



E-Forum

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Filing Period Now Open

Those interested in running for Board positions may do so by filing an appropriate petition with the Board. There is no standard petition form, but for dentists the petition must be signed by no less than 10 dentists who are licensed to practice in North Carolina and who are residing or practicing in this state. Since signatures are often difficult to read and the identity of those signing the petition must be verified, candidates should ask signatories to include their license number and print their names as well. To be eligible to run for office, at the time of nomination and election, a dentist must be licensed and actually engaged in the practice of dentistry in North Carolina. Petitions must be received in the Board's office no later than midnight May 20, 2018. Two dentist positions will be eligible for election this year.

Free Continuing Education

The Dental Board is providing two **free** continuing education opportunities during 2018. The first will be offered at Kingston Plantation in Myrtle Beach, SC on May 17th from 5:30 to 6:30 p.m. in conjunction with the annual meeting of the North Carolina Dental Society. Topics to be covered include patient records, informed consent, and a review of the investigation and disciplinary process.

On December 7th at 10 a.m. at its meeting in Asheville, NC, the Board will offer a one-hour opioid prescribing course that will fulfill the CE requirements as mandated by state law for those who have a DEA license and prescribe opioids. The place where the course will be offered has not yet been determined, but will be posted under the "What's New" tab on the Board's website as soon as arrangements are finalized.

Minutes and Agendas

The Minutes and Agendas of Board meetings have always been available to the public by making a simple inquiry. Now, even a simple inquiry is not required for the most recent Minutes and Agendas of the Board. These are now posted under the "Meeting Announcements" tab on the Board's website: http://www.ncdentalboard.org/meeting_announcements.htm.

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Upcoming Board Meetings

Unless otherwise noted, all meetings begin at 8:30 a.m. and occur at the Board's Office, 2000 Perimeter Park Dr., Suite 160, Morrisville, NC 27560. All meetings are open to the public. However, certain portions of the meetings may be closed when necessary and in compliance with North Carolina's Open Meetings law.

| | |
|---------------|---|
| May 16-17 | Sunset Beach, NC Sea Trail Conv.Ctr. |
| June 8-9 | Morrisville, NC Board Office |
| July 13-14 | Morrisville, NC Board Office |
| August 10-11 | Morrisville, NC Board Office |
| September 7-8 | Morrisville, NC Board Office |
| October 12-13 | Morrisville, NC Board Office |
| November 9-10 | Morrisville, NC Board Office |
| December 7-8 | Asheville, NC |

Board Responds to Inquiries about ADA CDT Code D0411 and Screening Patients for Sleep Apnea

ADA CDT Code D0411

The new American Dental Association CDT Code D0411 became effective on January 1, 2018. The code concerns a finger stick capillary HbA1c glucose test procedure. The test is a measure of the amount of glucose attached to red blood cells and directly relates to the average blood glucose levels over a certain time frame. The test can be utilized by physicians as part of a potential diagnosis of diabetes. Because only a physician can diagnose diabetes, dentists should not administer an HbA1c test to diagnose or pre-screen for diabetes. Consequently, ADA CDT Code D0411 cannot be billed in North Carolina for an HbA1c test administered to pre-screen or diagnose diabetes.

It is within the proper scope of the practice of dentistry, however, for a dentist with appropriate training, knowledge, and experience to administer the HbA1c test and use the test results to make decisions about potential dental treatment. As noted in the ADA guide on CDT Code D0411, a dentist also would need to comply with all applicable federal and state regulatory requirements to offer such tests, including the federal regulation – Clinical Laboratory Improvement Amendments of 1988 (CLIA). [ADA CDT Code D0411](#) may be billed if a dentist properly administers the HbA1c test to determine appropriate dental treatment. If a dentist receives the results of an HbA1c test properly administered to determine dental treatment, which results along with other known risk factors also raise concerns about potential diabetes or pre-diabetes, it is appropriate for the dentist to make a referral to a physician for a potential diagnosis and treatment.

