PERFORMANCE WORK STATEMENT (PWS)

FOR

Dental Services Virginia Army National Guard

1.0 General:

1.1 Scope: The contractor shall provide all personnel, equipment, tools, materials, supervision, and quality control necessary to perform Dental Services for referred Class 3 dental Soldiers of the Virginia Army National Guard, with services concentrated in the South-West region of Virginia, centered around Bristol.

1.2 Background: Readiness is the #1 Priority, and Medical and Dental Readiness is 80% of a Soldiers Readiness Posture. Military operations and deployments within the Virginia Army National Guard (VAARNG) have increased and has placed additional strain and requirements on our Soldiers and their families. Increased deployments and missions locally and around the globe have required Soldiers to be deployed more frequently, for longer periods in high physical and mental stress operations. All service members are expected to be deployable and not become a dental casualty within the 12 months of deployment.

1.2.1 Dental Services

1.3 Period of Performance (PoP). The ordering period shall be for five (5) years after the effective date of the agreement.

1.4 General Information:

1.4.1 Place and Performance of Services. Hours of Operation: The contractor shall have the capability of providing dental treatment services at their professional office during normal business hours, except on recognized US holidays.

1.4.2 Recognized Holidays: The following are recognized United States (US) holidays. The contractor ***is not required*** perform services on these days:

1.4.3.1 New Year's Day: January 1st
1.4.3.2 Martin Luther King, Jr.'s Birthday
1.4.3.3 President's Day
1.4.3.4 Memorial Day
1.4.3.4 Juneteenth: June 19th
1.4.3.6 Independence Day: July 4th
1.4.3.7 Labor Day
1.4.3.8 Columbus Day
1.4.3.9 Veteran's Day: November 11th
1.4.3.10 Thanksgiving Day
1.4.3.11 Christmas Day: December 25th

1.4.3 Quality Control (QC): The contractor will develop and maintain an effective QC Plan (QCP) to ensure services are performed in accordance with this PWS. The contractor shall develop and implement procedures to identify, prevent, and ensure non-recurrence of defective services. The contractor's QCP is the means by which it assures itself that its work complies with the requirements of the contract. As a minimum, the contractor shall develop QC procedures that address the areas identified in Technical Exhibit 1, Performance Requirements Summary (PRS).

1.4.4 Maintain all records and transfer within HIPAA compliance.

1.4.5 Special Qualifications. Contractors must ensure that all personnel performing under this contract are fully trained, licensed, certified and qualified to provide services. The Government does not provide training to contractors. Contractor shall comply with: HIPAA, Privacy Act and OSHA certifications. (NOTE: The Government does not provide training to contractors. Contractors must ensure that any personnel performing under a contract are fully trained, licensed, certified and qualified to provide services.)

1.4.6 Post Award Conference/Periodic Progress Meetings: The contractor may be requested to attend any post award conference convened by the KO in accordance with FAR 42.5. The KO, COR and other Government personnel, as appropriate, may meet periodically with the contractor to discuss current issues, performance, and Government/Contractor concerns. Contractor attendance at these meetings shall be at no additional cost to the Government.

1.4.7 Combating Trafficking in Persons: The United States Government has adopted a zero-tolerance policy regarding trafficking in persons. Contractors and contractor employees shall not engage in severe forms of trafficking in persons during the period of performance of the contract; procure commercial sex acts during the period of performance of the contract; or use forced labor in the performance of the contract. The Contractor shall notify its employees of the United States Government's zero tolerance policy, the actions that will be taken against employees for violations of this policy. The contractor shall take appropriate action, up to and including termination, against employees or subcontractors that violate the US Government policy as described at FAR 22.17.

1.4.8 Data Rights: The Government has unlimited rights to all documents/materials produced under this contract. All documents and materials, to include the source codes of any software, produced under this contract shall be Government owned and are the property of the Government with all rights and privileges of ownership/copyright belonging exclusively to the Government. These documents and materials may not be used or sold by the contractor without written permission from the KO. All materials supplied to the Government shall be the sole property of the Government and may not be used for any other purpose. This right does not abrogate any other Government rights.

