

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-A-02.2

SUBJECT: LEVEL OF THERAPEUTIC DENTAL CARE PROVIDED BY OREGON DEPARTMENT OF CORRECTIONS, HEALTH SERVICES SECTION

POLICY: During incarceration, inmates are entitled to responsive, clinically appropriate, and timely diagnosis, treatment and care of significant dental problems. Health Services personnel care for patients with compassion and respect for the patient's privacy and dignity; treatment is provided in an objective and non-judgmental manner; and providers will advocate for the patient's health.

The policy of the Oregon Department of Corrections is to provide those dental services that help preserve and maintain the health status of inmates during incarceration. The dental services provided by the Oregon Department of Corrections will be consistent with the standard for such services in the community. This means that dental procedures will be conducted in a clinically appropriate manner by appropriately credentialed personnel in an appropriate setting.

The following procedure establishes the method and guidelines used to determine whether treatment will or will not be provided by the Oregon Department of Corrections consistent with applicable law and to ensure that sufficient dental resources are available to fulfill the Department's policy of preserving and maintaining inmate's dental status during incarceration.

REFERENCE: OAR 291-124-0041(4)

PROCEDURE:

A. Overview

1. Dental care and treatment is prioritized into levels with authorization for each level specified:
 - a. **Medically Mandatory: Level 1**, will be routinely provided to all inmates by Oregon Department of Corrections. Authorization may be given by any licensed health service staff.
 - b. **Presently Medically Necessary: Level 2**, may be provided to Oregon Department of Corrections inmates subject to periodic utilization review by the dental practitioners. Care is authorized by any Oregon Department of Corrections Health Services prescribing practitioner.

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- c. **Medically Acceptable but not Medically Necessary: Level 3**, provision of services to inmates will be decided on a case by case basis.
 - Acute/On-site - Authorized by Dental Director or designee.
 - Chronic/Off-site - Authorized by Therapeutic Levels of Care (TLC) committee review.
 - d. **Of Limited Medical Value: Level 4**, will not be routinely provided to inmates by Oregon Department of Corrections.
- 2. The levels of care are general categories of diagnosis, therapies and procedures. In some cases, additional factors may need to be considered in deciding whether or not Oregon Department of Corrections will provide a given procedure or therapy.
 - 3. Access of an inmate to adequate diagnosis and review by appropriate dental personnel is essential and is not abridged by this policy (see also policy on Access to Care, P-A-01).
 - 4. The final authority in all TLC reviews will be the Medical Director or designee(s), i.e., Dental Director.

B. Definition of Levels of Care and Treatment and Authorization to Proceed

1. Medically Mandatory: Level 1

- a) Definition: Care that is essential to overall health, without which rapid deterioration may be an expected outcome and where dental intervention makes a very significant difference and/or has a very high cost effectiveness. Examples include:
 - 1) Acute problems, potentially fatal, where treatment prevents rapid deterioration of health, e.g., treatment for severe cellulitis, treatment for osteomyelitis.
 - 2) Acute problems, potentially fatal, where treatment prevents deterioration but does not necessarily allow for full recovery, e.g., treatment for osteomyelitis.

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- b) Authorization: Any Oregon Department of Corrections Health Services practitioner may authorize care and treatment. In an emergency situation, nursing staff of the Oregon Department of Corrections may authorize care and treatment.
- c) Medically mandatory care is frequently urgent or emergency care and as such is best initiated by Health Services personnel at the time of intervention and is routinely authorized, provided and paid for by Oregon Department of Corrections Health Services.

2. Presently Medically Necessary: Level 2

- a) Definition: Care without which the inmate could not be maintained without significant risk of either further serious deterioration of the condition or significant reduction of the chance of possible repair after release or without significant pain or discomfort. Examples include:
 - 1) Acute conditions where treatment allows a return to health e.g., exodontic procedures.
 - 2) Acute conditions where treatment improves dental health and quality of life, e.g., treatment of infected/inflamed oral structures; pulpitis/periodontitis.
 - 3) Chronic conditions where treatment causes a return to previous state of health, e.g., fillings for dental cavities, treatment of various infectious disorders.
 - 4) Comfort care such as pain management.
 - 5) Dental prosthesis, which significantly increases mastication.
 - 6) Proven effective preventive care for adults, e.g., debridement of calculus, home care instructions.
- b) Authorization: Any Oregon Department of Corrections Health Services practitioner may authorize care and treatment. The decisions of practitioners are subject to periodic review and limitation by the institution dentist.

