

VETERANS HEALTH ADMINISTRATION DENTAL PROGRAM

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Handbook establishes procedures for the VHA Dental Program. **AUTHORITY:** Title 38 United States Code (U.S.C.) §§1710(c), 1712 and Title 38 Code of Federal Regulation (C.F.R.) 17.160 – 17.166.
- 2. SUMMARY OF MAJOR CHANGES:** This VHA Handbook is a revision of VHA Handbook 1130.1, dated December 25, 2008.
- 3. RELATED DIRECTIVE:** VHA Directive 1130.
- 4. RESPONSIBLE OFFICE:** The Office of Dentistry (10NC7) is responsible for the contents in this VHA Handbook. Questions may be referred to 202-632-8329.
- 5. RECISSIONS:** VHA Handbook 1130.1 dated December 25, 2008 is rescinded. This Handbook also rescinds VHA Directive 2007-039 dated November 21, 2007 and VHA Directive 2008-017 dated March 28, 2008.
- 6. RECERTIFICATION:** This VHA Handbook is scheduled for recertification on or before the last working day of February 2018.

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Under Secretary for Health

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CRITERIA AND STANDARDS FOR DENTAL PROGRAM

1. PURPOSE

This Veterans Health Administration (VHA) handbook describes procedures for implementation of the oral and dental care programs of the Department of Veterans Affairs (VA). All VA dentists are expected to be knowledgeable concerning the role of dentistry in VA's mission and their responsibility in understanding and prescribing an extent of care consistent with dental eligibility regulations. **AUTHORITY: Title 38 United States Code (U.S.C.) §§1710(c), 1712 and Title 38 Code of Federal Regulation (C.F.R.) 17.160 – 17.166.**

2. BACKGROUND

a. VA provides oral health services to eligible Veterans specified under 38 U.S.C. §§1710(c) and 1712. All VA medical facilities and selected outpatient clinics provide oral and dental examinations and treatment.

b. VA implements its statutory authority through regulations that establish the Dental Program, such as Title 38 CFR §§17.160 – 17.166.

c. The Dental Program is operated in conjunction with other offices within VHA and carried out in accordance with the requirements of VHA Directive 1130, Dental Program for Veterans Health Administration (VHA) Medical Facilities.

d. Dental care for eligible Veterans must be provided in a manner consistent with the following core values: timely access, quality outcomes, cost effectiveness, evidence-based care, patient and provider satisfaction, and patient safety.

e. The goal of VA Dental Services is to provide high quality, cost-effective and evidence-based dental treatment to eligible Veterans. All VA dentists are to be knowledgeable regarding the scope of care to be provided under each dental classification.

3. DEFINITIONS

a. **Dental Auxiliary.** “Dental auxiliary” are personnel whose work is assigned and supervised by the dentist.

b. **Non-VA Medical Care.** Non-VA medical care is all care that a Veteran receives outside of the VA-operated health system, which VA authorizes and pays for. Mechanisms for VA to obtain such health care services include individual authorizations, contracts/sharing agreements and reimbursement for emergency treatment for certain eligible Veterans.

c. **Prosthesis.** “Prosthesis” is any device replacing one or more missing teeth and, if required, associated structures. This is a broad term which includes abutment crowns and abutment inlays and onlays, bridges, dentures, obturators, and gingival prostheses.

4. SCOPE

The VHA Dental Program refers to the dental and oral health care provided to beneficiaries by VHA including both on-site dental services and dental care provided by non-VA sources authorized by VA.

5. RESPONSIBILITIES

a. **The Assistant Under Secretary for Health for Dentistry.** The Assistant Under Secretary for Health for Dentistry is responsible for:

- (1) Providing operational oversight of VA dental programs;
- (2) Managing Central Dental Laboratory operations;
- (3) Participating in the development, implementation and oversight of policies impacting VA dental programs;
- (4) Providing dental consultative services to Veterans Integrated Service Networks (VISNs), facilities, and Dental Services;
- (5) Consulting on issues related to academic training programs involving dentistry;
- (6) Collaborating with the Office of Academic Affiliation, which has primary responsibility for oversight and funding of dental trainees (undergraduate, graduate, and auxiliary).
- (7) Providing dental staff with education and development services;
- (8) Supporting oral health and other relevant clinical research activities;
- (9) Directing the management and enhancement of the Dental Encounter System databases and associated reporting and analysis services;
- (10) Partnering with VA's Chief Business Office to advise VA healthcare facilities on eligibility for dental services;
- (11) Overseeing the Homeless Veterans Dental Program;
- (12) Appointing the VISN Lead Dentists in collaboration with VISN leadership; and
- (13) Collaborating with the National Program Office for Sterile Processing for development of joint policies for dental Reusable Medical Equipment (RME) reprocessing.

b. **The VISN Lead Dentist.** The VISN Lead Dentist is responsible for:

(1) Working with the Assistant Under Secretary for Health for Dentistry and the Office of Dentistry to provide policy and procedure recommendations to and from the field;

(2) Advising the Network Director and Chief Medical Officer on issues pertinent to VA Dentistry;

(3) Guiding the development and implementation of national programs and policies within their respective Networks;

(4) Maintaining cooperative relationships with other VA entities, such as the Veterans Benefits Administration (VBA) Regional Offices; and

(5) Identifying the unique dental healthcare needs of the patient population in the VISN.

c. **The Facility Director.** The facility Director is responsible for:

(1) Ensuring adequate staffing, training, and resources to implement effective dental programs in accordance with VA requirements, Centers for Disease Control (CDC) and Prevention recommendations, The Joint Commission (TJC) standards and other external surveying bodies' standards and requirements.

(2) Appointing a dentist in each facility with supervisory authority over all dental program operations. The title of this position may vary at different sites, but for purposes of this Handbook, the term Chief, Dental Service, will be used to represent this position. The Facility Director must ensure that the Chief, Dental Service, meets and maintains the following standards:

(a) The Chief, Dental Service must meet the basic requirement as described in VA Handbook 5005, Part II, Appendices G3 and H2.

(b) Proper credentials and current privileges at the facility.

***NOTE:** Except as noted in this Handbook, the Chief, Dental Service designee must be a licensed and credentialed dentist.*

d. **The Chief, Dental Service.** The Chief, Dental Service is responsible for:

(1) Ensuring that the facility dental program complies with VHA regulations, directives, handbooks, and policies pertaining to dental clinic operations. The Chief, Dental Service is also responsible for developing local policies and procedures (see par. 6). These policies include but are not limited to:

(a) Directing entry of diagnostic findings, dental care plans and completed procedures into the Computerized Patient Record System adjunct application, Dental Record Manager Plus (DRM+), for all patients.

