

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 7/8/2015	NUMBER: E-36.4  Page 1 of 7
	Replaces: 3/8/2013	
	Formulated: 6/87 Reviewed: 04/16	
<b>DENTAL PROSTHODONTIC SERVICES</b>		

PURPOSE: To establish mechanisms for determining medically necessary dental prosthetics and to establish a process for dental prosthetics tracking, forwarding/storage, and replacement

POLICY: Obturators, removable complete and partial dentures are dental prostheses that are provided when determined to be medically necessary. A dental prosthetics log is maintained by each clinic for tracking cases. Cases should be forwarded or stored, based on the offender's incarceration status. Dental study models, casts, and molds are to be stored for 5 years, if applicable. Replacement of prosthetic appliances will be based on medical necessity.

PROCEDURE:

I. MEDICALLY NECESSARY DENTAL PROSTHETICS

A. Dental prosthetics are provided when the health of the patient would otherwise be adversely affected. Patients who are edentulous or essentially edentulous (fewer than seven occluding posterior teeth) and have complaints regarding mastication should be reviewed.

B. Nutritional Status

1. Facility Dentists should refer a patient who is edentulous or essentially edentulous and has complaints regarding mastication to the physician or mid level provider on the facility for a thorough review of the patient's medical history, and an assessment of the patient's nutritional status. Nutritional deficiencies should be evaluated as related to chronic illness or anatomic deformity
2. If the patient's physician or mid level provider determines that the patient's nutritional status is compromised, special diets, such as a mechanical soft diet and nutritional supplementation, should be considered.
3. After implementing a special diet and conducting a follow-up evaluation to assess the effectiveness of that diet, dental prostheses for those patients with compromised nutritional status may be considered.
4. It should be kept in mind, however, that most foods are quite easily digested with minimal mastication and there is little likelihood that dentures will ameliorate pre-existing gastro-intestinal problems according to current dental literature.

C. Dental prostheses should also be considered for a variety of conditions when indicated, including, but not limited to:

1. An obturator when used in conjunction with maxillo-facial reconstruction,
2. Treatment for temporo-mandibular joint dysfunction, or

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 7/8/2015	NUMBER: E-36.4  Page 2 of 7
	Replaces: 3/8/2013	
	Formulated: 6/87 Reviewed: 04/16	
<b>DENTAL PROSTHODONTIC SERVICES</b>		

3. Treatment of certain gastrointestinal diseases in which the inability to chew food may adversely affect the patient's condition.

D. Provision of a prosthesis requires an acceptable level of oral hygiene for those with remaining dentition and approval by the Dental Utilization Quality Review Committee.

Requests for approval of a dental prosthetic should be coordinated between the patient's dentist and medical provider.

Submissions to the Committee require a completed **Medically Necessary Prosthetics Referral Form (Attachment A)**.

Policy and Procedure E-36.5 Dental Utilization Review Committee should be reviewed for other case submission requirements.

## II. DENTAL PROSTHETICS IDENTIFICATION

A. All removable prosthetic devices delivered to an offender patient shall contain a permanent identification marking suitable to determine that the prosthetic device belongs to that patient.

B. In the correctional setting a suitable marking shall be defined as the patient's last name, first initial and TDCJ-ID identification number.

C. The providing dentist will install this identification or shall request on the prescription to a registered dental laboratory that the laboratory place the identification in the prosthetic device.

D. Exemption: This rule shall not apply to any prosthetic device which contains no acrylic, vinyl or plastic denture base or if said device is too small to reasonably accomplish the procedure.

## III. DENTAL PROSTHETICS TRACKING LOG

A. A Dental Prosthetics Tracking Log is maintained by each dental clinic for the recording and tracking of all dental prosthetics cases.

B. Only one prosthetics log is used per dental clinic regardless of the number of care providers.

C. All prosthetic cases initiated shall be recorded in the Dental Prosthetics Log.

D. All recorded information shall be indelibly inscribed or electronically generated.

E. All identifying information, including patient's last name, first initial, TDCJ-ID number and case type, shall be recorded when the case is initiated.