Sleep Apnea

The Board responded to an inquiry about whether a dentist in North Carolina should be allowed to screen patients for Obstructive Sleep Apnea (OSA) and to facilitate a diagnosis through the dispensing of an acceptable home sleep test unit to a dental patient. In the Dental Board's opinion, being involved in diagnosing OSA, including dispensing home sleep tests, would fall outside the scope of the practice of dentistry and would violate the Board's statutes and regulations.

However, a dentist can perform initial or preliminary screening for OSA, including identifying certain risk factors, and make referrals to other appropriate medical providers to diagnose and treat this potential medical condition. Determining whether to utilize home sleep tests as part of a potential diagnosis should be done by appropriate medical provider to whom the patient is referred. If a physician diagnoses a patient with OSA, a properly trained dentist may work with the physician to fabricate a dental appliance for the patient to treat the condition.

NOTE: The Board is providing the answers to these inquiries for guidance only and has reached these conclusions based only on the facts supplied. Answers to inquiries are not part of the Dental Practice Act and its attendant rules.

New Requirements for Health Information Exchange (HIE)

Contained within the 2017 Appropriations Act (SB257, S.L. 2017-57. pp.147-151) you will find new requirements to provide patient data to the HIE for services rendered. The law applies to those who provide services to Medicaid recipients and "other State-funded health care program beneficiaries and paid for with Medicaid or other State-funded health care funds." This means, in addition to Medicaid recipients, you must report all treatment rendered by you to any person who is insured through HealthChoice, or any division of the state health care system. If you treat any patient who is covered by any of these entities you will be required to establish a computer connection with the HIE network and share patient data with the HIE at least twice per day. This reporting requirement goes into effect for dentists on June 1, 2019.

The law also outlines how practitioners are to deal with HIPPA regulations, provides for an extension of time to establish the computer connection beyond the June 1, 2019 deadline (not to exceed June 1, 2020), and provides a means for individuals to opt out of sharing their protected health information. Below is a link to the Bill. Pertinent information starts on p. 147.

<https://www.ncga.state.nc.us/Sessions/2017/Bills/Senate/PDF/S257v9.pdf>

Employee Classification

While we are on the subject of new requirements, you may have noticed one on your renewal application. Senate Bill 407 (S.L. 2017-203) went into full effect December 31, 2017 and mandates that all occupational licensing agencies require all applicants and licensees to certify that they have read and understand the following statement:

Public Notice Statement required by N.C. Gen. Stat. § 143-764(a)(5), Effective December 31, 2017

Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4)(NC Department Of Labor), 143-762(a)(3) (Employee Fair Classification Act), 96-1(b)(10)(Employment Security Act), 97-2(2)(Workers' Compensation Act), or 105-163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission. Employee Classification Section North Carolina Industrial Commission 1233 Mail Service Center Raleigh, NC 27699-1233 Telephone: (919) 807-2582 Fax: (919)715-0282 Email: emp.classification@ic.nc.gov

Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor. [N.C. Gen. Stat. § 143-762(5)]

In addition, applicants and licensees must disclose if they have been investigated for employee misclassification any time during the past three years. Failure to comply with the certification and disclosure requirements means the licensing board shall deny the license, permit, or application.

The public policy behind this new law is to serve notice to all licensed professionals that the Department of Revenue is serious about catching those who avoid tax liabilities by misclassifying employees as independent contractors.

New Rules

Adopted Rules

New rules were recently approved by the NC Rules Review Commission dealing with delegable duties for Dental Hygienists [21 NCAC 16G .0101 et seq.] and Dental Assistants [21 NCAC 16H .0101 et seq.] Please note two important points as you review these rules.

First, a new change in format may give the appearance that more duties were added to Dental Assistants while others were eliminated for Dental Hygienists. This is not true. The change in format simply lists all delegable duties for Dental Assistants in one place [21 NCAC 16H. 0203]. The new hygiene rule then states that hygienists can perform all functions of a Dental Assistant PLUS the duties specifically listed in 21 NCAC 16G .0101.

