



USPHS Chief Dental Officer Newsletter #47: April 10, 2020 National Public Health Week

Timothy L. Ricks, DMD, MPH
Rear Admiral, U.S. Public Health Service
Assistant Surgeon General, Chief Dental Officer
USPHSCDO@ihs.gov

*A newsletter provided to USPHS dentists and key partners
to provide updates of USPHS Dental Category and CDO activities*



CDC Releases New Dental Guidelines in Response to the COVID-19 Pandemic

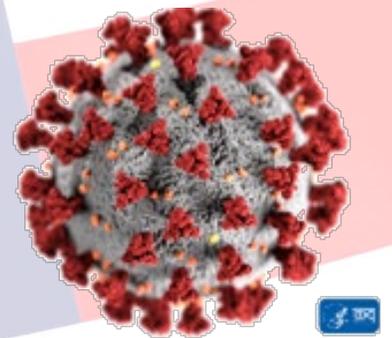
On April 8th, the Centers for Disease Control and Prevention (CDC) released new interim guidance entitled “[Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#),” updating the [previous guidance](#) for dental settings that had been released on March 27th.

Revisions to the March 27th guidance were as follows:

- Description of risk to dental health care personnel (DHCP) when providing emergency care during the COVID-19 pandemic.
- Recommendations for contacting patients prior to emergency dental care.
- Recommendations for providing emergency dental care to non-COVID-19 patients including engineering controls, work practices and infection control considerations.
- Potential exposure guidance.
- Contingency and crisis planning.

As with previous guidance issued by the White House Task Force and the U.S. Surgeon General [[March 17th](#), [March 18th](#), [March 20th](#), and [March 22nd](#) – click on these hyperlinks to read and listen to the statements], the CDC guidance recommends that dental services “should be limited to emergency visits only during this period of the

pandemic” without specifying an end date at this point. The new guidance offers more specific guidance on providing emergency care for both suspected or confirmed COVID-19 patients (provide emergency dental services in an isolation room with negative pressure using an N95 respirator at a hospital or other facility), and for those without COVID-19 (assess the patient by telephone ahead of time and at check-in and provide emergency dental services using “appropriate engineering controls, work practices, and infection control practices).



The question many oral health providers have asked is “what type of mask should I wear when providing emergency patient care to asymptomatic patients, understanding that they still may be infected?” This question is answered in the new guidance. CDC recommends that dental staff “use the highest level of personal protective equipment (PPE) available” and recommends that if they are available, providers should wear gloves, a gown, eye protection (goggles or face shield) and an N95 or higher-level respirator. The guidance further states that if a respirator is not available, “use a combination of a surgical mask and a full-face shield.”

Thank you to Mr. Casey Hannan, Acting Director of the CDC Division of Oral Health, and his team for their steadfast leadership and guidance on infection control guidelines and other guidance related to COVID-19 and dental settings.

In this issue:

New CDC Guidelines for Dental Settings.....	1
Updates on National Dental Meetings.....	2
Postponing Elective Procedures.....	3
Why Not Just Close Dental Offices?.....	4
Tips on Talking to Dental Patients.....	5
Tele-Dentistry.....	6
Resources Related to COVID-19.....	7
Index of Topics from Past Issues.....	8

Updates on National Dental Meetings



CANCELLED National Dental Meetings

March 14-17: American Dental Education Association Session & Exhibition, National Harbor, Maryland.

March 18-19: International Association of Dental Research Annual Meeting, Washington, D.C.

March 18-21: Academy of Osseointegration Annual Meeting, Seattle, Washington.

April 1-4: American Association of Endodontists Meeting, Nashville Tennessee.

April 4-7: National Oral Health Conference, San Diego, California. This may be rescheduled as a virtual conference, however.

April 14: Federal Services Dental Educators' Workshop, Bethesda, Maryland.

April 20-22: Beyond Flexnor Conference, Phoenix, Arizona.

April 22-25: American Academy of Cosmetic Dentistry, Orlando, Florida.

April 29: Oral Health Program Dental Residential Training, Federal Bureau of Prisons, Denver, Colorado.

April 30-May 2: National Hispanic Health Conference, Washington, D.C.

May 1-4: American Association of Orthodontists Annual Meeting, Atlanta, Georgia.

May 7-9: New Orleans Dental Conference, New Orleans, Louisiana.