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 7/8/2015	NUMBER: E-36.4  Page 3 of 7
	Replaces: 3/8/2013	
	Formulated: 6/87 Reviewed: 04/16	
<b>DENTAL PROSTHODONTIC SERVICES</b>		

- F. Subsequent dates of case activity (to and from the laboratory) shall be recorded in the appropriate spaces for each step in the fabrication process.
- G. Date of delivery or final disposition of the case should be recorded in the final disposition column.
- H. Cases that cannot be delivered should have the reason recorded in the final disposition column. For example: Patient released from TDJC-ID; patient transferred; case sent to offender's new facility of assignment; case sent to dental archives.
- I. Completed files shall be retained for a period of not less than five years.

**IV. DENTAL PROSTHETIC CASE ARCHIVING AND/OR FORWARDING**

**A. Dental Prosthetic Archiving**

1. Study models, casts, molds and prosthetic devices (completed or in progress, that cannot be delivered or appropriately forwarded) shall be submitted for dental archiving if applicable.
2. Materials submitted for archiving should be appropriately disinfected and clearly identified by: a) patient last name, first initial; b) TDCJ-ID identification number; c) facility of assignment; and d) responsible dentist forwarding the case.
3. Prosthetic cases and related materials requiring archiving should be carefully packaged in designated dental mold boxes, 4" x 4" x 6" (Formulary #260-82-92000-5) and forwarded to:
  - Texas Department of Criminal Justice/Field Services Division
  - P O Box 99
  - Huntsville, Texas 77340
  - ATTN: Field Coordinator
4. Dental laboratory prescriptions should not be forwarded for archiving. Laboratory prescriptions should be maintained at the dental facility and retained for a period of not less than five years.

**B. Dental Prosthetic Case Forwarding**

1. Offenders released from TDCJ-ID
  - a. Prosthetic cases (completed or in progress) which cannot be delivered

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 7/8/2015	NUMBER: E-36.4  Page 4 of 7
	Replaces: 3/8/2013	
	Formulated: 6/87 Reviewed: 04/16	
<b>DENTAL PROSTHODONTIC SERVICES</b>		

due to an offender’s release from TDCJ-ID and other related materials (study models, casts, molds, etc.), if applicable, are forwarded to the Health Services Archives.

- b. An offender released from TDCJ-ID may contact a private dentist who may request that a completed case be forwarded for delivery at the released offender’s expense. The TDCJ-ID Field Services office provides information and forms for this purpose during out-processing and also coordinates for the forwarding of a completed case upon request by a private dentist.

These forms, “Completed Dental Prosthesis Requisition Form” (Attachment B), may also be made available to the offender by the dental staff prior to the offender’s departure.

Texas Department of Criminal Justice/Field Services Div.  
P O Box 99  
Huntsville, Texas 77340  
ATTN: Field Coordinator  
Or call: (936) 437-6633 or (936) 437-6549 or (936) 437-6568

- 2. Offenders transferred between TDCJ-ID operated facilities staffed by UTMB/Texas Tech dentists

All prosthetic cases in progress, regardless of the stage of completion, should be forwarded directly to the offender’s new facility of assignment for completion or delivery. This transfer should be noted in the Clinic Prosthetic Log in the final disposition column.

- 3. Offenders transferred from a TDCJ-ID facility to a private facility.
  - a. Completed prosthetic cases and related materials should be forwarded directly to the private facility for delivery.
  - b. Incomplete cases and related materials, if applicable, should be forwarded to TDCJ-ID Health Services Archives.
  - c. Offenders transferred to a private facility, after initiation but prior to completion of an appliance, will be returned to a TDCJ-ID facility for completion. Dental staff at the receiving TDCJ facility may request the prosthetic case and related materials from Health Services Archives for completion. Including the appliance in a treatment plan does not constitute

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 7/8/2015	NUMBER: E-36.4
	Replaces: 3/8/2013	
	Formulated: 6/87 Reviewed: 04/16	Page 5 of 7
<b>DENTAL PROSTHODONTIC SERVICES</b>		

initiation of a case. An impression must have been made for a case to be considered initiated.

