



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO
BUMEDINST 6670.2B
BUMED-M3
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BUMED INSTRUCTION 6670.2B

From: Chief, Bureau of Medicine and Surgery

Subj: ORTHODONTIC CARE IN NAVAL MEDICAL TREATMENT FACILITIES

Ref: (a) Public Law 98-525
(b) BUMEDINST 6320.103
(c) NAVMED P-117

Encl: (1) Orthodontic Treatment General Guidelines
(2) Authorized Orthodontic Care for Active Duty Personnel
(3) Authorized Orthodontic Care for Family Members, Retirees, and Other Eligible Non-Active Duty Personnel

1. Purpose. To establish policy and guidelines for the provision of orthodontic care at Navy medical treatment facilities (MTF) and dental treatment facilities (DTF). This instruction is a complete revision and should be reviewed in its entirety.

a. Orthodontic treatment for active duty Service members (ADSM) can be initiated to restore masticatory function lost due to dental disease or injury sustained while on active duty, or to correct a malocclusion or a malrelation of the jaws, which has a direct effect on the individual's health or performance of duty.

b. Orthodontic treatment can be initiated or continued for eligible dependents of active duty personnel living and deceased, who during their period of skeletal development are living in areas where civilian orthodontic care is not available.

c. Orthodontic treatment can be initiated for individuals as a means to enhance learning and provide didactic and clinical adjunctive support for Navy dental training programs.

d. Orthodontic treatment can be provided to all eligible recipients on a space available basis per reference (a), which amended section 1077 of Title 10, U.S. Code, with the most severe cases given priority. Reference (b) and reference (c) Manual of the Medical Department, chapter 6, article 6-53 further delineates eligibility and priority of care.

2. Cancellation. BUMEDINST 6670.2A, NAVMED 6630/5 Orthodontic Index and Evaluation of Occlusion, and NAVMED 6630/7 Special Consent to Performance of Orthodontic Treatment.

3. Scope. Applies to personnel working in dental spaces ashore and afloat. The provisions of this instruction are in compliance with the requirements of references (a) through (c).

4. Background. Navy MTFs and DTFs with appropriately credentialed staff may provide orthodontic care for eligible beneficiaries based on geographic location, the location of orthodontic training programs, and the population served. Due to limited availability, policy guidelines are necessary to establish priority for the provision of orthodontic care in these facilities. These guidelines are listed in enclosures (1) through (3).
5. Policy. Dental standards for processing into the Navy and Marine Corps are designed to minimize the need for orthodontic care. However, limited orthodontic treatment is an integral part of the Navy's capability to maintain accreditation for its training programs, and provides a comprehensive dental health care delivery system.
 - a. Enclosures (1) through (3) specify the eligibility criteria to receive orthodontic care at Navy MTFs and DTFs where orthodontic care is available and describes the conditions under which orthodontic care may be authorized and provided. This instruction describes responsibilities in the event of early transfer, permanent change of station, or deployment of those patients already in orthodontic care. In addition, it provides a clear definition of the type of appliances that may be utilized by those personnel in operational billets, as well as delineating what type of treatment may be initiated by non-orthodontic providers.
 - b. When determining priority for initiating orthodontic care, NAVMED 6630/10 Orthodontic Patient Evaluation Summary Sheet and NAVMED 6630/11 Orthodontic Discrepancy Index will be used in addition to the guidelines in enclosures (1) through (3).
 - c. An active duty patient or sponsor of a dependent patient must have sufficient time remaining in his or her present assignment (generally 24 months or more) to have the orthodontic treatment accomplished before the patient or sponsor transfers (enclosures (2) and (3)). Exceptions to this would be dependent children with interceptive treatment needs that can be completed in less time, or dependent children who have urgent or medically critical treatment needs. These patients must be evaluated by the orthodontist on a case-by-case basis.
 - d. Retirees, their family members, and other eligible beneficiaries who initiated treatment prior to the ADSM's retirement from service should plan to remain in their present location to allow sufficient time to complete necessary treatments. The Navy will not assume responsibility for continuation of orthodontic care for those eligible patients who move to an area where orthodontic care is not authorized in a Department of Defense (DoD) facility (enclosure (3)).
 - e. For MTFs and DTFs in the continental United States (CONUS) and U.S. territories, utilization of the Active Duty Dental Program (ADDP) is an option to maintain access to care for ADSMs. ADDP is not authorized to offer orthodontic benefits other than for those related to orthognathic surgery, treatment of trauma acquired on duty, or for complex rehabilitative prosthodontic cases. The specialty leaders for oral and maxillofacial surgery, prosthodontics, and orthodontics must review any cases prior to acceptance.

