

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES  
Health Care Department Operations Manual

**3.3.2.6 Dental Prosthodontic Services**

**(a) Policy**

The California Department of Corrections and Rehabilitation (CDCR) shall provide limited dental prosthodontic services to patients in its custody. Patients shall be eligible to receive a dental prosthetic appliance once every five years.

**(b) Purpose**

To establish standard guidelines and procedures for the fabrication, tracking, shipping, handling, storage and replacement of patient dental prosthetic appliances.

**(c) Procedure**

**(1) Dental Prosthodontic Services Guidelines**

- (A) A patient's need for a dental prosthesis shall be based on medical necessity as described in the California Code of Regulations (CCR), Title 15, Division 3, Chapter 2, Subchapter 2, Article 1, Section 3999.200 "Provisions of Care and Treatment Exclusions."
- (B) No patient shall be deprived of a prescribed dental prosthesis that was in their possession upon arrival into CDCR custody, or that was properly obtained while in CDCR custody, unless a CDCR dentist determines the appliance is no longer needed or its removal is indicated for reasons of safety or security. (Reference the CCR, Title 15, Division 3, Chapter 2, Subchapter 3, Article 9, Section 3999.395 "Artificial Appliances").
- (C) If a patient's dental prosthesis is confiscated for safety and security reasons, a dentist shall be notified by the next business day to determine whether the patient will require any accommodations due to the loss of the prosthesis.
- (D) A dental prosthesis shall be constructed only when:
  - 1. The dentist believes the patient can tolerate it and can be expected to use it on a regular basis.
  - 2. A patient is edentulous, is missing an anterior tooth, or has seven or fewer posterior teeth in occlusion.
  - 3. All diagnosed preventive, restorative, endodontic and oral surgery procedures have been completed.
  - 4. The active therapy phase of periodontal therapy has been completed and the patient is free of periodontal disease or is in periodontal maintenance.
  - 5. Clinically adequate radiographs of diagnostic quality are present prior to initiating dental prosthodontic services. (Reference the Health Care Department Operations Manual [HCDOM], Section 3.3.2.3(c)(1)(B)1.).
  - 6. The patient has a Dental Priority Classification (DPC) 2 prosthetic need (e.g., complete denture) and a minimum of six months of verifiable, continuous incarceration remaining before release or parole; or the patient has a DPC 3 prosthetic need (e.g., partial denture) and a minimum of 12 months of verifiable, continuous incarceration remaining before release or parole, (Reference the HCDOM, Section 3.3.5.3, Dental Priority Classification). Time requirements are calculated from the date final impressions are taken.
  - 7. The patient, where applicable, has an acceptable Plaque Index (PI) score. (Reference the HCDOM, Section 3.3.2.13(c)(2)).
- (E) Medically necessary pre-prosthetic surgery (e.g., alveoloplasty without extractions, vestibuloplasty, torus removal) that cannot be accomplished by CDCR dentists at the local institution shall only be performed with prior approval of the Dental Authorization Review (DAR) Committee. (Reference the HCDOM, Section 3.3.4.5(c)(3) and (4)). Pre-prosthetic surgery does not include any type of ridge augmentation.
- (F) When a patient's treatment plan includes a dental prosthesis, the treating dentist shall inform them of the possibility that the prosthesis may not be completed prior to the patient's parole date.
- (G) Any treatment plan that includes a removable partial denture shall also include consideration of a cast removable partial denture.
- (H) Complete dentures and/or removable partial dentures may be provided if the patient fulfills the requirements outlined in Section (c)(1)(D). These requirements may be modified at the discretion of the treating dentist based upon medical necessity and with prior approval by the DAR Committee. (Reference the HCDOM, Section 3.3.5.3(c)(3) and (4)).
- (I) A prescribed dental prosthesis, (including occlusal guards), shall be provided at state expense to all patients. Occlusal guards shall only be fabricated to minimize the effects of bruxism or clenching and not for treatment of sleep apnea, snoring or TMJ dysfunction. (Reference the HCDOM, Section 3.3.6.4(c)(1)(B), Dental Chronos, for requirements concerning documenting a prosthetic appliance).

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- (J) Prescribed dental appliances made from precious metal shall not be ordered by CDCR dentists and repairs to existing dental prostheses made from precious metal shall not be performed by CDCR dentists or CDCR dental laboratories. If a patient's existing dental appliance made from precious metal needs repair, the dentist shall offer the patient the option of having a new prosthesis made.
- (K) The treating dentist shall enter all necessary information on the appropriate dental lab prescription form, (e.g., CDCR 239, Prosthetic Prescription), when impressions for dental prostheses are taken, or when any intermediate step in the fabrication process is initiated. The treating dentist shall then follow the process outlined in the HCDOM, Section 3.3.6.1(c)(2)(B).
- (L) All dental prostheses which are fabricated for patients in the custody of the CDCR shall have the patient's name and CDCR number embedded into the prosthesis for identification purposes. Laboratory stone models shall also have the patient's last name and CDCR number inscribed on them. The dentist shall not deliver any prosthesis before the proper identification, (i.e., patient's last name and CDCR number) has been embedded in the resin of the denture or partial.
- (M) Dental prostheses without the proper identification on them shall be returned to the dental laboratory to have the patient's last name and CDCR number placed on the prosthesis.

**(2) Dental Prosthetic Monitoring**

- (A) Dental staff shall use the Continuing Care function of the Electronic Dental Record System (EDRS) to monitor dental prosthetic cases, in accordance with EDRS Workflow 3-8 and associated Back Office Job Aid.
- (B) All prosthetic cases initiated for CDCR patients shall be documented in the EDRS Continuing Care. This is accomplished by setting the preliminary (for those cases where the preliminary is the final impression) or final impression code as complete in the EDRS appointment book in accordance with EDRS Workflow 1-3 and associated Back Office Job Aid. The inclusion of a dental prosthesis in a treatment plan does not constitute initiation of a case. A case is not considered initiated until impressions have been taken.

