



Arizona State Board of Dental Examiners

Agency Substantive Policy Statements

October 2018



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Arizona State Board of Dental Examiners

Agency Substantive Policy Statement #1

Infection Disease Control In The Dental Office

This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedure Act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties you may petition the agency under A.R.S. § 41-1033 for a review of the statement.

The Arizona State Board of Dental Examiners has adopted the most current State OSHA required procedures for worker protection and the most current CDC recommended Infection Control Practices for Dentistry as the guidelines for infection control. Complaints will be evaluated on the criteria of the named documents listed below.

The purpose of this screening evaluation is to determine whether practices are in place which conform to standards set by State OSHA and recommended by the Centers for Disease Control.

This screening does not include a detailed and comprehensive assessment of whether all work practices are in full compliance.

INFORMATION SOURCES COST – FREE

“GUIDELINES FOR INFECTION CONTROL IN DENTAL HEALTH-CARE SETTINGS-
2003”

DEVELOPED BY:

The U.S. Department of Health and Human Services
Centers for Disease Control and Prevention (CDC)

TO OBTAIN:

Telephone 770.488.6054
<http://www.cdc.gov/oralhealth/infectioncontrol/guidelines>

“OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS” (29CFR
1910.1030)

Published in the Federal Register on December 6, 1991 (4)

DEVELOPED BY:

Department of Labor – Occupational Safety and Health Administration
(OSHA)

TO OBTAIN:

Occupational Safety and Health Administration (OSHA)
Telephone: 800.321.6742 or in Arizona 602.542.5795

Adopted by the Board April 8 & 9, 1994
Revised by the Board February 6, 2004



Arizona State Board of Dental Examiners

Agency Substantive Policy Statement #2

Community Service Guidelines

This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedure Act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties you may petition the agency under A.R.S. § 41-1033 for a review of the statement.

1. **TYPES OF CASES APPROPRIATE FOR COMMUNITY SERVICE:**

- false statements
- billing issues
- advertising issues
- non-compliance with Board Orders
- inadequate history, x-rays, or treatment plan
- fraudulent billing
- communication problems
- conviction of crime

The Board would follow the classification and ranking of complaints as outlined in the Board's *Guidelines for Imposing Sanctions on Licensees and Certificate Holders*. Class 1's and the violation of A.R.S. § 32-1201.01(14) (this is a Class 2) directly related to egregious quality of care would be carefully scrutinized and may not be considered for Community Service.

Violations regarding the remainder of Class 2's and 3's may be considered for Community Service.

2. **COMMUNITY SERVICE REQUIREMENT DONE IN HOURS**

Community Service requirements shall be tracked in **hours**.

SCALE OF HOURS REQUIRED WITH TIME FRAME TO COMPLETE:

4 HOURS PER MONTH

MINIMUM HOURS REQUIRED: 16 HOURS DONE IN 4 MONTHS
MAXIMUM HOURS REQUIRED: 48 HOURS DONE IN 12 MONTHS

3. **COMMUNITY SERVICE PERFORMED IN LICENSEE'S/CERTIFICATE HOLDER'S OFFICE:**

The Board recognizes that some clinics may request the licensee/certificate holder to perform the community service in the licensee's/certificate holder's office in lieu of a facility operated by the clinic. Such community service is acceptable provided it is done in affiliation with an approved community service clinic and the licensee/certificate holder complies with all of the community service requirements and responsibilities.

4. **PROCEDURES FOR COMPLYING WITH COMMUNITY SERVICE ORDERS:**

➤ Licensee/Certificate holder will receive with their Board Order/Consent Agreement (BO/CA):

- (1) A list of approved clinics with contact/telephone number; and
- (2) Verification form (see attached sample).

➤ Licensee/Certificate Holder will be responsible for:

- (1) Contacting their clinic of choice,
- (2) Providing clinic with a copy of their BO/CA,
- (3) Scheduling their required hours through the clinic representative, and
- (4) Submitting the verification form to the Board upon completion of hours.
- (5) Any other documentation the clinic may require.

➤ The Clinic:

- (1) Administrator has the right to refuse the request, and
- (2) Representative will sign the verification form (provided by the licensee/certificate holder).

➤ The Board Staff:

- (1) Monitor and enforce the time allowed for completing the Community Service.

5. **VERIFICATION OF COMPLETION OF ASSIGNMENT:**

Pre-printed form on Board letterhead with "fill-in" blanks and a place for signatures.



ARIZONA STATE BOARD OF DENTAL EXAMINERS
1740 W. Adams Street, Suite 2470 • Phoenix, Arizona 85007
Telephone (602) 242-1492 • Fax (602) 242-1445

COMMUNITY SERVICE TIMESHEET

LICENSEE/CERTIFICATE HOLDER: _____
(fill in name)

CASE NUMBER: _____

I CERTIFY THE ABOVE HOURS WERE COMPLETED AS DOCUMENTED:

RECORD OF COMMUNITY SERVICE			
CLINIC NAME	DATE OF SVC	HRS COMPLETED	CLINIC INITIALS

Licensee/Certificate Holder

Representative of Clinic

ARIZONA STATE BOARD OF DENTAL EXAMINERS

***APPROVED CLINICS
FOR COMMUNITY SERVICE***

CALVARY REHABILITATION CENTER

Substance Abuse Treatment Services
720 East Montebello
Phoenix, AZ 85014

CONTACT: *Sean Walsh, Executive Director - 602.279.1468*

CENTRAL ARIZONA SHELTER SERVICES

1209 West Madison
Phoenix, AZ 85007

CONTACT: *Kris Volcheck, DDS, MBA – 602.256.6945 Ext. 3019*

DAVE PRATT CLINIC

1601 w. Sherman Street
Phoenix, AZ 85007

CONTACT: *Donna Martin, Volunteer Coordinator – 602.954.8182*

JOHN C. LINCOLN HOSPITAL DENTAL CLINIC

9229 N. 4th Street
Phoenix, AZ 85020

CONTACT: *Kathy Fitzgerald - 602.870.6060 Ext. 1895*

NORTH COUNTRY HEALTH CARE

2304 N. Rose
Flagstaff, AZ 86001

CONTACT: *Dawn Eberly – 928.213.6100*

ST. ELIZABETH OF HEALTH CENTER

140 W. Speedway
Tucson, AZ 85705

CONTACT: *520.628.7871*

ST. VINCENT DE PAUL CHILDREN'S CLINIC

420 W. Watkins
Phoenix, AZ 85002

CONTACT: *Ken Snyder, DDS - 602.261.6872*

SALVATION ARMY ADULT REHABILITATION SERVICES

15 E. Pima
Phoenix, AZ 85004

CONTACT: *Rosemary Aberenthy, RN, LISAC – 602.256.4512*

THE NEIGHBORHOOD CHRISTIAN CLINIC

1929 W. Fillmore St., Building C
Phoenix, AZ 85009

CONTACT: *Gary Plooster, Executive Director – 602.258.6008*

Revised by Statute change September 21, 2006
Revised by the Board August 3, 2007
Revised by Statute change September 26, 2008
Revised by the Board October 9, 2009



Arizona State Board of Dental Examiners

Agency Substantive Policy Statement #3

Continuing Education Extensions

This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedure Act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties you may petition the agency under A.R.S. § 41-1033 for a review of the statement.

