

DENTAL

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TABLE OF CONTENTS

DENT

Congenital Dental Disorders

| | |
|--|-----|
| Congenital or Developmental Dental Problems..... | 1.1 |
|--|-----|

Dental Disorders

| | |
|--------------|-----|
| Bruxism..... | 2.1 |
|--------------|-----|

| | |
|--------------------|-----|
| Missing Teeth..... | 2.2 |
|--------------------|-----|

| | |
|--|-----|
| Temporal Mandibular Joint Dysfunction (TMJ)..... | 2.3 |
|--|-----|

Dental Pathology

| | |
|----------------------|-----|
| Abscessed Tooth..... | 3.1 |
|----------------------|-----|

| | |
|-------------------|-----|
| Dental Decay..... | 3.2 |
|-------------------|-----|

| | |
|----------------------|-----|
| Fractured Teeth..... | 3.3 |
|----------------------|-----|

| | |
|---|-----|
| Impacted Third Molars (Wisdom Teeth)..... | 3.4 |
|---|-----|

| | |
|---------------------------------------|-----|
| Periodontal Disease (Gingivitis)..... | 3.5 |
|---------------------------------------|-----|

Orthodontics

| | |
|----------------------------|-----|
| Orthodontic Treatment..... | 4.1 |
|----------------------------|-----|

Prosthodontics

| | |
|---------------|-----|
| Dentures..... | 5.1 |
|---------------|-----|

Dental Procedures

| | |
|------------------------|-----|
| Dental Procedures..... | 6.1 |
|------------------------|-----|

CONGENITAL OR DEVELOPMENTAL DENTAL PROBLEMS

DENT 1.1

Includes Dentinogenesis Imperfecta, and Amelogenesis Imperfecta.

INFORMATION REQUIRED *Any history.*

All Applicants:

- Standard Form 603 to include the following:
 - Diagnosis
 - Treatment
 - Prognosis
 - Recommendations for follow-up over the next 3 years.
- Copy of full mouth series or panorex with bitewings.

| CLEARANCE CRITERIA | REVIEWER | GUIDANCE |
|--|---------------------------|--|
| 1. Dentition stable for <i>at least</i> the past 3 years. | | |
| Meets clearance criteria, AND <ul style="list-style-type: none"> Dental problem does not interfere with activities of daily living. | DENTAL ADVISOR | CLEAR |
| Does not meet clearance criteria due to one or more of the following: <ul style="list-style-type: none"> Dentition <i>not</i> stable for <i>at least</i> the past 3 years. | DENTAL ADVISOR | DEFER Until stable. |
| Does not meet clearance criteria due to one or more of the following: <ul style="list-style-type: none"> Dental problem severely interferes with activities of daily living. | DENTAL ADVISOR | _____ Risk varies - assess based on detailed history. |

DIAGNOSTIC CODES

520.0 Congenital/Developmental Problems
 520.5 Dentinogenesis Imperfecta
 520.5 Amelogenesis Imperfecta.

Cross Reference ICD.9.CM

NOTES AND INSTRUCTIONS FOR REVIEWERS:

Reviewers to Consider:

- Stability of dentition.

COMMENTS:

Dentinogenesis Imperfecta: Characterized by abnormally developed dentin, calcified pulp chambers, and root canals (evident on radiographs). These teeth are resistant to decay but the enamel flakes off easily and the dentin is not resistant to wear. Full crowns are needed on all teeth.

Amelogenesis Imperfecta: There are two types of amelogenesis imperfecta: those that arise from hypomineralization and those that have normal mineralization but the amount of enamel is reduced (hypoplasia). Hypomineralization leads to chipping away of enamel and crowns will be needed. The degree of hypoplasia varies from type to type, and treatment **may or may not be needed.**

INFORMATION REQUIRED *Any history.***All Applicants:**

- Standard Form 603
- Copy of full mouth series or panorex with bitewings.

| CLEARANCE CRITERIA | REVIEWER | GUIDANCE |
|--|----------------|--|
| 1. No, or resolved, symptoms, e.g., TMJ pain. | | |
| Meets clearance criteria, AND <ul style="list-style-type: none"> • Mild wear facets. | DENTAL ADVISOR | CLEAR |
| Does not meet clearance criteria due to one or more of the following: <ul style="list-style-type: none"> • Moderate to severe wear facets. | DENTAL ADVISOR | DEFER Occlusal guard required. Defer until evaluation and treatment complete. |
| Does not meet clearance criteria due to one or more of the following: <ul style="list-style-type: none"> • Current symptoms, e.g., TMJ pain. | DENTAL ADVISOR | See "Temporomandibular Joint Disease" Guideline. |

DIAGNOSTIC CODES

306.8 Bruxism

Cross Reference ICD.9.CM

NOTES AND INSTRUCTIONS FOR REVIEWERS:**Reviewers to Consider:**

- None

COMMENTS:

Background: Applicants with severe bruxism habits are at higher risk for fractures of teeth, fractures of fillings, and periodontal disease.

