

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Prison

SECTION: Care and Treatment of
Offender - Dental Services

POLICY # TX V-6

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SUBJECT: Types of Dental Treatments Provided

EFFECTIVE DATE: July 2014

SUPERCEDES DATE: January 2014

References

Related ACA Standards

4th Edition Standards for Adult Correctional
Institutions 4-4369, 4-4375

PURPOSE

To provide guidelines for determining appropriate levels of care and types of dental treatments provided.

POLICY

Offender will receive dental treatment in accordance with criteria and procedures set forth in this policy.

PROCEDURE

I. LEVELS OF CARE

Offenders receive the appropriate Level of Care according to the time remaining before projected release date when the offender requests dental treatment. Waiting lists may be maintained, as needed.

A. Level I (No sentence length requirement)

1. Intake dental screening/examination and development of a provisional treatment plan
2. Extractions
3. Emergency dental treatment for hard and soft tissue pathology
4. Caries control (reversible pulpitis) procedures with appropriate restorative materials
5. Anterior and premolar endodontics provided the tooth has adequate periodontal support, a good prognosis of restorability, long-term retention, and sufficient time remains to complete the procedure
6. Gross cavitation scaling and debridement of symptomatic areas
7. Complete and partial denture repairs provided sufficient time remains to complete the repair
8. Palliative treatment for the relief of pain
9. In cases of medical necessity or extenuating circumstances, complete or partial dentures if sufficient time remains to provide the treatment

B. Level II (18 or more months before projected release date)

1. All Level I care
2. Complete dental exam with radiographs, Periodontal Screening and Recording (PSR), and development of a treatment plan
3. Prophylaxis and Perio exam as indicated by PSR and professional judgment
4. Restorative procedures using amalgam, composite materials and temporary crowns
5. Full and partial dentures
6. Non-surgical periodontal therapy
7. Recall
8. Other treatment authorized by the Dental Director

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II. DENTAL TREATMENT

- A. Dental services provided to offenders shall be under the direction of a duly licensed dentist.
- B. Treatment is rendered with the consent of the offender. Offenders with less than eighteen (18) months remaining before projected release date shall be limited to Level I treatment only.
- C. The type and extent of services provided include:
 - 1. Surgical Procedures
 - a. Routine and surgical extractions, alveolectomies, alveoloplasties, cyst removal, bone reduction, removal of symptomatic impactions and fracture repairs are provided.
 - b. Recent radiographs must be available prior to all extractions.
 - c. Procedures are to be referred to oral surgeons on staff or to a local preferred provider if deemed necessary by the facility dentist.
 - d. Oral surgery referrals require Utilization Review (U.R.) approval, unless emergent.
 - 2. Restorative Procedures
 - a. Restorative materials will be restricted to amalgam, composites, crown forms, and temporary materials. A recent radiograph of diagnostic quality should be taken prior to completing a restorative procedure.
 - b. Temporary materials are not used as a matter of routine, only for specific indications of a temporary, such as caries control, hypersensitivity and access closure after endodontic treatment.
 - c. No gold, precious metal, or porcelain will be utilized for restorative purposes.
 - d. Restorations for cosmetic purposes (e.g. veneers or small incisal fractures entirely within enamel) are not provided, replaced or repaired. Exceptions require approval of the Dental Director. Refer to Health Services policy AD III-4 (Cosmetic Surgery).
 - 3. Prosthetics
 - a. This service is restricted to removable appliances. Immediate dentures will not be provided. Partial dentures will be fabricated with an acrylic base and wrought wire clasps. A cast partial will be fabricated only when an acrylic partial with wrought wire clasps is not clinically acceptable.
 - b. Complete and partial dentures will be allowed only once in a five year period except under extenuating circumstances and with approval of the Dental Director.
 - c. Partial dentures will be fabricated according to the following criteria:
 - 1. All necessary restorations and surgical procedures are completed prior to making impressions.

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2. Teeth are free of calculus and the patient demonstrates acceptable oral hygiene.
 3. Teeth have a crown to root ratio of at least 1:2 and the periodontal status supports a good 5-year prognosis.
 4. There are less than eight (8) posterior teeth in functional occlusion. If posterior teeth are missing in both arches, only one partial denture will be fabricated if it restores the patient to eight (8) or more posterior teeth in functional occlusion. The Dental Director may approve an exception to this criteria when the offender's health would be adversely affected unless a partial denture is provided.
 5. The previous criteria for replacement of missing teeth – four (4) teeth can be replaced per arch or three (3) proximal teeth can be replaced per arch (excluding third molars), using anatomically correct prosthetic teeth, will continue to apply to treatment plans documented in the Dental Health Record prior to the effective date of this policy revision.
- d. Replacement of teeth lost or extracted because of job-related trauma must have compelling facts, investigatory documentation, and prior approval from the Dental Director.
 - e. Dentists may prioritize prosthetic cases. First priority will be edentulous or functionally edentulous offenders that do not have dentures and offenders who as a result of missing teeth are exhibiting a significant medical condition which may be ameliorated by dentures. Second priority will be offenders that qualify for a dental prosthesis as a result of extractions performed while incarcerated. Third priority will be other cases.
 - f. Appliances, either full or partial, may not be provided when:
 1. A dental history reveals that dentures made in recent years have been unsatisfactory for reasons that are un-remediable (e.g., physiological or psychological).
 2. There is inadequate alveolar bone to support, stabilize and retain the appliance.
 3. There is an indication of negligence and improper care of dentures.
 4. Relining, repair or re-basing of present dentures will make them serviceable.
 5. There are less than eighteen (18) months remaining before the projected release date except in cases of medical necessity where an inmate is edentulous or functionally edentulous and sufficient time remains before release to complete the procedure. Cases of medical necessity shall have prior authorization from the Dental Director.
4. Endodontic Treatment
 - a. Anteriors
 1. Prior to initiating treatment, a critical assessment is necessary giving consideration to the patient's

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oral hygiene, periodontal health, remaining bone support, restorability with amalgam or bonded composite, prognosis for long-term retention, the number of remaining teeth, and whether preservation of the tooth is critical to the overall treatment plan.

2. Facility dentists are expected to provide this service as time permits
 3. Possible referral cases must have all caries removed and the need for endodontics affirmed prior to initiating the UR.
 4. Appointments are made after UR approval.
- b. Premolars
1. Prior to initiating treatment, a critical assessment is necessary giving consideration to the patient's oral hygiene, periodontal health, remaining bone support, restorability with bonded composite, prognosis for long-term retention, the number of remaining teeth, and whether preservation of the tooth is critical to the overall treatment plan.
 2. Facility dentists are expected to provide this service as time permits.
 3. Possible referral cases must have all caries removed and the need for endodontics affirmed prior to initiating the UR.
 4. A clinically acceptable radiograph of the tooth, taken after caries removal, shall be mailed to the UR approver.
 5. The UR approver will affirm restorability with a bonded composite, no decay below the CEJ, caries control is complete, both cusps are present, and no more than three (3) surfaces of the tooth require restoration. Appointments are made after UR approval.
- c. Molars
1. Molar endodontics will not be provided except under extenuating circumstances and with the approval of the Dental Director.
5. Periodontal Treatment – refer to policy TX V-7

Paula Y. Smith, M.D.

7/11/2014

Paula Y. Smith, MD, Chief of Health Services Date

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SOR: Dental Committee