- ❖ An extension will be granted for extraordinary circumstances as outlined in AAC R4-11-1202(D).
- ❖ The licensee requesting a CE extension must submit a written or online renewal extension request instead of the CE Affidavit with their complete renewal application package prior to the June 30 renewal deadline.
- ❖ Upon receipt of the written request, the licensee will be sent the attached letter and asked to complete the attached CE Extension Request form. The licensee's license status is changed to "CE Request" which allows the licensee to continue to practice until August 30.
- ❖ Length of extension to be considered case-by-case. An extension of one year is excessive. A reasonable extension length is three to six months.

- ❖ The Continuing Education Audit for Dentists and the Dental Hygiene Committee will meet in mid-July each year to consider the extension requests. The Committees will make recommendations to the Board at the August Board Meeting. The respective committee chairs may direct staff to forward extension requests directly to the Board for consideration.
- ❖ Prior to the August meeting, the licensee requesting the extension will be sent a Board Meeting Notice.
- ❖ After the August Board Meeting, the licensee requesting the extension will be sent a letter either granting or denying the CE Extension request. The denial letter will notify the licensee that if their complete and notarized CE Affidavit is not received by August 30 their license will be expired.
- ❖ If an extension is granted, the licensee's license status is changed to "CE Extension" which allows the licensee to practice during the extension period.
- ❖ Upon completion of all CE requirements, the licensee will be required to submit a completed and notarized Continuing Education Affidavit.
- ❖ If the licensee is currently practicing in Arizona, failure to fulfill all CE requirements within the extension period will result in a committee recommendation that an investigation be opened by the Board for failure to comply with CE requirements.

Revised by the Board June 7, 2002
Revised by the Board December 7, 2012



ARIZONA STATE BOARD OF DENTAL EXAMINERS

4205 North 7th Avenue, Suite 300 • Phoenix, Arizona 85013

Telephone (602) 242-1492 • Fax (602) 242-1445

www.azdentalboard.us

Date: _____

Dear Licensee:

We are writing in regard to your request for an extension on Continuing Education (CE) requirements. Review the enclosed Substantive Policy Statement to ensure that you understand the entire CE extension process.

In an effort to assist the Board in determining your eligibility for an extension you are required to complete the enclosed form and return it *within 15 days of receipt of this letter*.

If you have any further questions regarding this matter, please contact Sherrie Biggs, Licensure Manager by phone at 602.242.1492 x2007 or by email sherrie.biggs@azdentalboard.us.

Sincerely,

Elaine Hugunin
Executive Director

Enc: Substantive Policy #3
CE Extension Request Form

CONTINUING EDUCATION EXTENSION REQUEST

LICENSEE NAME: _____

REASON FOR REQUEST (please check one):

Medical (attach physician verification)

Military Service (provide details including length of service)

Dental/Religious Missionary Activity (provide details including length of stay)

Residence in a foreign country (provide details including length of service)

Other (please specify)

TOTAL NUMBER OF CE HOURS COMPLETED TOWARD THIS RENEWAL: _____

How many of the hours listed above are self-study? _____

Please attach a narrative of your plan to complete the required CE.

Signature

Date



Arizona State Board of Dental Examiners

Agency Substantive Policy Statement #4

Continuing Education Random Audit

This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedure Act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties you may petition the agency under A.R.S. § 41-1033 for a review of the statement.

- ❖ Each year 2% of renewing licensees will be audited. Using this percentage approximately 25 dentists and 20 dental hygienists will be audited. If a new licensee is randomly selected, they will be removed from the audit list.
- ❖ A notice of audit will be mailed by certified mail to all licensees being audited by August 15. The letter will state that documentation of attendance must be submitted to the Board within 60 days of receipt as outlined in R4-11-1202(G).
- ❖ The audit responses will be reviewed by either the Continuing Education Audit for Dentists or the Dental Hygiene Committee. Each Committee will complete an Audit Compliance Report for each audit and will submit reports recommending approval to the Board and reports recommending further investigation to the Internal Investigative Review Committee (IRRC).
- ❖ Submission of a renewal requires the licensee to certify that Continuing Education requirements have been met *prior* to license renewal. Therefore, failure to provide adequate documentation of attendance in a timely manner in response to an audit will result in the Committee's recommendation for further investigation.



Arizona State Board of Dental Examiners

Agency Substantive Policy Statement #9

Fee For Retaking The Jurisprudence Examination

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When the Board orders a licensee to retake the Jurisprudence Examination the licensee will pay the statutory fee to retake the examination.

Dentists \$300.00

Dental Hygienists \$100.00

Denturists \$150.00

Adopted by the Board June 4, 1999
Legislative Change Effective May 21, 2002



Arizona State Board of Dental Examiners

Agency Substantive Policy Statement #10

Mercury-Free Dentistry

This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedure Act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties you may petition the agency under A.R.S. § 41-1033 for a review of the statement.

The Arizona State Board of Dental Examiners has reviewed the issue of mercury-free dentistry. There are no rules or regulations in place that would prohibit a licensee from discussing the pros and cons of specific filling materials with a patient. The Board does not regulate the filling materials used as long as the treatment rendered conforms to the standard of care and is the appropriate treatment for the diagnosis.

As is the approach of this Board regarding mercury-free dentistry and other professional practice related areas, the Board makes determinations within its disciplinary jurisdiction on a case-by-case basis. This is consistent with the mandated mission of the Board, which is to assure that licensees practice in a minimally competent manner that is appropriate to preserve the health, safety, and welfare of the public.

