MONTANA STATE PRISON
OPERATIONAL PROCEDURE

Procedure:	**MSP HS E-06.7 DENTAL SERVICES REVIEW**
Effective Date:	02/11/2014 Page 1 of 3
Revision Date(s):	01/07/2024; 06/30/2026
Public Safety Chief Signature:	/s/ John Schaffer, Public Safety Chief
Medical Director Signature:	/s/ Dr. Paul Rees, MD
Health Services Bureau Chief Signature:	/s/ Cynthia McGillis-Hiner, RN, MSN

I. PURPOSE

Provide a process for reviewing requests for dental care not normally provided by MSP Dental and to provide a review process for proposed dental treatment plans.

Allow for a standardized process to determine if requested non-standard dental treatment should be authorized by MSP Dental.

Provide a method to review a proposed dental treatment plan when requested by a member of the dental staff or the inmate.

II. DEFINITIONS (see Glossary)

III. REQUIREMENTS

A. Requests for Non-Standard Dental Treatment

1. Requests
   a. MSP dental staff may request a review of a dental treatment plan or specific proposed dental treatment not normally provided by MSP Dental.
      1) This review request can also be a request for a second opinion of treatment proposed by the MSP dental provider.
         a) This request should be in writing to the Department Dental Services Supervisor and notations should be made in the inmate's Electronic Health Record (EHR).
   b. Inmates may request special consideration for dental treatment not normally provided by MSP Dental.
   c. In addition, the inmate may request a review of proposed specific dental treatment or the proposed dental treatment plan. This request may be through a *Request for Medical Services – Dental (Kite)* or directly to a member of the Dental staff.

2. Review Process – Dental or Oral Care:
   b. The request will be forwarded to the Department Dental Services Supervisor.
   c. The Department Dental Services Supervisor will:
      1) compile information on the specific request;
      2) complete the Department *Dental Services Review* form; and
      3) forward the data to the members of the Dental Services Review committee.
   d. The requested non-standard dental treatment will be reviewed and a decision determined by the Dental Services Review Committee.

e. The Medical Services Program Manager should be consulted if the requested non-standard dental treatment expenditures would exceed $2,500 for materials, laboratory fees, or referral expenditures.
f. The requesting dental staff member or inmate should be provided in writing (or consulted orally about) the decision made by the Dental Services Review committee.
g. After the decision is made by the Dental Services Review Committee, the requesting dental staff member or inmate should receive the decision in writing or be notified verbally.
h. The Chief Dental Officer and the Department Dental Services Supervisor retain ultimate responsibility for dental care provided by MSP Dental and can overrule decisions of the Dental Services Review Committee.
i. Appeals may be made to the Chief Dental Officer and then, if needed, to the Medical Services Program Manager.

3. Review Process – Maxilla-Facial or Overlapping Medical and Dental Care
   a. For cases involving extensive maxillofacial treatment or complex overlapping medical and dental considerations, the request will be forwarded to the Department Dental Services Supervisor.
   b. The Department Dental Services Supervisor will compile information on the specific request and complete the *Medical Review Panel (MRP) Disposition* document.
      1) The Department Dental Services Supervisor or an assigned dentist may wish to review this with the MSP Medical Director.
   c. The *MRP Disposition* document:
      1) is forwarded, with supporting information, to the Department Health Services Bureau; and
      2) is placed on the agenda for the next MRP meeting.
   d. The Department Dental Services Supervisor and/or assigned representative should present the case at the MRP meeting.
   e. The MRP Committee will review the Level of Therapeutic Care and appropriateness of the proposed inmate medical / dental care.
      1) If the MRP Committee approves the request, the treatment plan will be implemented with consultations with the medical staff when appropriate.
      2) If the MRP Committee denies the request, the requesting dentist and inmate should be notified in writing or consulted orally.
         a) Appeals may be made to the Medical Services Program Manager.

B. Dental Treatment Requiring Authorization

1. The Dental Services Review Committee must review all requests for:
   a. orthodontic treatment exceeding single tooth movement appliances
   b. fixed prosthetic appliances: cast dental crowns, veneers, bridges, and implant restorations
   c. dental implants and bone grafting for preparation of placement of dental implants
   d. advanced periodontal treatment, including comprehensive full mouth periodontal surgery, periodontal bone grafting, and referrals to an outside dentist or periodontist
   e. referrals to an outside dentist or endodontist for endodontic treatment or endodontic surgery
   f. referrals for advanced elective oral surgery
   g. requests for outside dental laboratory or diagnostic services exceeding $2,500
   h. requests for completion of dental treatment, started prior to inmate arriving at MSP, requiring laboratory or referral expenditures
   i. extensive maxilla-facial treatment
   j. cases involving complex or overlapping medical and dental considerations
   k. other dental services not normally provided by MSP Dental

C. Dental Services Review Committee

1. Membership
   a. Three members of MSP Dental may be asked by the Chief Dental Officer to serve on the Dental Services Review Committee.
   b. Membership on the Dental Services Review Committee is open to full- or part-time MSP dental staff and MSP contract dental staff.

2. Term
   a. The Chief Dental Officer will appoint and remove members of the Dental Services Review Committee.
   b. The term of service will normally be 3 years, and re-appointment is at the discretion of the Chief Dental Officer.
   c. All appointments, re-appointments, and removals of members will be made in writing.

3. Consultation
   a. The Committee may request non-voting participation by an outside dentist, specialist, or medical personnel.

4. The Department Dental Services Supervisor is encouraged to attend the Dental Services Review meetings.

IV. CLOSING

Questions about this procedure should be directed to the Medical Health Services Manager.

V. REFERENCES

A. *DOC 4.5.26 Offender Dental Services; DOC 4.5.10 Level of Therapeutic Care*
B. *NCCHC Standards P-E-06; NCCHC Standards Appendix G*

VI. FORM

Dental Services Review