



San Francisco
HIV Community
Planning Council



2024 San Francisco EMA Ryan White HIV

STANDARDS OF CARE

DENTAL SERVICES

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Overview and Purpose of Dental Services Standards

The purpose of the San Francisco Eligible Metropolitan Area (EMA) Dental Services Standards of Care is to ensure consistency among the Ryan White-funded dental and oral health services provided as part of the San Francisco EMA's continuum of care for persons living with HIV. These minimally acceptable standards for service delivery provide guidance to programs so that they are best equipped to:

- Provide access to routine and emergency dental care for persons living with HIV/AIDS who reside within the San Francisco EMA;
- Deliver dental services consented to by clients and approved for reimbursement as determined by a scope of services;
- Provide immediate referrals for emergency treatment including relief of pain or infection;
- Provide access to dental services, treatment, and prevention by licensed dentists or dental hygienists or by undergraduate dental students and dental residents supervised by licensed dentists;
- Provide appropriate referrals when clients have dental care needs that fall outside of the scope of funded services;
- Appropriately address issues of consent and confidentiality for clients enrolled in services; and
- Deliver dental services in a culturally and linguistically appropriate manner and comply with all federal, state, and local laws, regulations, ordinances, and codes.

Description of Dental Services

Dental services are defined as diagnostic, prophylactic, and therapeutic oral health services rendered by dentists, dental hygienists, dental students, and dental residents to address the dental and oral health needs of Ryan White clients. While Ryan White Part A and B funding can support the provision of dental and oral health services, two additional Ryan White Part F programs also focus on funding oral health care for people with HIV:

- **The HIV/AIDS Dental Reimbursement Program (DRP)** reimburses dental schools, hospitals with postdoctoral dental education programs, and community colleges with dental hygiene programs for a portion of uncompensated costs incurred by providing oral health treatment to people with HIV.
- **The Community-Based Dental Partnership Program (CBDPP)** supports increased access to oral health care services for people with HIV while

providing education and clinical training for dental care providers, especially those practicing in community-based settings.

Standards for the above two categories of service are separate and distinct from the Dental Services standards of care described in this document.

Units of Service:

A Dental Unit of Service is defined as:

- A face-to-face encounter between a patient and a dentist, supervised dental student, dental resident, or dental hygienist occurring during a single visit; or
- A fee-for-service dental care dollar associated with a pre-determined Unit of Service schedule of eligible dental services.

Dental Services Requirements:

All dental programs and providers must provide the key activities listed below:

Staff Licenses, Credentials, and Experience:

Dental care provider agencies must ensure that all professionals providing Ryan White dental services are properly trained and licensed consistent with state law; have an understanding of the scope of their job responsibilities; and that all programs funded are adequately staffed. Participating dental staff will possess appropriate licenses and expertise to provide dental services; dental students and dental residents must be continually supervised by appropriately licensed dentists.

Oral Examinations and Treatment Planning:

Dental providers should conduct an oral examination and prepare a treatment plan which guides the provider in delivering high quality care corresponding to the client's level of need, including determining the need for emergency versus non-emergency care, triage care, and referral as indicated. The client will review and agree to the treatment plan. If clients access dental services for episodic care only, documentation in treatment notes will reflect clients being advised to return for examination and treatment planning appointments. If the client is not present for this appointment, documentation in the client's chart may serve as a treatment plan.

Service Delivery:

Covered services provided through Ryan White dental and oral health care funding may include:

Emergency Services:

Services for the treatment of pain or infection, including, but not limited to: emergency examinations, diagnostic dental radiographs, caries control, endodontic access, extractions and subgingival curettage. Emergency coverage must be available to clients after hours and on holidays.

Diagnostic Services:

Examinations, diagnostic radiographs and study models. Suggested guidelines are as follows:

- Full mouth radiographs/ Panorex every 3 years or as needed. Patients with rapidly advancing dental decay or periodontal disease may need a complete set of dental radiographs more frequently. The frequency of this service is to be determined by the dental healthcare provider. Patients in need of oral surgery who require a Panorex even though they have had a complete set of diagnostic radiographs within the 3-year timeframe will have this service covered.
- Bitewing radiographs (4 films) every 6 months or as needed.