Adopted by the Board August 6, 1999



Arizona State Board of Dental Examiners

Agency Substantive Policy Statement #12

Ethical Considerations Of Removing Serviceable Amalgams

This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedure Act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties you may petition the agency under A.R.S. § 41-1033 for a review of the statement.

What should a dentist do if a patient asks him or her to remove their serviceable amalgams?

- ❖ A dentist is not ethically obligated to remove serviceable dental amalgams from the non-allergic patient at the patient's request or even the recommendation of the patient's physician.
- ❖ The dentist has the professional obligation to use his or her independent judgment about the dental treatment that is best for the patient.
- ❖ The dentist is free to suggest that the patient seek dental care elsewhere.

If a dentist agrees to remove serviceable amalgam restorations from the non-allergic patient at the patient's request:

- ❖ The dentist should take special care to obtain the patient's informed consent to the procedure and thoroughly document that consent in the patient's records.

- ❖ The dentist should review with the patient the current scientific thinking on the safety of dental amalgams – that there is no evidence that amalgams pose a significant health risk to non-allergic patients and that no known health benefits result from the removal of dental amalgams.
- ❖ The patient should be informed of the risks involved in replacing amalgam restorations, including potential damage to healthy tooth structure and the loss of sound tissue in the process.
- ❖ The patient should also be informed of the risks and benefits of the replacement materials and the cost.
- ❖ Finally, the dentist should clearly state that he or she promises no health benefits to the patient by removing serviceable amalgam restorations.



Arizona State Board of Dental Examiners

Agency Substantive Policy Statement #14

Patient Abandonment

This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedure Act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties you may petition the agency under A.R.S. § 41-1033 for a review of the statement.

What constitutes “patient abandonment” in a dental setting?

A dentist or physician who discontinues his services to a patient before the need for those services has ended and without giving that patient notice and an opportunity to procure the services of another physician.

The Courts have determined that the relationship between a physician and a patient continues until it is ended by the consent of the parties, revoked by the dismissal of the physician, or until his services are no longer needed. A physician can withdraw from a case but to do so “he is bound first to give due notice to the patient and afford the latter ample opportunity to secure other medical attendance of his own choice.” If the physician abandons a case without giving such notice and opportunity to his patient, he may be subject to the consequences and liability resulting from his action.

Steps to properly adjudicate abandonment cases:

1. Determine if the relationship was terminated.
2. Determine if the patient or the dentist terminated the relationship.
3. Consider if the dentist terminated the relationship, did the dentist provide notice to the patient with enough time for that patient to secure other medical attention.
4. Consider whether the arrangements or notice provided to the patient was suitable. Did it provide the patient with enough information to determine that the professional physician-

patient relationship was at an end? Did it allow the patient enough of an opportunity to secure alternative treatment from a different dentist?

A dentist may have committed abandonment if he sold his practice to another dentist and did not inform his patients of the sale or provide them with the name and credentials of the dentist assuming the practice.

Adopted by the Board March 31, 2000



Arizona State Board of Dental Examiners

Agency Substantive Policy Statement #15

Injecting Anesthesia, Injecting Other Substances or Prescribing for Non-Dental Treatment

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Arizona Revised Statute (A.R.S.) § 32-1201.01(3) states:

- 21 “Unprofessional conduct” means the following acts, whether occurring in this state or elsewhere:
 - c. Prescribing, dispensing or using drugs for other than accepted dental therapeutic purposes or for other than medically indicated supportive therapy in conjunction with managing a patient’s dental needs.

It is not lawful for a dentist to inject a patient with anesthesia or other substances for a medical procedure or prescribe drugs not related to the practice of dentistry. For example, a dentist may not inject anesthesia or inject other substances for a medical procedure or prescribe drugs outside the scope of dentistry, specifically, but not limited to: tattoos, body piercing, hair transplants or “Latisse.”

A dentist may inject pharmacological agents such as Botulinum, Toxin Type A or dermal fillers as supportive therapy in conjunction with a dental treatment plan consistent with the scope of practice as defined in ARS 32-1202. Such pharmacological agents may not be administered outside a dental treatment plan.

Licensees will be disciplined pursuant to enforcement guideline, statutes and rules adopted and held by the Agency.

Adopted by the Board June 2, 2000
Revised by Statute change September 21, 2006
Revised by the Board February 2, 2007
Revised by Statute change September 26, 2008
Revised by the Board October 9, 2009
Revised by the Board June 1, 2012



Arizona State Board of Dental Examiners

Agency Substantive Policy Statement #17

Anesthesia On-Site Evaluation

This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedure Act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties you may petition the agency under A.R.S. § 41-1033 for a review of the statement.

Under Arizona Administrative Code R4-11-1301(C)(1)(a) through (e), R4-11-1302(C)(1)(a) through (e), R4-11-1303(C)(1)(a) through (c) the on-site evaluation team will be reviewing the following items:

- ◇ The proper administration of anesthesia should include a procedure related to dentistry. (For 1301 and 1302 permits)
- ◇ The auxiliary manual suction device is medically designed.
- ◇ Supplemental oxygen should be considered based upon medical needs of the patient and anesthetic technique.
- ◇ All IV sedation through an IV route must be done so there is a continuous flow. (For 1301 and 1302 permits)
- ◇ All dental personnel present during a procedure should be identified on the medical patient record.
- ◇ Controlled substances inventory log.

- ◇ Records of evaluated sedation for 1301 and 1302 permits; Record Forms for 1303 permits.
- ◇ The Oral Examination should include the following types of questions:
 1. Be able to identify and discuss the crisis.
 2. Understand and discuss the etiology of the crisis.
 3. Explain the sequence of managing the crisis and care for the patient.
 4. Express enough knowledge of the medical condition to address appropriate dosages and interactions.

Consistent with the need for patient safety, the Board supports the American Association of Oral and Maxillofacial Surgeons' recommendation that in a professional dental office, everyone in the office should at a minimum be BCLS certified.

Revised by the Board August 1, 2003



Arizona State Board of Dental Examiners

Agency Substantive Policy Statement #19

Recognition of Participation in a Substance Abuse Recovery Program Not Ordered by the Board

This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedure Act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties you may petition the agency under A.R.S. § 41-1033 for a review of the statement.

