

**STRONG FAMILY HEALTH CENTER (SFHC)  
PRC POLICY & PROCEDURE MANUAL**

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SUBJECT: **Dental Policy**

**Purpose**

It is the policy of the Strong Family Health Center (SFHC) that program funds which are utilized for the dental care of SFHC clients be expended in the most economical manner feasible. The following procedures apply to all oral/ dental services paid for by SFHC, whether funds are used to pay for all or a part of the cost of services. Priority of funds will be given to emergency dental services, those necessary for the relief of acute conditions and preventative oral health services.

**Policy**

It is the policy of the SFHC that clients must utilize cost effective services to maximize the utilization of SFHC limited dental services resources.

**A.) Procedures**

**Emergency Dental and Oral Health Services**

1.0 Emergency dental care services include all necessary laboratory and preoperative work including examination, radiographs, and appropriate anesthesia. Emergency dental services shall include, but not be limited to the following:

1.1 Control of oral and maxillofacial bleeding in any condition when loss of blood will jeopardize the patient's well-being. Treatment may consist of any professionally accepted procedure deemed necessary.

1.2 Relief of life-threatening respiratory difficulty and improvement of the airway (respiratory system) from any oral or maxillofacial dental condition. Treatment may consist of any professionally accepted procedure deemed necessary.

2.0 Relief of severe pain accompanying any oral or maxillofacial dental conditions affecting the nervous system, limited to immediate palliative treatment, but including extractions where professionally indicated.

2.1 Immediate and palliative procedures are not limited to:

2.2 Fractures, subluxations and avulsions of teeth

2.3 Fractures of jaw and other facial bones

2.4 Acute Temporomandibular joint subluxations (TMJ)

- 2.5 Soft tissue injuries requiring immediate medical care or limit chewing
- 2.6 Broken dentures that cause pain or limit chewing
- 2.7 Chipped teeth that are causing pain.
- 3.0 Initial treatment for acute infections.
- 4.0 Procedures that may be included in Emergency Oral Health Services but are limited to are:
  - 4.1 Emergency oral examination (limited to problem area)
  - 4.2 One or more periapical radiographs associated with the problem
  - 4.3 Simple tooth extractions
  - 4.4 Temporary or sedative restorations
  - 4.5 Palliative procedures
  - 4.6 Prescription medications for pain and infection
  - 4.7 Endodontic access preparations
  - 4.8 Draining of oral abscesses
  - 4.9 Denture repairs and other urgent repairs

## **B.) Preventive Oral Health Services**

- 1.0 The listed services are those which prevent the onset of the dental disease process. Some of the services provided to individuals are modified by IHS definitions, exclusions, limitations, and processing policies. Please refer to the appropriate sections for further descriptions of exclusions, limitations, and processing policies.
- 2.0 Preventive oral health services include but are not limited to the following:
  - 2.1 Adult prophylaxis with or w/o topical fluoride
  - 2.2 Child prophylaxis with or w/o topical fluoride
  - 2.3 Sealants by tooth or quadrant
  - 2.4 Preventive (self-care) training
  - 2.5 Periodontal recall procedures
  - 2.6 Group education
  - 2.7

## **C.) Basic Oral Health Services**

- 1.0 Basic dental care includes those services provided early in the disease process and which limit the disease from progressing further. They include most diagnostic procedures, simple restoration of diseased teeth, early treatment of periodontal disease, and many surgical procedures needed to remove or treat oral pathology.
- 2.0 Basic oral health services include but are not limited to the following:
  - 2.1 Initial or periodic oral exam
  - 2.2 Bitewing and panoramic radiographs
  - 2.3 Diagnostic casts
  - 2.4 Space maintainers
  - 2.5 Amalgam restorations (1,2,3-surface)
  - 2.6 Composite restorations (1,2,3-surface)
  - 2.7 Stainless steel crowns (primary teeth only)

- 2.8 Therapeutic pulpotomy (primary teeth only)
- 2.9 Anterior endodontics (one canal)
- 2.10 Periodontal scaling/root planing
- 2.11 Biopsy, excision of lesion

#### **D.) Basic Rehabilitative Oral Health Services**

1.0 Basic rehabilitation services are those necessary to contain the disease process after it is established or improve the form and/or restore the function of the oral structures. The word “function” as used here includes some psychosocial considerations as well as the mastication of food. These services are more difficult to provide since the disease process is well established. The investment of resources will have a good cost-effectiveness because the procedures are directed at containment or basic rehabilitation. They include but are not limited to complex restorative procedures (onlays, cores, and crowns), the majority of endodontic procedures, most advanced periodontal procedures, prosthodontic appliances that restore function, pre-prosthetic surgery, and most interceptive or limited orthodontic procedures.

- 2.0 The following services are those most frequently utilized:
- 2.1 Complex amalgams (4 or more surfaces)
  - 2.2 Cast onlays or crowns with or w/o porcelain
  - 2.3 Post and core restoration
  - 2.4 Crown buildups
  - 2.5 Acid etch retainers (Maryland Bridge)
  - 2.6 Bicuspid endodontics (two canals)
  - 2.7 Apicoectomy/retrograde filling
  - 2.8 Gingivoplasty
  - 2.9 Limited/interceptive orthodontics (youth and adult with referrals)