Preventative Services:

Dental prophylaxis (teeth cleaning), home care instructions and occlusal sealants are covered services. Dental prophylaxis is a covered expense every 6 months.

Restorative Services (Fillings):

Composite resins (tooth-colored) fillings for posterior teeth (premolars and molars), and anterior fillings. Inlays and onlays are not covered services.

Fixed Prosthetics (Crowns and Bridges):

Single unit crowns are covered procedures under the following criterion: teeth having root canal treatment; posterior teeth being used for partial denture abutments (supports); teeth that are badly deteriorated and cannot receive an adequate filling substitute. The following criteria, adopted from Denti-Cal standards, should serve as guidelines for dental healthcare professionals when treatment planning single unit crowns:

✓ Anterior Single Unit Crowns:

- Teeth are no more involved that periodontal case type III Good 5 year prognosis
- The involvement of 4 or more surfaces, including at least one incisal angle. The facial or lingual surface shall not be considered as involved for a mesial or distal proximal restoration unless the proximal restoration wraps around the tooth to at least the midline
- The loss of an incisal angle involving a minimum area of ½ the incisal

width and ½ the height of the anatomical crown.

- An incisal angle may not be involved, but more than 50 percent of the clinical crown appears to be involved.

✓ **Posterior Single Unit Crowns:**

- Teeth are no more involved than periodontal case type III
- Good 5 year prognosis
- Posterior teeth used as partial denture abutments
- Premolars (bicuspid): involvement of one cusp and 3 surfaces
- Molars: involvement of 2 cusps and 4 surfaces
- Limitations:
- Crowns will not be covered for cosmetic purposes
- One crown per tooth shall be allowed per 5 year period, unless justified by extenuating circumstances, i.e., onset of severe xerostomia (dry mouth) leading to recurrent decay.

✓ **Fixed Prosthetics (Bridgework):**

- Maxillary anterior single unit fixed bridges will be covered from first premolar (tooth number 5) to first premolar (tooth number 12) as long as no other teeth are missing in the maxillary arch.
- This benefit is to replace one single missing tooth in the anterior portion of the maxillary arch inclusive of teeth number 5 and 12.
- Removable prosthetics shall be offered if more than one tooth is missing in the maxillary arch.

Removable Prosthetics (Removable Partial or Complete Dentures):

To qualify for a partial denture, a patient must have a minimum of three missing posterior (back) teeth within an arch (not counting 3rd molars), or five (or greater) total missing teeth per arch. Patients with missing anterior (front) teeth qualify for removable partial dentures. Repairs to dentures and partials are covered expenses. Complete or partial dentures may be replaced if they cannot be made to fit after relines are completed.

- ✓ Complete or partial dentures may be replaced after 2 years if any of these criteria apply:
- Prevention of a significant disability
 - Catastrophic loss of prosthetic appliance
 - Surgical or traumatic loss of oral-facial anatomic structures
 - Complete deterioration of the denture base or teeth
 - Complete loss of retentive ability

Periodontal (Gum) Treatment:

All necessary scaling and root planing are covered expenses. Periodic periodontal recall is also an approved procedure. Gingivectomy and crown lengthening are covered expenses. Implants are a covered expense wherever possible. Periodontal surgery of all other types are not covered, including osseous surgery, mucogingival surgery, bone grafts, and tissue grafts.

Endodontics (Root Canal Therapy):

Root canal therapy is a covered expense, including posts and tooth build- ups.

Oral Surgery:

Simple extractions, surgical extractions, incision and drainage, and other minor surgical procedures are covered expenses. Surgical removal of complete or partially impacted wisdom teeth is covered. Alveoplasty to prepare an arch for removable prosthetic is covered. Nitrous oxide and IV sedation are covered upon the approval of the attending dentist.