(b) Standards for accurate documentation and coding of completed dental procedures. Current VHA Dental Coding Standards and Requirements may be found on the Office of Dentistry Intranet web site at http://vaww.va.gov/DENTAL/reporting_analytics.asp or by contacting the VHA Dental Coding Committee Outlook mail group. *NOTE: This is an internal VA Web site and is not available to the public.*

(c) Standards for provision of appropriate scope of care for dental patients.

(d) Submission requirement standards of the Central Dental Laboratory (CDL). Submission requirements can be found at <http://vaww.va.gov/cdl>. *NOTE: This is an internal VA Web site and is not available to the public.*

(e) VHA, VISN, and local standards regarding scheduling of patients and utilization of tools such as the Electronic Waiting List. Termination of treatment as a result of no-shows or cancellations will be done in accordance with local policies.

(f) VHA Directives and policies pertaining to Reusable Medical Equipment.

(g) VHA, VISN, and facility infection control policies and procedures.

(h) Current policy, guidance and memoranda posted on the Dental SharePoint and available at: <http://vaww.infoshare.va.gov/sites/dental/PH/FromtheOfficeofDentistry.aspx>. *NOTE: This is an internal VA Web site and is not available to the public.*

(2) Compliance with VHA and facility credentialing and privileging processes, to include working in coordination with the medical center Professional Standards Board to conduct a meaningful program of Professional Practice Evaluations.

(3) Ensuring appropriate response to congressional inquiries.

(4) Ensuring compliance with standards of the VA Inspector General, TJC, and other survey bodies.

(5) Ensuring compliance with relevant VHA, Occupational Safety and Health Administration, and TJC safety and environment of care standards.

(6) Participating in the development and review of relevant sharing agreements, service agreements and inter-facility agreements.

(7) Serving as the local subject matter expert on oral health.

(8) Serving as the local liaison to dental professional organizations, other government agencies, and non-VA service providers, as well as other departments within the facility. All professional communications regarding the Dental Program are conducted through the Chief, Dental Service.

(9) Developing and maintaining a current and thorough service specific infection control policy.

(10) Regularly informing medical facility leadership of the needs and problems of the Dental Service, as well as providing recommendations to remediate such needs and problems.

(11) Managing affiliation and residency programs, in collaboration with the facility Designated Education Officer (DEC).

(12) Fiscal and budgetary planning.

(13) Managing quality to include performance measures, monitors, and indicators as applicable to dentistry.

(14) Enforcing personnel policies, ethical standards, and performance standards.

(15) Complying with standards regarding contracting and procurement of equipment, supplies, and Non-VA Dental Care.

(16) Working with VISN Lead Dentist to assure that national and VISN policy is implemented at the facility level.

(17) Administering the Outpatient Non-VA Dental Care Program in cooperation with the local business office.

(18) Ensuring that all providers are providing care on the basis of the patient's dental classification, and developing for each episode of care a clearly defined and documented treatment plan, consistent with the appropriate scope of care for that patient's classification.

e. **Dental Service Personnel.** Dental service personnel are responsible for knowledge of the provisions of this Handbook as well as local policies and procedures, and conducting their activities in accordance with these provisions.

6. LOCAL DENTAL POLICIES AND PROCEDURES

a. The Chief, Dental Service must develop and publish local dental policies and procedures related to matters internal to the Dental Service. Policies must conform to the dictates of this Handbook and must be published over the signature of the Chief, Dental Service.

b. Depending upon local station requirements, there may be facility policies and procedures relating to matters that impact the operations of other individuals or services, or that require cooperation between services interacting with the Dental Program. Such policies must be available to all personnel.

c. The Chief, Dental Service may assign expanded functions to Dental Auxiliaries who have licenses or documented competencies to perform such duties in any State. They may perform these functions in any VA facility regardless of the law or requirements of the State in which the VA facility is located. ***NOTE: This is legally permissible based on the Constitutional doctrine of Federal Supremacy. Under that doctrine, States may not regulate or control the activities of Federal employees who are acting within the scope of their Federal employment.***

Please consult your Regional Counsel if you have any questions about such scope of practice matters.

7. ELIGIBILITY FOR DENTAL CARE

a. Basis for Determining Eligibility.

VA Dental Services examine and treat eligible inpatient and outpatient beneficiaries. It is not the established mission of VA to provide dental care to all Veterans or even to all those who are hospitalized. Dental eligibility is determined in a different manner than medical eligibility. The scope of care is determined by the patient's dental classification. Eligibility for dental care is defined by statute and is to be provided in accordance with the provisions of existing law and VA regulations, i.e., 38 U.S.C. §§1710(c) and 1712, and 38 CFR §§17.160 through 17.166.

b. Procedures for Determining Eligibility and Scope of Care.

(1) The facility Business Office is the first resource for administrative determination of dental eligibility. That office is to determine a Veterans' eligibility for all dental patient classifications, with the exception of Classes III and VI. When necessary, the second and final resource for administrative determinations of a Veteran's eligibility for dental care is the Health Eligibility Center (HEC). The HEC has final responsibility for verification of all administrative aspects of a Veteran's eligibility for dental care with the exception of determinations related to Classes III and VI.

(2) VA Dental Service Chiefs or designees are responsible for all Class III and Class VI eligibility-determinations as they require and are based on review of the Veteran's medical history.

(3) Once a Veteran is determined to be eligible for dental care, the facility is to provide the Veteran with an evaluation by a dentist who must determine the appropriate scope of care consistent with the patient's designated dental classification.

c. Eligibility Classification.

As discussed above, statutes and regulations establish VA's authority to provide dental benefits to specific categories of Veterans. Dental classes for outpatient dental care have been established by regulation and they define these patient categories. The dental regulations also identify other categories of Veterans eligible for specific dental care. The nuances of these classifications and categories are addressed in the Inpatient, Outpatient, and Long Term Care sections of this Handbook. Also see Appendix A for the Scope of Care Quick Reference Guide.

