches to determine clearance to abandon quarantine:

a. "**Time-since-illness-onset and time-since-recovery strategy (non-test-based strategy)***: Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:

   i. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,

   ii. At least 7 days have passed since symptoms first appeared." (https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html, https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html)

b. "**Test-based strategy**: Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:

   i. Resolution of fever without the use of fever-reducing medications and,

   ii. Improvement in respiratory symptoms (e.g., cough, shortness of breath) and,

   iii. Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart** (total of two negative specimens)." (https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html)

"Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue home isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness." (https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html)

Footnote

1. *This recommendation will prevent most, but may not prevent all instances of secondary spread. The risk of transmission after recovery, is likely very substantially less than that during illness.
2. **All test results should be final before isolation is ended. Testing guidance is based upon limited information and is subject to change as more information becomes available. (https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html)

Upon Patient Arrival

1. If patients wish to, or if the waiting room does not allow for appropriate "social distancing" (situated at least 6 feet or 2 meters apart), they may wait in their personal vehicle or outside the facility where they can be contacted by mobile phone when it is their turn to be seen. This can be communicated to patients at the moment of scheduling the appointment, based on established office procedures (see Dentist and Dental Team Preparation Section). (https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/dialysis.html) (https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html)
2. Though we are recommending that only asymptomatic patients, patients who have tested negative for COVID-19 infection, or recovered patients (after 3 days since resolution of signs and symptoms) be seen in dental settings, DHCP should ensure that there are "supplies for [infection control etiquette], (e.g., alcohol-based hand rub with 60-95% alcohol, tissues, and no-touch receptacles for disposal at healthcare facility entrances, waiting rooms, and patient check-ins." (https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html)

During Dental Care

Standard and Transmission-based Precautions and Personal Protective Equipment (PPE)

1. DHCP should adhere to Standard Precautions, which "are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered."
    a. Standard Precautions include: Hand hygiene, use of PPE, respiratory hygiene/etiquette, sharps safety, safe injection practices, sterile instruments and devices, clean and disinfected environmental surfaces. https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf
2. If available, DHCP should implement Transmission-Based Precautions. "Necessary transmission-based precautions might include patient placement (e.g., isolation), adequate room ventilation, respiratory protection (e.g., N-95 masks) for DHCP, or postponement of nonemergency dental procedures." (https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf, https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf, https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html)
3. "Wear a surgical mask and eye protection with solid side shields or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures likely to generate splashing or spattering [(large droplets)] of blood or other body fluids." (https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf)
4. Surgical masks are one use only, and one mask should be used per patient. (https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-and-surgical-masks-face-masks)
5. "If your mask is damaged or soiled, or if breathing through the mask becomes difficult, you should remove the face mask, discard it safely, and replace it with a new one." (https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-and-surgical-masks-face-masks)
    a. Additional information on surgical masks from the FDA is available here.
    b. Use a fit-tested (instructions on how to use and fit a N95 respirator here) National Institute for Occupational Safety and Health (NIOSH)-approved N95 or higher level respirator in combination with other Transmission-Based Precautions available when treating symptomatic patients with COVID-19 in hospital settings. (https://www.osha.gov/Publications/OSHA3990.pdf)
        i. "National Institute for Occupational Safety and Health (NIOSH)-approved, N95 filtering facepiece respirators or better must be used in the context of a comprehensive, written respiratory protection program that includes fit-testing, training, and medical exams. See OSHA's Respiratory Protection standard, 29 CFR 1910.134 at www.osha.gov/laws-regs/regulations/ standard number/1910/1910.134." (https://www.osha.gov/Publications/OSHA3990.pdf)
    c. "For information on PPE shortages, see CDC information on healthcare supply of PPE." (https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html)
6. DHCP should adhere to the standard sequence of donning and doffing of PPE. (https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf).

Clinical Technique (Handpieces, Equipment, etc.)

1. Since SARS-CoV-2 may be vulnerable to oxidation, use 1.5% hydrogen peroxide (commercially available in the US) or 0.2% povidone as a preprocedural mouthrinse.(32127517) There are no clinical studies supporting the virucidal effects of any preprocedural mouthrinse against SARS-CoV-2.
2. DHCP may use "extraoral dental radiographs, such as panoramic radiographs or cone beam CT, [and] are appropriate alternatives" (32162995) to intraoral dental radiographs during the outbreak of COVID-19, as the latter can stimulate saliva secretion and coughing. (15311240).
3. Reduce aerosol production as much as possible, as the transmission of COVID-19 seems to occur via droplets or aerosols (32182409), and DHCP should prioritize the use of hand instrumentation. (32127517)
4. DHCP should use rubber dams if an aerosol-producing procedure is being performed to help minimize aerosol or spatter. (2681303, 15493394)
5. DHCP may use a 4-handed technique for controlling infection. (32162995)
6. Anti-retraction functions of handpieces may provide additional protection against cross-contamination. (32127517)
7. DHCP should prefer the use of high-volume evacuators. DHCP "should be aware that in certain situations, backflow could occur when using a saliva ejector," and "this backflow can be a potential source of cross-contamination" (https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm, 15127864)
8. DHCP should use resorbable sutures (i.e. sutures that last 3 to 5 days in the oral cavity) to eliminate the need for a follow up appointment. (https://www.aaoms.org/docs/education_research/dental_students/joms_guide_to_suturing.pdf)
9. DHCP should "[minimize] the use of a 3-in-1 syringe as this may create droplets due to forcible ejection of water/air." (15311240)
10. "Disinfectants (hypochlorite, ethanol) in the handpiece and 3-in-1 syringe water supplies have been reported to reduce viral contaminants in splatter, but its action on human coronavirus is unknown." (15311240, 7860888)

Steps After Suspected Unintentional Exposure

1. Follow CDC recommendations in the event of suspected unintentional exposure (e.g., unprotected direct contact with secretions or excretions from the patient). (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)
    a. Aerosol-generating procedures should be scheduled as the last appointment of the day. For an aerosol-generating procedure performed without N95 masks and only surgical facemasks, regardless of disinfection procedures being effectively executed, subsequent patients and DHCP are at moderate risk for COVID-19 infection and transmission. Given that asymptomatic patients may carry the virus, CDC suggests a 14-day quarantine. Alternatively, take all precautions to prevent transmission and require that the patient is tested for COVID-19 immediately after dental treatment; if positive, DHCP should quarantine for 14 days.
    b. Patients referred for COVID-19 testing should be given detailed instructions on when/where to go for testing, how to justify the need for testing to the testing facility visited, and how to contact the dental

clinic to report test results (Algorithm 3). If a test is positive, the clinic needs to report the exposure to all patients treated after the infected patient.

After Dental Care Is Provided

In Between Patients

1. "Clean [PPE] with soap and water, or if visibly soiled, clean and disinfect reusable facial protective equipment (e.g., clinician and patient protective eyewear or face shields) between patients." (https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf)
2. Non-dedicated and non-disposable equipment (e.g., handpieces, dental x-ray equipment, dental chair and light) should be disinfected according to manufacturer's instructions. Handpieces should be cleaned to remove debris, followed by heat-sterilization after each patient. https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html, https://www.cdc.gov/oralhealth/infectioncontrol/faqs/dental-handpieces.html https://www.cdc.gov/oralhealth/infectioncontrol/faqs/cleaning.html
3. "Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed." https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
    a. Surfaces such as door handles, chairs, desks, elevators, and bathrooms should be cleaned and disinfected frequently. (32127517)

Post-operative Instructions for Patients

1. In light of the controversy regarding whether ibuprofen should be used for patients with a COVID-19 infection, it is recommended to use ibuprofen as normally indicated when managing any type of pain. For example, for the management of pulpal- and periapical-related dental pain and intraoral swelling in immunocompetent adults, it is recommended that NSAIDs in combination with acetaminophen (i.e. 400-600 milligrams ibuprofen plus 1,000 mg acetaminophen) can still be used. (https://twitter.com/WHO/status/1240409217997189128?ref_src=twsrc%5Etfw%7Ctwcamp%5Etweetembed%7Ctwterm%5E1240409217997189128&ref_url=https%3A%2F%2Fwww.sciencealert.com%2Fwho-recommends-to-avoid-taking-ibuprofen-for-covid-19-symptoms) (31668170)
2. When treating patients with dental pain and intraoral swelling, dentists should determine whether definitive, conservative dental treatment (i.e. pulpotomy, pulpectomy, nonsurgical root canal treatment, or incision for drainage of abscess (31668170)) is available. The 2019 ADA clinical practice recommendations regarding the use of antibiotics are still applicable for immunocompetent adult patients with symptomatic irreversible pulpitis with or without symptomatic apical periodontitis, pulp necrosis and symptomatic apical periodontitis, or pulp necrosis and localized acute abscess, and should be referred to a dental specialist when determining the recommended course of action. (31668170)

When Going Home After a Workday

1. DHCPs should change from scrubs to personal clothing before returning home. Upon arriving home, DHCPs should take off shoes, remove and wash clothing [separately from other household residents], and immediately shower. (32163102)

Interim Mask and Face Shield Guidelines

These recommendations align with existing CDC recommendations for patients without signs/symptoms of COVID-19.

