Slide 1 - Title Slide



#### Slide 2 - Objectives



# **Objectives**

Given all available references, the trainee will be able to:

- Identify and describe the major dental and oral structures covered in this section.
- Identify the difference between dental treatment only and service-connection dental disabilities.
- Complete a dental and oral rating decision.





#### Slide 3 - References



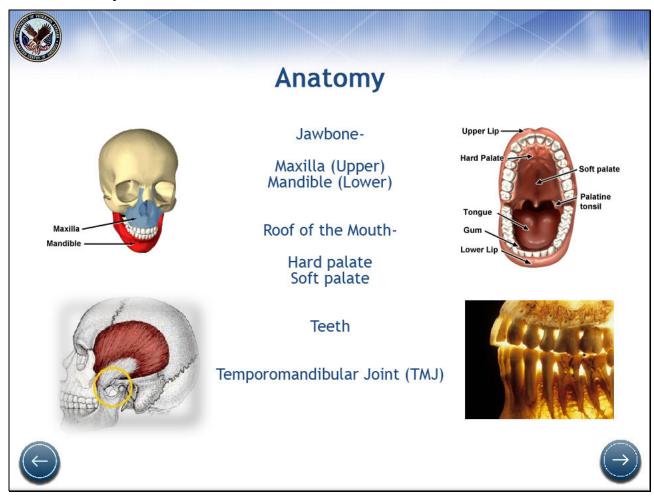
### References

38 CFR 4.150 - Schedule of ratings-dental and oral conditions
38 CFR 3.381 - Service connection of dental conditions for treatment purposes
M21-1, Part III, Subpart v, Chapter 7, Section C - Processing Dental Claims
M21-1, Part IX, Subpart ii, 2.2 - Rating for Dental Treatment Purposes
M21-1, Part III, Subpart iv, 4.P - Dental and Oral Conditions





Slide 4 - Anatomy



#### Slide 5 - Interpreting Claims Raising Dental Issues



## **Interpreting Claims Raising Dental Issues**

SC for dental/oral disabilities and conditions can be established for compensation purposes, or treatment purposes only.

Generally assume that a claim for a dental/oral disability or condition, filed on a prescribed form, seeks SC for compensation purposes unless the claim's wording clearly communicates pursuit of dental treatment.

Do not address as an actionable contention, or in the setting of a rating decision, the issue of SC for treatment purposes unless prompted to do so by a specific request from VHA.





#### Slide 6 - Handling Requests for Dental Treatment



### Handling Requests for Dental Treatment

If a Veteran submits a benefit application containing a request for dental treatment (with or without claiming a specific disability), DO NOT

refer the request to the rating activity, or

send a copy of the application to the nearest VHA facility.

Instead, generate a subsequent development letter, including the following:

We recently received your request for dental treatment. In order to initiate a determination regarding your eligibility to dental treatment services, you may

- visit the enrollment office at your nearest VA healthcare facility, or
- call the VA Health Eligibility and Enrollment line at 1-855-488-8440.





#### Slide 7 - Dental/Oral Contentions for Which SC May Not Be Established



The following are prohibited from being deemed SC for compensation purposes:

treatable carious teeth

replaceable missing teeth

dental or alveolar abscesses

periodontal disease

dental calculi

third molars

impacted or malposed teeth (and other similar developmental defects), and teeth extracted because of chronic periodontal disease.





### Slide 8 - Dental/Oral Contentions for Which SC May Be Established



Missing teeth associated with underlying bone (maxilla/mandible) loss acquired as a result of service trauma or non-periodontal disease, such as osteomyelitis may be SC under DC 9913.

Loss of all teeth- 40%

Loss of all upper teeth- 30% Loss of all lower teeth- 30%

All upper and lower posterior teeth missing- 20% All upper and lower anterior teeth missing- 20%

All upper anterior teeth missing- 10% All lower anterior teeth missing- 10% All upper and lower teeth on one side missing- 10%

Where the loss of masticatory surface can be restored by suitable prosthesis- 0%





#### Slide 9 - Temporomandibular Disorder (TMD)



### Temporomandibular Disorder (TMD)

DC 9905

Evaluations are based on limitation of inter-incisal range of motion (with or without dietary restrictions), or range of lateral excursion.

Normal maximum unassisted range of vertical jaw opening is from 35 to 50 mm.

Do not assign separate evaluations for limited inter-incisal motion or painful motion involving each side of the jaw. Doing so is pyramiding.

Only one evaluation may be assigned.

If both sides of the jaw are affected, use the limitation of motion on the side that affords the highest evaluation.





### Slide 10 - Dietary Restrictions



## **Dietary Restrictions**

Mechanically altered foods are defined as altered by blending, chopping, grinding or mashing so that they are easy to chew and swallow.

There are four levels of mechanically altered foods:

full liquid, puree, soft, and semisolid foods.

The use of texture-modified diets must be recorded or verified by a physician.





#### Slide 11 - Rating Schedule Changes



### **Rating Schedule Changes**

A final rule made amendments to the rating schedule provisions for dental and oral conditions (38 CFR 4.150) effective September 10, 2017.

The changes were not considered liberalizing.

*Please note:* Now, under DC 9905 a 10-percent evaluation can be assigned for no more than 34 mm of inter-incisal motion.

However, Under the prior version of the DC (effective prior to September 10, 2017), a 10-percent evaluation was available for motion up to 40 mm.





#### Slide 12 - Other Associated Impairments



# **Other Associated Impairments**

Potentially-associated impairments include (but are not limited to):

loss of vocal articulation

loss of smell

loss of taste

neurological impairment

respiratory dysfunction, or

other impairments (such as scars).





#### Slide 13 - Bruxism



### **Bruxism**

Excessive grinding of the teeth and/or excessive clenching of the jaw.

Bruxism may not be rated as a stand-alone service-connected disability.

However, as the condition may be a symptom of an anxiety disorder, TMD, or some other disability, it may be considered on a secondary basis as a *symptom* of an SC disability for rating purposes.





Slide 14 - Slide 14