(1) The following list identifies the patient categories that are to be provided dental care in compliance with applicable VA regulations and Directives:

(a) Residents of VA domiciliarys, including those participating in Mental Health Residential Rehabilitation Treatment Programs;

(b) VA Community Living Center residents;

(c) Inpatients with a compelling medical need, such as a defined dental condition which has a significant negative impact on the medical management of the patient, regardless of service connection;

(d) Veterans for whom outpatient dental care is reasonably necessary to complete dental care that was initiated while they were inpatients;

(e) Outpatient Dental Class I through VI beneficiaries; and

(f) Individuals with dental emergencies who are provided outpatient dental care on a humanitarian basis.

(2) The following patient categories may also be provided dental care in compliance with VA regulations and Directives, if clinic capacity is available:

(a) Active duty military personnel or military retirees who are receiving inpatient care in VA facilities pursuant to VA-DOD sharing or TRICARE agreements and entitled (thereunder) to receive dental care as specified in those contracts; and

(b) Specially designated inpatients and outpatients covered by approved sharing agreements.

d. **Professional Considerations.**

(1) With respect to patients eligible for outpatient dental care, there is no authority to expand the scope of care beyond that which is consistent with the Veteran's eligibility-classification and the "category" of care under each such classification, to meet the demands of an educational program as a "teaching case." If a training program is dependent upon types of cases that are not available in sufficient numbers, then that program must be re-evaluated. (see subpar. 7e)

(2) The patient's ability to pay for the cost of private dental care is not to be a factor in determining the extent or limitation of dental treatment provided by VA.

(3) Dental care provided for reasons of medical necessity must not exceed that which is necessary to resolve the condition that is aggravating or complicating the management of a medical problem. For example, a patient's medical problem may require only the removal of foci of infection. Even though VA may edentulate a patient to resolve the dental condition's impact on a medical problem, VA is not obligated to provide prostheses for this patient.

e. **Scope of Outpatient Dental Care.** Once a Veteran's dental eligibility-classification has been properly established, the appropriate scope of care within that classification for each individual Veteran must be determined. The scope of outpatient dental care to be provided must be categorized as Comprehensive, Focused, or Emergent. Use of these categories standardize nomenclature used across the system and facilitate a consistent standard of care throughout all VA dental facilities.

(1) Comprehensive Dental Care. Veterans eligible for outpatient comprehensive dental care include Classes I, II(a), II(c), IV. These Veterans receive any dental treatment that is reasonably necessary and clinically determined by the treating dentist to meet the Veteran's dental needs. A recall program must be established for those Veterans who are eligible for comprehensive and repeat dental care. The goal of care is to attain and sustain oral health and function including prosthetic rehabilitation as indicated.

(2) Focused Dental Care. Veterans eligible for outpatient Focused Dental Care include Classes II, II(b), III, V, and VI. These Veterans are to receive outpatient dental treatment to resolve a specific dental condition dependent upon, and consistent with, the Veteran's classification. Treatment may include relief of pain, elimination of infection, or improvement of speech or esthetics. It also includes treatment of non-compensable service connected teeth (Class II). The goal of care is to provide a specific improvement of the oral conditions that directly impact the medical condition (Class III and VI), assist in vocational rehabilitation (Class V), or to provide dental care professionally determined to be medically and functionally appropriate to their status for those in a VA Community Living Center or extended care facility. Veterans who are eligible for a one-time course of dental care under the Homeless Veterans Dental Program receive focused dental care under Class II(b).

(a) In the case of Class III and VI patients, consultation requests from non-dental providers must identify the medical condition being aggravated or the management of which is complicated by the dental problem. The Dental Service Chief, or designee, must review the consult and determine dental eligibility and scope of care.

(b) Focused dental treatment is generally limited and may include supportive periodontal therapy, endodontic therapy, restorative dentistry, and oral surgical procedures. There are exceptions in which procedures such as fixed partial dentures, implant services, or removable prostheses are appropriate, such as in the replacement of missing non-compensable service connected teeth on Class II patients.

(c) Once the episode of care has been completed in accordance with good professional standards, VA generally provides no further dental care to the Veteran. If the Veteran requests further care, the Veteran is to be advised of the need to seek dental care at the Veteran's own expense in the private sector.

(3) Outpatient Emergency Dental Care. Outpatient emergency dental care may be provided as a humanitarian service to individuals who do not have established dental eligibility. Dental treatment is limited to that necessary to address acute pain or a dental condition which is determined to be endangering life or health. Examples of the latter include treatment for a significant infection, uncontrolled bleeding, or any other dental condition that is determined to be a serious threat to health or endangering life. The goal of this kind of treatment is to eliminate symptoms and remove foci of infection. Dental care under this category is generally limited to a one-time course of palliative treatment or procedures and appropriate pharmacological therapy.

(a) The provision of humanitarian emergency dental treatment does not entitle the individual to subsequent or follow-up care unless the individual is eligible for such under some other legal basis.

(b) If VA provides humanitarian outpatient emergency dental treatment to individuals who are not eligible for VA dental care, VA must process and bill those individuals as follows:

1. Veterans presenting at VA medical facilities requesting treatment for emergent dental care should initially be seen for administrative processing and triage. Triage will include, if applicable, verification of any medical condition for which there is a potential for Class III or VI dental care. *NOTE: If the dental condition can be treated on an outpatient basis and does not require immediate attention, i.e., is not deemed at triage to in fact be emergent, then the patient is to be referred to community resources at the patient's own expense.*

2. If the Veteran is deemed to have a qualifying dental emergency but is not eligible for outpatient dental care, the Veteran must be informed of this fact and advised that they must be billed for all emergency dental treatment that VA provides. If the patient accepts, the eligibility clerk or designee is to complete and sign the statement of ineligibility on VA Form 10-2570g, Dental Outpatient Emergency Referral and Treatment Record. The applicant must sign the statement of understanding related to the provision and billing of emergency dental care prior to referral to the Dental Service.