Use the highest level of PPE available when treating patients to reduce the risk of exposure. Some risk is inherent in all scenarios. If masks with either goggles or face shields are not available, please understand there is a higher risk for infection; therefore, use your professional judgment related to treatment provided and the patient's risk factors.

Considering that patients who are asymptomatic may still be COVID-19 infectious, it should be assumed that all patients can transmit disease.

Mask Type – With Goggles or Face Shield (Understanding Mask Types)		Level of Risk*** to DHCP
	**N95**	Low
	**N95 EQUIVALENT MASK* KN/KP95, PFF2, P2, DS/DL2, KOREAN SPECIAL 1ST**	Low
	**Surgical Mask****	Moderate

**The FDA has authorized the use of masks equivalent to the N95 during the pandemic period. Manufacturers approved can be found here: https://www.fda.gov/media/136663/download*

***ASTM has established performance levels for surgical masks based on fluid resistance, bacterial filtration efficiency, particulate filtration efficiency, breathing resistance and flame spread.*

- *Level 1 masks have no fluid resistance, bacterial filtration efficiency or particulate filtration efficiency. They only act as a barrier for large solid particles.*
- *Level 2 masks provide a moderate barrier for fluid resistance, bacterial and particulate filtration efficiencies and breathing resistance.*
- *Level 3 masks provide the maximum level of fluid resistance recognized by ASTM and are designed for procedures with moderate or heavy amounts of blood, fluid spray or aerosol exposure.*

****https://www.ada.org/~/media/CPS/Files/COVID/ADA_COVID_Int_Guidance_Treat_Pts.pdf?utm_source=adaorg&utm_medium=covi d-resources-lp&utm_content=cv-pm-ebd-interim-response&utm_campaign=covid-19*

Professional judgment should be exercised when considering the use of gowns, foot covers and head covers.

These guidelines are intended to help dental practices lower (but not eliminate) the risk of coronavirus transmission during the current pandemic. Dental practices should not presume that following the guidelines will insulate them from liability in the case of infection. Dentists should also be aware of any relevant laws, regulations, or rules adopted in their states.

ADA Interim Guidance for Management of Emergency and Urgent Dental Care

Updated: 4/1/2020

Legal Statement

The accompanying algorithms are guidance and not directives. They do not override laws, regulations, or official orders that exist or that may come into existence in particular states or localities. Dentists should stay up-to-date about local developments in this regard and, if necessary, consult local legal counsel. The ADA encourages dentists making treatment decisions to consider these algorithms in exercising their clinical judgment based on their own education and experience and in the light of any unique patient-specific factors.

The purpose of the algorithms is to assist dentists and dental offices in making informed decisions concerning patient triage, evaluation, and treatment during the COVID-19 crisis. The algorithms are based on the best scientific information currently available to the American Dental Association and are not influenced by legal, economic, or political considerations. They provide conservative general guidelines that may eventually be shown to have more applicability to some regions and practice settings than to others. As more information becomes available, they may be modified or supplemented.

The algorithms do not constitute legal advice or legal guidance, but because their goal is to minimize transmission of the coronavirus to patients and the dental team to the reasonable extent possible in the context of providing for patient healthcare needs, the algorithms may serve to help lower legal exposure by lowering the risk that anyone will contract the virus in a dental office that follows them.

Ethical Support

The ADA Code of Ethics supports the process defined herein as a way to address emergency/urgent care given current knowledge.

Algorithm 1: Interim Guidance for Triaging Patients for Emergency and Urgent Dental Care

Updated: 4/1/2020

Are you experiencing dental pain?

- Yes → Have you experienced trauma?
  - Yes → Trauma involving facial bones, potentially obstructing airways → **Emergent**: Refer patient to emergency department
  - No → Dental trauma only → **Emergent**: Use the **Algorithm 2: Screening to Identify COVID-19 Infection for Emergency and Urgent Dental Patients** algorithm to screen emergency patients for COVID-19 infection to determine if patients can be seen in dental setting.
- No → Are you experiencing **uncontrolled bleeding**?[1]
  - Yes → **Urgent**: Use the **Algorithm 2: Screening to Identify COVID-19 Infection for Emergency and Urgent Dental Patients** algorithm to screen urgent patients for COVID-19 infection to determine if patients can be seen in dental setting.
  - No → Do you need any of the following?:
    - **Suture removal**
    - **Denture repair or adjustment prior to medical treatment or due to trouble eating**
    - **Dental treatment required prior to medical treatment (e.g., radiotherapy)**
    - **Biopsy of abnormal tissue**
    - **Final crown/bridge cementation if the temporary restoration is lost or broken**
    - Yes → **Urgent**: Use the **Algorithm 2: Screening to Identify COVID-19 Infection for Emergency and Urgent Dental Patients** algorithm to screen urgent patients for COVID-19 infection to determine if patients can be seen in dental setting.
    - No → **Routine or Non-Urgent**: Delay scheduling appointment until further notice (e.g., in accordance with state and local guidance) and instruct patient to contact office if condition worsens, if applicable.
- No → Do you have a fever AND swelling on your face or inside your mouth?
  - Yes → Dental trauma only → **Emergent**: Refer patient to emergency department
  - No → What is your pain level on a scale of 1 to 10?
    - 1-5 (mild to moderate) → Can pain or discomfort be tolerated or managed at home for 2-3 weeks
      - Yes → Delay scheduling appointment until further notice (e.g., in accordance with state and local guidance) and instruct patient to contact office if condition worsens
      - No → **Urgent**
    - 6-10 (severe or intolerable) → **Urgent**

Follow-up questions to ask:
Are you having trouble swallowing?
Are you having trouble opening your mouth?

Urgent

Pain could be related to these urgent conditions:

- Severe dental pain from pulpal inflammation
- Pericoronitis or third-molar pain
- Surgical post-operative osteitis, dry socket dressing changes
- Abscess, or localized bacterial infection resulting in localized pain and swelling
- Tooth fracture resulting in pain or causing soft tissue trauma
- Dental trauma with avulsion/luxation
- Final crown/bridge cementation if the temporary restoration is lost, broken or causing gingival irritation
- Replacing temporary filling on endo access openings in patients experiencing pain
- Snipping or adjustment of an orthodontic wire or appliances piercing or ulcerating the oral mucosa

Use the **Algorithm 2: Screening to Identify COVID-19 Infection for Emergency and Urgent Dental Patients** algorithm to screen urgent patients for COVID-19 infection to determine if patients can be seen in dental setting

These algorithms are interim guidance informed by the latest recommendations from health care agencies (e.g., World Health Organization, Centers for Disease Control and Prevention) and the scientific literature. They will be revised and updated as new data emerge.

