

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 4/24/2012	NUMBER: E-36.1  Page 1 or 1
	Replaces: 6/1/2009	
	Formulated: 10/85 Reviewed: 01/16	
<b>DENTAL TREATMENT PRIORITIES</b>		

PURPOSE: To assure all individuals have equitable access to preventive services and treatment procedures based upon the occurrence of disease, significant malfunction, or injury.

POLICY: Patients' necessary treatment needs will be provided for based on priority of need, length of incarceration, and maintenance of an acceptable level of oral self care.

PROCEDURE:

- I. Treatment priorities are categorized as Emergent/Urgent (Priority 1), Interceptive (Priority 2), Medically Necessary Prosthodontics (Priority 3), Rehabilitative (Priority 4), and Complete (Priority 5). The appendix to this policy contains a description of need and eligibility for each priority of treatment need. Individuals who have not met oral self care requirements are provided patient education (Health Services Policy E-36.6, Periodontal Disease Program).
  
- II. Patient priorities are assigned based on individual needs at the end of an appointment. A priority may only be assigned by a dentist. An attending dentist may vary from this prioritizing on an individual patient basis if it is judged to be necessary for the protection of the patient's overall health. Dental staff answering sick call requests or having patient contact in the absence of the dentist should not assign priorities. In such cases, the patient priority will remain unassigned pending an evaluation by the dentist.
  
- III. An attending dentist may recommend treatment for dental needs not described in the Appendix. Exceptions can be requested for individuals judged to have a special dental need, regardless of length of incarceration, (Health Services Policy E-36.5, Dental Utilization/Quality Review Committee).

Reference: ACA Standard 1-HC-1A-17 ref. 4-4360 Dental Care  
ACA Standard 1-HC-1A-22 ref. 4-4365 Health Appraisal (Mandatory)

**APPENDIX I**  
**E-36.1**  
**DENTAL TREATMENT PRIORITIES**

<b>PRIORITY OF TREATMENT NEED</b>	<b>DESCRIPTION OF NEED</b>	<b>ELIGIBILITY</b>
1 (EMERGENT/URGENT)	Individuals, who in the dentist's professional judgement, require treatment for an acute oral or maxillofacial condition which may be accompanied by pain, infection, trauma, swelling or bleeding and is likely to worsen without immediate intervention. Individuals with this designation will receive definitive treatment within 14 days after a diagnosis is established by a dentist.	ALL
2 (INTERCEPTIVE)	Individuals, who in the dentist's professional judgment, require treatment for a subacute hard or soft tissue condition which is likely to become acute, require early diagnosis and follow up for any hard or soft tissue pathosis, or require early individual counseling in oral self-care.	ALL
Restorative Endodontic Periodontic Oral Surgery	Advanced caries or advanced periodontal pathosis requiring the use of therapeutic and palliative agents, intermediate restorative materials, mechanical debridement, or surgical intervention.	
3 (MEDICALLY NECESSARY PROSTHODONTICS)	Individuals, who have a documented medical need for a dental prosthesis. All other care should be completed (Type III or IV periodontal disease maintenance excepted) prior to initiation of an appliance.	Acceptable level of oral hygiene  Approval of the Dental Utilization Quality Review Committee

**APPENDIX I - Continued**  
**E-36.1**  
**DENTAL TREATMENT PRIORITIES**

<b>PRIORITY OF TREATMENT NEED</b>	<b>DESCRIPTION OF NEED</b>	<b>ELIGIBILITY</b>
4	(REHABILITATIVE)	12 months
	Clinical Hygiene Periodontic	Maintenance of an acceptable level of oral hygiene
	Restorative	
	Endodontic	
	Oral Surgery	
5	(COMPLETE)	ALL
	Individuals diagnosed with chronic hard or soft tissue pathosis	
	Individuals apparently requiring no priority 1, 2, 3, or 4 care.	
	Periodontal Type I or II requiring prophylaxis; Type III or IV periodontal disease requiring non-surgical deep scaling and root planing procedures (CMHC Health Services Policy E-36.6, Periodontal Disease Program)	
	Cariious or fractured dentition requiring restoration with definitive restorative materials or transitional crowns.	
	Anterior tooth requiring definitive root canal treatment if the tooth is restorable with available restorative materials and the individual's overall dentition is healthy.	
	Non-restorable erupted tooth requiring extraction; chronically symptomatic impacted tooth requiring removal or specialty referral; surgical procedures for the elimination of pathosis or restoration of essential physiologic relationships.	

