

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Care and Treatment of Patient -  
Dental Services

POLICY # TX V-6

PAGE 1 of 3

SUBJECT: Types of Dental Treatments Provided

EFFECTIVE DATE: March 2012

SUPERCEDES DATE: May 2007

---

## References

Related ACA Standards

4<sup>th</sup> Edition Standards for Adult Correctional  
Institutions 4-4369, 4-4375

## PURPOSE

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

## POLICY

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

## PROCEDURE

### I. LEVELS OF CARE

Inmates receive the appropriate "Level of Care" according to the time remaining on an active sentence when the inmate expresses the desire to receive 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, complete or partial dentures if sufficient time remains to provide the treatment

#### B. Level II (18 or more months remaining on an active sentence)

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 provided at least 4 non-contiguous or 3 proximal teeth can be replaced
6. Non-surgical periodontal therapy
7. Recall
8. Other treatments authorized by the Dental Director

### II. DENTAL TREATMENTS

- A. Dental services provided to inmates shall be under the direction of a duly licensed dentist.
- B. Treatment is rendered with the consent of the inmate. Inmates with less than eighteen (18) months remaining on an active sentence shall be limited to Level I treatment only.

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Care and Treatment of Patient -  
Dental Services

POLICY # TX V-6

PAGE 2 of 3

SUBJECT: Types of Dental Treatments Provided

EFFECTIVE DATE: March 2012

SUPERCEDES DATE: May 2007

---

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 before initiation, unless emergent.

2. Restorative Procedures

- a. Restorative materials will be restricted to amalgam, composites, crown forms, and temporary materials.
- b. Temporary materials are not used as a matter of routine, only for specific indications of a temporary, such as caries control, hypersensitivity and closure after initiating endo.
- c. No gold, precious metal, or porcelain will be utilized for restorative purposes.

3. Prosthetics

- a. This service will be restricted to removable appliances.
- b. Full dentures and partial dentures will be allowed only once in a five year period except under extenuating circumstances and with approval of the Dental Director. Partial dentures will be constructed with an acrylic base and wrought wire clasps.
- c. Replacement of missing teeth by a partial denture will be guided by the following factors:
  1. All restorations and surgical procedures are completed.
  2. Teeth are free of calculus.
  3. At least four teeth can be replaced per arch or three proximal teeth can be replaced per arch (excluding third molars)
  4. The periodontal condition of the remaining teeth must have a good **5-year** prognosis.
- d. A cast partial will be fabricated only when an acrylic is not clinically acceptable.
- e. Replacement of a tooth (teeth) lost or removed because of job related trauma must have compelling facts, investigatory documentation, and prior approval from the Dental Director before an exception to prosthetic policy can be considered.
- 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 an indication of negligence and improper care of dentures.

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Care and Treatment of Patient -  
Dental Services

POLICY # TX V-6

PAGE 3 of 3

SUBJECT: Types of Dental Treatments Provided

EFFECTIVE DATE: March 2012

SUPERCEDES DATE: May 2007

- 
- 
3. Relining, repair or re-basing of present dentures will make them serviceable.
  4. 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 before initiation.
4. Endodontic Treatment
- A. Anteriors**
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 amalgam or 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. On site clinicians are expected to provide this service as clinical 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 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. On-site clinicians 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. Referrals are permitted with prior x-ray and UR approval
  5. Using a double film pack, a clinically acceptable radiographs(s) of the tooth shall be mailed to the UR approver
  6. Premolar referrals will be approved after the UR approver confirms restorability with a bonded composite, no decay below the CEJ, caries control is completed, both cusps are present, and no more than 2 surfaces of the premolar will be restored.
- 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 TX V-7)



3/31/12

---

Paula Y. Smith, MD, Director of Health Services

Date

SOR: Dental Committee