3. Dental Service personnel must examine the Veteran to determine the appropriate course of treatment to be provided to address and manage the emergent condition. Dental Service personnel are also responsible for documenting the care that is provided in DRM+.

a. If the condition requires hospitalization, the patient must be returned to the admitting area with the necessary documentation for admission.

b. If the dental condition can be treated on an outpatient basis and does not require immediate attention, the patient must be referred to community resources at their expense.

c. Dental personnel must provide a brief description of the emergency treatment provided to the Veteran on VA Form 10-2570g, Dental Outpatient Emergency Referral and Treatment Record. This form must be signed by the treating dentist and returned to the facility business office.

f. **Refusal to Accept Dental Services.** Patients who refuse to accept Dental Service's recommendations or do not cooperate in receiving treatment, will have a statement of the facts entered into their electronic record for review and appropriate disposition by the Chief, Dental Service, or designee.

g. **Treatment Continuation for Patients Who Relocate to Another Geographic Area.** A key objective of VA Dentistry is to provide a consistent standard of dental care throughout VA dental facilities; however, if a patient has a plan of treatment for a scope of care later determined inconsistent with their dental classification, the receiving facility is not obligated to provide care

beyond that which is indicated (in the professional opinion of the responsible dentist at the receiving facility). The Dental Service at the new facility must perform an evaluation, update the treatment plan, and communicate any changes to the original plan of treatment to the patient.

h. **Patient Responsibility in Making and Keeping Dental Appointments.** Veterans who fail to report for appointments must be managed in compliance with local policy. Any Veteran eligible for dental treatment on a one-time completion basis only and who has not received such treatment within 3 years after filing the application must be presumed to have abandoned the claim for dental treatment. (see Title 38 CFR §17.164)

i. **Fugitive Felons.** In accordance with Title 38 U.S.C. § 5313B, Veterans who are fugitive felons, and dependents of Veterans who are fugitive felons, are not eligible for VA health care benefits.

j. **Veterans Living in a Foreign Country.** Questions regarding dental eligibility for Veterans living in a foreign country need to be referred to the VA Chief Business Office for assistance.

8. OUTPATIENT DENTAL PROGRAM

a. **Persons Eligible for Outpatient Dental Care.** Classes of eligible dental outpatients are as follows:

(1) Class I

(a) Veterans having a compensable (10% or greater), service-connected dental disability or condition (combat or non-combat related) rated under VA's 9900 series of the Schedule for Rating Disabilities (see App. B) are eligible for any reasonably necessary dental care, whether related to the SC condition or not, to maintain or restore oral health and masticatory function, including repeat care.

(b) Classification of Veterans having other service-connected conditions of the head and neck area is sometimes confusing. Non-dental conditions such as loss of soft tissue, scarring, or cranial nerve involvement are not rated under the 9900 series. These are considered medical conditions and Veterans with these conditions are not eligible under Class I. The decision to authorize dental care for these conditions as adjunctive care (either as Class III or Class VI) must be made by the Chief, Dental Service, or designee and based on the same criteria as for other medical conditions.

(2) Class II

(a) Veterans having a noncompensable, service-connected dental disability or condition shown to have been in existence at the time of discharge or release from active service, which took place after 9/30/81, may be provided any treatment as reasonably necessary for the one-time correction of the noncompensable, service-connected dental condition if all of the following criteria are met:

1. In the case of Gulf War Veterans (which includes Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn Veterans), they must have served on active duty and been discharged or released, under conditions other than dishonorable, from a period of active military, naval, or air service of not less than 90 days. For others, they must have been discharged or released, under conditions other than dishonorable, from any other period of active military, naval, or air service of not less than 180 days.

2. Application for dental treatment is made within 180 days of such discharge or release.

3. The certificate of discharge or release does not bear a certification that the Veteran was provided, within the 90- day period immediately before discharge or release, a complete dental examination (including dental radiographs) and all appropriate dental treatment indicated by the examination was completed. This certification is found on the DD Form 214, Certificate of Release or Discharge from Active Duty, line 17.

4. For Class II patients, the VHA dental exam is completed within 180 days after discharge or release, unless delayed through no fault of the Veteran.

(b) When Class II eligibility has been exhausted by satisfactory completion of the authorized treatment in accordance with good professional standards, no further care will be provided.

(c) Class II dental beneficiaries who (through no fault of VA) have not completed authorized treatment within 3 years after filing the application will be presumed to have abandoned the claim for dental treatment.

(d) Limitations of Treatment Provided Under Class II.

1. Dental Prostheses and Implants Provided by VA. Class II dental beneficiaries are not eligible to receive ongoing maintenance. Once adjustments are satisfactory, the episode of prosthetic care is considered to be complete and subsequent treatment is the responsibility of the Veteran.

2. Periodontal Conditions. Specific treatment authorized for periodontal conditions of Class II beneficiaries is expected to provide maximum benefit by the time that episode of overall care is completed. When that treatment is satisfactorily completed as authorized, further treatment or follow-up for the periodontal condition is not authorized.

3. Impacted Teeth. Impacted teeth are a developmental abnormality. Consideration for surgical extraction must be based on sound professional judgment to resolve existing disease or symptoms.

4. Malposed Teeth. Malposed teeth are considered a developmental abnormality and a pre-existing condition relative to the start of military service. Orthodontic care in this circumstance is not authorized.

For cases in which trauma incurred in the line of duty resulted in malalignment of the teeth or when restorative procedures for which the Veteran is eligible require orthodontic intervention, orthodontic care may be provided.

5. **Veterans with Orthodontic Appliances.** When Veterans present at VA facilities with orthodontic appliances for the purpose of correcting developmental malocclusion and have not had their treatment completed by the military prior to discharge, they must be informed that VA does not assume the responsibility for any phase of the orthodontic care unless directly related to rehabilitation of combat trauma to the maxillofacial region.

6. **Service Connection of Dental Conditions for Treatment Purposes.** VBA may, upon request, provide documentation to the Dental Service defining service connection of specific teeth for dental treatment purposes. (see Title 38 CFR 3.381). The regulation provides for identification of teeth treated during military service, and applies only to Class II beneficiaries who have met the criteria as specified in Paragraph 7c1(a)-(f) and 7c2(a) and (b) of this Handbook. The Chief or designee can use the document to assist in development of appropriate treatment recommendations.

7. **United States Department of Defense (DoD) responsibilities.** Under 38 U.S.C. 1712(a)(2), DoD must notify the Veteran at the time of discharge or release of the VA Class II-dental benefit available to newly discharged Veterans, including notice of the applicable time-limit for these benefits (i.e., including the need to apply for this benefit within 180 days of their discharge or release). If a Veteran requests dental treatment after that 180 day period and states the required notification was not provided to the Veteran upon discharge or release, the Chief Business Office should send a VA Form 10-7131 Exchange of Beneficiary Information to VBA to investigate. If no indication of notification was documented by DoD, or the DD-214 indicates dental treatment was not completed within 90 days of discharge and no Class II treatment has been provided, then Veteran may be provided a one-time course of dental care.