May 21-24: American Academy of Pediatric Dentistry Annual Session, Nashville, Tennessee.

May 28-30: Pacific Northwest Dental Conference, Seattle, Washington.

June 24-27: Society of American Indian Dentists Annual Conference, Portland, Oregon.

September 1-4: FDI World Dental Congress, Shanghai, China

REVISED/POSTPONED National Dental Meetings

March 19-21: The Thomas P. Hinman Dental Meeting, Atlanta, Georgia. The Hinman meeting, originally scheduled for March 19-21, has moved its 2020 educational program, speakers, and events to its 2021 session to be held March 11-13, 2021 in Atlanta. For more information, click [here](#).

April 5: American Association of Community Dental Programs Meeting, San Diego, California. The AACDP Conference, which was scheduled as part of the NOHC on April 5th, has been moved to a virtual meeting consisting of several sessions. In announcing this decision on March 12th, the planning committee based

their decision on guidance from the California Department of Public Health that large gatherings should be postponed or cancelled. More information on this conference and the virtual schedule will be shared in the coming weeks. Go to their [website](#) to check for updates.

April 23-25: Star of the North Dental Meeting, St. Paul, Minnesota. This meeting has been postponed to July 30-August 1, 2020 at Saint Paul Rivercenter. For more information, click [here](#).

June 14-18: USPHS Scientific and Training Symposium, Glendale, Arizona. This annual conference of the U.S. Public Health Service, which included a one-day Dental Category Day and which was scheduled to be held in Glendale, Arizona, has been cancelled. The 2021 conference is scheduled to be held in the same location, however, from June 21-24, 2021.

STILL PLANNED National Dental Meetings

July 9-12: National Dental Association Annual Convention. Course registration is open online for the annual NDA meeting that will be held July 9-12 at the Hyatt Regency in New Orleans. To learn more about this meeting or to register, click [here](#).

July 15-18: Academy of General Dentistry Scientific Session. Course registration is now open for the Academy of General Dentistry (AGD) meeting to be held at Caesars Palace in Las Vegas, Nevada July 15-18. The keynote speaker will be Hall of Fame and former Buffalo Bills quarterback – and oral cancer survivor – Jim Kelly. Early bird registration ends April 1st. For more information about the course agenda, registration, and the lodging information, click [here](#).

August 31-September 2: Organization for Safety Asepsis and Prevention Annual Conference, Minneapolis, Minnesota. This annual meeting will provide updates on current and emerging issues related to infection control, and COVID-19 promises to be a hot topic. For more information on this conference, click [here](#).

August 21-22: Southwest Dental Conference. This annual conference, in existence for 93 years, will be held at the Kay Bailey Hutchison Convention Center in Dallas. Registration is now open. To learn more or to register, click [here](#).

October 14-19: American Dental Association Annual Session. The ADA FDC Annual Meeting will be held October 14-19 in Orlando, Florida. You can get updates on this conference and see a preliminary schedule of events by clicking [here](#).

Postponing Elective Dental Procedures – What is “Elective?”

As mentioned in the cover story on page 1, both the federal government and state governments have recommended – or in some states mandated – postponement of elective dental procedures. I have been asked what this means by internal and external stakeholders: “what is meant by elective?” and “how long will this postponement last?” Let’s recap the guidance from the federal government:

- **March 17, 2020:** White House Coronavirus Task Force [press briefing](#), White House COVID-19 response coordinator Dr. Deborah Birx recommended that hospitals and **dentists** cancel all elective surgeries over the next two weeks in order to free up hospital beds and space. The task force has stated that its recommendations are not mandatory.
- **March 18:** The Centers for Medicare and Medicaid Services (CMS) [recommended](#) that all **non-essential dental exams and procedures** be postponed until further notice.
- **March 20:** The Centers for Disease Control and Prevention (CDC) [updated their guidance](#) by recommending “**dental facilities postpone elective procedures, surgeries, and non-urgent dental visits**, and prioritize urgent and emergency visits and procedures now and for the coming several weeks.”
- **March 22:** The U.S. Surgeon General, Vice Admiral Jerome Adams, [asked health systems](#) to “cancel or delay nonessential elective procedures in a way that minimizes potential harm to patients. These include **dental procedures** as well.”
- **April 8:** This is the latest information specific to dental facilities from the federal government. On April 8th, the CDC Division of Oral Health [updated their previous guidance](#), stating that “In order to protect staff and preserve personal protective equipment and patient care supplies, as well as expand available hospital capacity during the COVID-19 pandemic, the CDC recommends that **dental facilities postpone elective procedures, surgeries, and non-urgent dental visits, and prioritize urgent and emergency visits and procedures now and for the coming several weeks.**”