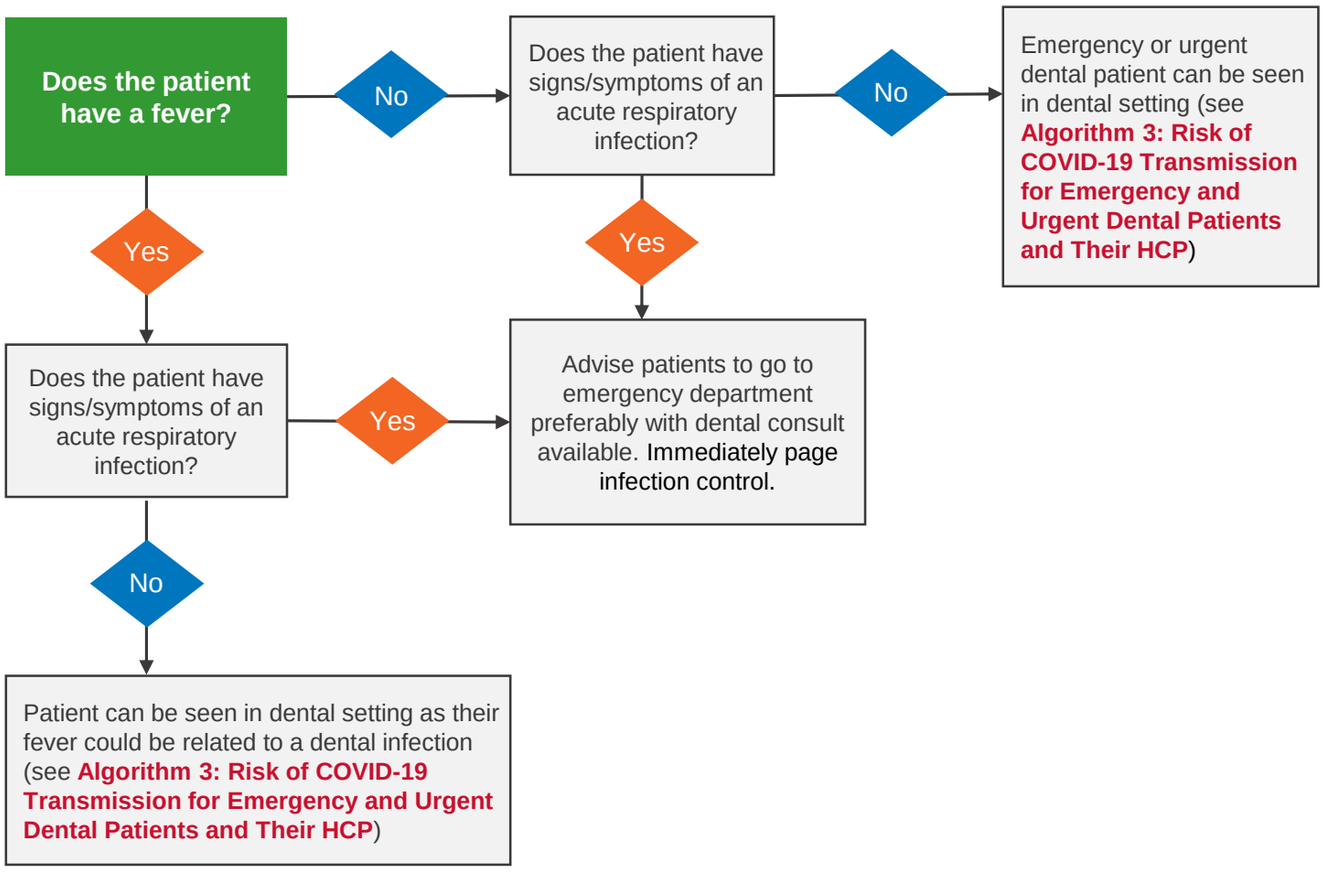
Algorithm 2: Interim Guidance for Screening to Identify COVID-19 Infection for Emergency and Urgent Dental Patients

Updated: 4/1/2020

Summary of Procedures

1. Clinic staff should speak to all patients 1-2 working days (or sooner if able) before any scheduled session.
2. Call patients for whom in-person visit may not be necessary and issue can be solved without an office visit.

Emergency and urgent dental patients in this algorithm are being evaluated for COVID-19 infection signs/symptoms to determine in which clinical setting they should be seen. Patients with **active** COVID-19 infection should **not** be seen in dental settings per CDC guidance.



1. During screening procedure for COVID-19 infection, patients should be asked if they have tested positive for COVID-19 infection and if yes, the patient should be immediately referred to the emergency department for the management of the dental condition. If patient has previously tested positive for COVID-19 infection and 3 days have passed since symptoms have resolved, the patient can be seen in a dental setting (see Algorithm 1).
2. Fever in the absence of respiratory symptoms in the context of this algorithm should be strongly associated with an emergency or urgent dental condition (e.g., dental infection) if dental settings are to be used.
3. No companions should be invited inside the clinic, they should not sit in the waiting room, and patients with a fever being seen in dental setting should be given a mask if they don't have one already. As the patient's mask will come off during dental treatment, it should be placed back on as soon as treatment is complete.
4. If patient has had exposure to an individual with suspected or confirmed COVID-19 infection, traveled to countries currently under a travel ban, or been exposed to confirmed SARS-CoV-2 biologic material (either themselves or via another individual), consider referring patient to a hospital setting. Risk of transmission increases with these exposures.
5. If the patient needs to be referred for COVID-19 testing, they should be given detailed instructions on when/where to go for testing, how to justify the need for testing to the testing facility visited, and how to contact the dental clinic to report test results. Clinic director and/or coordinators should maintain a list of patients who will not be coming in for in-person visits in charts or find another mechanism that fits into the clinic's workflow. It is critical that a list of dental patients that have been referred to other settings due to suspected COVID-19 infection be maintained.
6. Information about reporting suspected cases of COVID-19 infection can be found here: https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html

These algorithms are interim guidance informed by the latest recommendations from health care agencies (e.g., World Health Organization, Centers for Disease Control and Prevention) and the scientific literature. They will be revised and updated as new data emerge.

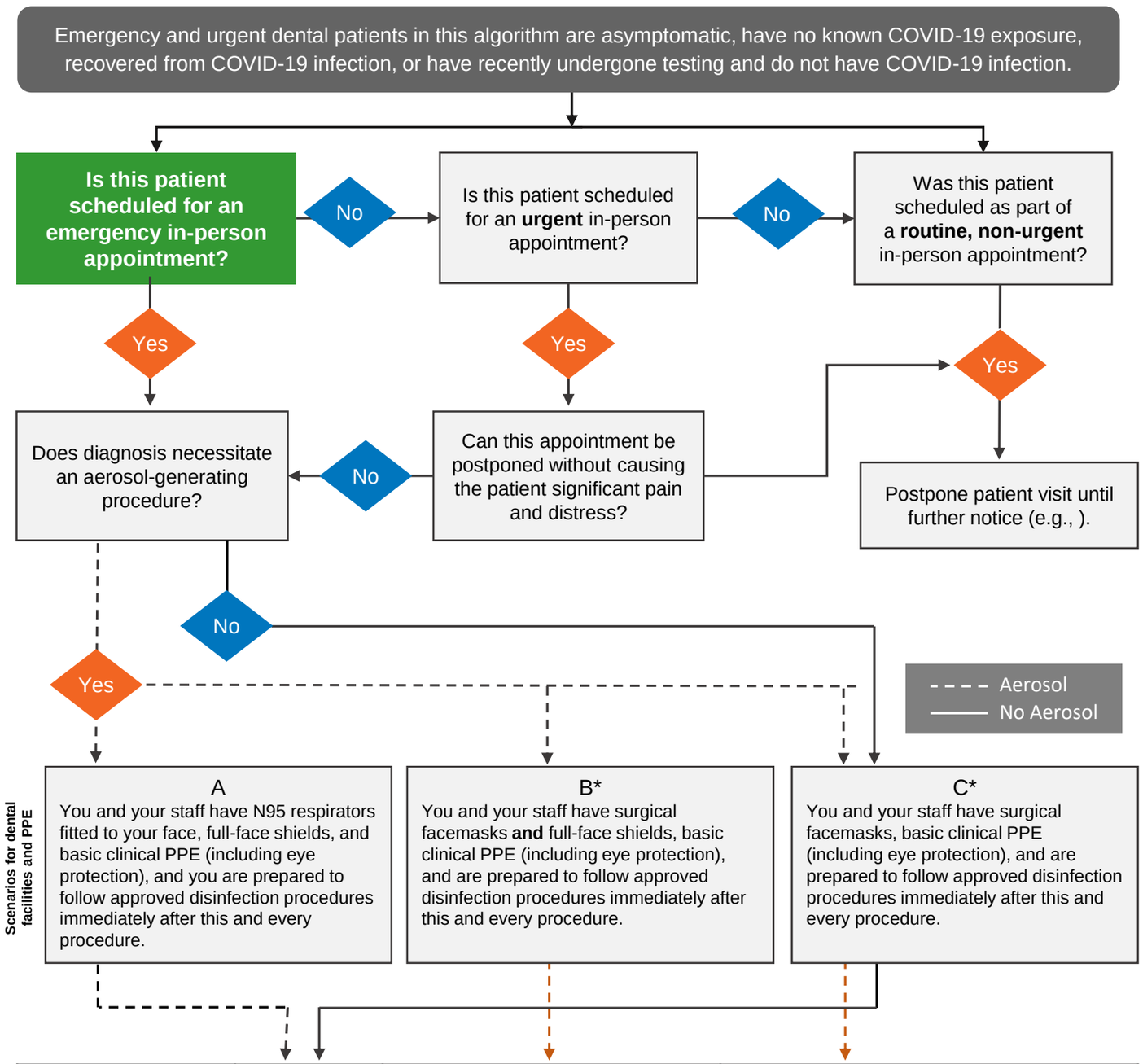
Algorithm 3: Interim Guidance to Minimize Risk of COVID-19 Transmission for Emergency and Urgent Dental Patients and HCP