(3) Class II(a)

(a) Veterans having a service-connected noncompensable dental condition or disability adjudicated as resulting from combat wounds or service trauma may be authorized any treatment indicated as reasonably necessary for the correction of such service-connected noncompensable condition or disability. This includes any care necessary to provide and maintain a functioning dentition.

(b) VA Form 10-564-D, Dental Trauma Rating or VA Regional Office Rating Decision letter identifies the service-connected noncompensable condition or disability, which establishes Class II(a) eligibility.

(c) Prior to 1955, teeth that received routine dental care while the Veteran was on active duty were listed as “service connected,” and therefore eligible for care. As a result of changes to Title 38 dental authorities in 1955, any Veteran who received a dental award letter from VBA dated before 1955 in which VBA determined the dental conditions to be noncompensable service connected is no longer eligible for Class II outpatient dental treatment based on such prior determination of service connection. Questions regarding eligibility may be referred to HEC.

(4) Class II(b)

(a) Outpatient dental services and treatment considered medically necessary are provided to certain homeless and other enrolled Veterans. These limited dental benefits defined in Title 38 U.S.C. § 2062 are to be provided a one-time course of dental care provided in the same manner as the dental benefits provided to a newly discharged veteran. Specifically, dental services and treatment provided to eligible Veterans under this authority are those that are:

1. Necessary for the Veteran to gain or regain employment;
2. necessary to alleviate pain; or
3. necessary to treat moderate, severe, or complicated and severe gingival and periodontal pathology.

(b) Eligible Veterans are defined as those who are enrolled in VA's health care system; and the Veteran is receiving care (directly or by contract) for a period of 60 consecutive days, as verified by the facility Veterans Homeless Coordinator, in any of the following settings:

1. A Domiciliary, which includes Domiciliary Mental Health Residential Rehabilitation Treatment Programs.
2. A Compensated Work Therapy-Transitional Residence.
3. A Community Residential Care Program, if VA coordinated the placement.
4. A community-based residential treatment program serving homeless Veterans under the Health Care for Homeless Veterans (HCHV) program.
5. A setting operated by a provider to whom VA provides grant and per-diem funds under VA's Homeless Providers Grant and Per Diem Program.

(5) **Class II(c).** Veterans who were Prisoners of War (POWs) are eligible for any needed dental care, including repeat care.

(6) **Class III.** Veterans referred by a treating physician who have a dental condition professionally determined by the VA dentist(s) to be aggravating or complicating the management of a service-connected medical condition under active treatment are eligible for care to treat the dental condition. However, there is no provision granting eligibility for dental care under this classification in case of the opposite relationship, where a medical condition (e.g. Post Traumatic Stress Disorder (PTSD)), may be contributing to a dental condition (e.g bruxism) because the dental condition identified is not professionally determined to aggravate the medical condition. The goal is to provide focused care to treat only the oral conditions that directly impact the clinical management of the service-connected medical condition. Eligibility for each episode of dental care must be predicated on referral (consult), followed by a new dental evaluation.

(7) **Class IV.** Veterans whose service connected disabilities have been rated at 100 percent (total) under the VA Schedule of Rating Disabilities (VASR-D) or who are receiving the 100 percent rate by reason of individual unemployability, are eligible for any needed dental care, including repeat care, with the following exception: Veterans awarded a temporary total disability rating by VBA but not as a VASR-D or individual employment eligibility rating (i.e. Prestabilization, Hospitalization or Convalescent Ratings) are not eligible for comprehensive outpatient dental services based on an opinion by VA General Counsel to the Under Secretary for Health, February 24, 2006, VAOPGCADV 2- 2006. These Veterans may be eligible for care under a different eligibility category. Determination of temporary status is the responsibility of the eligibility section of the Chief Business Office.

(8) **Class V**

(a) A Veteran who is actively engaged in a Chapter 31 vocational rehabilitation program may receive dental care to the extent needed to meet any of the following goals:

1. Make possible the Veteran's entrance into a rehabilitation program;
2. Achieve the goals of the Veteran's vocational rehabilitation program;
3. Prevent interruption of a rehabilitation program;
4. Hasten the return to a rehabilitation program of a Veteran in interrupted or leave status;
5. Hasten the return to a rehabilitation program of a Veteran placed in discontinued status because of illness, injury or dental condition;
6. Secure and adjust to employment during the period of employment assistance; or
7. Enable the Veteran to achieve maximum independence in daily living.

(b) Requests for Class V dental care must be forwarded to the Dental Service by the Chapter 31 Vocational Rehabilitation Program on VA Form 28-8861. This form needs to be provided for each episode of care requested. Dental care must not be provided beyond the anticipated rehabilitation date as specified on the form.

(9) **Class VI.** Any Veteran scheduled for admission or who is receiving care under chapter 17 of title 38, U.S.C., may receive outpatient dental care if the dental condition is clinically determined to be complicating the medical condition currently under VA treatment. Eligibility for each episode of dental care will be predicated on referral and consultation, followed by a decision based upon clinical judgment. The goal is to provide focused care to treat only the oral conditions that are complicating impact the clinical management of the medical condition currently under treatment. This classification includes medically necessary dental care for Veterans receiving care for Military Sexual Trauma under Title 38 U.S.C. 1720D.

(10) **Other Beneficiaries.** Other beneficiaries who may be eligible for dental care in VA dental clinics on an outpatient basis to the extent consistent with law and applicable sharing agreements, subject to the availability of VA resources are:

(a) Armed Forces Personnel on Active Duty.

1. Compensation and pension examinations must be performed for active duty personnel referred by VBA.

2. Active duty personnel may be provided treatment of emergent oral conditions. Authority from the Commanding Officer of the military installation must accompany the request for dental treatment. If extenuating circumstances are present, treatment of this condition may be accomplished prior to the receipt of authority. Emergency dental treatment for members of the Armed Forces on active duty must be limited to such treatment as is found necessary for the relief of pain and control of acute infection, trauma or hemorrhage.

(b) Armed Forces Personnel in VA Polytrauma Centers. Active duty military personnel receiving treatment in a VA Polytrauma Center are eligible to receive any reasonably necessary dental care under the terms of the sharing agreement between the VA and Department of Defense (DOD) Memorandum of Agreement dated January 1, 2007, or any successive Memorandum of Agreements.

(c) VA Employees.

