



REPLY TO
ATTENTION OF

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

MCDS

29 August 2007

MEMORANDUM FOR ALL U.S. Army Dental Command Personnel

SUBJECT: U.S. Army Dental Command Policy 07-08, Orthodontic Care Policy

1. REFERENCE:

- a. AR 40-3, Chapter 6
- b. AR 40-400
- c. Health Affairs (HA) Policy 07-011, Space Available Dental Care
- d. Health Affairs (HA) Policy 02-011, Standardization of Oral Health and Readiness Classifications

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 have a permanent change of station or ETS or if the Army restricts, suspends or terminates orthodontic services at any Army installation, they must assume the financial responsibility for continuing or completing treatment.

b. HA Policy 07-011 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 is 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 care; and care provided for active duty family members located OCONUS.

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

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(1) Active Duty Personnel: The provision of orthodontic care will be dependent on the availability of such services at the active duty service member'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 active duty service member'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 soldier's commander. The active duty service member's must be counseled in writing that:

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

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

(c) The active duty service member may elect to continue treatment at his/her own expense or have the orthodontic 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 permanent 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 strictly space availability basis.

(b) Treatment Initiation of Those Not Enrolled in TDP: Space available care for other than active duty patients is severely limited. Sponsors must agree in writing to assume financial responsibility for continuation and completion of 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 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

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

d. Board Certification: Orthodontists working towards Phase III 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 criteria 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 Provider Credentials File (PCF). These patients must be counseled in writing that they will be required to assume financial responsibility for continuation of care if they leave the military, relocate to another installation or if the orthodontist is relocated, leaves the military or orthodontic care is suspended at the current location.

e. Restrictions: Orthodontists are authorized to refuse or discontinue treatment, regardless of the severity of the case if the patients fails to fully cooperate in his/her care, to include but not limited to failure to maintain appointments, failure to maintain proper hygiene practices, and repeated breakage of appliances. 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. Prior orthodontic appliance placement: The U. S. Army is not obligated to continue orthodontic treatment for any category of beneficiary started by civilian practitioners prior to arrival at a duty station that provides orthodontics. This does not preclude acceptance by the orthodontist if the case will fit into the scope of the local orthodontist's treatment priorities.

g. FORSCOM Mobilization and Deployment Criteria: The following applies to all active military to include activated Reserve Component service members whether their orthodontic treatment was initiated by the military or by a civilian practitioner. Orthodontic appliances will not preclude a service member from deploying providing the following conditions are met:

(1) For U.S. Military initiated Orthodontic Patients:

(a) Orthodontic appliances are evaluated for stability.

(b) HA Policy 02-011 states the provider should place the patient in passive appliances for deployments for up to six months. This can be accomplished through the use of passive holding arches, continuous ligation of the arches, or any 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 patients in passive retention.

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

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(d) Patient refusal to have the 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 should be evaluated for stability. During mobilization, this will be accomplished by the mobilizing dentist with appropriate consultation to the patient's civilian provider and/or military orthodontist when available.

(b) Paragraph g, (1) b. applies per inactivation of appliances. The patient's civilian provider should perform this procedure at the patient's own expense. 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 service member demobilizes. For activated Reserve Component service members, the U.S. Government will not replace or fund the replacement of orthodontic appliances. Consultation with the patient's civilian provider is prudent to assess whether 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 should be mailed to the patient's civilian provider.

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

(e) Failure to have orthodontic appliances removed or inactivated may subject the individual to release from military service at the discretion of his/her unit.

h. The point of contact is COL David L. Baty at (706) 787-5109.



LARRY J. HANSON
Colonel, Dental Corps
Commanding

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NAME OF DENTAL CLINIC
ORTHODONTIC SECTION

TERMINATION OF ORTHODONTIC TREATMENT

Orthodontic appliances (braces) pose a potential hazard to patients who deploy to regions of the world that do not support orthodontic care. For deployments that are likely to exceed 6 months, the best procedure is to remove the braces and stabilize the teeth with a retainer until your return. Removal of braces will prevent cavities or permanent staining of the teeth from developing around the metal brackets and bands, and will eliminate the potential of damaging tooth movements caused by lingering damage to the braces.

Your orthodontist, Dr. _____, was contacted telephonically on _____ by me, and after discussing the potential hazards of keeping your braces on during your deployment, your orthodontist has decided to:

___ Recommend removal of all appliances and placement of retainers by civilian provider at patient's expense.

___ Recommended stabilization of your braces during your deployment by civilian provider at patient's expense.

___ Your orthodontist could not be contacted.

I request removal of orthodontic appliances and termination of active treatment. I hereby release the US Army from any responsibility for all consequences caused by termination of treatment. I understand that on my return from deployment that the U. S. Army will not reimburse me for any cost incurred in replacement of my braces.

Patient's Signature Date

Date

Signature of Witness No. 1 Date

Signature of Witness No. 2 Date

I have been counseled on the potential damage that my braces (active or passive) could cause during my deployment, and I have elected to keep my braces on, against the advice of the supervising military orthodontist. I hereby release the US Army from any responsibility for all consequences caused by the maintenance of my orthodontic appliances during the deployment.

Patient's Signature Date

Date

Signature of Witness No. 1 Date

Signature of Witness No. 2 Date

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MEMORANDUM OF UNDERSTANDING

Before starting orthodontic care for myself, I verify that the requirements in the US Army DENCOM Policy 07-08 relating to military orthodontic service has been explained to me. I understand that orthodontic treatment will not prevent a PCS/TDY move, or military deployment, and that orthodontic services are not available at all military installations and that as a military member I will not be assigned, reassigned or transferred in order to receive or continue to receive orthodontic care. I also understand that if the military restricts, suspends or terminates orthodontic services at any military installation to include Ft. _____, I must personally assume the financial responsibility for continuing or completing treatment. If I elect to terminate treatment, the orthodontic appliances will be removed and no further treatment will be provided.

If I separate from active duty or leave this command before my orthodontic treatment is complete, I may elect to maintain my orthodontic appliance and continue treatment with a civilian orthodontist. I understand that my new civilian orthodontist and oral surgeon (surgical cases) may charge their customary fee. Neither the US Army nor any other government agency, to include the Veterans' Administration, will be responsible for continuation of care or pay for orthodontic treatment by a civilian dentist. If I desire not to continue treatment with a civilian orthodontist, I may elect to have my orthodontic appliances removed. I understand that relapse will occur after this removal. It has been explained to me that orthodontic treatment should continue to completion, especially in situations involving extractions of permanent teeth or orthognathic surgery.

ORTHODONTIC POLICIES

1. Multiple broken appointments could justify termination of treatment.
2. Lost or broken appliances may justify termination of treatment. It is the patient's responsibility to safeguard the appliances.
3. Lack of patient cooperation in any of the following categories may justify termination of treatment:
 - a. Poor oral hygiene
 - b. Failure to wear retainers, removable appliances, elastics or other items deemed necessary.
 - c. Habitual tardiness for appointments may justify termination of treatment.

PRIVACY OF INFORMATION AND USE OF RECORDS FOR TEACHING PURPOSES

I understand that the orthodontic records (including radiographs and photographs) obtained before, during and after orthodontic treatment could be used for teaching purposes by the orthodontist. I understand names and identifying numbers will not be used. I authorize the orthodontist to use my orthodontic records for teaching purposes.

(Printed Name of Patient)

(Signature of Patient)

(Date)

(Witness/Dental Officer)

(Date)