Massachusetts Dental Society:
Likely to Become Emergent Guidance

Dentists are expected to use their professional judgment to provide emergent and likely to become emergent if deferred care within parameters set forth by the state. It is up to the doctor to determine that treatment is emergent or likely to become emergent. Dentists have well-trained professional judgment. The MDS is here only to offer broad guidance and point to official state guidelines. Any dentist providing care during Phase 1 should consider documenting in the clinical record why the treatment being prescribed during the phase is not simply routine or elective care and record your Centers for Disease Control and Prevention (CDC) compliant protocols and PPE usage.

We understand this can be a confusing time for staff and patients. Again, the dentist—as the leader of the dental team—is best positioned to assure staff and patients that the work being done is appropriate under the current guidelines and the dental team is strong, compliant, and following all safety measures.

Situations That Are Likely to Become Emergent If Care Is Deferred

- Dental infection treated in non-operative manner (antibiotic only) in past three months
- Third molars with recent infection managed by antibiotic only
- Teeth with temporary restorations
- Endodontic treatment performed and temporized within last three months
- Teeth with active decay with a potential to create irreversible damage
- High caries incidence for vulnerable populations
- Management of at-risk pediatric and geriatric patients with non-invasive and invasive caries control
- Advanced tooth mobility and/or trauma
- Periodontal status—any exacerbation of periodontal structures with significant onset of inflammation
- Clinical findings suspicious for cancer, dysplasia, or aggressive benign lesions requiring biopsies
- New patient with chief complaint of pain or swelling
- Missing restoration with or without sensitivity, with compromised tooth structure, loose tooth, or restoration (compromising function) posing an aspiration risk
- Symptomatic apical or pulpal pathology
- Adjunctive necessary procedures, such as immediate bone graft secondary to tooth extraction
- Various specialty services in mid-treatment or pending treatment that would compromise clinical result if left untreated for extended time
- Evaluation of situations that are age and/or development dependent

*The MDS offers this list as guidance only. It is not meant to be inclusive of all care allowed during Phase 1 and it has not been approved by any state regulatory body. Each provider should use his or her own clinical judgment in determining which procedures for which patients are acceptable during Phase 1.