Updated: 4/1/2020

Summary of Procedures

1. Clinic staff should speak to all patients 1-2 working days (or sooner if able) before any scheduled session.
2. Call patients for whom in-person visit may not be necessary and re-schedule.
3. See emergency triage and COVID-19 infection screening procedures.

Emergency and urgent dental patients in this algorithm are asymptomatic, have no known COVID-19 exposure, recovered from COVID-19 infection, or have recently undergone testing and do not have COVID-19 infection.



Risk for Transmission to HCP and patients	Low risk	Moderate risk*	Moderate-high risk*
Quarantine for HCPs	No 14-day quarantine required	• Use clinical judgment and take all precautions to prevent transmission. • Suggest that the patient is tested for COVID-19 infection after dental treatment. If positive, dental HCP should quarantine for 14 days.	• Given that asymptomatic patients may carry the virus, CDC suggests a 14-day quarantine. • Use clinical judgment and take all precautions to prevent transmission. • If treatment is implemented, require that the patient is tested for COVID-19 infection immediately after dental care; if positive, dental HCP should quarantine for 14 days.
Recommended Treatment Plan for Patient	Treat Patient	• Refer patient to emergency department or dental facility that meets criteria for scenario A. If not feasible, treat patient.*	

*A less protective option than N95 respirators is the use of a surgical facemask with a full-face shield; use of a surgical face mask alone may be considered if the supply chain of respirators cannot meet demand with the understanding that this may increase the risk of infection of dental health care professionals engaged in the care and community transmission.

These algorithms are interim guidance informed by the latest recommendations from health care agencies (e.g., World Health Organization, Centers for Disease Control and Prevention) and the scientific literature. They will be revised and updated as new data emerge.

HCP: healthcare personnel; PPE: personal protective equipment.

See next page for key remarks regarding Algorithm 3

Algorithm 3: Key Remarks

Updated: 4/1/2020

1. The three algorithms serve as interim guidance for triage, screening and risk assessment of patients during the time of COVID-19 pandemic.
2. If basic PPE, including surgical facemasks are not available, do not proceed with **any** dental procedure, regardless of emergency/urgent patients.
3. If a patient with a confirmed diagnosis for COVID-19 within the last 14 days, who presents with respiratory symptoms, is treated in the dental office, or if any patient is treated without the appropriate PPE, these are considered **high-risk scenarios.** Dentist and members of the dental team should proceed to 14-day quarantine.
4. Surgical facemasks should be selected based on procedure being performed. Level 3 masks should be prioritized for aerosol-generating procedure when scenarios A and B are not possible.
5. An aerosol-generating procedure performed **without** N95 respirator is a moderate-risk scenario for COVID-19 transmission to HCP and other patients.
6. If the patient is referred for COVID-19 testing, they should be given detailed instructions on when/where to go for testing, how to justify the need for testing to the testing facility visited, and how to contact the dental clinic to report test results. If a test is positive, the clinic needs to report the exposure to all patients treated after the infected patient.

Additional measures

a) Use dental hand-piece with anti-retraction function, 4-handed technique, high-volume saliva ejectors, and a rubber dam when appropriate to decrease possible exposure to infectious agents.

b) Hand-pieces should be cleaned after each patient to remove debris followed by heat-sterilization.

c) Have patients rinse with a 1.5% hydrogen peroxide or 0.2% povidone before each appointment.

d) For pediatric patients who cannot rinse, always have a rubber dam placed for all aerosol generating emergency procedures. The use of pre-procedure rinse should be substituted by the use cotton rolls soaking, as it may difficult for these patients to rinse appropriately.

e) Guidance titled *ADA Evidence-based clinical practice guideline for the urgent management of pulpal- and periapical-related dental pain and intraoral swelling* is still applicable.

f) When appropriate, use NSAIDs in combination with acetaminophen to manage dental pain.

g) Clean and disinfect public areas frequently, including waiting rooms, door handles, chairs, and bathrooms. Patient companions should wait outside clinic or in car.

h) Office manager and/or other staff should maintain a list of patients who will not be coming in for in-person visits in charts or find another mechanism that fits dental office's workflow. It is critical that a list of dental patients that have been referred to other settings due to suspected COVID-19 infection be maintained.

i) Patients **with a resolved COVID-19 infection** can be seen in a dental setting:

   1) at least 3 days (72 hours) since COVID-19 infection symptoms resolved **AND**
   2) at least 7 days since their symptoms first appeared (defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms) (e.g., cough, shortness of breath).

COVID-19 Coding and Billing Interim Guidance

This is evolving guidance and will be modified as more information becomes available. Please check back frequently.
VERSION: April 3, 2020

Contents

The American Dental Association (ADA) recognizes the unprecedented and extraordinary circumstances dentists and their patients face. Our guiding principles are to mitigate transmission while also supporting emergency care for patients so as to help prevent overwhelming hospital emergency departments over the next few weeks. Under these circumstances, while some services will continue to be performed in dental offices, the ADA recognizes that patients would be best served when telecommunication technology can be leveraged to support dental care.

The ADA had previously disseminated guidance on use of the teledentistry codes. (D9995 and D9996 – ADA Guide to Understanding and Documenting Teledentistry Events). The following guide is intended to help dental offices navigate issues related to coding and billing for virtual appointments during the current COVID-19 pandemic.

Coding

For services rendered in a dental office:

If you see a patient during the current COVID-19 quarantine environment the services you render in the office should be coded and billed per your current office routines.

For services rendered using telecommunication technology:

If you are providing care using telecommunication technology to triage patients or offer an evaluation to determine if the situation is urgent or emergent, then the following CDT codes can be used to document and report the services in the patient's record and to a third party payer.

Oral Evaluations:

D0140 limited oral evaluation – problem focused

An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation.

Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.

D0170 re-evaluation – limited, problem focused (established patient; not post-operative visit)

Assessing the status of a previously existing condition. For example:

- a traumatic injury where no treatment was rendered but patient needs follow-up monitoring;

- evaluation for undiagnosed continuing pain;

- soft tissue lesion requiring follow-up evaluation.

D0171 re-evaluation – post-operative office visit

Case Management:

D9992 dental case management – care coordination

Assisting in a patient's decisions regarding the coordination of oral health care services across multiple providers, provider types, specialty areas of treatment, health care settings, health care organizations and payment systems. This is the additional time and resources expended to provide experience or expertise beyond that possessed by the patient.

Teledentistry:

When you are providing services in a teledentistry environment one or the other of the following codes would be reported in addition to those cited above –

D9995 teledentistry – synchronous; real-time encounter

Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.

D9996 teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review

Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.

Sample Coding Scenarios

[Note: In all cases below the relevant teledentistry code should be included. Real-time synchronous versus Store and forward asynchronous]

Patient contact with dentist who provides the consultation using *audio means only*

- DENTIST: D0190 (screening) or D0999

Patient contact with dentist who provides the problem focused evaluation using audio and visual means

- DENTIST: D0140 or D0170 or D0171

Patient contact with triage call center who then forwards to dentist who provides the problem focused evaluation using audio and visual means

- CALL CENTER: D0190 (screening) or D0999
- DENTIST: D0140 or D0170 or D0171

Patient contact with GP dentist (or specialist) who then forwards to specialist (or different specialist) who provides the problem focused evaluation using audio and visual means

- GP Dentist: D0190 (screening) or D0999
- GENERAL PRACTITIONER OR SPECIALIST DENTIST: D0140 or D0170 or D0171

Frequently Asked Questions

What is teledentistry?

