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	Formulated: 6/87 Reviewed: 4/2025	
DENTAL PROSTHODONTIC SERVICES		

PURPOSE:

Establish mechanisms and set specific criteria for providing removable dental prostheses to patients who have a documented medical necessity. Establish criteria for the provision of elective dental prostheses for those who are completely edentulous, essentially edentulous (seven or fewer occluding posterior teeth) or missing one or more anterior teeth. Establish a process for dental prosthetic tracking, forwarding/storage, and replacement.

POLICY:

Dental prostheses are provided when determined to be medically necessary. Elective dental prostheses are provided for inmates who meet specified criteria. A dental prosthetics log is maintained by each clinic for tracking cases. Cases should be forwarded or stored, based on the inmate’s incarceration status. Dental study models, casts, molds, and impressions are to be maintained in accordance with the Texas State Dental Board of Examiners requirements, if applicable. Replacement of prosthetic appliances will be based on medical necessity and specified criteria.

PROCEDURE:

I. MEDICALLY NECESSARY DENTAL PROSTHETICS

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

B. Nutritional Status

1. Facility Dentists should refer an inmate 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 inmate’s medical history, and an assessment of the inmate’s nutritional status. Nutritional deficiencies should be evaluated as related to chronic illness or anatomic deformity
2. If the inmate’s physician or mid-level provider determines that the inmate’s nutritional status is compromised, special diets, such as a mechanical soft diet

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and/or 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 inmates 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 preexisting 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 temporomandibular joint dysfunction, or
 3. Treatment of certain gastrointestinal diseases in which the inability to chew food may adversely affect the inmate'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 inmate'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 case submission requirements.

II. ELECTIVE DENTAL PROSTHETICS

- A. While the provision of removable prosthetics to replace missing teeth rarely rises to the level of medical necessity, we recognize that there are occasions where individuals may benefit from improved masticatory function and/or esthetics that these appliances may provide. To that end, we include the framework for the dental providers to consider these services on a limited basis when all other basic dental services have been provided on a timely basis. Consideration for this adjunctive care will be guided by the following

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criteria:

1. Elective dental prosthetics will be considered for inmates who are edentulous, essentially edentulous or missing one or more anterior teeth.
2. The provision of an elective removable dental prosthetic will not impede the delivery of necessary and timely oral healthcare treatment for diagnosed oral pathology.
3. Prioritization of inmates who are edentulous, essentially edentulous, or missing one or more anterior teeth will be determined by providing first for those who would objectively receive the greatest benefit of the adjunctive service.
 - a. Elective dental prosthetics will be prioritized in the following order:
 1. Inmates who are edentulous, essentially edentulous or missing an anterior tooth and have less than 24 months remaining until their projected release date
 2. Edentulous in one or both arches
 3. Essentially Edentulous
 4. Missing one or more anterior teeth
 - b. Inmates meeting the criteria for consideration of a removable dental prosthetic must:
 1. Request the elective dental services via sick call request (I-60)
 2. Be at least 12 months from their TDCJ receive date
 3. Have adequate healing and osseous stabilization post oral surgery
 4. Have at least 6 months remaining until their projected release date before taking the initial impression to fabricate a dental prosthesis
 5. Have all planned dental treatment completed prior to the fabrication of a dental prosthesis
 6. Have adequate anatomy to fabricate a dental prosthesis
 7. Not have a medical condition that precludes the placement of a dental prosthesis
 8. Demonstrate and maintain acceptable oral hygiene
 9. Not have a periodontal condition that precludes the placement of a dental prosthesis

III. DENTAL PROSTHETICS IDENTIFICATION

- A. All removable prostheses delivered to an inmate shall contain a permanent identification marking, suitable to determine that the prostheses belong to that inmate.

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- B. In the correctional setting a suitable marking shall be defined as the inmate’s last name, first initial and TDCJ 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.

IV. 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 inmate’s last name, first initial, TDCJ number and case type, shall be recorded when the case is initiated.
- 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: Inmate released from TDJC inmate transferred; case sent to inmate’s new facility of assignment; case sent to dental archives.

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I. Completed files shall be retained as required by the Texas State Board of Dental Examiners.