The Board interprets A.R.S. § 32-1299 to be applicable to a licensee who is impaired, based on an evaluation by a Board-approved addictionologist, at the time the Board receives the information regarding the licensee's past and/or current substance abuse. In such a case, the Board is mandated to open an investigation and the licensee shall either agree to enter into the Board's monitored after-care treatment program or the Board shall take other statutorily authorized action against the licensee.

If a licensee is not impaired, based on an evaluation by a Board-approved addictionologist, at the time the Board receives information regarding a licensee's substance abuse and the licensee is participating in a substance abuse recovery program, the Board is not mandated to open an investigation against a licensee if both of the following conditions apply:

1. The substance abuse recovery program is determined to be substantially equivalent to the Board's monitored after-care treatment program and,
2. The Board finds that the public's health, safety and welfare is adequately protected by the licensee's participation in the substance abuse recovery program.

This substantive policy statement has no effect on a licensee's duty to report charges, arrests, or convictions under A.R.S. § 32-3208 and the Board will exercise its authority under that statute on a case by case basis.

Adopted by the Board June 4, 2004



Arizona State Board of Dental Examiners

Agency Substantive Policy Statement #20

Recognition of Accreditation Entities

This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedure Act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties you may petition the agency under A.R.S. § 41-1033 for a review of the statement.

A.R.S. § 32-1201(22) requires that a recognized dentist school be “accredited by the United States Department of Education or the Council on Higher Education Accreditation”. The Board has determined that dentist schools qualify under this definition if they have been accredited by entities that are recognized by either of these agencies.

Adopted by the Board April 13, 2007
Revised by the Board October 5, 2018



Arizona State Board of Dental Examiners

Agency Substantive Policy Statement #21

Non-Disciplinary Continuing Education

This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedure Act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties you may petition the agency under A.R.S. § 41-1033 for a review of the statement.

Effective September 19, 2007, the Legislature amended the provisions of A.R.S. 32-1263.01(B) as follows:

The Board may issue a nondisciplinary order requiring the licensee to complete a prescribed number of hours of continuing education in an area or areas prescribed by the Board to provide the licensee with the necessary understanding of current developments, skills, procedures or treatment.

The following guidelines shall be utilized by the Board when considering such an order:

- The identified practice deficiency does not rise to the level that requires the payment of restitution; imposes a restriction on the scope of practice; requires peer review or community service.
- The Board determines that the licensee has not previously been the subject of formal disciplinary action by any regulatory board or entity in the State of Arizona or any other state or jurisdiction.
- The licensee is not concurrently under investigation by the Board for any violation of A.R.S. § 32-1201.01 or any regulation promulgated by the Board.

- The Board determines that the nature of the licensee's practice deficiency may be corrected through education and/or remediation.
- The licensee does not have an identified impairment that would significantly affect learning abilities or the ability of the licensee to incorporate learned knowledge and skills in the licensee's practice.
- The Board shall designate a time to complete.
- All continuing education imposed by Board order shall be subject to prior approval.
- The failure to complete the prescribed continuing education within the required time frames shall subject the licensee to sanction pursuant to A.R.S. § 32-1201.01(22).
- Upon completion of the required continuing education, the licensee shall submit proof of attendance.

Adopted by the Board December 7, 2007
Revised by Statute change September 26, 2008



Arizona State Board of Dental Examiners

Agency Substantive Policy Statement #22

Unprofessional Conduct Involving Sexual Boundary Violations

This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedure Act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties you may petition the agency under A.R.S. § 41-1033 for a review of the statement.

Arizona Revised Statutes § 32-1201.01(14) defines unprofessional conduct as:

Any conduct or practice that constitutes a danger to the health, welfare or safety of the patient or the public.

The Arizona State Board of Dental Examiners interprets A.R.S. § 32-1201.01(14) to encompass sexual boundary violations committed by a dentist, dental hygienist, or denturist involving a patient. Sexual boundary violations may be physical or verbal and include, but are not limited to the following:

- Engaging in sexual behavior or contact with patient or sexual touching of a patient, including doing so under the pretext of dental therapeutic purposes;
- Requesting or soliciting sexual favors from a patient;
- Discussing matters of a sexual nature with a patient without any therapeutic reason for such discussion;

- Recording, videotaping, or photographing a patient for sexual purposes;
- Putting a patient under the influence of drugs for the purpose of engaging in sexual behavior.

Adopted by the Board April 10, 2008
Revised by Statute change September 26, 2008



Arizona State Board of Dental Examiners

Agency Substantive Policy Statement #24

Guidelines for Imposing Sanctions Against Licensees and Certificate Holders

This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedure Act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties you may petition the agency under A.R.S. § 41-1033 for a review of the statement.

Pursuant to ARS 32-1263.01, the Board may take the following disciplinary action, alone or in combination, if it finds that a person licensed or certified (collectively referred to as “licensees”) has violated the Dental Practice Act. The discipline the Board imposes should reflect the 1) Egregiousness of the act, and 2) Prior acts, directly or indirectly, relating to the quality of care, and other violations of the Dental Practice Act. Factors the Board may consider when determining the “egregiousness” of the violation and the type(s) of discipline to impose include:

1. The severity of the offense
2. The danger to the public
3. The number of repetition of offenses or number of patients involved
4. The length of time since the violation
5. The number of times the licensee has been previously disciplined
6. The actual or potential harm, physical or otherwise, caused by the violation and the reversibility of the damage
7. The deterrent effect of the penalty imposed
8. Any efforts of rehabilitation by the licensee
9. The actual knowledge of the licensee pertaining to the violation
10. Attempts by the licensee to correct or stop the violation or refusal by the licensee or certificate holder to correct or stop the violation

11. Related violations against the licensee in another state including findings, penalties imposed and penalties served
12. Sanctions imposed for related offenses
13. Any other relevant mitigating or aggravating actors. These may include but are not limited to:
 - Patient cooperation/refusal to return for treatment
 - Circumstances beyond licensee's control
 - Acceptance of responsibility
 - Refusal to cooperate with Board

The Internal Investigative Review Committee (IIRC) documents mitigating and aggravating factors as well as previous sanctions imposed on the licensee and presents the information to the Board in a report for when it adjudicates a case. The Board in its discretion may give these factors the weight it deems appropriate in its adjudication of the case.