6. Action. Commanding officers and officers in charge of Navy MTFs and DTFs with established orthodontic capabilities must:

a. Ensure that orthodontic consultation is available to all eligible beneficiaries who meet the eligibility requirements established in reference (a), enclosures (1) through (3), and NAVMED 6630/8. Limited access to care, the frequency of required follow-up appointments, and the need for specialized attention for emergencies or for tracking treatment progress, preclude all routine orthodontic treatment modalities for personnel assigned to operational units. Guidelines for the provision of this care are described in enclosures (1) through (3).

b. Establish a local orthodontic selection board chaired by a Navy orthodontist.

(1) Local orthodontic selection boards will determine eligibility per reference (a), enclosures (1) through (3), and NAVMED 6630/8. The orthodontic selection board should consist of all command orthodontists with the most senior as the chair. If only one orthodontist is assigned at the command, the board should be made up of a minimum of two other dental officer members. If possible, priority should be made for pediatric dentist and oral surgeon members but not limited to those specialties if unavailable.

(2) The process to select individuals for treatment will be fair and impartial, and unbiased by rank or position.

(3) The orthodontic selection board will coordinate with other treatment modalities that may affect the outcome and treatment timing of planned orthodontic care. Required care that prevents treatment from being initiated in a timely manner will generally void that individual's selection for orthodontic treatment. In such cases, treatment will not be started.

c. Ensure NAVMED 6630/12 Orthodontic Statement of Understanding, NAVMED 6630/13 Benefits, Risks, and Limitations of Orthodontic Treatment and NAVMED 6630/8 will be completed by all ADSMs and beneficiaries who are accepted for orthodontic treatment.

d. Ensure NAVMED 6630/6 Orthodontic Transfer Form Patient in Active Treatment, or the American Association of Orthodontists Transfer of Patient in Active Appliances (or Retention) Form, available at: <https://www.aaoinfo.org/practice-management/patient-management/forms-releases>, must be completed for all orthodontic patients being transferred. The transferring facility must retain copies of the NAVMED 6630/6, NAVMED 6630/8, NAVMED 6630/10, NAVMED 6630/11, and the orthodontist's clinical treatment notes for possible future reference as described in paragraph 6f. Orthodontic initial and final records (photographs, radiographs, and models) will be retained for 7 years or, for minors, until age 25. Electronic copies of photographs and radiographs should be retained on the orthodontic treatment software program (e.g., Dolphin). Electronic models may be kept in lieu of plaster models and archived on command specific software available.

e. Orthodontic care which is limited to minor tooth movement and adjunctive to restorative, prosthodontic, periodontal, or endodontic care, including the up-righting of abutment teeth and simple interceptive orthodontics, may be performed by any dental officer who is granted supplemental privileges to provide these services. Minor tooth movement is defined as the partial arch (one arch) treatment directed at improvement of one or two teeth to improve esthetics or to facilitate restorative needs. For general dentists, this core privilege is restricted to the use of removable appliances only, unless treating a case under the supervision of a military orthodontist. For those specialties with orthodontic core privileges, minor tooth movement is defined as the placement of 2 bands and 6 brackets in one arch unless treating under the supervision of a military orthodontist. At all times, providers initiating orthodontic care must be held to all standards of care for the specialty and must perform all required and accepted diagnosis and treatment planning.

(1) MTFs and DTFs without a Navy orthodontist assigned, that wish to grant supplemental privileges to dentists who have fulfilled additional training, must have that individual's training reviewed by either the Navy orthodontic specialty leader or the respective regional orthodontic consultants at Naval Medical Center San Diego, Naval Medical Center Portsmouth, or the Walter Reed National Military Medical Center/Naval Postgraduate Dental School.

(2) If an orthodontic selection board is present at the supplemental privileged providers command, they must present their cases to the board for discussion and inclusion to the final board results.

f. Ensure orthodontic records of active duty personnel and family members will be included in the patient's dental treatment record. All records will be maintained per reference (b). Secondary records utilized for convenience must be original records and included in the dental record at the beginning and end of treatment.

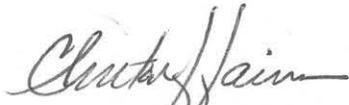
7. Records Management. Records created as a result of this instruction, regardless of media and format, must be managed per the Secretary of the Navy Manual 5210.1 of January 2012.

8. Review and Effective Date. Per OPNAVINST 5215.17A, Bureau of Medicine and Surgery will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction.