1.4.9 Organizational Conflicts of Interest (OCI): The contractor and subcontractor personnel performing services under this contract may receive, have access to or

participate in the development of proprietary or source selection information (e.g., cost or pricing information, budget information or analyses, specifications or work statements, etc.) or perform evaluation services which may create a current or subsequent OCIs, as defined in FAR Subpart 9.5. The contractor shall notify the KO immediately whenever it becomes aware that such access or participation may result in any actual or potential OCI and shall promptly submit a plan to the KO to avoid or mitigate any such OCI. The contractor's mitigation plan will be determined to be acceptable solely at the discretion of the KO. In the event the KO unilaterally determines that any such OCI cannot be satisfactorily avoided or mitigated, the KO may impose other remedies as he or she deems necessary, including prohibiting the contractor from participation in subsequent contracted requirements which may be affected by the OCI.

2.0 Definitions and Acronyms:

2.1 Definitions:

2.1.1 Contractor: A supplier or vendor awarded a contract to provide specific supplies or service to the Government. The term used in this contract refers to the prime.

2.1.2 Defective Service: A service output that does not meet the standard of performance associated with the PWS.

2.1.3 Deliverable: Anything that can be physically delivered and includes non-manufactured things such as meeting minutes or reports.

2.1.4 Key Personnel: Contractor personnel that are evaluated in a source selection process and that may be required to be used in the performance of a contract by the PWS. When key personnel are used as an evaluation factor in best value procurement, an offer can be rejected if it does not have a firm commitment from the persons that are listed in the proposal.

2.1.5 Quality Assurance: The Government procedures to verify that services being performed by the Contractor are performed according to acceptable standards.

2.1.6 Quality Assurance Surveillance Plan (QASP): An organized written document specifying the surveillance methodology to be used for surveillance of contractor performance.

2.1.7 Quality Control: All necessary measures taken by the Contractor to ensure that the quality of an end product or service shall meet contract requirements.

2.1.8 Subcontractor: One that enters into a contract with a prime contractor. The Government does not have privity of contract with the subcontractor.

2.1.9 Blanket Purchase Agreement (BPA): A simplified method of filling anticipated repetitive needs for supplies or services by establishing "charge accounts" with qualified sources of supply.

2.2 Acronyms:

AEI	Army Enterprise Infostructure
AR	Army Regulation
CM	Contract Manager
COR	Contracting Officer Representative
DA	Department of the Army
DFARS	Defense Federal Acquisition Regulation Supplement
DoD	Department of Defense
FAR	Federal Acquisition Regulation
IS	Information System(s)
KO	Contracting Officer
NGB	National Guard Bureau
OCI	Organizational Conflict of Interest
PII	Personally Identifiable Information
POC	Point of Contact
PRS	Performance Requirements Summary
PWS	Performance Work Statement
QA	Quality Assurance
QC	Quality Control
QCP	Quality Control Program
TE	Technical Exhibit

3.0 Government Furnished Property. There is not expected to be any furnished property, materials, equipment, services or utilities by the Government for this BPA.

4.0 Contractor Furnished Property, Materials, and Equipment (CFP/M/E):

4.1 General: The contractor shall furnish everything required to perform these services as indicated in Paragraph 1.1.

5.0 Requirements:

5.1 Dental Services Requirements:

5.1.1 The contractor shall provide all management, labor, material, equipment, certifications, and supplies necessary to provide dental care services at their professional office, which must be located within the South-West region of Virginia, centered around Bristol, for the Virginia Army National Guard Soldiers. Services will be notified to the contractor by documented communication (i.e., email, fax, written correspondence) with proper authorization from the State Surgeon's Office, VAARNG. Treatment provided to Soldiers will be only that which is authorized in Memos generated by the State Dental Office. The contractor shall provide an appointment within 60 days of notification. Once service has been requested, the contractor will provide the previously identified dental treatment and documentation for each Soldier as necessary to meet Department of the Army standards and ensure the mission capability of the Virginia Army National Guard.