## **APPENDIX II DENTAL SERVICES PARAMETERS FOR CARE**

A range of acceptable treatment modalities exists within which dental health care professionals are expected to provide dental care. Parameters are strategies designed to assist dentists in making clinical decisions. They are designed to help dental professionals ensure quality, timeliness, effectiveness of care, and contain costs.

Parameters describe clinical matters that should be considered in the diagnosis, documentation and treatment of oral conditions. Dental staff may deviate from the parameters in individual cases depending on clinical circumstances. They are not intended to restrict the dentist's exercise of professional judgement.

### **Access to Care:**

#### **Treatment Priorities**

1. Each patient is assigned a dental treatment priority by the treating dentist based on the chief complaint, clinical findings, and radiographic evidence.
2. Each patient with a Priority 1 or 2 treatment need has treatment initiated or is appropriately referred by the dentist.
3. Each patient with a Priority 3 or 4 treatment need who requests care and meet eligibility for care requirements shall have treatment initiated or scheduled.
4. Each patient, who in the opinion of the treating dentist has a special need, should be referred to the Dental Utilization Quality Committee for review and pre-authorization by the Dental Director to initiating care beyond that necessary to relieve symptoms.

#### **Dental Examination and Care**

1. The nature of each sick call request and response to the offender are documented in the patient's health record.
2. Each request for care not resulting in an appointment is documented as reviewed by a dentist.
3. Each specific complaint (e.g., trauma, pain, swelling, bleeding, infection) is appropriately managed at the sick call visit.
4. Each request for routine care (e.g., filling, exam, cleaning, replace teeth) results in an examination and treatment plan based on priority of need and length of incarceration.
5. Patients eligible by length of incarceration and who have Priority 3 or 4 needs should receive oral hygiene counseling and a baseline plaque index at the sick call visit or should be scheduled for these procedures.
6. The dental and medical history should be current, reviewed and initialed by the treating health care provider on the Dental Health Record.

7. The SOAP format should be used to document each new complaint.

Subjective: Patient's complaint or reason patient was scheduled

Objective: Observations by the clinician

Assessment: Diagnosis of each observed abnormality

Plan: Individual treatment plan, which addresses the specific complaint or if a request for routine care addresses each observed abnormality.

8. Appropriate radiographs of diagnostic quality should be present or ordered.
9. Treatment plans should be appropriate, consistent with the clinical and radiographic evidence and numerically listed on the Continuation Sheet.
10. Treatment plans should be charted in ink on the Dental Health record in the Diseases and Abnormalities section and listed in the Treatment Plan section.
11. Care provided should be appropriately documented on the Continuation Sheet and charted in black ink on the Dental Health record, Restoration and Treatment section.
12. Planned care should be fully explained to each patient and include information on the disease process, potential complications, the expected results and the patient's responsibilities in treatment.
13. The potential consequences to the patient's health should be explained if no treatment is provided.

## **PARAMETERS FOR CARE DENTAL SEALANTS**

Dental sealants have been recognized by the American Dental Association, the World Health Organization, Centers for Disease Control, and the Surgeon General's Report on Oral Health in America as being a safe and effective procedure to prevent dental caries.

Sealants have been available for over 20 years and originally were provided to children and adolescents, but should also be beneficial to the adult population with a moderate to high risk for caries.

Patient's caries risk must be assessed to determine if the application of sealants is indicated. While sealants are recommended for all moderate to high risk patients, even low risk individuals with a predisposition for development of occlusal caries due to tooth anatomy can benefit from this preventive procedure.

**PARAMETERS FOR CARE  
DENTAL SEALANTS**

