

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 113.62	Page 1 of 2
	Effective Date: July 1, 2022	
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Approved by: Lisa Helton		
Subject: DENTAL SPECIALTIES		

- I. AUTHORITY: TCA 4-3-603 and TCA-4-3-606.
- II. PURPOSE: To provide guidelines for the provision of dental specialty services.
- III. APPLICATION: Wardens/Superintendents, health administrators, dentists, inmates, the medical contractor, and privately managed institutions.
- IV. DEFINITIONS:
 - A. Dental Authority: The licensed dentist responsible for dental care to inmates and the supervision of dental staff within the institution.
 - B. Utilization Management Entity (UME): The person(s) or contractor(s) designated by the Tennessee Department of Correction (TDOC) to review, approve, deny, or defer requests for specialty dental consultations.
- V. POLICY: Specialty dental consultation, examination, and/or treatment shall be provided when the health of the inmate would otherwise be adversely affected or when the inmate cannot masticate sufficiently to eat a regular diet. Such consultation or treatment shall be based on the recommendation of the dental authority.
- VI. PROCEDURES:
 - A. Fixed Dental Prosthesis: Dentists shall not use precious metals for fixed prosthetic appliances, unless there is no alternative and the inmate's health would otherwise be adversely affected. Before fabrication of a fixed prosthesis or use of a precious metal, the dentist must receive written approval from the UME.
 - B. Removable Dental Prosthesis:
 - 1. Dental prostheses shall be provided when the health of the inmate would otherwise be adversely affected or when the inmate cannot masticate adequately to eat a regular diet, as determined by the dental authority. (See Policy #113.60 for definition of adequate mastication and occlusion score). Dentures shall only be fabricated if it is determined that the inmate has adequate bone structure to accommodate/support removable dental prostheses.
 - 2. Partial dentures shall be restricted to usage in cases where the number of remaining teeth is insufficient to provide for mastication and the use of a full denture is not indicated. The construction of partial denture(s) shall not be for cosmetic purposes. Removable partial dentures shall not have a metal base.

Effective Date: July 1, 2022	Index # 113.62	Page 2 of 2
Subject: DENTAL SPECIALITIES		

3. All full dentures made for inmates shall have the name and TDOC ID of the recipient imprinted for proper identification; partial dentures shall be so imprinted if the partial is large enough.

C. Oral Surgery: Conditions requiring the consultation and treatment of an oral surgeon shall be provided as deemed necessary by the attending dentist upon approval of the UME. Oral surgery for cosmetic purposes shall not be performed.

D. Orthodontics: Orthodontic care is generally considered elective and is not available for inmates. However, if the dentist determines that certain orthodontia is necessary for an inmate's health, it may be provided if approved by the UME.

E. Endodontics: Root canal therapy may be performed when deemed necessary by the dentist. Such procedures shall be limited to anterior teeth crucial to arch integrity if tooth structure and bony support permits.

F. Periodontics: Periodontal treatment may be performed by the dentist when the prognosis is favorable, the consent of the inmate has been obtained, and the treatment is necessary to prevent significant tooth loss or gum disease.

G. Specialty Dental Services: Treatment beyond the capability of the institution may be provided at DeBerry Special Needs Facility for males or Debra K. Johnson Rehabilitation Center for females upon approval by the UME.

VII. ACA STANDARDS: 5-ACI-6A-19, 5-ACI-6A-40, and 5-ACI-6C-05.

VIII. EXPIRATION DATE : July 1, 2025