



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

JUN 4 2002

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)

SUBJECT: Policy on Standardization of Oral Health and Readiness Classifications

The Military Health System (MHS) is responsible for the assurance of the overall oral health of all uniformed Department of Defense personnel. The existing dental classification system has been revised to further emphasize the importance of oral health.

The standardization of these measures of oral health is vital to the force health protection of our service members. It is DoD policy to maintain uniformity of the nomenclature used throughout the MHS for Oral Health and Readiness Classifications. The Services shall document nomenclature and criteria as found in attachment (1) Oral Health and Readiness Classification System.

My point of contact is Colonel Mary Concilio, Senior Consultant for Dentistry, at (703) 681-0064.

A handwritten signature in black ink that reads "William Winkenwerder, Jr.".

William Winkenwerder, Jr., MD

Attachment (1)
As stated

cc:
Surgeons General
Military Departments

HA POLICY: 02-011

Department of Defense Oral Health and Readiness Classification System

The oral health status of uniformed personnel shall be classified as follows:

- a. **Class 1 (Oral Health)**: Patients with a current dental examination, who do not require dental treatment or reevaluation. Class 1 patients are worldwide deployable.
- b. **Class 2**: Patients with a current dental examination, who require non-urgent dental treatment or reevaluation for oral conditions, which are unlikely to result in dental emergencies within 12 months. Class 2 patients are worldwide deployable. Patients in dental class 2 may exhibit the following:
 - (1) Treatment or follow-up indicated for dental caries or minor defective restorations that can be maintained by the patient.
 - (2) Interim restorations or prostheses that can be maintained for a 12-month period. This includes teeth that have been restored with permanent restorative materials for which protective cuspal coverage is indicated.
 - (3) Edentulous areas requiring prostheses but not on an immediate basis.
 - (4) Periodontium that:
 - (a) requires oral prophylaxis.
 - (b) requires maintenance therapy.
 - (c) requires treatment for slight to moderate periodontitis and stable cases of more advanced periodontitis.
 - (d) requires removal of supragingival or mild to moderate subgingival calculus.
 - (5) Unerupted, partially erupted, or malposed teeth that are without historical, clinical, or radiographic signs or symptoms of pathosis, but which are recommended for prophylactic removal.
 - (6) Active orthodontic treatment. The provider should consider placing the patient in passive appliances for deployments up to six months. For longer periods of deployment, the provider should consider removing active appliances and placing the patient in passive retention.
 - (7) Temporomandibular disorder patients in remission. The provider anticipates the

patient can perform duties while deployed without ongoing care and any medications or appliances required for maintenance will not interfere with duties.

c. **Class 3:** Patients who require urgent or emergent dental treatment. Class 3 patients normally are not considered to be worldwide deployable.

- (1) Treatment or follow-up indicated for dental caries, symptomatic tooth fracture or defective restorations that cannot be maintained by the patient.
- (2) Interim restorations or prostheses that cannot be maintained for a 12-month period.
- (3) Patients requiring treatment for the following periodontal conditions that may result in dental emergencies within the next 12 months.
 - (a) Acute gingivitis or pericoronitis.
 - (b) Active progressive moderate or advanced periodontitis.
 - (c) Periodontal abscess.
 - (d) Progressive mucogingival condition.
 - (e) Periodontal manifestations of systemic disease or hormonal disturbances.
 - (f) Heavy subgingival calculus.
- (4) Edentulous areas or teeth requiring immediate prosthodontic treatment for adequate mastication or communication, or acceptable esthetics.
- (5) Unerupted, partially erupted, or malposed teeth with historical, clinical, or radiographic signs or symptoms of pathosis that are recommended for removal.
- (6) Chronic oral infections or other pathologic lesions including:
 - (a) Pulpal, periapical, or resorptive pathology requiring treatment.
 - (b) Lesions requiring biopsy or awaiting biopsy report.
- (7) Emergency situations requiring therapy to relieve pain, treat trauma, treat acute oral infections, or provide timely follow-up care (e.g., drain or suture removal) until resolved.
- (8) Acute temporomandibular disorders requiring active treatment that may interfere with duties.

d. **Class 4.** Patients who require periodic dental examinations or patients with unknown dental

classifications. Class 4 patients normally are not considered to be worldwide deployable.