The service will comply with medical/dental readiness by converting the Soldier from Dental Class 3 to Dental Class 1 or 2. The contractor will ensure that their agents are appropriately familiar with the military dental classification system. The contractor shall provide customized comprehensive dental readiness services to include:

5.1.2 Class 3 dental treatments for Soldiers (as identified by VAARNG). Dental treatment authorized is outlined in Army Techniques Publication (ATP) 4-02.19 and Appendix 5.1.10d. These services will be completed at the contractor's professional office within the specified service area unless otherwise specified in a separate written agreement. The contractor will assure that procedures are done in accordance with Federal/State Regulations.

5.1.3 Specified Dental Specialty Services to include:

5.1.3a Oral and Maxillofacial Surgery (to include pathology reports if indicated)
5.1.3b Endodontics
5.1.3c Periodontics
5.1.3d Prosthodontics
5.1.3e Prescriptions/pharmaceuticals that are not directly provided by the vendor or can't be billed directly to the vendor shall be coordinated with the DSS office. Patient shall not be directed to pick up prescriptions without directly contacting the DSS for further guidance. (Most dental offices won't likely have a system to directly provide prescriptions/pharmaceuticals, in these cases the service member or DSS will have to use alternate means to provide the prescriptions/pharmaceuticals)

5.1.4 Radiographs shall be taken only for clinical reasons according to FDA and DENCOM guidelines as determined by the patient's dentist. Radiographs should be of diagnostic quality, properly identified and dated. A panoramic radiograph of adequate quality for diagnostic/identification purposes is required to be part of the dental record. There is no time requirement on updating panoramic radiographs. However, the panoramic radiograph will adequately represent the current oral condition of the Soldier. Bitewing (or "bitewing slice" at the discretion of the State Dental Officer) radiographs are also required to be part of the dental record. All radiographs provided under this contract will be digital (unless specified in a separate written agreement) and transferred to the Virginia Army National Guard State Surgeon's Office within 10 business days.

5.1.5 Upon completion of services, the contractor will provide a listing of all DRC3 conditions rectified during the time of treatment. This shall be in accordance with the guidelines set within Appendix 5.1.1 and 5.1.2.

5.1.6 Any condition of significance that has been identified by the VAARNG dental team that is not readily apparent when viewing radiographs is required to be treated by the contractor.

5.1.7 The Contractor shall furnish the following documentation:

5.1.7.1 Upon completion of services, medical information will be documented in accordance with Department of the Army Policy and be updated in the approved Army National Guard automated system. The contractor shall also ensure the requirements of Occupational Safety and Health Administration (OSHA) and applicable Federal regulations are met. The contractor shall develop and maintain records that fully document services performed, examination results, and names of soldiers referred to dental specialists. These records will be made available to the VAARNG State Surgeon's Office, NLT 10 days after initial request. Contractor will return records to the State Dental Office once treatment is finished with detail procedure and signature.

5.1.7.2 All Soldiers must have a complete military dental record. No dental record is considered complete unless the documentation is complete and in the proper order as outlined in 5.1.8.

5.1.8 A complete military dental record includes the following:

5.1.8.1 Automated Health History Form or DA Form 5570 (with notations to "yes" answers and signed by both the Soldier and reviewing Doctor), Health Questionnaire
5.1.8.2 DD Form 2005 (signed), Privacy Act Statement
5.1.8.3 SF 603/603A, Record of Dental Exam
5.1.8.4 Supporting radiographs (panoramic and diagnostic bitewing radiographs documenting existing conditions). All radiographs will be uploaded into the ARNG automated system by the Dental NCOIC. A diagnostic quality copy of all radiographs will be placed in the Dental Record by the Dental NCOIC.

