



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY DENTAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF

MCDS

25 March 2004

MEMORANDUM FOR All U.S. Army Dental Command Personnel

SUBJECT: U.S. Army Dental Command Policy 04-08, Orthodontic Care Policy

1. REFERENCE:

- a. AR 40-3, Chapter 6.
- b. AR 40-400
- c. Health Affairs (HA) Policy 97-045, Space Available Dental Care.
- d. Health Affairs (HA) Policy 94-001, Space Available Dental Care.
- e. Health Affairs (HA) Policy 97-020, Standardization of Dental Classification

2. SCOPE: This policy applies to all DENCOM facilities and all personnel assigned to or working in those facilities.

3. POLICY:

a. Orthodontic treatment is very restricted because of the limited resources and the unusual length of time required for treatment. This limitation mandates discretionary use of this professional service. The Dental Activity (DENTAC) Commander will determine the availability of resources and the capabilities of the dental staff to provide care. All beneficiaries will be counseled in writing that if they transfer or ETS or if the Army restricts, suspends or terminates orthodontic services at any Army installation that they must assume the financial responsibility for continuing or completing treatment.

b. HA Policy 97-045 states that dental care for other than active duty personnel shall be available at a dental treatment facility only when at least 95% of active duty personnel assigned to that facility for routine care are in Dental Class 1 or 2. Applicable exceptions to this policy are for: Space available care necessary to fulfill training requirements; care allowed for dentists in the rotation base to maintain their skills; emergency

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care; and care provided for active duty family members located OCONUS.

c. AR 40-3 identifies the priority of beneficiary care. Priorities and special considerations as they relate to orthodontic care are:

(1) Active Duty Personnel: The provision of orthodontic care will be dependent upon the availability of such services at the soldier's current duty assignment. The Handicapping Index of Malocclusion (HIM) determines the severity and will be used as a basis to prioritize patients. Only those cases that have a reasonable chance of being completed before the soldier's PCS or ETS date will be initiated. Minimal or moderate cases will not be started unless needed to fulfill training requirements or to fulfill an integral part of a multi-disciplined treatment plan. Initiation of care must be coordinated with the soldier's commander. The soldier must be counseled in writing that:

(a) Orthodontic care is elective treatment and will not prejudice his/her reassignment, deployment, or ETS.

(b) The Army is not financially obligated to continue orthodontic care should the service member leave the military or be reassigned to a location where orthodontic care is not available.

(c) The soldier may elect to continue treatment at his/her own expense or have appliances removed if orthodontic care is not available or discontinued.

(2) Family Members of Active Duty Personnel: The TRICARE Dental Plan must be utilized to the maximum extent in areas where it is available regardless of where the treatment was initiated. Initiation of orthodontic care for family members who are enrolled in the TDP is not authorized unless the family member is OCONUS.

(a) Treatment Continuity: Patients who enter the facility because of a change of station by their sponsor and are fully banded or undergoing an active phase of care initiated by a military or civilian orthodontist, may be considered for treatment. The DENTAC Commander will determine availability of care for these patients on a strict space available basis.

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(b) Treatment Initiation for Those Not Enrolled in the TDP: Space available care for other than active duty patients is severely limited. Sponsors must agree in writing to assume financial responsibility for completing orthodontic treatment if they leave the immediate area, leave the military, or if orthodontic service is discontinued at an installation. Orthodontists may initiate orthodontic treatment using severity of malocclusion as a guide in determining priorities. The Handicapping Index of Malocclusion (HIM) determines the severity. No moderate or minimal cases will be started as long as a waiting list of severe or handicapping malocclusion cases exists.

Handicapping Malocclusion	40 or more points
Severe Malocclusion	30-40 points
Moderate Malocclusion	20-30 points
Minimal Malocclusion	20 or less points

(c) All other beneficiaries: These beneficiaries will be treated consistent with AR 40-3 and AR 40-400.

d. Board Certification: Orthodontists working toward certification by the American Board of Orthodontics may select and treat up to 40 other than active duty patients (not enrolled in the Tricare Dental Plan) who meet the strict case selection guidelines of the board. The orthodontist will maintain a separate list of these patients, and provide a copy to the DENTAC Credentials Coordinator for inclusion in his/her practitioner credential file.

e. Restrictions: Orthodontists are authorized to refuse or discontinue treatment, regardless of severity of the case, if the patient fails to cooperate fully in care, or fails to maintain proper oral hygiene practices. Treatment will not be initiated on cases where the orthodontist does not have reasonable control over treatment mechanics due to the assignment location of the patient or lack of availability for immediate follow-up care. In all considerations, the health and well being of the patient is paramount.

f. FORSCOM Mobilization and Deployment Criteria: The following applies to all active military to include activated reservists or National Guard whether their orthodontic treatment was initiated by the military or by a civilian

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practitioner. Orthodontic appliances will not preclude a soldier from deploying providing the following conditions are met:

(1) For United States Military initiated Orthodontic Patients.

(a). Orthodontic appliances are evaluated for stability.

(b). HA Policy 97-020 states the provider should place the patient in passive appliances for deployments up to six months. This can be done by inactivating through the use of passive holding arches, continuous ligation of the arches, or other means by an orthodontist or other trained dentist prior to deployment. For longer periods of deployment, the provider should consider removing active appliances and placing the patient in passive retention.

(c). Removal of appliances prior to deployment does not guarantee the appliances will be replaced when the soldier demobilizes.

(d). Patient refusal to have orthodontic appliances removed does not jeopardize deployment or require UCMJ action. The orthodontist or dentist should simply deactivate the appliances and clear for deployment.

(2) For Civilian Provider initiated Orthodontic Patients.

(a). Orthodontic appliances are evaluated for stability. During mobilization this evaluation will be done by the mobilizing dentist with appropriate consultation to the patient's civilian provider and/or military orthodontist when available.

(b). Paragraph f, (1)b. applies per inactivation of appliances. The patient's civilian provider can perform this procedure however re-evaluation by the mobilizing dentist is required prior to clearance.

(c). Removal of appliances prior to deployment does not guarantee the appliances will be replaced when the soldier demobilizes. For activated reserve or

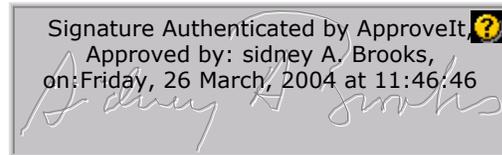
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National Guard Soldiers, the United States Government will not replace or fund the replacement of appliances. Consultation with the patient's civilian provider is prudent to assess whether further charges will occur when the patient demobilizes. Understanding of the policy must be made in writing and signed by the patient. (Attachment 1) A copy of this signed release will be mailed to the patient's civilian provider.

(d). Paragraph f, (1)d. applies to civilian provider initiated orthodontic patients.

g. The point of contact is COL John M. Griffies at 910-907-6721.



SIDNEY A. BROOKS
Colonel, Dental Corps
Commanding