Telehealth refers to a broad variety of technologies and tactics to deliver virtual medical, health, and education services. Telehealth is not a specific service, but a collection of means to enhance care and education delivery. Teledentistry refers to the use of telehealth systems and methodologies in dentistry. Teledentistry can include patient care delivery using, but not limited to, the following modalities:

- Live video (synchronous): Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology.
- Store-and-forward (asynchronous): Transmission of recorded health information (for example, radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a practitioner, who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction.
- Remote patient monitoring (RPM): Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in care and related support of care.

- Mobile health (mHealth): Health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers, and personal digital assistants (PDA).

For more information: D9995 and D9996 – ADA Guide to Understanding and Documenting Teledentistry Events

Do I need specialized equipment or apps to perform a problem-focused evaluation or re-evaluations virtually?

During this pandemic our goal as dental care providers is to use telecommunication technology to triage patients and conduct problem-focused evaluations to limit office visits to only those patients who need urgent or emergency care. Thus, at this time, most dentists will potentially be leveraging telecommunication technology to provide a limited scope (i.e., problem-focused evaluations and re-evaluations) interactions with patients. This can facilitate providing advice and performing triage. It can also facilitate planning for in-person interactions should they become necessary.

There are commercially available applications (apps) that can used through cell phones, tablet computers and personal digital assistants (PDA). Further, as noted below the federal government has indicated that they will waive penalties for HIPAA violations against health care providers that serve patients in good faith through certain non-public facing everyday applications, such as Zoom, FaceTime or Skype. Having both an audio as well as a visual (video or photographs) component appears necessary to appropriately conduct a problem-focused dental evaluation. Note that some third party payers in both private and public (Medicaid) programs may have additional guidelines to determine payment.

Once an evaluation is completed as described by the nomenclature and descriptor of the appropriate CDT Code, then D0140 or D0170 or D0171 (the procedure performed) can be documented. In addition, given the current exigent conditions, D9995 or D9996 (indicating the method of transmission i.e., synchronous or asynchronous) may be included. Please remember the foundation for the ADA's position on coding – "Code for what you do, and do what you coded for." The dentist is responsible for, and retains the authority for, ensuring the safety and quality of services provided to patients using telecommunication technologies and methods. Services delivered should be consistent with in-person services in the professional judgment of the doctor, and the delivery of services utilizing these modalities must abide by laws addressing privacy and security of a patient's dental/medical information.

Can I use my smart-phone or a video conferencing service like Skype? What about text messages and emails?

Telephones that have audio and visual capabilities are appropriate for virtual evaluations. During the COVID-19 public health emergency, Office for Civil Rights (OCR) will not impose penalties for HIPAA noncompliance against health care providers that serve patients in good faith through certain everyday communications technologies. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

- DO NOT USE public-facing technologies (examples): Facebook Live, Twitch, and TikTok, etc.

- CAN USE (examples): Apple FaceTime, Skype, Facebook Messenger video chat, Google Hangouts video, Zoom

Regarding emails and text messages, the OCR Notification does not address email and text communication. HIPAA does not prohibit using email or text communications, but a dental office that wishes to communicate with patients this way must conduct a written risk analysis and implement reasonable and appropriate safeguards. For some examples of safeguards contact dentalbenefits@ada.org.

I am hearing that my insurance company stopped processing claims. Is this true?

Many dental benefit administers have required their staff to work remotely to conform to national guidelines requiring communities to mitigate transmission of COVID-19. ADA has been informed that claims submitted electronically are more likely to be processed on time and offices with Electronic Fund Transfer (EFT) capability will likely receive payment on time. Any transactions that involve paper processing will take longer under these extenuating circumstances.

Can I perform a problem-focused evaluation on a new patient?

Yes. During these times, there could be patients looking for dental care and may find you through the ADA's Find-A-Dentist tool or the benefit plan's provider directory. The ADA recommends that you offer assistance to these patients. Please note that a benefit through their plan may be dependent on the payer's policies. If you need assistance with claims please contact dentalbenefits@ada.org.

I understand that some dental benefit plans do not reimburse for teledentistry as reported with CDT code "D9995 teledentistry – synchronous…" or "D9996 teledentistry synchronous…" Even so, what fee should I show for these procedures when I report them on a claim in addition other services (e.g., diagnostic) delivered during the virtual encounter?

The teledentistry procedure codes exist to document and report the additional costs associated with delivery of services when a patient and their dentist are not in the same physical location. These codes are analogous to other well-established CDT codes – "D9410 house/extended care facility call" and "D9420 hospital or ambulatory surgical center call" – that enable to dentist to document and report additional costs borne by a dentist to deliver services that would otherwise be delivered in-office.

A dentist should separately report the full fee for the actual services (e.g., D0140, D0170, D0171, D9992) delivered to the patient. Dentists must also determine and report their full fee for the teledentistry procedure (D9995 or D9996 as applicable to a specific encounter). Note that additional costs that you incur will depend on the type of tools/technology you have in place and the type of services you will provide. For example, under normal circumstances a virtual dental home, which offers the patient an opportunity to receive comprehensive care may be established using advanced telehealth tools/technologies. However, under the current exigent conditions, procedures that can be performed virtually are potentially limited to those noted in this guidance document requiring less complex tools/technology.

Factors to consider when determining the full fee include the costs to enable remote communication technology for the transmission of health information required to effectively connect and interact with the patient. The teledentistry procedure fee does not include the fees for actual services delivered to the patient as noted above. A separate payment for the D9995 and D9996 procedures will depend on payer policies.

Preventive procedures such as prophylaxis and fluoride varnish applications are covered "once every 6 months" rather than "twice a year". Can the frequency limitations be standardized to twice a year to allow some flexibility as we reschedule patients?

The ADA is looking into this issue as of this writing and will provide an update at a later date.

HIPAA & Telecommunication Technology

The Centers for Medicare & Medicaid Services (CMS) and the Office for Civil Rights (OCR) issued guidance regarding HIPAA and use of telehealth remote communications during the COVID-19 public health emergency that includes the following information:

- OCR is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using non-public facing audio or video communication products during the COVID-19 nationwide public health emergency.
- Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency.
- Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.
- Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications that are public facing should not be used in the provision of telehealth by covered health care providers.

Virtual Services During the COVID-19 Pandemic: Practice Considerations Checklist

The checklist below helps dentists who are new to using remote telecommunication technology, or those dentists who have systems that won't function well in the current environment, to perform problem-focused evaluations virtually.

Identify your support system

- Are you doing this on your own or do you have staff to assist?
- Will you offer virtual services only to your established patients or to any new patients as well?

TIP: Plan on allowing time for paperwork to be done either by you or your staff.

Identify the right technology

- Do you have a dedicated business cell phone or laptop?
- Do you have reliable internet connection?
- Are you going to use free tools like Skype, FaceTime or Zoom? Or do you want to use commercial applications?
- What technology are your patients most likely to have access to and be comfortable using?
- Are you open/able to using multiple platforms for greater patient choice, or would it be best for you to pick the one that you are most comfortable with?

TIP: The advantage of commercial applications is that they might allow you to manage paperwork (e.g. patient consent) and they offer HIPAA compliant encryption for data transmission. However, there will be a cost to use these commercial applications. Some will only work with intra-oral cameras since they were designed for pre-COVID teledentistry applications. Patients may need to download this additional application on their phones or personal computers to make it work. The popular non-public facing consumer telecommunication services like FaceTime, Zoom and Skype can use the smartphone's camera system. The Office for Civil Rights (OCR) will not impose penalties for HIPAA noncompliance against health care providers that serve patients in good faith through certain non-public facing everyday communications technologies during the COVID pandemic.

Inform your patients

- Do you want to identify preferred times during the day when patients can reach you virtually, especially if you are continuing to see patients who need emergency services in your office?
- How will you schedule appointments and send reminders if needed?
- How will the patients be informed that they can reach you for virtual services?