9. Forms. The following forms are available for download from the Navy Medicine Web site at: <http://www.med.navy.mil/directives/Pages/NAVMEDEForms.aspx> and are authorized for local reproduction:

a. NAVMED 6630/6 Orthodontic Transfer Form Patient in Active Treatment.

- b. NAVMED 6630/8 Commander's Concurrence Form.
- c. NAVMED 6630/10 Orthodontic Patient Evaluation Summary Sheet.
- d. NAVMED 6630/11 Orthodontic Discrepancy Index.
- e. NAVMED 6630/12 Orthodontic Statement of Understanding.
- f. NAVMED 6630/13 Benefits, Risks, and Limitations of Orthodontic Treatment.


C. FORREST FAISON III

Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site at: <http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>.

ORTHODONTIC TREATMENT GENERAL GUIDELINES

The following guidelines are established to ensure that all eligible beneficiaries understand the orthodontic treatment objectives and the eligibility criteria for selection for orthodontic care.

1. Orthodontic Treatment Objectives. Orthodontic services will be provided to achieve the following objectives:

- a. To support adjunctive medical or surgical care of traumatic injuries.
- b. To correct a malocclusion or a malrelation of the jaws which has become significant enough to directly affect the individual's health or performance of duty.
- c. To provide continuation of authorized orthodontic treatment previously initiated.
- d. To correct a malocclusion of the teeth or malrelation of the jaws when such therapy is preventive in nature or required as adjunctive support to other dental treatment.

2. Treatment Eligibility Criteria. ADSMs exhibiting a malocclusion that either threatens the longevity of the dentition or lacks adequate dental function are eligible for Navy orthodontic care. These conditions include, but are not limited to:

- a. Malocclusions with jaw malrelations requiring orthognathic surgery (e.g., skeletal prognathism, retrognathism, or apertognathism).
- b. Skeletal malocclusions that cause active destruction of hard or soft oral tissues.
- c. Malrelations that require correction in support of other dental specialty treatment requirements.
- d. Anterior crossbite of multiple teeth or of a single tooth where there is traumatic interference in lateral mandibular excursions.

3. Diagnosis and Treatment. Before initiation of combined orthognathic and surgical treatment, collaborative consultations must be accomplished between the treating orthodontist, oral surgeon, and other specialists as necessary, to outline the diagnosis and treatment program designed for each beneficiary.

4. Contraindications for the Initiation of Orthodontic Treatment by Navy Orthodontists

- a. Esthetics alone.
- b. "Crowded teeth" where reasonable oral hygiene measures can adequately protect the periodontium.

- c. Where oral hygiene is deficient or the patient lacks motivation or cooperation.
 - d. Where the overall periodontal prognosis is guarded.
 - e. When another method of dental treatment is judged to be the treatment of choice.
 - f. When minor tooth movement adjunctive to other dental treatment is judged a good alternative to comprehensive orthodontics.
 - g. Use of tobacco products including, but not limited to, snuff, chewing tobacco, and cigarettes; however patients may request to be referred to a tobacco cessation program. Once tobacco use has successfully ceased, patients may be reconsidered for orthodontic care.
 - h. Active duty personnel assigned to deployable operational units.
 - i. Active duty personnel with orders to deployable operational units.
5. All questions related to issues not covered in this enclosure will be referred to the orthodontic specialty leader.

AUTHORIZED ORTHODONTIC CARE FOR ACTIVE DUTY PERSONNEL

1. The dental standards for entrance into the Navy and Marine Corps normally prevent enlistment of personnel with severe malocclusions. If orthodontic care becomes indicated, ADSMs have priority for treatment at CONUS MTFs and DTFs as per reference (c).
2. Eligibility is determined by an orthodontic selection board, as per paragraph 6b of the basic instruction, convened to determine how treatment will be accomplished. Examination, including the creation of complete orthodontic records, is not a commitment to treatment.
3. Members may be accepted for initiation of orthodontic treatment only when they have sufficient active service obligation remaining and sufficient tour length in a non-deployable unit to complete the orthodontic treatment at their present duty location as verified by their personnel support detachment or commanding officer, and documented on the NAVMED 6630/8. ADSMs must be in good standing in their Service to be considered for orthodontic care. Those personnel currently under investigation or incarceration will not be evaluated for treatment until resolution of the respective case. Upon favorable resolution, if screened by a general dentist and found to qualify, they will be referred to and evaluated by a Navy orthodontist along with all other eligible beneficiaries.
4. Orthodontic care is limited to members whose primary assignment is to non-deployable units.
5. ADSMs must retain worldwide assignability. ADSMs will be required to have active appliances removed and replaced with suitable passive or retention appliances (e.g., when in receipt of orders where no orthodontic care is available or ordered to operational units). The treating orthodontist will decide on a case-by-case basis on appropriate care if the patient is ordered to temporary assigned duty or an operational unit. For periods of 6 months or less, appliances may be retained if passive and tied in with steel ligatures. For periods of 6 months or longer, appliances will be removed and retention provided. Upon return from duty, there is no guaranteed continuation of previous orthodontic treatment.
6. ADSMs who were not physically disqualified because of malocclusion of teeth or jaw relationship upon entry into active duty are presumed to meet minimum orthodontic qualifications. Orthodontic treatment for these individuals is therefore normally considered elective.
7. Before orthodontic therapy may be initiated for active duty Navy and Marine Corps personnel by military or civilian providers, written notification of intent must be submitted through the member's chain of command. A written endorsement must be received from the commanding officer or whoever has directional authority. This endorsement must verify that such treatment will not interfere with the member's mission accomplishment capabilities or performance of duties. In addition, this endorsement must verify that the member has adequate

