



Guidance for Preventing Spread of COVID-19 for the Oral Health Community and Dental Practices Vol.5 (subject to change) – Illinois Community-level Plan of Action to meet urgent dental care needs

Purpose

This guidance is to provide information on a collaboration that provides urgent dental care to the patients in a manner that is safe and effective in community dental practices that are appropriately equipped with administrative, environmental, infection control practices/equipment (PPE) and staffed with dental care providers.

Information

COVID-19 infections are spreading throughout communities in states. This will tax the local healthcare system and the focus will become treating and medically managing the most severe cases. To alleviate impending stresses to the health care and hospital system, oral health providers need a plan of action that keeps the urgent dental care patients away from the emergency rooms and urgent care centers.

Aerosols and droplets are created in the provision of routine dental care. These are thought to be transmissible vehicles for COVID-19 and this, in addition to conserving the limited supply of personal protective equipment (PPE) has resulted in dental office closures to routine dental care.

As stated in the American Dental Association Principles of Ethics & Code of Professional Conduct,¹ the practitioner must continue to see emergency and urgent dental care patients in their practices or have a plan in place for this coverage for their practice patients. Local hospitals, health departments, and dental schools cannot manage all dental emergencies. The best way for communities to be prepared is to work together to assess the needs and assets in their community that can be activated to meet the urgent dental care needs.

Key Partners

School (s) of dentistry, private dental practices, local dental or hygiene society, oral surgery practices, county/local health department (s), FQHC (s), hospitals and area medical center (s), Illinois Regional Healthcare Coalitions, state public health department, and oral health section/division.

Determine and name the lead and coordinating agency. It can be a Regional Healthcare Coalition, Local Health Department, FQHC, or as described in the below plan, a local dental society/branch.

Action for Private Practices, FQHCs, and other community clinics

This information is based on CDC and the ADA's Interim Recommendation & Guidance documents^{2,3} should also be used to minimize the risk of transmission and to determine the safest way to meet emergency or urgent dental care needs.

Because SARS- CoV-2 testing is limited, results delayed and 25% or more persons may be infected but asymptomatic, dental practices should consider all staff members and patients as potentially infected. Practices should continue using standard precautions and institute additional administrative, environmental and standard infection control practices to limit the potential for person-person transmission of COVID-19.

Goal: Assess and care for patients of your practice safely and effectively without creating aerosols or droplets.

- 1. Triage** the dental emergencies of your patients through any telehealth method. Review HIPPA and telehealth answers from the U.S. Office of Civil Rights⁴ and use the ADA COVID-19 Coding and Billing Interim Guidance as a reference for communications.⁵

Suggested methods of communication may include:

- Telephone conversation
 - FaceTime or Skype conversations
 - Facebook Messenger video chat
 - Google Hangouts video
 - Texting
 - Digital sharing of photo
- Ask screening questions for signs of COVID-19 such as dry cough, fever and difficulty breathing. If you have a patient that exhibits signs of the virus, and they have not been diagnosed, ask them to call their primary care provider to determine if a test is indicated. Refer to "COVID-19 Who should I call"⁶ for additional guidance.
 - Prescribing antibiotics and pain relievers through a telehealth dental visit should be considered and should be balanced with the potential risk of in-office care. The patient should be provided with detailed at-home instructions to care for their dental care issue.
- 2. When in-office dental care is needed.** Utilize and ADA's triage flow guidance³ and the IDPH Interim Clinical Guidance⁷ to address urgent care concerns with the least harm to provider and patient.
 - Ask screening questions for signs of COVID-19 such as dry cough, fever and difficulty breathing. If you have a patient that exhibits signs of the virus, and they have not been diagnosed, ask them to call their primary care provider to determine if a test is indicated. Refer to "COVID-19 Who should I call"⁶ for additional guidance.

- **Treat** in your office any of the patients you feel need urgent dental care keeping in mind that antibiotics and pain relievers, draining an abscess and simple extraction may be the best course of action to alleviate pain.
- Plan to provide care without the use of aerosol creating equipment such as high-speed handpiece, ultrasonic and sonic scalers, or air/water syringe. Providing atraumatic restorative treatment with the use of hand instruments only or the use of silver diamine fluoride until definitive care is available should also be considered.
- Report to the local dental society/branch if your office is open for emergencies and when it is closed due to COVID-19 infection of the dentist and/or staff.
- Report to the local dental society/branch if you are not accepting emergencies for any reason and if you need urgent care coverage of your patients.
- Track the number of patients you treat in your dental office which kept the patient away from the emergency room during this time of COVID-19.
- If you are not treating any emergency patients in your practice for any reason, bring your labeled PPE supplies to the Regional Oral Health Hub (ROHH, see below).
- Area hospitals may communicate with the local dental society/branch/local health department-specific needs for PPE that can be provided by the dental community.

3. Plan of Action for Regional Oral Health Hub (ROHH, office/hub):

The objective of this clinic/hub is to accept urgent care referrals from private practices that cannot meet the advanced level of dental care safely. Regional Oral Health Hubs (ROHH) need to be identified or created to care for individuals who have urgent or emergency dental care needs.

- ROHH is a community clinic, FQHC, oral surgery practice or another outpatient pre-hospital clinic equipped to care for patients that are COVID+ or suspected to have COVID-19. This clinic/hub is set up with equipment and staffing to safely provide oral health care treatments that may be hazardous including those that create aerosols or other risks to patients and health care staff. Alternate site planning documents should be used in establishing a ROHH⁸
- ROHH protocols should use CDC precautions when performing aerosol-generating procedures as described.^{9,10} Higher-level PPE and environmental controls (such as will be needed to protect the healthcare worker and subsequent patients during critical and medically necessary aerosol-generating procedures. A layered approach to infection control should be instituted: barrier protection that includes masks, gloves, and eye protection should be followed; a preprocedural rinse with hydrogen peroxide; rubber dam should be used where possible, and high volume evacuation should be used for all procedures that have the potential to produce aerosols.