TIP: Patients may call you in case of emergency at any time. However there may be patients who are unsure and still need a consultation. Such patients likely can be requested to call during preferred times during the day.

Prepare for the paperwork

- Do you have the following paperwork ready?
    - Patient intake forms, especially if you do not have access to your practice management software
    - Informed Consent form (which includes information on billing/charges)
    - Medical/Dental History forms for new patients
- How will you securely save any images that the patient may have shared with you to include this in the patient's record?

- Can you update the patients' records within your practice management system to record the virtual services that you have provided?
- How will you submit claims if you have performed a problem-focused evaluation?

Prepare for follow-up and care coordination

- If the patient needs follow-up care, do you know what procedures you are able to safely provide?
- Do you know which specialists are accepting patients?
- How will you document your referral and care coordination?
- How will you keep a paper or digital record of all of the patients needing non-urgent follow up care when you get back to the office?

If you need assistance with claims please contact dentalbenefits@ada.org

Informed Consent Forms: Sample Language For Virtual Services

Our dental office [OR: NAME OF DENTAL PRACTICE] will be using [NAME OF REMOTE COMMUNICATION APPLICATION(S)] remote communication technology to conduct problem-focused evaluations/re-evaluations virtually, to help manage your oral health problem and to determine whether you have a condition that requires immediate in-office treatment.

During the current pandemic the federal government announced that it will not enforce HIPAA regulations (privacy for health records) in connection with medical and dental offices' good faith provision of medical or dental services using non-public facing audio or video remote communications services. Remote patient consultations may take place over applications that allow video chats such as Apple Face Time, Facebook Messenger video chat, Google Hangouts, or Skype and may involve or be based on photos or videos taken with smart phones by the patient and transmitted to the dental office. Please do not contact us using public-facing services such as Facebook Live, Twitch, or TikTok, which are not permitted by the federal government for this purpose.

As always, our office will take dental record confidentiality very seriously, and will do what we can under the circumstances to protect the information you send us. While we believe the risk to such confidentiality is not high, it may be greater than it would be if these remote electronic communications were encrypted, which is one of the main HIPAA requirement that is being relaxed during the nationwide COVID-19 public health emergency.

Certain major dental plans have announced that they will reimburse dental offices for conducting such remote evaluations, and we will submit claims in connection with them.

Our dental office is using one or more of the permitted modalities listed above for remote transmission of information to conduct limited problem focused evaluations. While entirely adequate in the vast majority of cases for such limited purposes, these evaluations may not reveal conditions that would be discovered during an office visit or through the use of specialized teledentistry technology.

Please indicate your understanding of and informed consent to these terms, which will be in effect until the government rescinds its suspension of these HIPAA requirements, by typing your name in the space provided and return via email to this office.

Practical Tips for Performing Virtual Evaluations

The following tips may be helpful in conducting virtual evaluations:

- Request patient to have a flashlight handy.
- Request patient to have a family member assist in holding the phone or retracting the cheek as needed.

If you have conducted virtual evaluations and have tips to share please email dentalbenefits@ada.org

Billing: Policies by Payer (*NEW*)

The ADA has been reaching out to third party payers to determine their policies with regards to payment for services rendered using telecommunication technology. Below is the information we have collected thus far. The ADA has also been following guidance being issued by CMS de-regulating telehealth and offering benefits for virtual check-ins as a means to support primary care. We are exploring if this guidance applies to dental care.

The ADA advises that all patient encounters using telecommunication technology continue to be appropriately documented in the patient's record including date/time/duration of encounter, reasons for such encounter and associated clinical notes.

See next page. As of 9 AM CENTRAL April 3, 2020 [will be updated daily during this public health emergency]

Payer Information as received by the ADA (in no particular order):

	Would plans you administer benefit limited problem-focused evaluations performed using telecommunication technology? (D0140, D0170, D0171)?	Would plans you administer benefit a consultation with the patients' physician? (D9311)	Will frequency limits be waived to not count towards evaluations that may be needed later in the year when D0140, D0170 and D0171 are submitted?
Blue Cross NC / Dental Blue	Blue Cross NC will reimburse for D0140 and D0170 services when performed via teledentistry the same as when performed in a traditional setting. There is no additional benefit for the D9995 and D9996 codes, however these codes should be used to document how the services were provided. However, post-operative, re-evaluation is not a covered service. Post-operative visits (D0171) are not a covered service; they are included in the fee for the original procedure.	Yes	No. Our frequency limitation is 2 per benefit period to allow maximum flexibility for both member and provider. D0140, D0160, and D0170 count toward the 2 per benefit period limit regardless of the encounter type. Other frequency limits for services such as a routine exams or phrophylaxis are also covered on a "per benefit period" basis for flexibility in scheduling for providers and patients.
United Healthcare	We will administer benefits for TeleDentistry for codes D0140, D0145, D0170, D0171, D9992, D9995, and D9996.	NA	Limits on frequency will be waived until April 30, 2020, at which time we will re-evaluate an extension.
Delta Dental National Dental Policy Committee Recommendations	Yes, unless there is a specific exclusion, member companies will benefit D0140 per group contract whether provided in a dental office or virtually. D0170 and D0171 are generally considered inclusive in the prior treatment or consultation. It is important that dental offices and members verify coverage of D0140, D0170 and D0171 on the web portals,	D9311 is generally not a covered benefit. Please check your patients' benefits for those groups that may cover a physician consultation	In light of the extraordinary circumstances arising from the COVID-19 crisis, member companies will consider frequency limitations for exams on a case-by-case basis, with the goal of covering routine exams in addition to any emergency exams that may

	electronically, or with the Interactive Voice Response (IVR) systems.		be conducted during the crisis.
Envolve	In response to COVID-19 emergency measures, Envolve Dental, Inc. (a Centene Corporation subsidiary) will cover CDT codes D0140, D0170, D0171, and D0350 when reported with teledentistry codes D9995 or D9996, as applicable. Envolve Dental will pay D9995 and D9996 at established state fee schedule rates, if available. In the absence of respective state rates, D9995 will be reimbursed at $12.27 and D9996 will be reimbursed at $14.80. It is limited in time to the shorter of 90 days or the lifting of COVID-19 emergency measures limiting dental services to emergency services only.	-- NA --	-- NA --
Aetna	Will reimburse for it when performed via teledentistry, same as if it is performed in a traditional practice setting. We cover D0140 and D0170 today. We do not currently cover D0171. We do not offer a separate benefit for the two teledentistry codes. When submitted, we use those codes to alert us that the service was not performed in a traditional office setting.	We do not currently cover D9311.	In most of Aetna's dental plans, members are allowed two problem-focused exams (i.e., D0140 or D0170) in a calendar year *in addition to* two comprehensive or periodic oral exams (D0150 or D0120.) More importantly, when D0140 and D0170 are performed by a specialist, those exams are not subject to frequency limits. Aetna Dental is currently invoking our disaster recovery protocols that allow us to take unique situations into account to help dental

			members and providers. Our "service without borders" approach allows our service team to consider a provider's special circumstances when processing a claim.
Liberty	Yes.	Yes.	Yes
MetLife	Limited and problem focused evaluations are typically covered by MetLife plans. To the extent it is covered by a MetLife plan, such evaluations via tele-dentistry consultation would be covered. However some employer dental plans may not cover limited and problem focused evaluations so MetLife recommends that dentists and covered plan members check with MetLife to determine if these services are covered under the specific employer's dental plan that the patient is enrolled in. MetLife also recommends that dentists and covered plan members check with MetLife to determine if tele-dentistry services which may be separate from the actual completion of the evaluations are covered under the specific employer's dental plan that the patient is enrolled in. Benefit coverage can also be verified using MetLife's web portal, MetDental, for dentists as well as MetLife's interactive voice response [IVR]] capabilities.	MetLife dental plans typically cover physician consultations with respect to covered services. However some employer dental plans may not cover physician consultations so MetLife recommends that dentists and covered plan members check with MetLife to determine if this service is covered under the specific employer's dental plan that the patient is enrolled in. Benefit coverage can also be verified using MetLife's web portal, MetDental for dentists as well as MetLife's interactive voice response [IVR] capabilities.	MetLife has developed specific criteria to address situations where an enrolled dental plan member's dental benefits are adversely affected because the individual is a victim of the Covid-19 virus. If the claim meets these criteria and we are notified that the individual is a victim of the virus, MetLife will allow benefits. This criteria is in place for insured dental plans. MetLife has also recommended that employers with self-funded dental plans also follow the same criteria that has been developed. [*Metlife continues to evaluate this guidance. Updates will be posted as available*]