time at his or her present duty station for the completion of the intended orthodontic care, as documented on the NAVMED 6630/8.

8. Because personnel on active duty are considered to have met the standards for entrance into the military service, an extension of a shore tour for elective orthognathic or orthodontic correction of dental problems generally will not be approved. Orthodontic therapy cannot be used as justification to alter or extend a projected rotation date, and thus all treatment must be completed within the remaining time at the present duty station. If the proposed treatment cannot be completed by the member's projected rotation date, it should be anticipated that the request to initiate treatment will be denied.

9. Prior to starting orthodontic therapy on an active duty beneficiary other than a member of the Navy or Marine Corps, the individual's parent Service will be contacted to ensure that the regulations of the parent Service regarding elective orthodontic care are followed.

10. If an ADSM initiate orthodontic treatment from non-Federal sources at no expense to the government and is reassigned to a location where orthodontic care is unavailable, termination of treatment may be necessary before the orthodontic care is completed. If this should occur, the government is not liable for the continuation or completion of orthodontic treatment. Dental care, such as the extraction of teeth, adjunctive to the provision of elective orthodontic treatment by non-Federal orthodontists may be obtained from Navy MTFs and DTFs. The provision of adjunctive care by the Navy does not imply liability in the completion of the elective orthodontic care. If assigned or reassigned unexpectedly to a shipboard, Fleet Marine Force, or an operational tour, continued use of active orthodontic appliances will, generally, not be permitted. Operational billets require that active fixed orthodontic appliances be removed and active removable appliances be made passive.

11. Navy orthodontists are not required to accept transfer cases from providers other than U.S. military orthodontic specialists. If patients wish to continue orthodontic care, they should remain in the area until their care is completed, or have all active appliances removed. The Navy does not accept any liability or implied responsibility to continue care for cases for any other provider type.

12. ADSMs who are diagnosed as requiring combined orthognathic surgery and orthodontic treatment are to be treated under the following guidelines:

a. If the condition existed prior to enlistment and severely compromises the member's health or performance of duty, the member may be medically discharged from the service.

b. Treatment is initiated if the condition can be treated solely via direct care or by using the services of a civilian orthodontist under the conditions described herein.

c. If orthodontic support is not available at any DoD MTF or DTF in close approximation to where the orthognathic surgery is to be performed, supplemental funding for civilian orthodontic treatment should be requested by the referring treatment facility through ADDP.

13. Service members using civilian orthodontists at their own expense in preparation for adjunctive orthognathic surgery to be performed by a Navy oral surgeon must:

a. Submit a letter of intent and obtain an endorsement from his or her commanding officer as described in paragraph 7 of this enclosure and documented on the NAVMED 6630/8.

b. Initiate consultation between the civilian orthodontist and the Navy oral surgeon anticipated to provide such care.

c. Agree to bear all expenses associated with any and all civilian orthodontic care.

d. Agree that initiation of subject treatment plan does not preclude the member from being reassigned to a shipboard, Fleet Marine Force, or operational tour which may require delay or termination of such treatment.

e. Meet all other eligibility requirements for orthodontic patients set forth in this instruction.

14. For orthognathic surgery cases where the treating orthodontist is a civilian, the Navy oral surgeon must verify that appropriate notification has been submitted through the member's chain of command and a positive endorsement has been obtained, per paragraph 7 of this enclosure, and documented on the NAVMED 6630/8.