MISSING TEETH

DENT 2.2

INFORMATION REQUIRED *Any history.*

All Applicants:

- Standard Form 603
- Copy of full mouth series or panorex with bitewings.

CLEARANCE CRITERIA

REVIEWER

GUIDANCE

1. One or more missing teeth.

Meets clearance criteria, AND

- No interference with activities of daily living.

**DENTAL
ADVISOR**

CLEAR

Does not meet clearance criteria due to one or more of the following:

- Interferes with activities of daily living.

**DENTAL
ADVISOR**

Risk varies - assess based
on detailed history.

DIAGNOSTIC CODES

525.1 Missing Teeth

Cross Reference ICD.9.CM

NOTES AND INSTRUCTIONS FOR REVIEWERS:

Reviewers to Consider:

- None

COMMENTS:

Background: Although all teeth support each other and the loss of one tooth can compromise the status of the remaining teeth, the process of supereruption or migration is slow. It rarely leads to an acute problem.

INFORMATION REQUIRED *Any history.***All Applicants:**

- Standard Form 603 to include the following:
 - Diagnosis
 - Etiology, if known.
 - Symptoms to include severity and frequency.
 - Limitation of jaw mobility.
 - Treatment plan to include treatment provided and treatment success, i.e., symptoms resolved.
 - Current status
 - Prognosis
 - Recommendations for follow-up over the next 3 years.
- Copy of full mouth series or panorex with bitewings.

If Applicable:

- Discharge summary for all related hospitalizations.

| CLEARANCE CRITERIA | REVIEWER | GUIDANCE |
|--|----------------|--|
| 1. No, or mild, symptoms. 2. If symptoms, well controlled with life style modification or occlusal guard. 3. No use of analgesics or NSAIDS for TMJ dysfunction. 4. No use of repositioning appliances. | | |
| Meets clearance criteria 1-4, AND • If history of TMJ surgery, post surgery <i>greater than</i> 6 months. | DENTAL ADVISOR | CLEAR |
| Does not meet clearance criteria due to one or more of the following: • If history of TMJ surgery, post surgery <i>less than</i> 6 months. | DENTAL ADVISOR | DEFER |
| Does not meet clearance criteria due to one or more of the following: • Use of repositioning appliances. | DENTAL ADVISOR | DEFER Until treatment complete and symptom resolved. |
| Does not meet clearance criteria due to one or more of the following: • Moderate to severe symptoms. • Use of analgesics or NSAIDS for TMJ dysfunction. | DENTAL ADVISOR | _____ Risk varies - assess based on detailed history. |

DIAGNOSTIC CODES

524.6 Temporomandibular Joint Dysfunction
 76.5 Temporomandibular Arthroplasty

Cross Reference ICD.9.CM

NOTES AND INSTRUCTIONS FOR REVIEWERS:**Reviewers to Consider:**

- Resolution of symptoms.

TEMPORAL MANDIBULAR JOINT DYSFUNCTION (TMJ)

COMMENTS:

Background: Temporal Mandibular Joint (TMJ) dysfunction involves a number of conditions that may cause pain in the TMJ joint or in the muscles of mastication. Causes include: malocclusion, bruxism, ankylosis (from trauma or infection), internal disc derangement, arthritis, rheumatoid arthritis, or condylar hyperplasia. Some conditions require surgery and some respond to conservative medical care. Some individuals may require orthodontia following TMJ surgery.

ABSCESSSED TOOTH

DENT 3.1

Includes Periapical Abscess. For Periodontal Abscess See "Periodontal Disease" Guideline.