United Concordia	Yes to D0140 when performed using photo image or video will be covered. Submitted claims should include one of these teledentistry codes (D9995 or D9996).	No	There would be case-by-case exceptions. UCD expects dentists to bill 0140 for teledentistry for the next 90 days.
Humana	**Yes -** Humana will allow benefits for tele-dentistry consultation for limited and problem-focused evaluation and re-evaluation (D0140, D0170 & D0171). Please note that the aforementioned evaluation codes should be accompanied by the tele-dentistry codes D9995 or D9996. These codes are required as descriptor codes and are not paid as an additional benefit.	**Yes** – Humana will allow benefits for a physician consultation (D9311) via tele-dentistry.	Frequency limits will be waived such that these evaluations do not count towards a member's annual frequency limitations.
Principal	Principal will reimburse for services when performed via tele-dentistry, same as if it is performed in a traditional dental office setting. We cover D0140 and D0170 today. We do not cover D0171. We do not offer a separate benefit for the two tele-dentistry codes	We do not cover code D9311	Principal has enacted our pandemic response plan, which allows us to handle claim situations on an individual basis. We will take into consideration the special circumstances for both the member and provider when determining frequency applicability.
Guardian	We approve these codes today when they are submitted, with or without Teledentistry.	No, physician consultations are not covered under our dental insurance policies	No, but we plan to reassess this policy.
Ameritas	We will adjudicate claims the same for services performed via teledentistry or in person in a traditional practice setting. Our most common plans cover D0140 and D0170. We do not cover D0171. We do not offer a separate benefit for the two teledentistry codes (D9995 and D9996) and will have no reimbursement.	We do not currently cover code D9311	We will handle on an individual basis taking into consideration the special circumstances for both the member and the provider.

Lincoln Financial Group	Lincoln will continue administering limited and problem-focused evaluations according to policy provisions, whether performed in office or through tele-dentistry consultations.	Lincoln's Dental plans do not provide benefits for physician consultation (D9311)	Under Lincoln's dental plans, limited and problem-focused evaluations do not count toward the frequency limits for Preventive oral examinations.
Cigna	Cigna allows benefits for limited and problem-focused evaluations (D0140, D0170). We will cover these evaluations if performed in traditional practice settings or if completed through teledentistry. Cigna considers post-operative services covered as part of the primary service completed. Cigna considers teledentistry (D9995 and D9996) as reporting a modality to deliver services generally covered as part of the primary service completed. But D9995 and D9996 may be separately reimbursable where specific plan designs allow or depending on state regulations.	Cigna considers (D9311) a dentist consultation with a medical health care professional to be part of the dental services provided directly to the patient. No separate reimbursement is allowed unless required by state law.	Applicable frequency limits for evaluations, including limited and problem-focused evaluations will remain in place.
Sun Life	Sun Life will reimburse D0140 and D0170 per plan provisions whether service is conducted in the provider's office or virtually. We do not currently cover D0171.	Our dental plans do not cover physician consultations under ADA code D9311.	Sun Life will consider both the provider and member's circumstances and handle each request individually.
Dominion National	Benefits allowed include consultation for limited and problem-focused evaluation and re-evaluation (CDT codes: D0140, D0170 and D0171).	Dominion will also allow benefits for a physician consultation (D9311) via teledentistry.	Dominion is waiving frequency limits and these evaluations will not count toward a member's annual frequency limitations until further notice. This will be reviewed periodically and updated as needed.
Anthem	Anthem reimburses for all covered dental services the same regardless of	Anthem's standard benefit allows reimbursement of D9311 at the same	We are monitoring member utilization of services

	provided in a dental office or using teledentistry. Our standard benefit for examinations includes a 2 per 12 month frequency for limited-problem focused exams (inclusive of D0140, D0170) with a separate 2 per 12 months for routine exams. D0171 is a post-operative examination and is standardly disallowed as inclusive of dental surgical or similarly situated care and not reimbursed separately. In relation to synchronous and asynchronous teledentistry (D9995, D9996) we disallow reimbursement, but encourage the submission of these codes with or without fees per ADA/CDT guidance when used as the modality of providing dental care.	reimbursement as D9310, which is a consultation with a dentist or physician other than the dentist or physician the member originally sought care and may include diagnostic and/or therapeutic services.	provided through teledentistry and dental office visits and will make a determination on the ability to waive frequency limits in consultation with stakeholders. At this time, general guidance among third party teledentistry solutions, is to primarily utilize D0140 mitigating a need to remove standard benefit frequency limits at this time.
Argus Dental	Yes – Argus Dental & Vision, (a subsidiary of Aflac, Inc) will cover codes D0140 and D0170 performed telephonically with the corresponding D9995 or D9996 Tele-Dentistry code.	We do not currently cover the D9311 code.	For any plans which include D0140 or D0170 as covered benefits, normal in-office evaluations done after the pandemic has subsided will be covered, subject to stated plan limitations.
Blue Cross Blue Shield Massachusetts	Until further notice, we will cover consultations by telephone or video ("virtual consultations") between dental providers and their patients, effective March 23, 2020, for all members who already have coverage for problem-focused exams (D0140), with no cost share (deductible, copayment, or co-insurance). • Report virtual consultation services using CDT code D0140 (Limited Oral Evaluation – Problem Focused).	NA	NA

	• Virtual consultations should be patient-initiated and related to a specific dental problem which would otherwise have required an in-person office visit. • In the patient's chart, please document the problem that necessitated the telephone or video consultation and what you • recommended to the patient.		
Unum/Colonial Life	D0140 or D0170 will be covered per plan provisions when performed virtually and submitted with a D9995 or D9996, as descriptor codes, through 6/30/2020 or when the COVID-19 emergency measures limiting dental services are lifted. The D9995 and D9996 will not be paid as an additional benefit.	No	A D0140 accompanied with either D9995 or D9996 will not be counted against frequency limitations during this period.
GEHA	Awaiting response		
Wellpoint	Awaiting response		

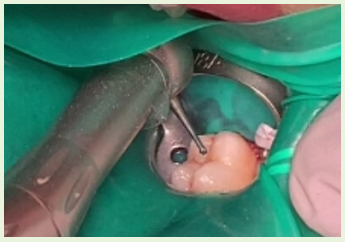
Brought to you by the ADA's Council on Dental Benefit Programs & the Practice Institute, Center for Dental benefits, Coding and Quality. For questions contact dentalbenefits@ada.org

Riva Star

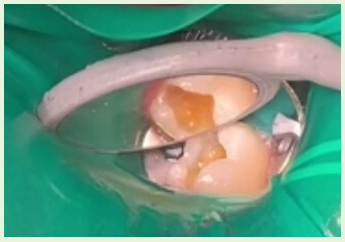
Dr. Johnson's Uses of Riva Star

- As Diagnostic Aid
- Arrest Incipient Caries
- Palliative Care
  - Patients with Multiple Lesions
  - Emergency Patients with Reversible Pulpitis
  - Delay or Avoid Sedation/General Anesthesia
- Treat Dentin Hypersensitivity
- Improve Access to Care
  - Pediatric Patients
  - Geriatric Patients
  - Patients with Special Healthcare Needs
- SMART Technique
- Indirect Pulp Therapy

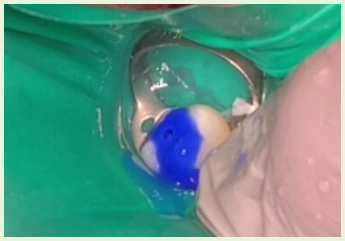
SMART Technique



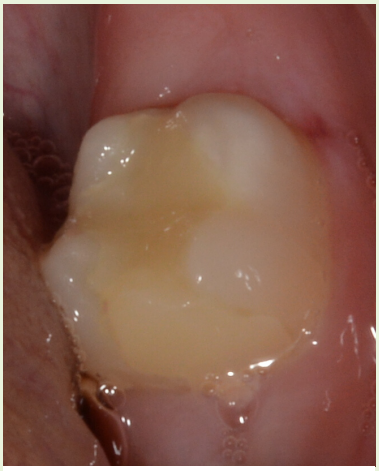
Rubber Dam Isolation
Isolate the tooth using rubber dam isolation.