So what would be considered “emergency or urgent” dental services and what would be considered “elective?” The federal government hasn’t clearly defined emergency/urgent services for dental settings, but organized dentistry has offered some guidance. The American Dental Association (ADA) has developed a one-page flyer for dentists entitled “[What Constitutes a Dental Emergency?](#)” that describes not only what constitutes a dental emergency or urgent dental care but also what is considered routine or non-urgent dental

procedures. In addition, the ADA has developed guidance for dental patients defining emergency care; “[What is a Dental Emergency?](#)” advises patients what types of dental care should be rescheduled and when they should seek dental care during this pandemic.

How long should dental programs postpone elective dental care? No one can predict when this will all be completely over, and the guidance on when to resume regular dental practices has a moving start date. The previously mentioned CDC guidance that is specific to dental settings states that emergency dental services should be provided “during this period of the pandemic” with the period not clearly defined. Similarly, the [CMS guidance](#) doesn’t offer an end date. The ADA, the nation’s largest dental organization, did [announce on April 1st](#) that they are recommending for dentists to keep their offices closed to all but emergency care until April 30th “at the earliest.” Some states have also issued specific guidance (or in some cases, mandates) on when dental practices can resume “routine” dental care.

Why Not Just Close Dental Offices for Now?

There have been reports of dental offices in some locations completely shutting down all services in response to the requests to postpone elective dental services. But the vast majority of dental offices, including those in public health, remain open to provide emergency dental care to patients.

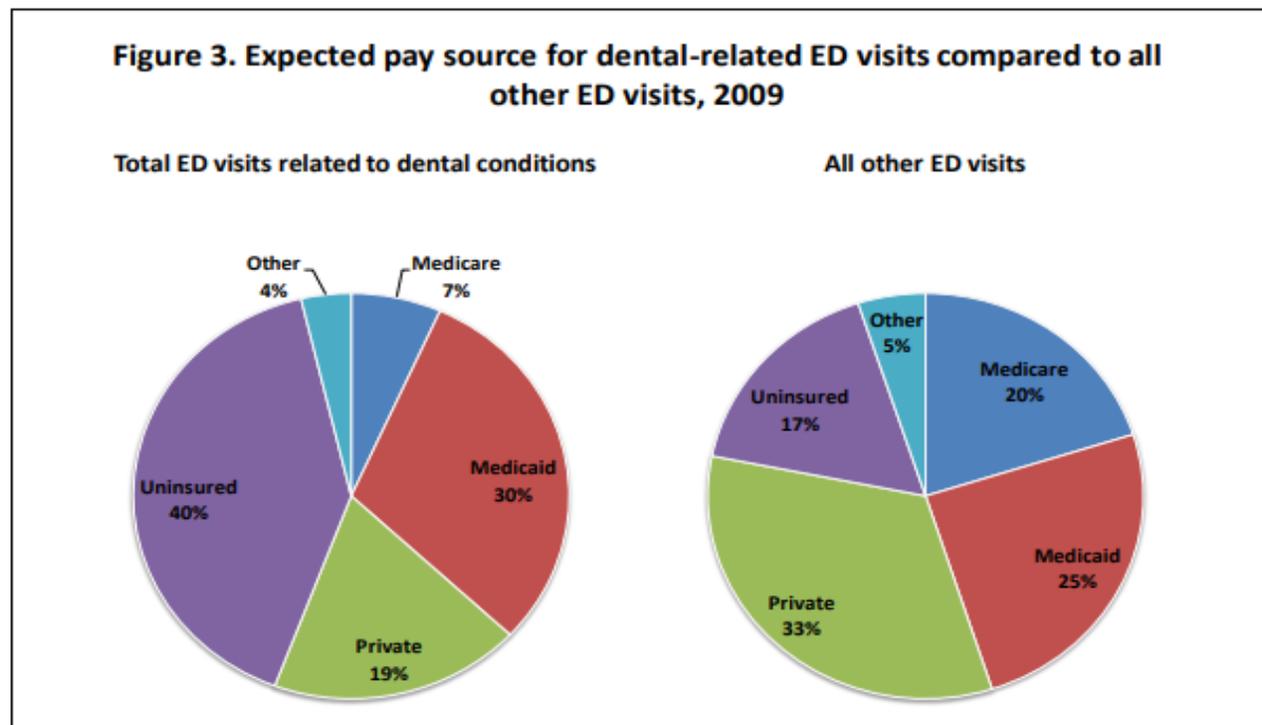
The impact of closing a large number of dental offices in a geographic area could have a significant impact. For example, a [2009 report](#) from the Agency for Healthcare Resource and Quality (AHRQ) showed that 70% of emergency department (ED) visits related to dental conditions were from patients who were on Medicaid or

