

# PRISONS Health and Wellness Services

## **Policies and Procedures**

| PREVENT, PROTECT, PREPARE. |                           |  |                        |                            |  |
|----------------------------|---------------------------|--|------------------------|----------------------------|--|
| Title                      | Dental Specialty Services |  |                        |                            |  |
| Section                    | TX<br>V-12                | <b>Issue Date</b><br>September 9, 2020 | Supersedes Date<br>New | Next Review Date June 2021 |  |
|                            |                           |  |                        |                            |  |

#### References

Performance-Based Standards and Expected Practices for Adult Correctional Institutions, 5<sup>th</sup> Edition 5-ACI-6A-05, 5-ACI-6A-19

#### I. PURPOSE

To provide offenders with medically necessary dental specialty treatment.

#### II. POLICY

Offenders will have access to medically necessary dental specialty services. An approved UR is required to access all dental specialty clinics and community providers except in the case of emergent need.

#### (a) Oral Surgery

- (1) Routine oral surgery procedures will be performed by general dentists at their facility.
- (2) Medically necessary oral surgery procedures beyond the skill and training of general dentists may be referred to the Central Prison Oral Surgery Clinic.
- (3) Available services include extractions, root recovery, sinus closure, cyst removal, alveoloplasty, biopsy, pre-prosthetic surgery and routine procedures for medically compromised patients.
- (4) Referral is initiated by submitting a Utilization Review (UR) request.
- (5) An appointment may be made after the UR is approved.
- (6) Patients requiring services unavailable at Central Prison will be referred to a community provider, generally UNC Department of Oral and Maxillo-facial Surgery.
- (7) Offenders are required to sign the Oral Surgery Consent form for all procedures.

Page 1 of 3



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#### (b) Endodontics

- (1) Routine endodontic services should be performed by general dentists at their facility.
- (2) Complicated cases, consistent with Health Services policy TX V-6, may be referred to the Central Prison Endodontic Clinic by submitting a UR request.
- (3) An appointment may be made after the UR is approved.
- (4) Offenders are required to sign the Endodontic Consent form for all procedures.
- (5) Exceptions to Endodontic policy described in policy TX V-6 require approval of the Dental Director.

#### (c) Orthodontics

- (1) DPS does not provide orthodontic services. New admissions with fixed orthodontic appliances shall be offered the option to have them removed. The Dental Treatment Consent form should be completed if the offender consents to removal of appliances.
- (2) The offender may choose to leave appliances in place to act as a retainer to maintain tooth position. The Dental Treatment Refusal form should be completed if the offender refuses to have the appliances removed. An offender refusing removal of appliances shall be informed of the associated risks such as caries, decalcification, gingivitis and periodontal disease.
- (3) New admissions with removable orthodontic appliances may be permitted to retain the appliances to maintain tooth position but will not be permitted to continue active treatment.
- (4) DPS is not responsible for correcting relapse resulting from removal of appliances.
- (5) Exceptions to this policy must be based on extraordinary circumstances related to function or medical necessity and shall be submitted to the Dental Director for approval.

Page 2 of 3



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#### (d) Periodontics

- (1) Periodontal services are limited to non-surgical treatment modalities based on clinical findings and professional judgment and may include:
  - (A) Initial therapy brushing/flossing instructions, oral hygiene literature, identification of accretions, and documentation of pocket depth and muco-gingival defects on the Periodontal Chart.
  - (B) Procedures including gross debridement, root planning, and gingival curettage.
  - (C) Medication as indicated, including antibiotics, analgesics, and chlorhexidine rinse.
  - (D) Restorations or oral surgery services needed to optimize oral hygiene.
  - (E) Documentation of oral hygiene compliance using plaque index scores.
  - (F) Fine scaling, polish and fluoride treatment.
  - (G) Scheduled follow-up to assess compliance and treatment results.
  - (H) In cases of medically necessity, the Dental Director may approve referral to a community provider.

#### (e) Other Dental Special Services

(1) Other specialty services may be approved by the Dental Director if determined to be medically necessary.

-26

09/09/2020

Todd E. Ishee Commissioner of Prisons

Date

Page 3 of 3