INFORMATION REQUIRED *Any history.*

All Applicants:

- Standard Form 603
- Statment of treatment to include the following:
 - Date completed
- Copy of full mouth series or panorex with bitewings.

| CLEARANCE CRITERIA | REVIEWER | GUIDANCE |
|--|---|---------------------------------|
| 1. History of abscessed tooth or periapical abscess. | | |
| Meets clearance criteria, AND <ul style="list-style-type: none">• Abscess resolved with extraction or root canal therapy. | DENTAL ADVISOR PCMO FOLLOW-UP If possible: Dental evaluation to include x-rays if history includes root canal therapy within the past 1 year. | CLEAR |
| Does not meet clearance criteria due to one or more of the following: <ul style="list-style-type: none">• Abscess not resolved. | DENTAL ADVISOR | DEFER Until resolved. |

DIAGNOSTIC CODES

522.5 Abscessed Tooth
522.5 Periapical Abscess

Cross Reference ICD.9.CM

NOTES AND INSTRUCTIONS FOR REVIEWERS:

Reviewers to Consider:

- None

COMMENTS:

Background: A periapical abscess is an infection at the root apex of a tooth. Although the tooth may be asymptomatic at the time of the examination, it is at increased risk of becoming symptomatic. The tooth must be treated with root canal therapy or extraction.

DENTAL DECAY

DENT 3.2

Includes Caries, Provisional (Temporary) Restorations, and Defective Restorations

INFORMATION REQUIRED *Any history.*

All Applicants:

- Standard Form 603 to include the following:
 - Itemized list all treatment provided.
- Copy of full mouth series or panorex with bitewings.

| CLEARANCE CRITERIA | REVIEWER | GUIDANCE |
|---|----------------|---|
| 1. No, or resolved, decay. 2. No, or replaced, defective restorations. 3. No incipient decay, i.e, caries that have not advanced through the enamel to the dentin. | | |
| Meets clearance criteria 1-3, AND <ul style="list-style-type: none"> • No, or replaced, provisional (temporary) restorations. | RN | CLEAR |
| Does not meet clearance criteria due to one or more of the following: <ul style="list-style-type: none"> • Incipient decay | DENTAL ADVISOR | _____ Risk varies - assess based on detailed history. Consider need for treatment over the next 3 years. |
| Does not meet clearance criteria due to one or more of the following: <ul style="list-style-type: none"> • Current decay. • Current defective restoration. • Current provisional (temporary) restoration. | DENTAL ADVISOR | DEFER Until resolved. |

DIAGNOSTIC CODES

521.0 Caries
 521.0 Defective Restoration
 23.49 Provisional Restoration (Temporary)

Cross Reference ICD.9.CM

NOTES AND INSTRUCTIONS FOR REVIEWERS:

Reviewers to Consider:

- Need for treatment of incipient decay.

COMMENTS:

Background: Untreated caries place PCV at risk for tooth abscess and great discomfort. Safe dental treatment is not always available in Peace Corps countries, therefore, decay must be treated with either fillings, crowns, or extractions. All provisional (temporary) and defective restorations must be replaced with new restorations, i.e., fillings or crowns.

Incipient Decay: Caries that have not penetrated through the enamel to the dentin. Does not require treatment. All decay that has reached the dentin must be treated. These lesions will continue to progress which could lead to the tooth becoming symptomatic, i.e., pulpitis, or cause a periapical abscess.

INFORMATION REQUIRED *Any history.***All Applicants:**

- Standard Form 603 to include the following:
 - Treatment
- Copy of full mouth series or panorex with bitewings.

| CLEARANCE CRITERIA | REVIEWER | GUIDANCE |
|---|----------------|--------------------------|
| 1. No, or resolved, symptoms. 2. No residual infection. | | |
| Meets clearance criteria 1-2, AND <ul style="list-style-type: none"> • Fractured tooth or teeth restored or extracted. | DENTAL ADVISOR | CLEAR |
| Does not meet clearance criteria due to one or more of the following: <ul style="list-style-type: none"> • Current symptoms. • Residual infection. • Fractured tooth or teeth <i>not</i> restored or extracted. | DENTAL ADVISOR | DEFER Until resolved. |

DIAGNOSTIC CODES

525.1 Fractured Teeth

Cross Reference ICD.9.CM

NOTES AND INSTRUCTIONS FOR REVIEWERS:**Reviewers to Consider:**

- None

COMMENTS:

Background: All fractures teeth or fractured restorations must be repaired due to risk of additional fracture and symptoms. Teeth with small chips in the enamel *only* do not need to be treated.