Assess and equip the office with the following additional criteria:

- Divide practice into teams of doctors and staff
- Rotate care teams in the office
- Divide clinic space to have a 2-zone clinic for the reason of social distancing

- Keep clinic open five days a week for surgical intervention
- Accept qualified private practice dentists in office as providers as needed or as the ROHH teams become ill or quarantined
- If negative pressure treatment rooms are not available, portable HEPA filter units may be used to trap aerosolized particles. Alternatively, let a used room sit closed for 2 hours and disinfect surfaces with hospital grade disinfectant before reuse¹¹.
- Use optimizing CDC strategies for healthcare PPE that conserve and protect during patient care.
- ROHHs to use administrative, environmental and infection control practices to limit the potential for person-person transmission of COVID-19
- Patients that will be treated at the ROHH/clinic/hub
 - Trauma that needs urgent care
 - Dental pain and infections requiring urgent or emergent surgical intervention
 - Lesions that need immediate evaluation (i.e. biopsy to determine the diagnosis of possible cancer to begin treatment)
 - Patients requiring immediate surgical or aerosol producing intervention
- ROHH to communicate regularly with local health department/local dental society to request additional PPE supplies should that need arise.

Plan of Action for the local hospital/area medical center:

To alleviate pressures on hospital systems to enable COVID-19 patients to receive timely and appropriate care

- Refer any patient that complains of dental pain to the local health department
- Dentists in the community will do all they can to avoid having patients go to the ER for dental pain.

Plan of Action for the Local Health Department:

The work of local health departments will support local hospitals, area medical centers by directing patients with an urgent oral health issue to community sites of care. They will also support community dental providers and ROHHs.

- Aid in the procurement of appropriate PPE for the dental providers, ROHHs/office/hub in the community.
- Act as a clearinghouse for any data regarding the numbers of emergent patients seen in the community in private practices and away from the emergency rooms
- Accept referrals from hospitals and triage to their clinic, to dental providers or when needed to ROHHs in the community.
- Work with the local dental society/branch to maintain a list of providers in the community who are treating urgent care patients in their office

Plan of Action for the Oral Health Division/Section at the state health department

Aid in the procurement of appropriate PPE for the dental providers in the community

- Coordinate the communication between local, regional, and state agencies who will be beneficial to execute the plan
- Disseminate any updated information needed in the safe care of urgent dental care
- Coordinate communication to other communities which want to model this plan

Plan of Action for local dental society/branch

- Coordinate communication to the dentists in the community
- Maintain a list of providers who are treating urgent care patients in their office
- Coordinate coverage of solo practitioner dentists who become infected and cannot treat their patients
- Communicate with the local health department the list of local providers in the community available for urgent dental care
- Work with the local hospital administrators to coordinate any procurement of PPE for the medical community as necessary

Individual Dentists can volunteer by registering at www.illinoishelps.net Select the organization "Statewide COVID-19 Responders", then select dentist in the occupation and complete the remaining fields (Preferences, Training, etc.).

Resources:

CDC Information for Healthcare Professionals

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-10.pdf>

<https://www.aae.org/specialty/clinical-resources/coronavirus-disease-19-covid-19-implications-for-clinical-dental-care/>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html#contingency>

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

<https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/standard-precautions.html>

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html>

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Telehealth Expansion and Billing for Illinois Medicaid Program:

The Illinois Department of Healthcare and Family Services has posted several Provider Notices regarding **Telehealth Expansion Billing Instructions for encounter billing and traditional dental**

practices. You may view the new notice from the below link. Additional relevant notices for dental providers can be reviewed using the search function.

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/default.aspx>

In Illinois, the dental provider does **not** need to have a current relationship with the patient to perform teledentistry. Claims for teledentistry should be billed with the following Current Dental Terminology codes for their telehealth service, in accordance with the code definitions, in conjunction with D0140 – Limited Oral Evaluation. These services **must** be billed with Place of Service 02. Reimbursement for these codes will be at the lesser of the provider charge amount or the State maximum as identified in the Department’s [COVID-19 Fee Schedule](#) on the [Coronavirus \(COVID-19\) Updates webpage](#).

CDT Code	Description
D9995	Teledentistry, synchronous; real-time encounter
D9996	Teledentistry asynchronous; information stored and forwarded to a dentist for subsequent review

References:

1. https://success.ada.org/~media/CPS/Files/COVID/ADA_COVID_How_Do_I_Ethically_See_Patients_During_Pandemic.pdf?utm_source=adaorg&utm_medium=covid-resources-lp&utm_content=cv-pm-ethics&utm_campaign=covid-19&_ga=2.37405920.1903023364.1585246794-434909608.1570643739
2. https://success.ada.org/~media/CPS/Files/Open%20Files/ADA_COVID19_Dental_Emergency_DDS.pdf?_ga=2.250269573.2003345993.1584634508-1239058311.1502377212
3. https://success.ada.org/en/practice-management/patients/infectious-diseases-2019-novel-coronavirus?utm_source=adaorg&utm_medium=VanityURL_2
4. <https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf>
5. https://success.ada.org/~media/CPS/Files/COVID/ADA_COVID_Coding_and_Billing_Guidance.pdf
6. 12a. http://dph.illinois.gov/sites/default/files/COVID19/COVID-19_WhoToCall20200331.pdf 16
7. <http://www.dph.illinois.gov/sites/default/files/COVID19/Interim%20Clinical%20Guidance%203.18.2020%20v2.pdf>
8. <http://alternaterecresiteplanning.com/>
9. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
10. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html
11. <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>