The Board may issue non-disciplinary action based on the above factors rather than disciplinary action but may escalate sanctions based on a licensee's previous disciplinary history with the Board. For example, a first time finding of an open margin on a crown may result in a letter of concern. A second offense may result in non-disciplinary continuing education and a third offense may result in disciplinary hands-on continuing education which could include a requirement for completion in a dental school setting.

The following chart lists the definitions of unprofessional conduct and provides guidance to the Board to utilize when adjudicating complaints. The Board is not limited to the minimum or maximum disposition and adjudicates each case on its own merits.

Statutory Citation	Unprofessional Conduct Description	Potential Minimum or Maximum Disposition
ARS § 32-1201.01(1)	Intentional Betrayal of a professional confidence or intentional violation of a privileged communication except as either of these may otherwise be required by law.	Letter of Concern Non-disciplinary continuing education (CE) Disciplinary CE Censure
ARS § 32-1201.01(2)	Use of controlled substances that may be used for producing hypnotic effects or alcohol to the extent that it affects the ability of the licensee or certificate holder to practice the profession.	Confidential monitoring program (ARS 32-1299 D). If refuses, disciplinary probation. Suspension or revocation
ARS § 32-1201.01(3)	Prescribing, dispensing or using drugs for other than accepted dental therapeutic purposes or for other than medically indicated supported therapy in conjunction with managing a patient's dental needs.	Non-disciplinary CE Disciplinary CE Probation with monitoring Suspension or revocation
ARS § 32-1201.01(4)	Gross malpractice or repeated acts constituting malpractice.	Disciplinary CE Probation with monitoring Suspension or Revocation

Statutory Citation	Unprofessional Conduct Description	Potential Minimum or Maximum Disposition
ARS § 32-1201.01(5)	Acting or assuming to act as a Board member if it is not true	Administrative Penalty Censure
ARS § 32-1201.01(6)	Procuring or attempting to procure a certificate of the National Board of Dental Examiners or a license to practice dentistry or dental hygiene by fraud or misrepresentation or by knowingly taking advantage of the mistake of another.	License denial Revocation
ARS § 32-1201.01(7)	Lending one's name or having a professional connection to an illegal practitioner of dentistry or any other healing arts.	Letter of Concern Non-disciplinary CE Disciplinary CE Censure
ARS § 32-1201.01(8)	Representing that a manifestly in correctable condition, disease, injury, ailment or infirmity can be permanently corrected, when this is untrue.	Non-disciplinary CE Disciplinary CE Probation with monitoring Suspension or Revocation
ARS § 32-1201.01(9)	Offering, undertaking, or agreeing to correct, cure or treat a condition, disease, injury, ailment or infirmity by a secret means, method, device or instrumentality.	Non-disciplinary CE Disciplinary CE Probation with monitoring Suspension or Revocation
ARS § 32-1201.01(10)	Refusing to divulge to the Board, on reasonable notice and demand, that means, method, device or instrumentality used in the treatment of a condition, disease, injury, ailment or infirmity.	Non-disciplinary CE Disciplinary CE Administrative penalty Censure
ARS § 32-1201.01(11)	Dividing a professional fee or receiving any consideration for patient referrals among or between dental care providers or dental care institutions or entities.	Non-disciplinary CE Disciplinary CE Censure Suspension or Revocation
ARS § 32-1201.01(12)	Knowingly making any false or fraudulent statement, written or oral, in connection with the practice of dentistry.	Disciplinary CE Censure Suspension or Revocation
ARS § 32-1201.01(13)	Refusal, revocation or suspension of a license or any other disciplinary action taken against a dentist by, or the voluntary surrender of a license in lieu of disciplinary action to, any other state, territory, district or country, unless the Board finds that this action was not taken for reasons that relate to the person's ability to safely and skillfully practice dentistry or to any act of unprofessional conduct.	License denial Non-disciplinary CE Disciplinary CE Probation with monitoring Suspension or revocation

Statutory Citation	Unprofessional Conduct Description	Potential Minimum or Maximum Disposition
ARS § 32-1201.01(14)	Any conduct or practice that constitutes a danger to the health, welfare or safety of the patient or the public.	Letter of Concern Non-disciplinary CE Disciplinary CE Probation with monitoring Suspension or revocation
ARS § 32-1201.01(15)	Obtaining a fee by fraud or fraudulent statement, written or oral, in connection with the practice of dentistry.	Disciplinary CE Censure Suspension or revocation
ARS § 32-1201.01(16)	Repeated irregularities in billing	Non-disciplinary CE Disciplinary CE Probation with monitoring Suspension or revocation
ARS § 32-1201.01(17)	Employing unlicensed persons to perform or aiding and abetting unlicensed persons in the performance of work that can be done legally only by licensed persons.	Letter of Concern Non-disciplinary CE Disciplinary CE Administrative Penalty
ARS § 32-1201.01(18)	Practicing dentistry under a false or assumed name in this state, other than as allowed by ARS 32-1262	Administrative Penalty Censure Suspension or revocation
ARS § 32-1201.01(19)	Willfully or intentionally causing or permitting supervised personnel or auxiliary personnel operating under supervision to commit illegal acts or perform an act or operation other than that permitted under this Act and rules adopted by the Board, pursuant to ARS 32-1282.	Letter of Concern Non-disciplinary CE Disciplinary CE Administrative Penalty
ARS § 32-1201.01(20)	Advertising practices: publication or circulation, directly or indirectly, of any false, fraudulent or misleading statements concerning the skill, methods or practices of the licensee or of any other person. Advertising in any manner that tends to deceive or defraud the public.	Letter of Concern Administrative Penalty Censure
ARS § 32-1201.01(21)	Failure to dispense drugs and devices in compliance with Article 6 of this Chapter.	Letter of Concern Non-disciplinary CE Disciplinary CE Administrative Penalty
ARS § 32-1201.01(22)	Failure to comply with a final Board order, including an order of censure or probation.	Administrative Penalty Censure Suspension or revocation