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- c) Level 2, Presently Dental Necessary care, when not of an emergency nature, should undergo periodic review by the Medical Director and/or Dental Director for utilization review and appropriateness. These services will be routinely provided and paid for by Oregon Department of Corrections Health Services.

3. Medically Acceptable but not Medically Necessary: Level 3

Will be authorized on an individual-by-individual basis or a problem-by-problem basis as outlined below.

- a) Definition: Care for conditions where treatment may improve the quality of life for the patient but with only minimal results, e.g., TMJ splints.
- b) Authorization:
 - 1) Dental procedures and therapies from Level 3 which can be appropriately done on premises in a routine clinic and are within the skills of the attending dentist may be offered at the discretion of the attending dentist and Dental Director. Any case may be referred by a practitioner to the Dental Director for review.
 - 2) Level III procedures needing lab procedures or exchange of money need to be sent to the Therapeutic Levels of Care committee for approval.
 - 3) Off-site procedures and therapies for conditions from Level 3, if deemed appropriate for treatment by the dentist, will be referred to the Dental Director for clinical review. The Dental Director may also refer to the Medical Director for clinical review.

c) Clinical Review:

The form "Therapeutic Level of Care" form (attached) shall be completed by the attending dentist or designee and submitted to the Dental Director. The Dental Director may form a review committee comprised of one or more Oregon Department of Corrections dentist(s) and the Medical Director to review requests on a case-by-case basis. Factors that will be considered either singularly or in combination when deciding if a clinical service should be provided include:

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- 1) The urgency of the procedure and the length of the inmate's remaining sentenced stay. Whether the surgery/procedure could be or could not be reasonably delayed without causing a significant progression, complication, or deterioration of the condition and would not otherwise be in clear violation of sound dental principles.
- 2) The necessity of the procedure/therapy:
 - i. Any relevant functional disability and the degree of functional improvement to be gained.
 - ii. Medical necessity - the overall morbidity of the condition if left untreated.
- 3) Pre-existing conditions, whether the condition existed prior to the inmate's incarceration and where treatment was not obtained prior. The reasons for not obtaining treatment should be ascertained.
- 4) The probability the procedure/therapy will have a successful outcome along with relevant risks.
- 5) Alternative therapy/procedures, which may be appropriate.
- 6) Patient's desire for the procedure and the likelihood of the patient's cooperation in the treatment efforts.
- 7) Risk/Benefits if known.
- 8) Cost/Benefits if known.
- 9) Pain Complaints/Pain Behaviors

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4. Limited Medical Value: Level 4

- a) Definition: Care that is valuable to certain individuals but significantly less likely to be cost effective or to produce substantial long-term gain. This includes treatment of conditions where there is alternate treatment available and where treatment gives little improvement in quality of life, offers minimal palliation of symptoms, or is exclusively for the convenience of the individual.
- Fixed bridgework, TMJ surgery, orthodontic, endodontic therapy, cast crowns.
- b) Care and treatment will not be routinely authorized by the Oregon Department of Corrections.
- c) Inmates may obtain services for this level of care from an outside provider at their own expense according to the Health Services Administrative Rule "Purchase of Care". Oregon Department of Corrections treating practitioners are not obligated to carry out any recommendations or treatment plans formulated by these outside practitioners if ongoing care is required.

5. Exceptions

- a) There will be occasions when the level of care of a certain disorder will be unclear or when it is not appropriate to apply the levels of care to an individual patient, e.g., an individual where it may not seem appropriate to provide care for a Level 2 diagnosis, or when it may seem appropriate to provide care for a Level 4 case.
- b) Any individual case or proposed therapy can be reviewed for appropriateness, second opinion, approval or denial of coverage, etc. by submitting a Therapeutic Level of Care form to the Dental Director and/or Medical Director for clinical review.

Effective Date: _____
Revision date: February 2007
Supersedes P&P dated: January 2006

Oregon Department of Corrections
THERAPEUTIC LEVEL OF CARE

TO: Clinical Medical Director/Dental Director Date: _____

FROM: _____

INSTITUTION NAME: _____

SUBJECT: Prior Authorization for Medical/Dental/Surgical Procedure or Treatment

Release Date: _____

Diagnosis: _____

Level: _____

How long has the patient had this diagnosis? _____

Treatment Proposed: _____

Factors for consideration, discuss as appropriate.