15. Navy oral surgeons are not required to accept cases for orthognathic surgery if the orthodontic treatment was initiated by a civilian orthodontist, without a combined pre-assessment evaluation by a Navy oral surgeon and the referring civilian orthodontist involved. This does not preclude a Navy oral surgeon from accepting cases for treatment from a civilian orthodontist, if in the professional judgment of the oral surgeon the surgical procedure is indicated, and there will be no compromise in professional or technical procedures.

16. All questions related to issues not covered in this enclosure will be referred to the orthodontic specialty leader.

AUTHORIZED ORTHODONTIC CARE FOR FAMILY MEMBERS, RETIREES, AND
OTHER ELIGIBLE NON-ACTIVE DUTY PERSONNEL

1. The primary mission of the Navy Dental Corps is to treat ADSMs. Within CONUS, the mission of Navy orthodontics is to support oral surgery and post-graduate year-1 training programs. Outside continental United States (OCONUS), our mission is to support the military family as they transition overseas during a potentially critical time in their child's growth and development.
2. Active duty family member will be accepted for initiation of comprehensive orthodontic treatment only when their sponsor has sufficient time available in his or her current assignment or geographic location to expect completion of the proposed orthodontic treatment before transfer.
3. In all cases, the patient's health and well-being is paramount. If the orthodontist is not able to exercise control over treatment mechanics due to the patient's location or lack of availability for immediate follow-up care, treatment will not be initiated. The sponsor of dependent family members under consideration for orthodontic treatment must be counseled regarding lack of continuing orthodontic care. The Navy is not responsible for the cost of continuing the family member's treatment if the sponsor is reassigned, if the patient is relocated, if the patient's eligibility for care ceases, or if orthodontic care becomes unavailable for any reason. The sponsor must also be counseled that treatment may be discontinued if the patient fails to fully cooperate. This may include, but is not limited to, the failure to maintain appointments (generally more than three missed appointments over the course of treatment will be considered failure to comply), failure to maintain proper hygiene, or repeated breakage of the appliance (broken bands/brackets, wires).
4. Per references (a) and (b), eligible non-active duty beneficiaries treated at OCONUS facilities will be prioritized according to the following hierarchy. All cases are accepted on a space available basis.
 - a. Treatment adjunctive to medical or surgical care, and treatment of traumatic injuries have precedence over other types of orthodontic care.
 - b. Family members of ADSMs with cleft palates or craniofacial anomalies who require supportive orthodontic care.
 - c. Family members who arrive on station with an appropriate treatment plan and transfer records from a U.S. orthodontist, in fully banded or bonded active orthodontic appliances that have been placed by military or civilian orthodontists before the issuance of the sponsor's written reassignment notification (official orders) and who have correctly completed the overseas screening process. Completion of the overseas screening process requires that patients

in active orthodontic appliances contact the orthodontist at the gaining location to ensure that they are able to provide continuation of care. These patients must also complete the orthodontic selection board process at the gaining command prior to being fully accepted as transfer patients.

d. Family members of active duty military personnel who, before arrival at their sponsor's command and before the sponsor's written reassignment notification, have undergone serial extraction of teeth as ordered by an orthodontist in preparation for orthodontic care. These patients should also complete the overseas screening process with advance notification of the gaining orthodontist to ensure treatment capability exists.

e. Family members, not already under orthodontic care, with malocclusions or craniofacial anomalies that pose a serious functional or developmental problem or present a serious threat to the longevity of the dentition.

f. Family member children in need of orthodontic intervention who are:

(1) In their permanent dentition and approaching the end of active adolescent growth.

(2) In mixed dentition stage of growth and development.

g. Cases selected to meet the requirements for certification by the American Board of Orthodontics.

h. Family members accompanying an ADSM who is on an extended overseas billet assignment.

i. Family members who arrive on station with an appropriate treatment plan and transfer records from a U.S. orthodontist in fully banded or bonded active orthodontic appliances that have been placed by military or civilian orthodontists after the issuance of the sponsor's written reassignment notification.

j. Retired military personnel, family members of retired military personnel, and other eligible non-active duty beneficiaries.

k. Family members of a divorced ADSM sponsor when the sponsor no longer resides in the area but the family member retains full-benefit status.

5. Eligible non-active duty beneficiaries treated at facilities in CONUS are limited to the following orthodontic care:

a. Examinations and consultations.

- b. Treatment that is adjunctive to medical or surgical care and treatment of traumatic injuries.
 - c. Cases selected to meet the requirements for certification by the American Board of Orthodontics.
 - d. Teaching cases initiated and supervised by an orthodontist in a dental residency or continuing education program.
 - e. All other eligible recipients on a space available basis with the most severe cases given priority.
6. All questions related to issues not covered in this enclosure will be referred to the orthodontic specialty leader.