Statutory Citation	Unprofessional Conduct Description	Potential Minimum or Maximum Disposition
ARS § 32-1201.01(23)	Failure to comply with a Board subpoena in a timely manner.	Civil penalty pursuant to ARS 32-1208 or Administrative penalty
ARS § 32-1201.01(24)	Failure or refusal to maintain adequate patient records.	Letter of Concern Non-disciplinary CE Disciplinary CE Probation with monitoring
ARS § 32-1201.01(25)	Failure to allow properly authorized Board personnel, on demand, to inspect the place of practice and examine and have access to documents, books, reports and records maintained by the licensee or certificate holder that relate to the dental practice or dentally related activity.	Administrative penalty Suspension or revocation
ARS § 32-1201.01(26)	Refusal to submit to a body fluid examination as required through a monitored treatment program or pursuant to a Board investigation into a licensee's or certificate holder's alleged substance abuse.	Censure Suspension or revocation
ARS § 32-1201.01(27)	Failure to inform a patient of the type of material the dentist will use in the patient's dental filling and the reason why the dentist is using that particular filling.	Letter of concern Non-disciplinary CE Disciplinary CE
ARS § 32-1201.01(28)	Failure to report in writing to the Board any evidence that a dentist, denturist or dental hygienist is or may be: (i) professionally incompetent; (ii) engaging in unprofessional conduct; (iii) impaired by drugs or alcohol; (iv) mentally or physically unable to safely engage in the activities of a dentist, denturist or dental hygienist pursuant to this chapter.	Letter of Concern Censure Suspension or revocation Administrative penalty
ARS § 32-1201.01(29)	Filing a false report pursuant to subdivision (bb) of this paragraph	Administrative penalty Censure
ARS § 32-1201.01(30)	Practicing dentistry, dental hygiene or denturism in a business entity that is not registered with the Board as required by 32-1213	Letter of Concern Administrative Penalty

The Board also has the authority to take action against licensees for violations of the Board's administrative rules on a case-by-case basis (ARS § 32-1263 (A) (4)). The Board may consider the same factors in determining the appropriate action for a violation of a rule as it does with cases involving unprofessional conduct.

The Board may issue the following sanctions as a result of a finding of a violation(s) of the Dental Practice Act. The following chart below describes the type of sanction and when the Board may impose it.

Type of Sanction	Preceding Procedural Steps and Evidentiary Requirements	Purpose of Sanction
Revocation	Formal administrative hearing	The Board should revoke licenses or certificates held by those who have demonstrated that they are a threat to the health, safety or welfare of the public (violating the dental practice act) or show that they are unregulatable
Suspension	Formal administrative hearing	The Board should temporarily suspend licenses or certificates held by those who have demonstrated that they are a threat to the health, safety or welfare of the public (violating the dental practice act) or show they are unregulatable but whose conduct the Board believes may be remediable.
Censure	IIRC recommendation and Formal Interview or Consent Agreement	The Board may censure a license or certificate if it determines that the licensee or certificate holder may have harmed a patient by violating the practice act. The Board may impose censure by itself for violations or repeated violations of the practice act or it may be combined with other disciplinary actions, i.e., suspension for one year and censure, depending upon aggravating or mitigating factors.

Type of Sanction	Preceding Procedural Steps and Evidentiary Requirements	Purpose of Sanction
Probation	IIRC recommendation and formal interview or consent agreement	The Board places a license or certificate on probation for a period of time and imposes specific terms on it after it finds that the licensee has violated the dental practice act. Probation can be imposed for any violation and may be imposed in conjunction with other discipline. Probation lasts for a period of time with terms to best protect the public and rehabilitate the licensee or certificate holder.
Administrative Penalty	IIRC recommendation and formal interview or consent agreement	This sanction may initially be imposed in an amount not to exceed \$2,000 per violation where the Board finds a violation of the dental practice act. The Board may determine the amount based on number of violations and disciplinary history.
Restitution of Fees to the Aggrieved Party	IIRC recommendation and formal interview or consent agreement	Restitution may be ordered for inadequate treatment or improper billing. Parties include the individual patient or the insurance carrier.
Imposition of Peer Review and Professional Education Requirements	IIRC recommendation and formal interview or consent agreement	The Board imposes peer review to monitor and rehabilitate a licensee or certificate holder after it has determined that violations of the dental practice act have occurred. Continuing education may be imposed and should be specific to the nature of the licensee or certificate holder's conduct.
Community Service	IIRC recommendation and formal interview or consent agreement	Refer to Substantive Policy Statement #2

The Board also has the authority to issue non-disciplinary action if it finds a licensee's conduct does not rise to a level of a violation of the dental practice act. Non-disciplinary action includes the following:

Letter of Concern	IIRC recommendation, formal interview or consent agreement	The Board may issue a letter of concern to a licensee or certificate holder. This is an advisory letter to notify a licensee that, while the evidence does not warrant disciplinary action, the licensee should modify or eliminate certain practices and that continuation of the activities that led to the information being submitted to the Board may result in Board action.
Continuing Education	IIRC recommendation, formal interview or consent agreement	The Board may issue non-disciplinary continuing education if it finds that a licensee or certificate holder's conduct can be remediated without disciplinary action.

Adopted by the Board August 1, 2014



Arizona State Board of Dental Examiners

Agency Substantive Policy Statement #25

Diabetes Testing and Reporting

This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedure Act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties you may petition the agency under A.R.S. § 41-1033 for a review of the statement.

The Arizona State Board of Dental Examiners (“Board”) has reviewed the issue of diabetes testing and reporting by dentists and interprets A.R.S. § 32-1202 (Scope of practice; practice of dentistry) to include diabetes testing and reporting in conjunction with determining the appropriate treatment for a patient who may be in a high-risk category for diabetes or has experienced a change in their diabetic condition. As with any potential medical condition, a dentist shall make appropriate medical referrals based on the results of the diabetes testing. The American Dental Association has published a guide to point of care diabetes testing and reporting which is attached to this Substantive Policy Statement and incorporated herein by reference.

As is the approach of this Board regarding diabetes testing and reporting and other professional practice related areas, the Board makes determinations within its disciplinary jurisdiction on a case-by-case basis. This is consistent with the mandated mission of the Board, which is to assure that licensees practice in a minimally competent manner that is appropriate to preserve the health, safety and welfare of the public.

Adopted by the Board April 6, 2018

D0411 – ADA Guide to Point of Care Diabetes Testing and Reporting

Developed by the ADA, this guide is published to educate dentists and others in the dental community on this procedure and its code first published in *CDT 2018* and effective January 1, 2018.

Introduction

Simple chair-side screening for dysglycemia via finger-stick random capillary HbA1c glucose testing can be used to rapidly identify high-risk patients. Chair-side screening and appropriate referral may improve diagnosis of pre-diabetes and diabetes.