1. Urgency of need vs. time of sentence left.
2. Overall necessity, re: morbidity, mortality and functional disability.
3. Pre-existing condition prior to incarceration.
4. Risk/Benefit
5. Cost/Benefit
6. Alternatives
7. Pain complaints/pain behavior

Committee comments and recommendation: _____

Patient Purchase – Debt Patient Purchase – Pay in Advance

Date reviewed: _____

Committee Signature

Committee Signature

Committee Signature

Name: _____
SID#: _____
DOB: _____

LEVEL I

Excision of malignant tumor
Incision and drainage of abscess
Emergency tracheotomy
Treatment of Osteomyelitis
Mandible fractures (open and closed reductions)
Maxilla fractures (open and closed reductions)
Fractures of facial bones
Severe cellulitis
Treatment of Leukoplakia
Surgery of Leukoplakia
Severe oral and facial injuries (special section)
Treatment by approved Level I and II nursing protocols
Treatment of pain
Treatment of oral abscesses and infections
Dislocated mandible
Hemorrhage

LEVEL II

Palliative Treatment

Sedative fillings
Pain medication
Antibiotic therapy
Prescription of any medication in the Pharmacy formulary
Treatment of Pulpitis
Removal of necrotic teeth
Recommendation of crowns, bridges and inlays
Treatment of Gingival sensitivity
All local anesthetic procedures

Diagnostic Treatment

Inside consults
X-rays
Bacteriological cultures
Biopsies
Oral Pathology consults

Preventive Treatment

Oral hygiene instructions
Access to care instructions
Oral exam and dental history screening
X-rays
Treatment Plans (minimum one (1) year sentence)
Periodic dental exams
Full mouth debridement (cavitron)
Acute gingivitis treatment
Acute periodontal treatment
Acrylic partial denture repairs
Cast partial denture repairs
Full denture repairs
Relines (lab and chair side)
Tissue conditioners
Stabilization of loose teeth
Reimplantation if appropriate

Things to take into consideration:

1. Is the tooth restorable without a crown?
2. Length of sentence.

Operative Treatment

Temporary restorations
Amalgam restorations
Resin restorations
Stainless steel crowns
Resin crowns
Poly-carbonate crowns

Prosthetic Treatment – Any of your cases that you feel may be exceptions can be sent to TLC.

Conventional maxillary and mandibular dentures – 2 year sentence to serve
Immediate maxillary and mandibular dentures – 2 year sentence to serve
Cast partial dentures (necessary) 0-6 teeth in occlusion; 2 years depending on amount of restorative work needed.

Surgery Treatment

Extractions
Removal of root tips
Removal of cysts and abscesses
Removal of foreign bodies
Alveoplasty
Fistula drains and closures
Sutures
Treatment of dry sockets

Other Treatment

Palliative night guards
Treatment of all moderate injuries

LEVEL III

(Needs authorization from the Dental Therapeutic Level of Care Committee)

TMJ splints
TMJ outside consults
Tongue abnormalities
Salivary gland conditions
Chronic gingivitis and periodontitis
Aplasia
Hypoplasia
Surgery of impacted wisdom teeth
Removal of pre-existing tooth fragments or foreign bodies (not painful or progressive)
Facial prosthesis due to injuries
Osseous surgery
Cast partial dentures – 7-10 teeth in occlusion – over 2 year sentence
Outside consultations and unspecific diagnostic procedures
Periodontal procedures (surgery)
I.V. sedation
General anesthesia
Permanent crown repair
Repairs of pre-existing facial fractures
Speech appliances
Obturator appliances
Sealants
Removal of wisdom teeth
Excisions of benign tumors
Removal of exostosis
Frenectomies
Salivary gland cyst
Acrylic partials replacing anterior teeth (elective)

LEVEL IV

(Generally not authorized, exception only by TLC committee authorization)

Fixed bridgework
Cast crowns
Inlays
Orthodontic procedures
Surgical repositioning of teeth
TMJ surgery
Cosmetic surgery
Elective prosthetic treatment replacing posterior teeth (acrylic)
Cast partials (more than 10 teeth in occlusion) – over 6 years sentence
Endodontic procedures
Apicoectomy or retrograde Endodontic procedures

Inmates can purchase their own dental treatment, which is deemed optional and is not authorized in DOC dental facilities, by seeking treatment from practitioners in the community. The inmates will follow the procedures as outlined in the purchase of care section, OAR 124-0085 of the Health Services Rule.