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**A**

Department of Defense  
**INSTRUCTION**

ASD (HA)  
6410.1

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**AD-A272 624**



November 8, 1990  
NUMBER 6410.1

ASD(HA)

**SUBJECT: Standardization of Dental Classifications**

- References:**
- (a) DoD Instruction 6410.1, subject as above, April 29, 1985 (hereby canceled)
  - (b) DoD Directive 6410.2, "Standardization of Code on Dental Procedures," April 3, 1987

**A. REISSUANCE AND PURPOSE**

This Instruction reissues reference (a) to update policy and procedures and to assign responsibilities on the standardization of certain dental terminology.

**B. APPLICABILITY**

This Instruction applies to the Office of the Secretary of Defense (OSD) and the Military Departments.

**C. POLICY**

It is DoD policy to maintain uniformity within the Department of Defense of the nomenclature used for dental classifications and examinations.

**D. RESPONSIBILITIES**

1. The Assistant Secretary of Defense (Health Affairs) ASD(HA) shall establish standard nomenclature and terminology for dental classifications, codes, and titles.

2. The Secretaries of the Military Departments shall ensure that the nomenclature listed in section E., below, is used within each Military Department.

**E. PROCEDURES**

1. Dental patients shall be classified as follows:

a. Class 1. Patients not requiring dental treatment or reevaluation within 12 months.

(1) No dental caries or defective restorations.

(2) Arrested caries for which treatment is not

indicated.

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(3) Healthy periodontium, no bleeding on probing; oral prophylaxis not indicated.

(4) Replacement of missing teeth not indicated.

(5) Unerupted, partially erupted, or malposed teeth that are without historical, clinical, or radiographic signs or symptoms of pathosis and are not recommended for prophylactic removal.

(6) Absence of temporomandibular disorders; stable occlusion.

b. Class 2. Patients who have oral conditions that, if not treated or followed up, have the potential but are not expected to result in dental emergencies within 12 months.

(1) Treatment or follow up indicated for dental caries with minimal extension into dentin or minor defective restorations easily maintained by the patient where the condition does not cause definitive symptoms.

(2) Interim restorations or prostheses that can be maintained by the patient for a 12-month period. This includes teeth that have been restored with permanent restorative materials but for which protective coverage is indicated.

(3) Edentulous areas requiring prostheses but not on an immediate basis.

(4) Periodontal disease or periodontium exhibiting:

(a) Requirement for oral prophylaxis.

(b) Requirement for maintenance therapy; this includes stable or non-progressive mucogingival conditions requiring periodic evaluation.

(c) Non-specific gingivitis.

(d) Early or mild adult periodontitis.

(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.

(7) Temporomandibular disorder patients in maintenance therapy.

c. Class 3. Patients who have oral conditions that if not treated are expected to result in dental emergencies within 12 months. Patients should be placed in Class 3 when there are questions in determining classification between Class 2 and Class 3.

(1) Dental caries, tooth fractures, or defective restorations where the condition extends beyond the dentinoenamel junction and causes definitive symptoms; dental caries with moderate or advanced extension into dentin; and defective restorations not maintained by the patient.

(2) Interim restorations or prostheses that cannot be maintained for a 12-month period. This includes teeth that have been restored with permanent restorative materials but for which protective coverage is indicated.

(3) Periodontal diseases or periodontium exhibiting:

(a) Acute gingivitis or pericoronitis.

(b) Active moderate to advanced periodontitis.

(c) Periodontal abscess.

(d) Progressive mucogingival condition.

(e) Periodontal manifestations of systemic disease or hormonal disturbances.

(4) Edentulous areas or teeth requiring immediate prosthodontic treatment for adequate mastication, 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 or periapical 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 followup care (e.g., drain or suture removal) until resolved.

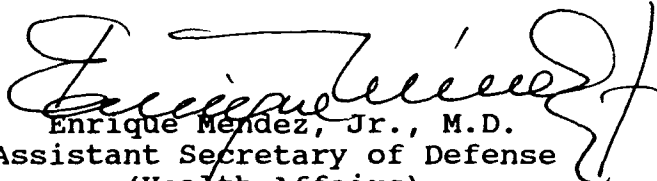
(8) Temporomandibular disorders requiring active treatment.

d. Class 4. Patients who require dental examinations. This includes patients who require annual or other required dental examinations and patients whose dental classifications are unknown.

2. Dental examinations are described in DoD Directive 6410.2 (reference (b)).

F. EFFECTIVE DATE AND IMPLEMENTATION

This Instruction is effective March 1, 1991. Forward two copies of the implementing documents to the Assistant Secretary of Defense (Health Affairs) within 120 days.

  
Enrique Mendez, Jr., M.D.  
Assistant Secretary of Defense  
(Health Affairs)

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