A code for the finger-stick capillary HbA1c glucose test procedure can foster its broader adoption. This test is relevant to dentists as diabetes is a risk factor related to periodontal disease. It is akin to caries risk testing that relates to tooth decay and remedial restorative procedures and preventive procedures. Hb1Ac testing enables a dentist to amend the patient's treatment planning depending on whether the results are the first indicator of a new diabetic condition, or if the results indicate a change in the existing diabetic condition.

The full CDT Code entry (Nomenclature only; no Descriptor):

D0411 HbA1c in-office point of service testing

The following pages contain a number of Questions and Answers, all intended to provide readers with insight and understanding of the procedure and its reporting, including points to consider before offering this service to your patients.

Questions and Answers

1. What is HbA1c?

Hemoglobin A1c, also known as glycated hemoglobin, is a measure of the amount of glucose attached to red blood cells and directly relates to the average blood glucose levels. Patient fasting is not required prior to an HbA1c test.

2. When should I suggest that a patient receive an HbA1c Point of Care Test (POCT)?

There are a number of factors that could place a patient at risk of diabetes, some of which may already be in their dental records, and include:

- Obesity or being overweight
- Ethnic background (diabetes happens more often in Hispanic/Latino Americans, African-Americans, Native Americans, Asian-Americans, Pacific Islanders, and Alaska natives)
- Sedentary lifestyle (exercise less than three times a week)
- Family history (parent or sibling who has diabetes)

A resource that will help identify patients who might be candidates for the D0411 procedure is the [Point-of-care prediabetes identification](#) (click on hyperlink to open) guide prepared jointly by the American Diabetes Association, the American Medical Association, and the Centers for Disease Control.

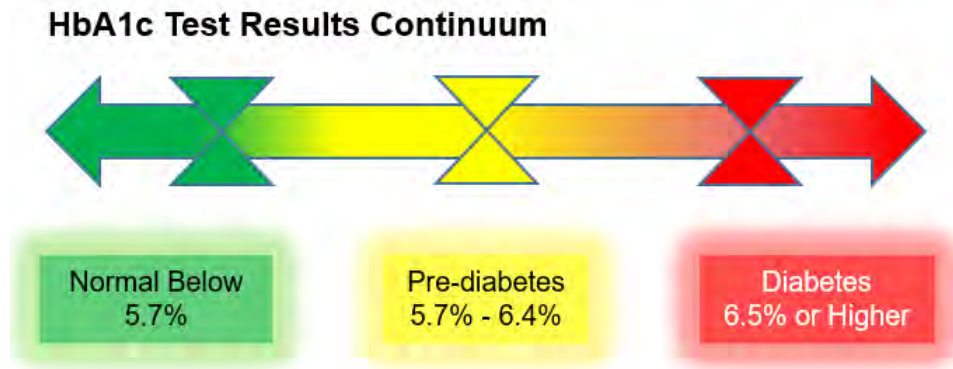
3. How is the procedure delivered?

There are established protocols for acquiring and assaying the small sample of blood for POCT to measure HbA1c. Protocol steps include: a) finger selection; b) massaging, cleaning and drying the site; c) skin puncture with a lancet; d) wiping away the first blood before collecting the sample without “milking the finger” site; e) placing the sample into the analyzing device; and f) reading the results.

Every blood donor has experienced skin puncture with a lancet. There can be some variations in steps e) and f), dependent on the test kit used.

4. What do the analysis results indicate?

The HbA1c analyzing device displays a percent figure. There is a recognized range of percentages that is used to indicate whether the patient is considered normal, pre-diabetic or diabetic, as illustrated:



5. What should I do if my patient’s HbA1c test result is at the pre-diabetes or diabetes percentage?

A dentist should assess how this information affects the patients current and future treatment plans. In addition to informing the patient of the outcome, it would be appropriate to recommend they contact their physician for a definitive diagnosis. A third action would be to determine whether the patient’s dental benefit plan provides coverage for additional prophylaxis procedures, if indicated.

6. How would the procedure’s findings help my treatment planning for the tested patient?

The screening result could lead to a definitive diagnosis of diabetes by a physician. A diagnosis of diabetes may indicate that the patient could benefit from more frequent prophylaxes than a person without such a diagnosis to maintain their oral health. Some dental benefit plans cover “extra” prophylaxis procedures for patients with diabetes.

7. Are there rules or regulations regarding in office HbA1c testing, documented with CDT Code D0411?

Yes, be sure to check your state’s Dental Practice Act to determine if testing is within the scope of your license. There are also federal, and state, regulations concerning laboratories that may affect your business decision to provide this service.

8. What federal or state regulatory requirements must I satisfy before offering this procedure to my patients?

There is an overarching federal regulation – Clinical Laboratory Improvement Amendments of 1988 (CLIA). Any dental practice that performs tests on human tissues, including blood, is considered a laboratory according to CLIA. This means that the practice requires certification by the state and the Centers for Medicare and Medicaid Services (CMS) before collecting and testing the blood sample.

The “finger-stick” point of service test considered to be of low complexity by the Food and Drug Administration (FDA), and is in the “waived” category of laboratory procedures. This means that CMS will issue two-year Certificate of Waiver (COW) to a dental office that performs this test. The COW fee is \$150, and the dental office must perform only the waived test following the manufacturer’s current instructions without changes. A COW holder is subject to announced or unannounced on-site inspections by CMS.

Federal regulations establish the requirements threshold. Local or state laws may be more stringent – there may be specific regulations concerning practice personnel who may administer the test; biohazard safety, including handling and disposing of medical waste.

For example, New Jersey’s State Board of Dentistry ruled that it is within the scope of practice for New Jersey licensed dentists to perform in-office A1C diabetes screening tests for at-risk patients. The board noted that: a) such testing is not presumed to be the standard of care; and b) for A1C screenings beyond the normal range, dentists should refer patients to a physician for a formal evaluation, diagnosis, and treatment.

The following chart illustrates how a dental practice would be considered a laboratory under CLIA, and the applicable federal regulations. A red arrow points to where the D0411 procedure falls (Simple or Waived Tests), indicating that the dental practice is required to have the \$150 two-year COW.

CLIA Flowchart

Is your dental practice considered a laboratory under CLIA?

Do you utilize human tissue samples or specimens at your office?
(i.e., saliva, blood, plaque, hard or soft tissue biopsy)

No. We do not and never have.

You are probably not a laboratory. If you do not take or send out samples, you are likely not affected by CLIA.

Yes, but we only take the samples in office, and send them to an outside lab for testing.