1. VA employees may be provided emergent dental treatment and treatment to address injuries incurred in the performance of duty. Provision of care is predicated on referral from the employee health program. Employees with emergent conditions that may require follow-up care will be advised to seek private care at their expense.

2. VA employees may be provided dental treatment authorized by an approved Office of Workers' Compensation claim.

(d) Beneficiaries of Sharing Agreements. Treatment provided must be dependent on the specific language of the agreement.

(11) **Disability Evaluation Examinations for Compensation and Pension Rating Purposes.** Requests for an oral examination are submitted to the Dental Service by VBA. Veterans must be coded as "Special Provision (20)" unless established in another dental classification. Examinations must be completed in compliance with the Compensation and Pension program requirements.

9. INPATIENT DENTAL PROGRAM

a. **Scope of Care.** The scope of care for Veterans receiving hospital care, is limited to dental services that are professionally determined by a VA dentist, in consultation with the referring provider, to be essential to the management of the Veteran's medical condition.

The treatment goal is improvement of oral conditions that are complicating the management of the medical condition under active treatment.

(1) The extent of dental care provided is generally limited to medically necessary services to manage oral conditions in which the symptoms of acute pain, uncontrolled bleeding, or significant infection are present.

(2) Dental care usually consists of one-time restorative procedures or extractions and appropriate pharmacological therapy.

b. **Hospitalization for Oral Conditions.** Hospitalization of VA beneficiaries for oral conditions must be in compliance with prescribed local medical facility protocols for all admissions.

c. **Continuation or Termination of Dental Treatment.** The Chief, Dental Service, or designee, is responsible for determining the proper disposition of inpatients who have received dental care. A determination must be made whether the provided dental treatment has accomplished the intended treatment goals. If essential dental treatment has been completed, the case must be closed. If essential dental care remains, the Chief, Dental Service or designee must collaborate with discharge planners to determine if dental care needs to be continued with the patient as a bed occupant or as an outpatient.

d. **Post-Discharge Dental Treatment.**

(1) Essential dental care for inpatient Veterans who have statutory outpatient dental eligibility must be completed on an outpatient basis when the essential dental treatment cannot be completed prior to discharge.

(2) Veterans who are not eligible for outpatient dental care must be provided outpatient dental treatment only when both of the following requirements are met:

(a) The treatment is a continuation of essential dental treatment that was identified while the Veteran was receiving inpatient care, and

(b) The Chief, Dental Service, or designee, determines at the time of hospital discharge, that the continuation or completion of such care remains necessary relative to the medical problem(s) for which it was initially prescribed.

(3) Post-discharge outpatient dental treatment provided to a Veteran who does not otherwise qualify for statutory outpatient dental care must be classified as care under Special Provision (19): "Continued after Inpatient Care with Compelling Medical Need."

(4) If outpatient dental treatment at the discharging facility is not feasible due to geographic inaccessibility, the Chief, Dental Service or designee must determine whether another VA healthcare facility within reasonable distance from the Veteran's residence can provide the outpatient dental care in a timely manner. If such facility is not available, other alternatives, such as referring the patient for care under Non-VA Dental Care may be considered.

NOTE: A VA beneficiary must not be referred for Non-VA Dental Care without a valid and justifiable reason. The decision for Non-VA Dental Care is not the prerogative of the Veteran but is a VA decision based on the lack of availability of VA or other Federal resources to provide the needed care. In all cases where referral takes place, the Veteran must be notified and fully apprised of the action taken.

10. NON-VA DENTAL CARE

a. **Responsibility of Chief, Dental Service - Non-VA Dental Care.** The Chief, Dental Service, or designee, has the primary responsibility for administering outpatient Non-VA Dental Care (formerly fee-basis care). This includes review of all proposed treatment plans for approval or disapproval and adjustment of submitted fees consistent with the Schedule of Maximum Allowances for Non-VA Dental Care. The Chief, Dental Service, or designee, is also responsible for review of the Schedule of Maximum Allowances for their area, at least annually. The decision to provide dental benefits to a Veteran through a Non-VA dental provider is to be made by the Chief, Dental Service, or designee, after full consideration of all relevant factors. Such a decision, however, is not to be based on, or factor in, the preference or request of the particular Veteran to receive their dental benefits from a private-sector provider.

b. **Procedure for Development of the Schedule of Maximum Allowances for Non-VA Dental Care.** The VA Chief Business Office must obtain regionally adjusted cost data in collaboration with the Office of Dentistry. These reports must be published on the Dental Reporting and Analytics System for use by all facilities to aid in standardizing the determination of local reimbursement rates. If local dental care market conditions exist where payments must be higher than the 50th percentile rate on the schedule to ensure timely access to quality Non-VA Dental Care for Veterans, facility Dental Service Chiefs and facility Non-VA Care Program Managers must document this necessity by example and obtain written approval for an alternative percentile schedule by their VISN Network Director through the local Facility Director.

c. **Confidentiality of VA Schedule of Maximum Allowances for Non-VA Dental Care.** Access to these schedules is restricted to facility administrative services that work with Non-VA Dental Care claims. Printing or providing a copy of the VA Schedule of Maximum Allowances for Non-VA Dental Care to outside parties is prohibited.

d. **Process for Non-VA Dental Care Authorization.** VA form 10-2570d, Dental Record Authorization and Invoice for Outpatient Service or an equivalent electronic approved form must be used by the Chief, Dental Service, or designee, to authorize and approve Non-VA Dental Care treatment. Signature of the Chief, or designee, on the form must attest that the claim has been reviewed and validated.

e. **Proposed Cases Exceeding \$1,000**

(1) Consistent with Title 38 U.S.C. § 1712, a VA dentist must first confirm the reasonable necessity and appropriateness of a proposed treatment plan and associated fees in all cases where the total Non-VA Dental Care treatment plan exceeds \$1,000. This confirmation may be obtained by any of the following:

(a) An examination by a VA dentist to determine needs prior to Non-VA Dental Care authorization.

(b) A second opinion examination by a VA dentist, or a designated, authorized, outside provider when no VA dentist is available, after submission of Non-VA dentist's treatment plan and associated fees.

(c) A review of the clinical record, applicable images and supporting documentation by a VA dentist after submission of a Non-VA dentist's treatment plan and associated fees. This review does not necessarily require the Veteran to be present.