V. DENTAL PROSTHETIC CASE ARCHIVING AND/OR FORWARDING

A. Dental Prosthetic Archiving

1. Study models, and completed prosthetic devices shall be submitted for dental archiving if applicable.
2. Materials submitted for archiving should be appropriately disinfected and clearly identified by: a) inmate last name, first initial; b) TDCJ 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:
UTMB Correctional Managed Health Care Archives
262 FM 3478 Suite B
Huntsville, Texas 77320
4. Dental laboratory prescriptions should not be forwarded for archiving. Laboratory prescriptions should be maintained in accordance with the Texas State Dental Board of Examiners requirements.

B. Dental Prosthetic Case Forwarding

1. Inmates released from TDCJ
 - a. Completed prosthetic cases which cannot be delivered due to an inmate's release from TDCJ and other related materials such as study models, if applicable, are forwarded to the UTMB Correctional Manage Health Care Archives.

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- b. An inmate released from TDCJ may contact a private dentist who may request that a completed case be forwarded for delivery at the released inmate’s expense. The TDCJ 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 inmate by the dental staff prior to the inmate’s departure.

UTMB – Correctional Managed Health Care Archives
262 FM 3478 Suite B
Huntsville, Texas 77320
ATTN: Release of Information
Or call: (936) 439-1345

- 2. Inmates transferred between TDCJ 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 inmate’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. Inmates transferred from a TDCJ 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 UTMB Correctional Managed Health Care Archives.
 - c. Inmates transferred to a private facility, after initiation but prior to completion of an appliance, will be returned to a TDCJ facility for completion. Dental staff at the receiving TDCJ facility may

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request the prosthetic case and related materials from UTMB Correctional Managed Care Archives for completion. Including the appliance in a treatment plan does not constitute initiation of a case. An impression must have been made for a case to be considered initiated.

4. Inmates transferred to a TDCJ facility without an on-site dentist.
 - a. Prior coordination with the facility clinical administrator at a TDCJ facility without an on-site dentist is required before forwarding a prosthetic case. The facility clinical administrator 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 UTMB Correctional Managed Health Care 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 UTMB Correctional Managed Care Archives and to other facilities for completion and/or delivery should contain all identifying information pertinent for disposition to include the following:

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- a) inmate's last name and first initial
- b) inmate's TDCJ identification number
- c) name of facility
- 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.

VI. 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 inmate and, when removed, must be returned to the inmate in accordance with facility procedure for the safeguarding of inmate personal property (reference TDCJ AD 03.72). If a prosthesis containing gold is unserviceable, it will be returned to the inmate 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 in need of replacement, based on meeting eligibility requirements, the attending dentist may provide a replacement prosthesis without gold. If an unserviceable prosthesis containing gold is cemented or anchored on an extracted tooth, it will be disposed in the biohazard regulated waste container.
- 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. Medically Necessary Prosthodontics
 - a. Current medical necessity must be established before case initiation.
 - b. Acceptable oral hygiene is required if natural teeth are present.

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- c. No other existing dental needs are present with the exception of on-going periodontal care.
2. Elective Prosthodontics
 - a. An elective dental prosthetic will be considered for replacement one year from the time it has been reported to be lost, stolen, or determined to be non-repairable by the attending dentist.
 - b. Acceptable oral hygiene is required if natural teeth are present.
 - c. No other existing dental needs are present with the exception of on-going periodontal care
 3. A non-serviceable dental prosthesis should be forwarded to the TDCJ Property Officer for disposition.
 4. Inmates with special needs.

Providers who feel that a special need exists for any inmate 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 inmate’s dental record (HSD-3, 4, 5, 16)
- b. Current radiographs as appropriate
- c. Inmate dental models
- d. Inmate history of prior prosthetic needs and replacements
- e. Clinicians’ recommendations concerning prosthetic replacement
- f. Special circumstances that warrant replacement of an appliance

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Reference: Texas State Board of Dental Examiners Rule 108.8, Records of the Dentist ACA Standard 5-ACI-6A-40 (Ref. 4-4375), Prostheses and Orthodontic Devices
Correctional Managed Health Care Policy E-36.1, Dental Treatment Priorities