Second, the application of Silver Diamine Fluoride is specifically listed as a delegable function for a dental hygienist.

Click here for a copy of the new rules on delegable duties:

[\[M:Rules\Delegable Duties Revision 2018\]](#)

*The Board has approved, but not yet published, a proposed amendment to 21 NCAC 16H .0203(a)(1) that would allow the making of digital images by a dental

assistant to be a delegable function. As with any delegable function, making digital images by a dental assistant or hygienist requires the direct on-site supervision of a dentist when digital images are made. Currently, the rule addresses the making of impressions, but does not speak to digital images.

Proposed Rules

Proposed amendments to the sedation rules would create an "Itinerant Moderate Sedation Permit" and an "Itinerant Moderate Pediatric Conscious Sedation Permit" for those holding these permits who would like to travel to other offices and provide sedation services. These new itinerant permits are intended to parallel the "Itinerant General Anesthesia Permit" which is currently available for those holding a general anesthesia permit. Comments on these proposed rule changes may be submitted through April 16, 2018.

Click here for a copy of the proposed rules on Itinerant Moderate and Pediatric Permits:

[\[M:Rules\Itinerant Mod and Ped Permits 2018\]](#)

By the Numbers

Sedation and General Anesthesia Permits

| | |
|--------------------|-----|
| General anesthesia | 190 |
| Moderate pediatric | 107 |
| Moderate | 220 |
| Minimal | 169 |

Dentists

| | |
|----------------------------------|-------|
| Licensed by NC | 6,183 |
| Licensed and Living in NC | 5,497 |
| Licensed and Active in NC | 5,156 |
| Licensed and Active in any state | 5,783 |

Dental Hygienists

| | |
|----------------------------------|-------|
| Licensed by NC | 8,075 |
| Licensed and Living in NC | 7,087 |
| Licensed and Active | 6,027 |
| Licensed and Active in any State | 6,985 |

Top 15 Counties for Dentists (includes retired working part-time)

| | |
|-------------|-------|
| Wake | 906 |
| Mecklenburg | 806 |
| Guilford | 325 |
| Orange | 245 |
| Durham | 243 |
| Buncombe | 221 |
| Forsyth | 219 |
| New Hanover | 201 |
| Cumberland | 167 |
| Pitt | 130 |
| Iredell | 100 |
| Cabarrus | 98 |
| Moore | 97 |
| Union | 94 |
| Catawba | 90 |
| | <hr/> |
| | 3,942 |

North Carolina



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We're on the web!

ncdentalboard.org

The purpose of the North Carolina State Board of Dental Examiners is to ensure that the dental profession merit and receive the confidence of the public and that only qualified persons be permitted to practice dentistry and dental hygiene in the state of North Carolina.

Disciplinary Actions

Recent disciplinary actions are reported on the Board's website under the "Disciplinary Action" tab. Actions involving revoked or suspended licenses remain posted until the revocation or suspension is lifted. **All** past disciplinary actions can be accessed by searching by name or license number under the "License Verification" tab.

[http://www.ncdentalboard.org/
license_verification.htm](http://www.ncdentalboard.org/license_verification.htm)

Current Board Members (as of August 1, 2017)

| <u>Current Board Members</u> | <u>Term Expires</u> | <u>Hometown</u> |
|---|---------------------|-------------------|
| Merlin W. Young, DDS (President) | 2020 | Wendell, NC |
| William M. Litaker, Jr. DDS (Past Pres.) | 2019 | Hickory, NC |
| Millard "Buddy" Wester, III (Sec/Treas.)* | 2018 | Henderson, NC |
| Clifford O. Feingold, DDS | 2018 | Asheville, NC |
| Kenneth M. Sadler, DDS* | 2019 | Winston-Salem, NC |
| Catherine Watkins, DDS * | 2020 | Winston-Salem, NC |
| Nancy St. Onge, RDH* | 2020 | Apex, NC |
| Dominic Totman, Esq. (Consumer)* | 2018 | Raleigh, NC |

*Eligible for a second term