You are probably not a laboratory. If you use an outside laboratory to get results, that facility is a laboratory and you should check the CLIA registry online to guarantee that the laboratory is certified and follows federal, state and local law.

Yes. We perform tests to diagnose, prevent, treat, and assess patient health.

You are most likely a laboratory. Next, look at the FDA categories of test complexities to see what level(s) apply to you.

Local and state laws may override CLIA – check with your attorney. Your state dental association may also have information.

Simple or Waived Tests (i.e., blood glucose, cholesterol)
If the test is a simple laboratory procedure with an insignificant risk of erroneous results, you may be eligible for a certificate of waiver after your laboratory has been certified through the CLIA process. See the FDA website for a complete list of tests that have been waived. "Waived" does not mean you don't have to do anything; you still need to obtain certification, follow the manufacturer's instructions for test performance, and maintain the appropriate records.

Moderate Complexity/PPM (e.g., INRatio2 device or microscopic examinations)
If the test is of moderate complexity or is a provider-performed microscopy procedure, you may be eligible for a Certificate for PPM. You need to apply to the CLIA program and designate the applicable waiver. See five types of certificates and CLIA enrollment.

High complexity
See the FDA website for more information.

The information given is neither intended to, nor does it, provide either legal or professional advice. Dentists and others should consult directly with a qualified attorney or professional for appropriate legal or professional advice. ADA makes no representations or warranties of any kind about the completeness, accuracy, or any other quality of the information in the above piece. Nor does the ADA make any representations or warranties about the information provided at non-ADA websites, which the ADA does not control in any way.

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9. What are a dentist's ethical obligations to deliver this procedure to patients (e.g., all patients; those presenting with signs or symptoms or medical history)?

Within dentistry there is no consensus that HbA1c screening is considered a standard of care. In fact the New Jersey State Board of Dentistry has explicitly stated that this screening is not presumed to be a standard of care.

From another perspective, the American Diabetes Association has published its *Standards of Medical Care in Diabetes 2016*, which addresses HbA1c testing. Links to this information, and others pertaining to diabetes, dentistry and oral health are published on the American Dental Association's web site – <http://www.ada.org/en/member-center/oral-health-topics/diabetes>

A dentist should provide a patient with sufficient information about the procedure, including its relevance to both oral and general health, so that she or he can make an informed decision.

10. How do I close the referral loop – informing the patient's physician – of the finger-stick findings?

If the HbA1c screening is delivered the findings should be conveyed to the patient's physician or appropriate health care provider. Before doing so be sure to have an information release form signed by the patient on file. These referrals must be tracked and documented. Failure to do so may lead to liability issues.

11. What should I do with the results if the patient does not have a physician or other health care provider who can act on the information?

The patient should be informed of the screening's findings, be directed towards resources containing more information, and encouraged to become a physician's patient of record for their other health needs. These actions must be noted in the patient's dental records.

12. What is the likelihood of false measures since this is a screening type procedure and not a full lab test?

The likelihood of false results is considered extremely low. This and the test's simplicity are factors that led the FDA to place this type of test into the "waived" category of laboratory procedures. They are also reasons why test kits are sold over-the-counter to individuals who wish to self-monitor.

13. What are the additional overhead costs and ongoing administrative activities that must be in place in order to offer this screening service?

Before incorporating HbA1c screening a dental practice should consider factors that contribute to total cost. These include personnel time, consumable products and durable goods, additional training of personnel, additional safety and biohazard supplies, record keeping associated with good laboratory practices and the maintenance and storage of these records, certification fees, counseling and education of patients, and referral/tracking of referrals of patients.

14. What components of the D0411 procedure may be delegated to staff and which may only be performed by the dentist

As with any procedure, the practitioner providing the service is determined by state law and licensure. Direct or indirect supervision by a dentist may, or may not, be a requirement.

15. What documentation should I maintain in my patient records, and what will be needed on a claim submission when reporting D0411?

The patient's records would include the same information about services provided as is done with other dental procedures – plus notations of the activities described in the answers to questions 4, 9 and 10 above, as applicable.

A dental claim would be coded and completed in the same manner as other dental procedures (e.g., date of service, CDT Code, full fee).

16. What dental benefit plan coverage – commercial or governmental – is anticipated?

As with any procedure documented with a CDT Code there is no guarantee of coverage by a patient's dental benefit plan. At least one third-party payer, Delta Dental of New Jersey, is promoting delivery of HbA1c screening by its network dentists for their patients.

17. What factors should I consider when determining my full fee for the D0411 service?

Dentists and other practitioners in the dental community acquire their skills and expertise through training and experience. It is up to each individual to determine the value of their time and the time required to provide the service when determining their full fee. Other unique factors such as the cost of acquiring and maintaining a supply of the finger-stick test materials may also be considered.

Questions or Assistance?

Call 800-621-8099 or send an email to dentalcode@ada.org

Notes:

- This document includes content from the ADA publication – *Current Dental Terminology (CDT)* ©2017 American Dental Association (ADA). All rights reserved.
- Version History

Date	Version	Remarks – Change Summary
07/17/2017	1	Initial publication



Arizona State Board of Dental Examiners

Agency Substantive Policy Statement #26

Opioid Continuing Education

This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedure Act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties you may petition the agency under A.R.S. § 41-1033 for a review of the statement.

I. BACKGROUND

The Arizona Opioid Epidemic Act (effective April 26, 2018) added into law A.R.S. § 32-3248.02 which states:

A health professional who is authorized under this title to prescribe Schedule II controlled substances and who has a valid United States Drug Enforcement Administration Registration Number or who is authorized under Chapter 18 of this title to dispense controlled substances shall complete a minimum of three hours of opioid-related, substance use disorder-related or addiction-related continuing medical education each license renewal cycle as part of any continuing education requirements for that health professional.

II. GOAL

The Arizona State Board of Dental Examiners (“Board”) current rules on continuing education requirements for dentists, specifically A.A.C. R4-11-1203(3), requires a dentist to obtain at least three hours of continuing education in chemical dependency, which may include tobacco cessation, as part of the 72 continuing education hours required each license renewal cycle.

III. POLICY

The Board interprets the continuing education requirement in A.R.S. § 32-3248.02 to satisfy the continuing education requirement mandated in A.A.C. R4-11-1203(3).

Adopted by the Board April 6, 2018
Revised by the Board June 7, 2019