



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

REPLY TO  
ATTENTION OF

MCDS

1 June 2001

MEMORANDUM FOR All U.S. Army Dental Command Personnel

SUBJECT: U.S. Army Dental Command Policy 01-09, Orthodontic Care Policy

1. REFERENCE:

- a. AR 40-3, Chapter 6.
- b. AR 40-400 (under revision).
- c. Health Affairs (HA) Policy 97-045, Space Available Dental Care.
- d. Health Affairs (HA) Policy 94-001, Space Available Dental Care.

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; care provided for active duty family members located OCONUS in areas where the TRICARE Dental Plan (TDP) is currently not available.

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) Dependents of Active Duty Personnel: The TDP 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 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: Orthodontic appliances will not preclude a soldier from deploying providing the following conditions are met:

- (1) Orthodontic appliances are evaluated for stability.

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(2) Orthodontic appliances are inactivated through use of passive holding arches, continuous ligation of the arches, or other means by an orthodontist or other trained dentist prior to deployment. In some cases, the orthodontist may determine that removal of appliances and placement of retainers is indicated.

g. This policy statement does not prohibit orthodontic tooth movement for eligible beneficiaries:

(1) In support of residency training requirements.

(2) At installations where civilian facilities are unavailable.

ROBERT C. LEEDS  
Colonel, Dental Corps  
Commanding