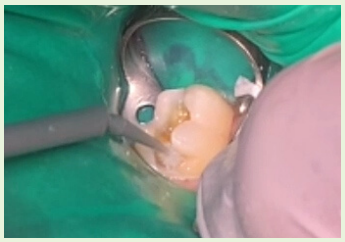
Selective Caries Removal
Remove soft caries and ensure the dentin enamel junction is clean and free of demineralization.



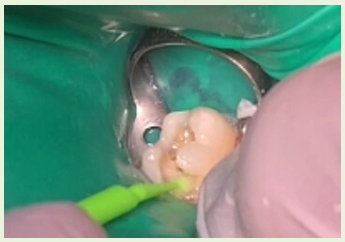
Rinse and Etch
Thoroughly rinse the tooth, and apply the condtioner (etch).



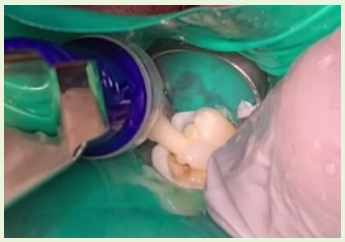
Post Operative Photo
Final Restoration two weeks later showing an eshtetic outcome.



Silver Diamine Fluoride
Apply Silver Diamine Fluoride for 60 seconds.



Potassium Iodide
Apply Potassium Iodide for 90 seconds to precipitate out the silver ions.



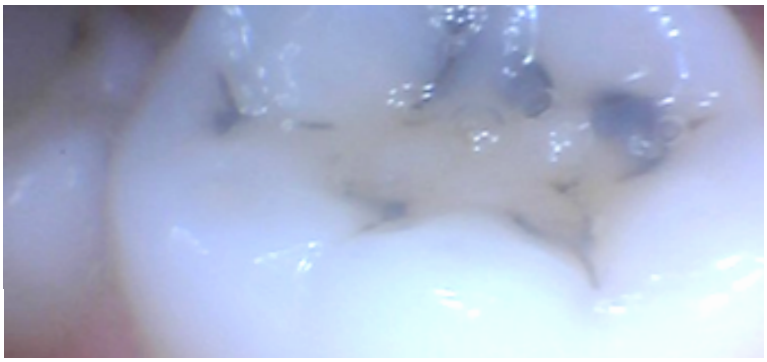
Restore
Place a Glass Ionomer Base and restore with desired composite.

Jarod W. Johnson, D.D.S.

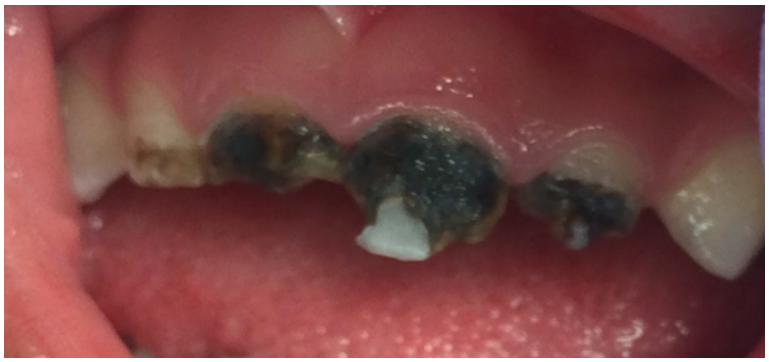
Board Certified Pediatric Dentist

Dr. Jarod Johnson received his DDS degree from The University of Iowa College of Dentistry and his certificate in pediatric dentistry from the University of Nevada, Las Vegas, School of Dental Medicine. He holds a position as an adjunct assisting professor in pediatric dentistry at The University of Iowa. Dr. Johnson is the owner of Arctic Dental in Muscatine, Iowa. He is an advocate for patient centered care related to minimally invasive dentistry with an emphasis on using the best use materials and techniques for treating pediatric patients.

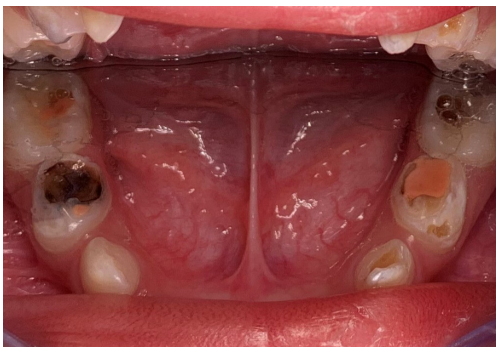
Pain Relief with Silver Diamine Fluoride*



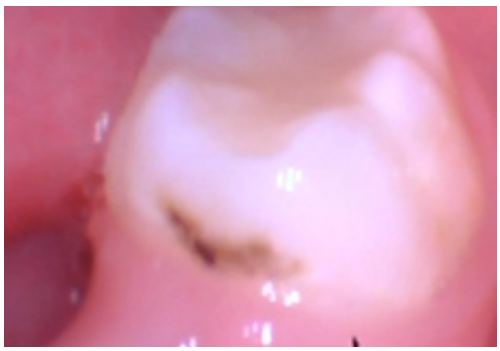
Arrest Dental Caries
Arrest dental caries in teeth and delay or avoid the need for invasive surgical procedures.



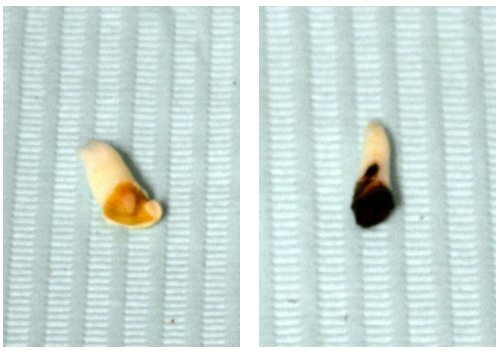
Palliative Care
Reduce pain and sensitivity for patients at their initial visit.



Prior to Definitive Care
SMART Technique prior to treatment under sedation or general anesthesia.

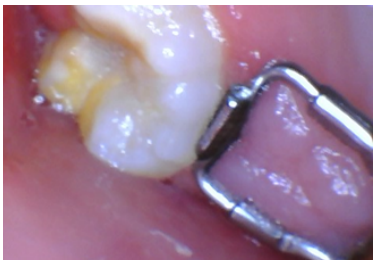


Arrest Interproximal Decay
Evidence of arrested interproximal decay after SDF application and removal of Tooth #L.

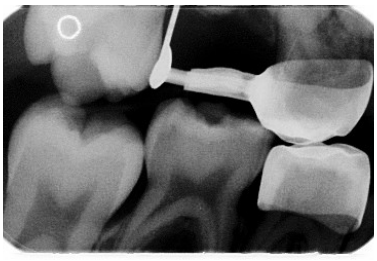


Reduced Staining
Riva Star (Left) vs. SDF (Right) post application.

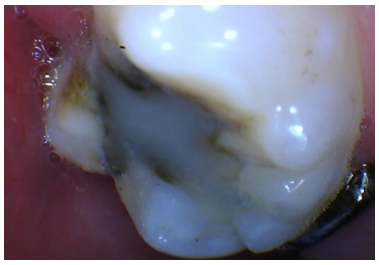
Use of the SMART Technique



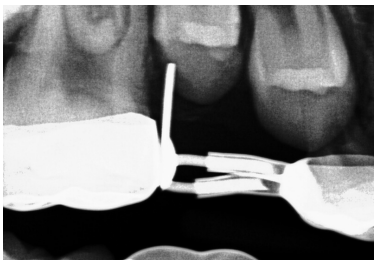
Clinical Photo
A erupting hypoplastic permanent maxiilary molar with a large carious lesion.



Bitewing Radiograph
Radiographic exam shows a deep carious lesion approximately 3/4 into dentin.



SMART Restoration
After two applications of SDF a high viscosity glass ionomer is placed as a temporary restoration.



Final Restoration
After eruption completed the tooth was restored with a stainless steel crown as a final restoration.

"The two bottle system allows providers to chose the protocol that best fits the child's behavior and clinical situation."

Jarod W. Johnson, D.D.S. - Board Certified Pediatric Dentist

*Uses Denoted are Off Label