**(3) Dental Prosthetic Cases – Shipping and/or Storage Procedures**

- (A) Patients who have been paroled or released from the CDCR
  1. Completed dental prosthetic cases that cannot be delivered because the patient has been paroled or released shall be forwarded by mail to a dentist designated by the patient.
  2. Completed prosthetic cases are to be shipped at state expense to the private dentist designated by the patient. Before the completed case can be shipped, the designated dentist shall request in writing that the completed dental prosthetic case be sent to their office. The charges incurred for the dentist's services are to be borne by the patient.
  3. The dental department shall store the prosthesis until contacted by the dentist designated by the patient, for a period of time not to exceed 12 months. If no activity has occurred, cases older than 12 months shall be destroyed.
- (B) Patients Transferred Between CDCR Institutions
  1. When dental staff becomes aware that a patient for whom a prosthetic appliance is being made has transferred to a new institution, the Supervising Dental Assistant (SDA) or designee shall contact the SDA or designee at the new institution to verify that the patient is there.
  2. Upon verification that the patient is housed at the new institution, a completed prosthetic case or one that is in progress, regardless of the stage of completion, shall be forwarded directly by the SDA or designee to the patient's new facility of assignment for completion or delivery.
  3. This transfer shall be documented in the EDRS, in accordance with EDRS Workflow 3-8 and associated Back Office Job Aid.
- (C) General Information
  1. A case may be forwarded only to a dentist for delivery or completion.
  2. The sending clinic/dentist and the receiving clinic/dentist shall coordinate by telephone or e-mail the forwarding of a prosthetic case for completion or delivery.

**(4) Replacement or Repair of Dental Prosthetic Appliances**

- (A) A broken or damaged removable prosthetic dental appliance diagnosed as serviceable by the providing dentist shall be repaired as appropriate.
- (B) A removable prosthetic dental appliance diagnosed as unserviceable by the providing dentist shall be replaced as appropriate.

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- (C) A removable dental appliance that has been lost or stolen shall be replaced as appropriate.
- (D) Dental prosthetic appliances shall be replaced according to the following criteria:
  - 1. When evaluating a patient's need for a replacement dental prosthetic appliance, the treating dentist shall consider the patient's ability to masticate, as well as to maintain an appropriate level of health and weight for their height and frame.
  - 2. All requirements as outlined in Section (c)(1)(D) are applicable for the replacement of a dental prosthetic appliance.
  - 3. Replacement of a removable prosthetic dental appliance more often than once every five years shall be decided on a case-by-case basis and require Supervising Dentist (SD) and/or DAR Committee approval.

**(5) Loose or Ill-fitting Dental Prosthetic Appliances**

- (A) Patients who submit a CDCR 7362, Health Care Services Request Form, for denture related concerns such as loose or ill-fitting dentures shall be afforded all eligible CDCR Dental Prosthodontic Service options.
- (B) A CDCR dentist shall evaluate a patient's removable dental prosthetic appliance when the patient indicates that the appliance:
  - 1. Is not staying in properly.
  - 2. Does not allow the patient to chew properly because the appliance is unstable or is not fitting properly.
- (C) If the CDCR dentist diagnoses the current appliance as serviceable, then consideration shall be given to chairside or lab reline procedures.
- (D) If the current appliance is diagnosed as not serviceable, then consideration shall be given to replacement as outlined in Section (c)(4).
- (E) Should all CDCR Dental Prosthodontic Service options be exhausted, then consideration shall be given to the use of a denture adhesive. The treating dentist shall advise the patient to purchase denture adhesive from the Canteen or order denture adhesive from the Canteen Over-the-Counter (OTC) Products List (Reference the HCDOM, Section 2.1.3, Over-the-Counter Products).
- (F) CDCR dentists shall not recommend denture adhesive for patients with:
  - 1. A documented allergy to denture adhesives or their ingredients.
  - 2. An appliance that is grossly inadequate in fit and/or function.
  - 3. An appliance that demonstrates excessive loss of vertical dimension.
  - 4. An appliance that is broken or missing any flange.
  - 5. Mucosal conditions indicative of pathology, e.g., Candidiasis.

**(6) Patients with Special Prosthetic Needs**

A dentist who diagnoses that a special dental prosthetic need exists for any patient may request an exemption by submitting a request to the DAR Committee for review and approval. The request must include the items listed in the HCDOM, Section 3.3.4.5(c)(4)(A) and (C) as well as the following:

- (A) Patient history of prior prosthetic needs and replacements.
- (B) Providing dentist's recommendations concerning the fabrication or replacement of a removable prosthetic appliance.
- (C) Special circumstances that warrant the fabrication or replacement of a removable prosthetic appliance.

**References**

- California Code of Regulations, Title 15, Division 3, Chapter 2, Subchapter 2, Article 1, Section 3999.200 "Provisions of Care and Treatment Exclusions
- California Code of Regulations, Title 15, Division 3, Chapter 2, Subchapter 3, Article 9, Section 3999.395
- Health Care Department Operations Manual, Chapter 2, Article 1, Section 2.1.3, Over-the-Counter Products
- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.2.3, Comprehensive Dental Examinations
- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.2.13, Facility Level Dental Health Orientation and Self-Care
- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.4.5, Dental Authorization Review Committee
- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.5.3, Dental Priority Classification

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- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.6.1, Health Records Organization and Maintenance
- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.6.4, Dental Chronos

**Revision History**

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