(2) Veterans who refuse to participate in a requested confirmation examination or refuse to accept a treatment plan determined by VA to be satisfactory must have their case closed and be so informed. Such failure to participate must be considered tantamount to a refusal of treatment.

11. LONG TERM CARE DENTAL PROGRAM

Long term care includes residents in VA domiciliaries, including Mental Health Residential Rehabilitation Treatment Programs, VA Community Living Centers, and other VA and (VA-authorized) non-VA long-term care units. These Veteran-residents may be provided dental treatment considered reasonable and medically necessary to maintain health or deemed essential to their rehabilitation. Those residents who also meet the eligibility criteria for Dental Class IIb benefits (commonly referred to as the Homeless Veterans Dental Program) are to receive the scope of services described under Dental Class IIb.

a. **Oral Assessments.** In compliance with current TJC standards, initial resident oral assessments must be completed within 14 days of a Veteran's admission. Initial assessments and reassessments are performed by any health care staff who has been properly trained and who has established competency. Identified oral conditions requiring further evaluation or treatment must be referred via consultation to Dental Service. Reassessments must be completed and documented consistent with the local VA medical facility policy.

b. **Residents in Non-VA Operated Long Term Care Facilities.** VA is not responsible for providing an oral assessment or reassessment on individuals residing in non-VA operated nursing homes, including State Veterans homes. Dental treatment may be provided to residents in these non-VA operated facilities if they are otherwise eligible for VA- provided outpatient dental care.

12. DENTAL LABORATORIES

a. **Dental Service Dental Laboratories**

(1) Dental laboratory services must be available to all facilities where dental care is provided. These services may be provided by an on-site dental laboratory, by the CDL, by contract laboratory services, by commercial laboratory services, or by any combination of the above.

(2) Commercial laboratory services may be used for situations anticipated to be non-recurring and not of significant dollar value. If these two conditions cannot be met, Logistics Service must be consulted to determine the appropriateness of establishing a contract.

(3) Dental Service Chiefs are responsible for ensuring all prostheses are fabricated in the United States of America using materials approved by the Food and Drug Administration (FDA). The Chief must ensure that this requirement is met if commercial dental laboratory services are utilized.

(4) VA staff utilizing the CDL must be knowledgeable of CDL protocols. Specific requirements can be found on the CDL intranet webpage <http://vaww.va.gov/cdl>. *NOTE: This is an internal VA Web site not available to the public.* Providers are encouraged to submit customer feedback for cases completed by the CDL utilizing the CDL Quality Feedback EForm located at <http://r01scrdent01.r01.med.va.gov/cdlfb/>. *NOTE: This is an VA internal Web site and is not available to the public.*

b. **Central Dental Laboratory**

(1) CDL is authorized by the Assistant Under Secretary for Health for Dentistry and maintained to the extent necessary for the support of VA dental clinical activities. CDL is funded to provide removable partial denture frameworks; porcelain fused-to-metal, ceramic, and all metal fixed prostheses; implant-supported prostheses; and other special intra-oral prostheses, such as obturators and splints. Acrylic and thermoplastic oral prosthetic fabrication is the responsibility of the local Dental Service.

(2) The Office of Dentistry is responsible for the development of policies, standards, and scope of CDL activities. These activities include, but are not limited to, oversight of overall performance such as customer satisfaction, turn-around time, and cost-effectiveness.

(3) The Director and Associate Director of CDL are responsible for administration and operations in accordance with prescribed policies and standards including the following:

- (a) Prompt feedback to stations regarding the quality of cases received.
- (b) Appropriate quality control of each prosthetic fabrication process step.
- (c) Timely review of customer feedback data and utilization of related analytics to improve quality and customer service.
- (d) Efficient utilization of resources to maximize productivity and minimize turn around times while maintaining quality.
- (e) Effective communication with the facilities they support.

13. CUSTODY AND DISPOSITION OF PRECIOUS METALS

a. **Responsibility for Custody and Disposition of Precious Metals.** The Chief, Dental Service at each facility and the Director and Associate Director of CDL, or their designee must have custody of all precious metals. For the purpose of this Handbook, precious metals are defined as gold, platinum or palladium, including any combination containing one of those metals. It does not include solder or other products containing precious metals of negligible value. *NOTE: The Director and Associate Director CDL designee does not need to be a licensed dentist.*

b. **Accounting for Precious Metals**

(1) Accurate and secure accounting of precious metals must be maintained. If this accounting involves patient-specific information, local policy regarding security of such must be followed. This accounting must include:

(a) The date the metals were received.

(b) The combined gross weight of all metals received.

(c) The date, patient or case identifier, description of each prosthesis fabricated and disposition of metal used by weight.

(d) The date, patient or case identifier, and description of unserviceable precious metal prostheses received. *NOTE: If fabricated by CDL, the unserviceable prostheses must be returned to the CDL with a request to remake.*

(e) The gross weight of all scrap precious metals turned over to the Chief, Logistics Service, or designee.

(2) The employee having custody of precious metals must issue the quantity and type needed by the dentist or technician and record the date, quantity issued, and type of prosthesis. On completion of the prosthesis, all unused precious metal must be returned to the custodian for re-issue. Buttons, crowns, etc., which are unserviceable for reissue, must be collected as scrap precious metal and melted into one ingot for subsequent turn-in to the Chief, Logistics, as required.

(c) **Inventory Verification.** The facility Director must designate a responsible official, other than a Dental Service employee, to audit receipts and balances of precious metal inventories at least annually.

(d) **Disposition of Unserviceable Prostheses.** If an unserviceable prosthesis has not been permanently inserted, it remains the property of VA. A patient may retain an unserviceable prosthesis that has been inserted, or extracted teeth containing precious metals, whether or not provided by VA. A notation that this prosthesis has been returned to the patient must be documented by VA staff in the electronic record. If the patient prefers not to accept the prosthesis, this decision must also be documented in the electronic record by VA staff.

14. DENTAL PROSTHESES LOST AND FOUND

a. **Dental Prosthesis Lost by Facility.** A request by a patient who is not otherwise eligible for dental care but who asks the facility to replace a prosthesis lost or irreparably damaged at the facility due to a VA employee's actions must be honored only when the circumstances of the damage or loss have been reliably substantiated and appropriately documented.

b. **Dental Prosthesis Lost by Patient.** If a patient with continuing dental eligibility had a prosthesis made by VA, and has lost or damaged that prosthesis beyond repair more than one time within five years of insertion, the Chief, Dental Service must determine whether replacement of the lost or damaged prosthesis is clinically required.

c. **Dental Prosthesis Found on Station.** Dental prostheses recovered on VA property must be delivered to the Chief, Dental Service, or designee, for identification and appropriate disposition. There must be coordination between the Lost and Found activity of the facility and the Dental Service. If the prostheses are not claimed, they may be disposed of as unserviceable. Any prosthesis(es) containing gold alloy must have that metal recovered and disposed of as scrap gold alloy, in accordance with paragraph 13b(2) of this Handbook.