uninsured, almost twice the prevalence (37%) of those on Medicaid or uninsured using the ED for all other health-related problems. Thus, completely closing dental offices has the potential of forcing more people to EDs for relief of dental pain, or, if the overcrowded EDs are not able to receive those patients, closing offices has the potential to adversely affecting some of the most vulnerable people the most.

Continue to rely on guidance from the CDC and other federal resources on guidance on providing dental services, and thank you for continuing to provide emergency and urgent care to your patients!

ED visits and inpatient stays related to dental issues by payer

Figure 3 illustrates the payer mix of dental-related ED visits compared to all other ED visits. Most ED visits for dental-related conditions were covered by Medicaid (30 percent) or were uninsured (40 percent).



Source: AHRQ, Center for Delivery, Organization and Markets, Healthcare Cost and Utilization Project, Nationwide Emergency Department Sample, 2009

Tips for Oral Health Providers on Talking to Patients about COVID-19

On March 31st, the Indian Health Service (IHS) Division of Oral Health (authored by CDR Nathan Mork) – as part of their Oral Health Literacy Campaign – released guidance on the IHS Dental Listserv (approved by IHS Incident Command to be released via the listserv) on how to talk to dental patients about COVID-19. Below is an excerpt of questions patients may ask and how IHS recommends providers answer.

1. Why is the dental clinic only seeing urgent and emergency patients?

Like the common cold and flu viruses, the novel coronavirus can be spread through the air as well as contact with surfaces. When we work on teeth – especially cleaning teeth and preparing fillings with a drill – the virus can go from your mouth into the air, like when you sneeze or cough. Because the virus can stay in the air for several hours, this can put our dental staff as well as other patients that enter the room at risk.

2. I'm not feeling sick. Why can't I be seen for non-emergency care?

Even when people don't feel sick, experts say that they could still have a virus. In fact, about 1 in 4 people with the novel coronavirus don't feel sick. To limit the spread of the virus to dental staff and other patients, we're currently only treating urgent and emergency patients.

3. What is considered a dental emergency?

Emergencies are determined on a case-by-case basis. In general, swelling and pain that is not controlled with over the counter medications are considered emergencies. If you have any questions, you can talk with a dental provider on the phone to determine if you need to be seen.

4. Should I call the dental office first?

Yes, during the COVID-19 response period, it's important to call the dental clinic first, instead of going directly to the dental clinic. This allows us to ask you questions about your dental concern and determine if it's necessary for you to be seen. By limiting the number of patients in the waiting area and clinic, we can decrease the chances of spreading the virus.

5. When can I be seen for my regular dental appointment?

We are following the recommendations and guidance from the Indian Health Service and experts at the Centers for Disease Control and Prevention (CDC). We will let

you know as soon as experts agree that it is safe to begin seeing non-emergency dental patients.

6. How safe is the dental clinic?

We are dedicated to making our clinic safe for our patients and staff. We follow CDC guidelines to ensure that dental tools and rooms are clean for each patient.

7. Can I bring my children with me to the office (they're out of school)?

Instead of bringing family members with you to your dental appointment, we recommend that you find alternative options for them. We are trying to limit the number of people in the dental clinic, to reduce the chances of spreading the virus.

8. Can I take care of my dental problems (chipped tooth, filling out, etc.) at home instead?

Each dental problem is unique. If you have a question about your mouth, we can review the best options for you over the phone.

9. Is my dental cleaning considered urgent?

Dental cleanings are not considered urgent. While we wait for guidance to begin dental cleanings again, it's important to keep up with brushing twice a day and flossing at least once a day.

10. Does my dentist have N95 masks?

Some dental clinics may have N95 masks. These masks are in short supply and dental clinics are trying to use them only when needed.

