

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-E-06.5

SUBJECT: DENTAL PROSTHESES

POLICY: Dental prosthetic appliances will be made available to inmates as a co-pay service. Because soft food diets are readily available within the institutions, lack of natural dentition or dental prosthesis does not necessarily cause deterioration in a person's general state of health. However, Health Services does recognize that provision of dental prosthesis may provide cosmetic benefits, may increase the variety of foods which may be consumed, and may contribute to overall quality of life. Therefore, Health Services will offer support through a co-pay program and shall complete all preparatory services required prior to fabrication of prostheses, including x-rays, examinations, and surgical procedures. Support is also provided through provision of prostheses at reduced rates, as compared to community costs. Health Services will participate in co-payment for dental prosthesis a maximum of once every five (5) years. Dental prostheses become the inmate's real property, and are handled according to the procedures outlined below.

REFERENCE: OAR 291-124-0085 (2)
NCCHC Standard P-G-11

DEFINITIONS:

1. A Complete Denture or simply "Denture" is a dental prosthetic device that replaces all teeth in upper or lower arch.
2. A Partial Denture or simply "Partial" is a dental prosthetic device that replaces some teeth in the upper or lower arch. Partial dentures are prescribed when there are still natural teeth in the arch and the remaining teeth are used to support the partial. A Cast Partial Denture is made on a frame that is cast metal. An Acrylic Partial Denture does not have a cast metal frame, and is used when the remaining natural teeth are not strong enough to support a cast partial denture. A "Flipper" is an acrylic partial denture designed predominately as a cosmetic appliance, replacing one to four teeth missing in the front part of the mouth.
3. A Reline is a procedure which is done to improve the fit of a denture or partial.
4. TLC stands for Therapeutic Levels of Care (refer to P-A-02.2)

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PROCEDURE:

- A. The following criteria must be met in order to qualify for any co-pay dental prosthesis provided by the health services program.
1. Patient must demonstrate 2 years left to serve from the date of first request.
 2. If the 2 year requirement is met, any patient in need of a partial denture must be submitted for review by the TLC Committee. Complete dentures do not require approval by the TLC Committee, but the time criteria still must be met. Partial dentures deemed predominately cosmetic in nature will not be provided by the DOC unless there are overriding circumstances as approved by TLC. Patients who entered the DOC with all upper anterior teeth intact may be provided a cosmetic appliance prior to release if they lost any of those anterior teeth during their incarceration, as approved by TLC.
 3. If a patient falls short of the 2 year time criteria, the TLC may review the request for prostheses, and may approve the request if overriding circumstances permit. Examples of overriding circumstances may include a patient who enters the DOC completely edentulous requiring no extractions or prep work, or a patient requiring minimal prep work may fall only a month or two short of the two year criteria.
- B. The Dental Prosthetic co-pay program shall not apply to any prosthesis which has been denied by TLC review. Inmates must use the Purchase of Care Rule to obtain any prosthesis denied by the TLC.
- C. A patient who requests a dental prosthesis must sign a CD-28, Request for Withdrawal of Funds (refer to P&P P-G-10, Aids to Impairment) for the following amounts:
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|----|---|-----------|
| 1. | Complete Denture | \$280.00 |
| 2. | Cast Partial Denture | \$310.00 |
| 3. | Acrylic Partial Denture | \$270.00 |
| 4. | Flipper (1-4 anterior teeth - cosmetic) | \$150.00 |
| 5. | Reline Partial or Denture | \$110.00 |
| 6. | Occlusal Splint | \$ 40.00 |
| 7. | Denture or partial repairs | by report |

The CD28 is then attached to a CD1091 and will then be processed through Central Trust. Once the CD28 and CD1091 have been processed, and the total amount has been placed in an account reserved for dental, treatment may be initiated. At the discretion of health services, prostheses may also be completed on patients without sufficient funds, and a lien placed on the trust account.

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- D. Health Services may participate in co-payment for dental prosthesis or reline for each inmate a maximum of once every five (5) years. If prosthesis needs replacement prior to 5 years, the case must be sent to the TLC committee for review.
- E. For prosthesis to be constructed by a Denturist, the patient must be referred for treatment by a staff dentist, after all proper examination, preparatory treatment, and approval requirements are met.
- F. Unless provider or laboratory error can be demonstrated, the patient shall be responsible to pay laboratory fees for any repairs to dental prosthesis. Because the extent of repairs can vary greatly, it is impossible to attach a pre-determined fee to this process. However, per patient request, the provider may obtain an estimate of costs for repair (this may require that the prosthesis be sent to the laboratory for analysis).
- G. Should an instance arise due to overriding circumstances which may require Health Services to subsidize the cost of the prosthesis, or if it is uncertain as to whether or not the prosthesis should be provided, all pertinent information should be sent to the TLC for review and determination.

Effective Date: _____
Review date: November 2015
Supersedes P&P dated: August 2014