4. Offenders transferred to a TDCJ-ID facility without an on-site dentist.
  - a. Prior coordination with the facility clinical administrator at a TDCJ-ID facility without an on-site dentist is required before forwarding a prosthetic case. The facility clinical administrator will provide the off-site source for dental care. It should be a nearby TDCJ-ID facility with on-site dentist staffing or a local private dentist who has prior written agreement with the Health Services division to provide off-site dental care. (If neither of these off-site sources can be provided by the facility clinical administrator, the office of the UTMB Dental Director or the Texas Tech Dental Director should be contacted.)
  - b. After coordination with the facility clinical administrator, completed prosthetic cases and related materials should be forwarded to the off-site dentist.
  - c. Incomplete cases and related materials, if applicable, should be sent to TDCJ Health Services Archives.

#### C. General Information

1. A case may be forwarded only to a dentist for completion or delivery. Mailing labels and any accompanying correspondence should be addressed to the facility dentist or, when appropriate, to the receiving dentist by name and degree.
2. There should be telephone coordination between the sending clinic/dentist and receiving clinic/dentist prior to forwarding a prosthetic case for completion or delivery.
3. All prosthetic cases and related materials forwarded to Health Services Archives and to other facilities for completion and/or delivery should contain all identifying information pertinent for disposition to include the following: a) patient's last name and first initial; b) patient's TDCJ-ID identification number; c) name of facility; and d) responsible facility dentist forwarding the case.
4. Prosthetic cases should not be archived on individual facilities. Cases requiring archiving should be forwarded in a timely manner.
5. Questions concerning archiving or forwarding of cases should be directed to the Dental Director.

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 7/8/2015	NUMBER: E-36.4
	Replaces: 3/8/2013	
	Formulated: 6/87 Reviewed: 04/16	Page 6 of 7
<b>DENTAL PROSTHODONTIC SERVICES</b>		

V. REPLACEMENT OR REPAIR OF DENTAL PROSTHESES

- A. A repair/reline of a removable dental prosthesis diagnosed as unserviceable by the treating dentist and that can be made serviceable shall be provided without regard to eligibility requirements.
- B. An existing, unserviceable gold restoration or dental prosthesis containing gold is the property of the offender and, when removed, must be returned to the offender in accordance with facility procedure for the safeguarding of offender personal property (reference TDCJ AD 03.72). If a prosthesis containing gold is unserviceable, it will be returned to the offender in accordance with the above. In no event will any dental prosthesis containing gold be forwarded to the Dental Laboratory for repair or any other lab procedure. If an unserviceable prosthesis containing gold is judged to be needed, based on meeting eligibility requirements, the attending dentist may provide a replacement prosthesis without gold.
- C. Replacement of a removable dental prosthesis that has been lost, stolen or altered beyond repair, or diagnosed as unserviceable will be provided according to the following criteria:
  - 1. Priority 3 Medically Necessary Prosthodontics
    - a. Current medical necessity must be established before case initiation.
    - b. Acceptable oral hygiene is required if natural teeth are present.
    - c. No other existing needs are present with the exception of on-going periodontal care.
  - 2. A non-serviceable dental prosthesis should be forwarded to the TDCJ Property Officer for disposition.
  - 3. Offenders with special needs.

Providers who feel that a special need exists for any patient may request an exception to this procedure by submitting a request to the Dental Utilization/Quality Review Committee for review and approval. Submission of cases for review and approval must include the following:

- a. Copy of offender/patient dental record (HSD-3, 4,5,16)
- a. Current radiographs as appropriate

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 7/8/2015	NUMBER: E-36.4
	Replaces: 3/8/2013	
	Formulated: 6/87 Reviewed: 04/16	Page 7 of 7
<b>DENTAL PROSTHODONTIC SERVICES</b>		

- b. Patient dental models
- c. Patient history of prior prosthetic needs and replacements
- d. Clinicians' recommendations concerning prosthetic replacement
- e. Special circumstances that warrant replacement of appliance.

Reference: Texas State Board of Dental Examiners Rule 108.8, Records of the Dentist  
ACA Standard 4-4375 (Ref. 3-4358), Prostheses and Orthodontic Devices  
Correctional Managed Health Care Policy E-36.1, Dental Treatment Priorities