



Newsletter

March 2020

American Dental Association Guidelines – What is Emergency Dental Care?

With Governor Brown's [Executive Order 20-10](#), dental providers in Oregon are ordered to cease delivery of elective care and to only provide urgent and emergent dental care to patients. [This guide](#) from the American Dental Association can help you understand which types of care are appropriate.



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)
- Extraction of asymptomatic teeth
- Restorative dentistry including treatment of asymptomatic carious lesions
- Aesthetic dental procedures

Updated 3/19/20

FOR THE LATEST UPDATES, VISIT [ADA.ORG/VIRUS](https://ada.org/virus)

Teledentistry

Teledentistry might be a good tool to assist dentists to screen or examine patients remotely in order to help manage patients or to triage patients before they come to the dental office. The following teledentistry modifier codes are covered under the Oregon Health Plan dental coverage package:

D999s: Teledentistry – synchronous; real time encounter.

D9996: Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review.

When performing teledentistry, the modifier code must be billed along with a code for another dental service. For limited exams or screenings completed via teledentistry, the appropriate exam code should also be billed. Progress notes should clearly document how teledentistry was delivered.

Teledentistry services must include live video conferencing or review of photographic images. Simply speaking to a patient over the phone does not qualify a service for teledentistry.

You can read the Oregon teledentistry rules [here](#).

The ADA has published guidelines for coding these teledentistry encounters:

- **D0140** — limited oral evaluation, problem focused
- **D0170** — re-evaluation, limited, problem focused (established patient; not post-operative visit)
- **D0171** — re-evaluation, post-operative office visit

Together with the teledentistry codes

- **D9995** — teledentistry synchronous; real-time encounter
- **D9996** — teledentistry asynchronous; information stored and forwarded to dentist for subsequent review

ECHO Network

Registration is now open for the third offering of the [Pain Management and Substance Use Disorders ECHO](#). This 6-session, virtual learning course is designed to build the capacity of dentists and their teams to identify and manage patients with oral pain or substance use disorders in the dental setting. Sessions for this cohort meet on the 1st and 3rd Thursdays of the month from 12:30-1:30 p.m., beginning April 16-July 2, 2020. The attached flyer provides more details. The program is offered for no cost, and offers no cost CDE credits based on participation.

Registration Link: <https://connect.oregonechonetwork.org/Series/Registration/238>

Equity and Inclusion CE

Capitol Dental Care recognizes the necessity of trauma-informed, culturally competent oral health care. To that end, we encourage all of our providers to participate in training around implicit bias and cultural competency. The OHA has a registry of approved Cultural Competence Continuing Education Trainings, which can be found [here](#). We encourage all of our providers to avail themselves of this resource, which contains several CE opportunities.

In addition, the U.S Department of Health and Human Services has a free e-learning Cultural Competency Program for Oral Health Professionals available [here](#).