SCOPE OF CARE QUICK REFERENCE GUIDE

Dental Classification		Brief Description	Scope of Care	Recall
1	INP, Emergency	Treatment of an emergent oral condition such as acute pain, infection, trauma and/or hemorrhage.	Emergent/Urgent care.	No
2	INP, Compelling Medical Need	Treatment of an oral condition complicating the management of the medical condition for which the Veteran was admitted.	Focused care.	No
3	INP, Extended Care	Inpatients in a non-acute care unit.	Focused care.	No
4	Community Living Center	Residents in VA Community Living Centers.	Focused care.	No
5	Domiciliary VA Residential Rehabilitation Treatment Programs (RRTPs)	Residents in VA Domiciliary Centers.	Focused care.	No
6	INP, Special Provision	Inpatients specified under sharing agreements and employees or patients officially authorized treatment for work related oral-dental injuries.	Per terms of the official agreement	
7	INP, Non-Compelling Medical Need	Inpatients, service or non-service connected, that are provided dental care not related to the compelling medical condition for which they were admitted.	Focused care.	No
8	INP, Other	Other beneficiaries that are inpatients such as military retirees and inpatient dependents eligible under CHAMPVA.	Focused care.	No
9	OPC, Class I	10% SC or greater for a dental condition - 9900 series	Comprehensive care.	Yes
10	OPC, Class II	Recent discharge from military service.	Focused care, one episode.	No
11	OPC, Class IIA	Adjudicated, non-compensable trauma to oral structures.	Comprehensive care.	Yes
	OPC, Class IIB	Enrolled in an approved VA Homeless Program or designated residential rehabilitation program > 60 days.	Focused care	No
13	OPC, Class IIC	POW	Comprehensive care.	Yes
14	OPC, Class III	Treatment of an oral condition adjunctive to the management of a service connected medical condition.	Focused care.	No
15	OPC, Class IV	100% SC Total 100% SC compensation rate by virtue of individual unemployability.	Comprehensive care.	Yes
16	OPC, Class V	Enrolled in the VA Vocational Rehabilitation Program	Focused care.	No
17	OPC, Class VI	Treatment of an oral condition adjunctive to the management of a non-service connected medical condition.	Focused care.	No
18	OPC, Emergency	Treatment of an emergent/urgent oral condition involving acute pain, infection, trauma and/or hemorrhage; or suspicion of an oral malignancy.	Emergent/Urgent care.	No
19	OPC, Continued After Inpatient Care, Compelling Medical Need	Treatment of an oral condition complicating the management of the medical condition for which the patient was admitted that was initiated but not completed while the Veteran was an inpatient.	Focused care.	No
20	OPC, Special Provision	C&P examinations, outpatients provided care under a sharing agreement, eligible allied beneficiaries and patients or employees officially authorized treatment for work related injuries/conditions.	Per terms of the official agreement	
21	OPC, Continued After Inpatient Care, No Compelling Medical Need	Treatment provided to inpatients that are completed after hospital discharge.	Focused care.	No
22	OPC, Continued After Inpatient Care, Other	Treatment provided to active duty military, military retirees, CHAMPVA inpatients that are completed after hospital discharge.	Focused care.	No

§4.150 Schedule of ratings—Dental and Oral Conditions.

Rating

9900 Maxilla or mandible, chronic osteomyelitis or osteoradionecrosis of:

Rate as osteomyelitis, chronic under diagnostic code 5000.

9901 Mandible, loss of, complete, between angles100

9902 Mandible, loss of approximately one-half:

Involving temporomandibular articulation50

Not involving temporomandibular articulation30

9903 Mandible, nonunion of:

Severe 30 Moderate 10

NOTE: Dependent upon degree of motion and relative loss of masticatory function.

9904 Mandible, malunion of:

Severe displacement.....20

Moderate displacement10

Slight displacement.....0

NOTE: Dependent upon degree of motion and relative loss of masticatory function.

9905 Temporomandibular articulation, limited motion of: Inter-incisal range:

0 to 10 mm40

11 to 20 mm30

21 to 30 mm20

31 to 40 mm10

Range of lateral excursion:

0 to 4 mm10

NOTE: Ratings for limited inter-incisal movement must not be combined with ratings for limited lateral excursion.

9906 Ramus, loss of whole or part of:

Involving loss of temporomandibular articulation:

Bilateral.....50

Unilateral.....30

Not involving loss of temporomandibular articulation:

Bilateral.....30

Unilateral.....20

9907 Ramus, loss of less than one-half the substance of, not involving loss of continuity:

Bilateral.....20

Unilateral.....10

9908 Condylod process, loss of, one or both sides30

9909 Coronoid process, loss of:

Bilateral.....20

Unilateral.....10

9911 Hard palate, loss of half or more:	
Not replaceable by prosthesis	30
Replaceable by prosthesis	10
9912 Hard palate, loss of less than half of:	
Not replaceable by prosthesis	20
Replaceable by prosthesis	0
9913 Teeth, loss of, due to loss of substance of body of maxilla or mandible without loss of continuity:	
Where the lost masticatory surface cannot be restored by suitable prosthesis:	
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
<i>NOTE: These ratings apply only to bone loss through trauma or disease such as osteomyelitis and not to the loss of the alveolar process as a result of periodontal disease, since such loss is not considered disabling.</i>	
9914 Maxilla, loss of more than half:	
Not replaceable by prosthesis	100
Replaceable by prosthesis	50
9915 Maxilla, loss of half or less:	
Loss of 25 to 50 percent:	
Not replaceable by prosthesis	40
Replaceable by prosthesis	30
Loss of less than 25 percent:	
Not replaceable by prosthesis	20
Replaceable by prosthesis	0
9916 Maxilla, malunion or nonunion of:	
Severe displacement.....	30
Moderate displacement	10
Slight displacement.....	0
38 CFR 4.150 (Schedule of Ratings--dental and oral conditions)	