



**MONTANA STATE PRISON  
HEALTH SERVICES OPERATIONAL PROCEDURE**

Procedure No.: MSP HS E-06.7	Subject: <b>Dental Services Review</b>	
Reference: NCCHC Standard P-E-06; NCCHC Standards Appendix G; DOC Policy 4.5.26, Offender Dental Services	Page 1 of 3 and one Attachment	
Effective Date: February 11, 2014	Revised: August 12, 2020	
Signature / Title: /s/ Daniel W Hash / Director, Dental Services		
Signature / Title: /s/ Cindy McGillis-Hiner/ Medical Bureau Chief		

**I. Purpose:**

To provide a process for reviewing request for dental care not normally provided by the MSP Dental Department and to provide a review process for proposed dental treatment plans.

**II. Definitions:** None.

**III. Procedures:**

To allow for a standardized process to determine if requested non-standard dental treatment should be authorized by the MSP Dental Department. In addition, provide a method to review a proposed dental treatment plan when requested by a member of the dental staff or the Inmate.

A. Request for non-standard dental treatment

1. Request.

- a. MSP dental staff may request a review of a dental treatment plan or specific proposed dental treatment, not normally provided by the MSP Dental Department. This review request can be for treatment proposed by themselves or by other MSP dental staff members. This request should be in writing to the MSP Dental Clinic Manager and notations made in the patients Dental Chart.
- b. Inmates may request special consideration for dental treatment not normally provided by the MSP Dental Department. 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 / Oral Care.

- a. The request will be forwarded to the MSP Dental Clinic Manager.
- b. The MSP Dental Clinic Manager will compile information on the specific request, complete the MT DOC Dental Services Review form and forward the data to the members of the Dental Services Review committee.
- c. The requested non-standard dental treatment will be reviewed and a decision determined by the Dental Services Review committee.
- d. The MSP Health Services Bureau Chief should be consulted if the requested non-standard dental treatment expenditures would exceed two thousand, five hundred dollars for materials, laboratory fees or referral expenditures.
- e. The requesting dental staff member or Inmate should be provided in writing, or consulted orally concerning the decision made by the Dental Services Review committee.
- f. The MSP Health Services Bureau Chief and the MT DOC Director, Dental Services retains ultimate responsibility for dental care provided by the MSP

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- Dental Department and can overrule decisions of the Dental Services Review committee.
- g. Appeals may be made to the MT DOC Director, Dental Services and then, if needed, to the MSP Health Services Bureau Chief.
3. Review Process – Maxilla-facial or overlapping medical and dental care
    - a. With cases involving extensive maxilla-facial treatment or complex overlapping medical and dental considerations, the request will be forwarded to the MSP Dental Clinic Manager.
    - b. The MSP Dental Clinic Manager will compile information on the specific request and complete the **Medical Review Panel (MRP) Disposition** document.
    - c. The MSP Dental Clinic Manager, or an assigned dentist may wish to review this with the MSP Medical Director.
    - d. The MRP Disposition document is forwarded, with supporting information, to the MT DOC Health Services Bureau Office. It will then be placed on the agenda for the next MRP meeting.
    - e. The MSP Dental Clinic Manager and/or assigned representative should present the case at the MPR meeting.
    - f. The MPR Committee will review the Level of Therapeutic Care and appropriateness of the proposed Inmate medical / dental care.
    - g. If approved, then the treatment plan will be implemented with consultations with the medical staff when appropriate.
    - h. If the MRP Committee denies the request, then the requesting dentist and patient should be notified in writing or consulted orally.
    - i. Appeals may be made to the MSP Health Services Bureau Chief.
  - B. Dental Treatment requiring authorization. The dental Services Review committee must review all request 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. Request for outside dental laboratory or diagnostic services exceeding one thousand dollars.
    - h. Request for completion of dental treatment, started prior to Inmate arriving to MSP, requiring laboratory or referral expenditures.
    - i. Extensive maxilla-facial treatment.
    - j. Complex cases involving complex or overlapping medical and dental considerations.
    - k. Other dental services not normally provided by the MSP Dental Department.
  - C. Dental Services Review Committee

- a. Membership. 3 members of the MSP Dental Department may be requested by the MT DOC Director, Dental Services to serve on the Dental Services Review committee. Membership on the Dental Services Review committee is open to full or part time MSP dental staff and MSP contract dental staff.
- b. Term. MT DOC Director, Dental Services will appoint and remove members of the Dental Services Review committee. The term of service will normally be 3 years and re-appointment is at the discretion of the MT DOC Director, Dental Services. All appointments, re-appointments and removals of members of the Dental Services Review committee will be made in writing.
- c. Consultation. The Dental Services Review committee may request non-voting participation by outside dentist, specialist or medical personnel.
- d. The MSP Dental Clinic Manager is encouraged to attend the Dental Services Review meetings.

**IV. Attachments:**

Dental Services Review form

**VI. References:**

NCCHC Standards P-E-06

NCCHC Standards Appendix G

DOC Policy 4.5.26: Offender Dental Services

DOC Policy 4.5.10: Level of Therapeutic Care