IMPACTED THIRD MOLARS (WISDOM TEETH)

DENT 3.4

Includes Wisdom Tooth Extraction.

INFORMATION REQUIRED *Any history.*

All Applicants:

- Standard Form 603
- Copy of full mouth series or panorex with bitewings.

| CLEARANCE CRITERIA | REVIEWER | GUIDANCE |
|---|----------------|--|
| <ol style="list-style-type: none"> 1. No, or resolved, symptoms. 2. No associated pathology, e.g., dentigerous cyst, pericoronitis. 3. Dentist does not recommend extraction. 4. If extraction, no residual infection and normal healing. | | |
| Meets clearance criteria 1-4, AND <ul style="list-style-type: none"> • Wisdom teeth <u>extracted</u>. | DENTAL ADVISOR | CLEAR |
| Meets clearance criteria 1-4, AND <ul style="list-style-type: none"> • Wisdom teeth <u>fully erupted</u>. | DENTAL ADVISOR | CLEAR |
| Meets clearance criteria 1-4, AND <ul style="list-style-type: none"> • Wisdom teeth <u>impacted</u>. | DENTAL ADVISOR | CLEAR |
| Does not meet clearance due to one or more of the following: <ul style="list-style-type: none"> • Current symptoms. • Associated pathology, e.g., dentigerous cyst, pericoronitis. • Dentist recommends extraction. • If extraction, residual infection or abnormal healing. | DENTAL ADVISOR | DEFER Until symptoms resolved or extraction. |

DIAGNOSTIC CODES

520.6 Impacted Third Molars (Wisdom Teeth)
 23.19 Wisdom Tooth Extraction

Cross Reference ICD.9.CM

NOTES AND INSTRUCTIONS FOR REVIEWERS:

Reviewers to Consider:

- Peace Corps policy requires extraction if the examining dentist recommends extraction. The third molars should be extracted if the examining dentist reports a history of pericoronitis (inflammation of the soft tissue surrounding the wisdom teeth) or if the radiographs reveal a cyst associated with a wisdom tooth.

COMMENTS:

Background: Impacted third molars are at risk of becoming symptomatic. Most Peace Corps countries do not have the facilities to safely extract third molars.

PERIODONTAL DISEASE (GINGIVITIS)

DENT 3.5

Includes Periodontal Abscess.

INFORMATION REQUIRED *Any history.*

Applicants With Mild to Moderate Periodontal Disease:

- Standard Form 603
- Copy of full mouth series or panorex with bitewings.

Applicants With Severe to Advanced Periodontal Disease :

- Standard Form 603
- Specialist Evaluation (Periodontist) to include the following:
 - Diagnosis to include severity of periodontal disease.
 - Treatment plan to include treatment provided.
 - Prognosis
 - Recommendations for follow-up over the next three years.
- Copy of full mouth series or panorex with bitewings.

| CLEARANCE CRITERIA | REVIEWER | GUIDANCE |
|--|----------------|---|
| <ol style="list-style-type: none"> 1. Mild to moderate periodontal disease. 2. No, or resolved, symptoms. 3. No periodontal abscesses. 4. No significant tooth mobility. | | |
| Meets clearance criteria 1-4, AND <ul style="list-style-type: none"> • If periodontal treatment required: treatment complete. | DENTAL ADVISOR | CLEAR |
| Meets clearance criteria 1-4, AND <ul style="list-style-type: none"> • Dentist recommends scaling every 6 months. | DENTAL ADVISOR | CLEAR WITH RESTRICTION Dental Accommodation (PCMO consultation regarding available resources) PCMO FOLLOW-UP Dental evaluation and scaling every 6 months. |
| Does not meet clearance criteria due to one or more of the following: <ul style="list-style-type: none"> • Periodontal abscesses. • If periodontal treatment required: treatment <i>not</i> complete. | DENTAL ADVISOR | DEFER Defer until abscess resolved and treatment complete. |
| Does not meet clearance criteria due to one or more of the following: <ul style="list-style-type: none"> • Severe to advanced periodontal disease. • Current symptoms. • Significant tooth mobility. | DENTAL ADVISOR | _____ Risk varies - assess based on detailed history. |

DIAGNOSTIC CODES

523.1 Periodontal Disease (Gingivitis)

Cross Reference ICD.9.CM