11. Should I wear a mask to my appointment?

It's very important to call your dental clinic to talk about your dental question, instead of going directly to the clinic. Over the phone, the staff will ask you about your concern as well as questions about your health (e.g. cough or fever). Most dental clinics are not designed to treat patients that may have coronavirus. If you have flu-like symptoms and a dental emergency, you will need to work with your dental provider to figure out the best place for emergency treatment.

12. What kind of dental work can be done on me?

In general, we're trying to avoid dental work that create aerosols (i.e. fine mist that can stay in the air for several hours). Temporary fillings - done with hand instruments instead of drills - and extractions are the least likely to create aerosols. Talk to your dental team about the emergency dental procedures they can offer.

Tele-Dentistry

As many dental practices moved toward using tele-dentistry in response to the COVID-19 crisis, additional guidance was needed – and still is – on how dentists can use tele-dentistry in their practices to provide triage, diagnosis, and case management to their patients. CMS has provided [general guidance to states](#) on telemedicine, but states have the flexibility to determine whether to cover it, how it is to be provided and covered, what types of providers may be covered or reimbursed, and how much to reimburse for services provided. The [Indian Health Service](#) Division of Oral Health (IHS) put out specific guidance on April 3rd that explained how dental providers could use certain codes for tele-dentistry (authored by COL-ret. Joel Knutson). Other federal agencies may have also put out such guidance.



Similarly, the [American Dental Association](#) (ADA) has provided guidance on tele-dentistry and has a list of third party payers and what their specific requirements are as far as coding and billing.

The ADA Common Dental Terminology (CDT) 2020 Manual for Dental Procedure Codes have two CDT codes specific for 'tele-dentistry': **D9995** and **D9996**.

- **D9995: Tele-dentistry - synchronous; real-time encounter.** Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service, and thus synchronous (could include telephonic).
- **D9996: Tele-dentistry - 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, and thus, asynchronous (store and forward).

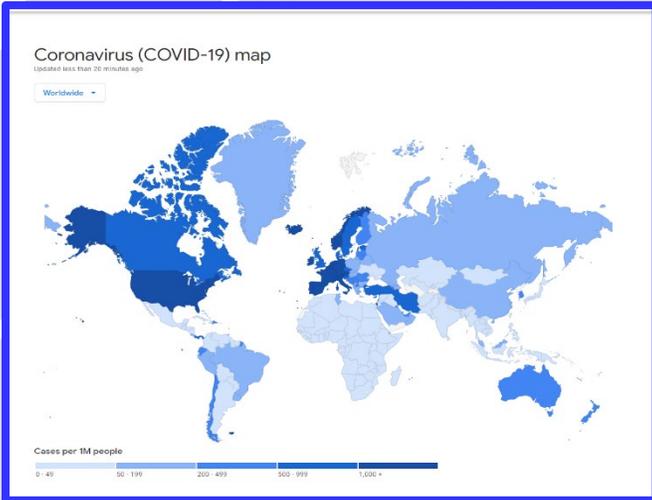
Certain codes could possibly be used in conjunction with the tele-dentistry codes, but providers would need to check with the specific requirements of third party payers regarding coding and documentation. Some of the possible codes are:

- **D0190: Screening of a patient.** A screening to determine an individual's need to be seen by a dentist for diagnosis.
- **D0191: Assessment of a patient.** A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment.
- **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. 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).** This involves assessing the status of a previously existing condition, such as a traumatic injury where no treatment was rendered but patient needs follow-up monitoring or evaluation for undiagnosed continuing pain.
- **D9992: Dental case management – care coordination.** Assisting in 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.

There have been concerns about compliance with the Health Insurance Portability and Accountability Act (HIPAA) as it relates to tele-dentistry and telehealth in general. The Department of Health and Human Services (HHS) has developed a Frequently Asked Questions document on Telehealth and HIPAA that answers many of these questions. Finally, additional telehealth and tele-dentistry guidance will continue to be rolled out by various agencies and dental organizations.

COVID-19 Dental Resources

Colleagues, below is a listing of various federal and non-federal COVID-19 resources, including resources specific to dental practices. I'm sure that I may be missing some important resources, but I've tried to capture as many as possible. One caveat is that you'll need to know what agency or organization is represented by the acronyms! Just click on the links to go to the site.



Government Resources:

(This is a list of some of the government websites related to COVID-19. This is not an all-inclusive list of course. The key websites are the [coronavirus.gov](#) and the [CDC dental guidance](#), both of which I've bolded below).

[ACF COVID-19 Response & Resources](#)

[ACL Resources](#)

[BOP COVID-19 Information](#)

[CARES Act Information from DoT](#)

[CDC Guidance for Healthcare Professionals](#)

[CDC Guidance for Dental Settings](#)

[CMS Coronavirus Disease 2019 \(COVID-19\)](#)

[Coronavirus \(COVID-19\) Guidance - Overall](#)

[DHS Information Related to COVID-19](#)

[DoD Coronavirus Updates](#)

[FDA Guidance](#)

[Federal Government Response](#)

[HIPAA, Civil Rights, and COVID-19](#)

[HHS Coronavirus 2019 \(COVID-19\) Updates](#)

[HRSA Coronavirus \(COVID-19\) Information](#)

[IHS Guidance](#)

[Military Health System Guidance](#)

[NIH Updates](#)

[SAMHSA Updates](#)

[U.S. DoE COVID-19 Information](#)

[VA Coronavirus FAQs](#)

Non-Government Dental Resources:

(Listing of these resources should not imply an endorsement of any particular organization or point of view and are being shared just to keep the reader informed. Likewise, omission of resources should not be viewed as purposeful or viewing that information as not useful, as an attempt has been made to gather as much information as possible.)

[AAPHD Resources](#)

[ADA Coding & Billing Guidance](#)

[ADA Emergency Treatment Algorithms](#)

[ADAA Coronavirus Information](#)

[ADEA Updates](#)

[ADHA Coronavirus Updates](#)

[ADSO News](#)

[AGD Coronavirus Resource Page](#)

[APHA COVID-19](#)

[ASTDD State by State Response](#)

[DentaQuest Partnership for Oral Health Advancement](#)

[HDA Resources](#)

[IADR COVID-19 Resources](#)

[MSDA Guidance](#)

[NDA Resources & Documents](#)

[NNOHA Coronavirus Resources](#)

[OSAP Updates](#)

[PAHO Updates](#)

[State by State Dental Guidance](#)

[WHO COVID-19 Pandemic](#)

Index of Major Topics from Past Issues

Below is a list of major topics discussed in past issues of the newsletter. If you find a topic of interest and would like to receive a back issue, just let me know.

Topic Area	Issue
Animal-Assisted Therapy	43
Antibiotics in Dentistry	10, 19, 31, 36, 37, 42, 43
Bisphosphonates	41
Children's Oral Health	18, 19, 20, 21, 22, 23, 40, 44, 45
Community Dental Health Coordinators	33, 38, 44
Community Water Fluoridation/Fluoride	11, 20, 29, 31, 45
Compassion Fatigue	28
COVID-19 & Dentistry	46, 47
Dental Amalgam	18, 42, 45
Dental Category History	35
Dental Expenditures	12, 14, 19, 22
Dental Student Debt	19, 45
Dental Therapy	18, 21, 29, 33
Diamond Burs	20
E-Cigarettes	15, 23, 26, 28, 32, 40, 41, 42, 43, 44, 45
Expanded Function Dental Assistants	24, 33, 40
Geriatric Oral Health	34
Health Equity/Oral Health Disparities	11, 17, 20, 22, 34
Healthy People 2020/2030	13, 17, 22, 30, 34
Hearing Loss in Dentistry	45
Human Papillomavirus	5, 29, 37, 40, 44, 45
Integrating Oral Health and Primary Care	17, 37, 42, 44, 45
Links Between Oral Disease and Systemic Disease	17, 20, 26
Opioids	4, 13, 14, 27, 32, 36, 37, 40, 42, 45
Oral Cancer	29, 45
Oral Health Literacy	36, 39, 47
Physical Activity Guidelines/Fitness	3, 4, 10, 28
Safety	43
Silver Diamine Fluoride	22, 42
Social Media	13, 44
Tele-Dentistry	15, 26, 41
Tobacco	12, 23, 44, 45
Triclosan	37, 39
Women's Oral Health	27

Please stay safe, continue to follow CDC and other federal guidance on COVID-19 related issues, and thank you for all you do to improve oral health of those you serve.

Rear Admiral Tim Ricks, USPHS Chief Dental Officer
In Officio Salutis ("In the Service of Health")