5.1.9 The Contractor will conduct additional dental treatments as required. The Government may request additional treatment not listed but may be required. These requests will be discussed with KO and Contractor prior to any changes.

5.1.10 APPENDICES:

5.1.10a Estimated Workload Data
5.1.10b Oral Health and Readiness Classification System
5.1.10c DA Form 5570E and SF 603-A (Dental Classification Module Version)
5.1.10d Authorized Dental Treatment

6.0 Applicable Publications: Publications applicable to this PWS are listed below:

Publication (Chapter/Page)	Date of Publication	Mandatory or Advisory	Website
Federal Acquisition Regulation			https://www.acquisition.gov/?q=browsefar
Defense Federal Acquisition Regulation Supplement			http://www.acq.osd.mil/dpap/dars/dfarspgi/current/index.html or https://www.acquisition.gov/dfars

DoD 5400.11-R Department of Defense Privacy Program	05/14/2007		https://www.esd.whs.mil/Directives/issuances/dodm/
DoD 5220.22-M National Industrial Security Program Operating Manual (NISPOM)	02/28/2006 (Change 2: 05/18/2016)		https://www.esd.whs.mil/Directives/issuances/dodm/
Executive Order on Combating Race and Sex Stereotyping	09/22/2020	Mandatory	https://www.whitehouse.gov/presidential-actions/executive-order-combating-race-sex-stereotyping/
DOD Instruction 6025.19 Individual Medical Readiness (IMR)	9 June 2014	Mandatory	http://adp.army.mil
Army Regulation 40-502 Medical Readiness	June 2019	Mandatory	http://adp.army.mil
Army Techniques Publication 4-02.19: Dental Services	14 August 2020		https://armypubs.army.mil/epubs/DR_pubs/DR_a/ARN30126-ATP_4-02.19-000-WEB-1.pdf

6.1 Applicable Forms: Forms applicable to the PWS are listed below:

Form	Date	Website
DA Form 5570	01 October 1986	https://armypubs.army.mil/ProductMaps/PubForm/Details.aspx?PUB_ID=61118
SF Form 603 Dental Exam	October 1975	https://www.gsa.gov/reference/forms/medical-record-dental
DD Form 2005	June 2016	https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2005.pdf

TECHNICAL EXHIBIT 1

Performance Requirements Summary (PRS)

This PRS includes performance objectives the Government will use to determine contractor performance and will compare contractor performance to the Acceptable Quality Level (AQL).

PWS Paragraph	**Task**	**Performance Standard**	**Acceptable Quality Levels (AQL)**	**Surveillance Method By Whom**
5.1	Treatment provided to Soldiers will be authorized only by Memo's generated by State Dental Office.	Dental Treatment Authorization.	As needed	Periodic Inspection - COR
5.1.2	Contractor will assure that procedures are done as per Army dental classification.	Dental Treatment Procedure	As needed	Periodic Inspection - COR

5.1.7a	The contractor shall develop and maintain records that fully document serviced performed, examination results, and names of Soldiers referred to dental specialists. (NLT 5 days after initial request)	List of Names and Services	100%	Periodic Inspection - COR will review monthly work order logs.
5.1.7a	Contractor will return memorandum to the State Dental Office once treatment is finished with detail procedure and signature.	Memorandum of treatment authorization	100%	Periodic Inspection - COR will review monthly work order logs.

TECHNICAL EXHIBIT 2

Deliverables Schedule

PWS Reference / Deliverable Title	Frequency	Number of Copies	Medium/Format	Submit To
DA Form 5570	Completed Prior to procedure, Delivered to Dental Care Manager after procedure	1	Digital/paper	Dental Care Manager
SF Form 603	After procedure	1	Digital/paper	Dental Care Manager
DD Form 2005	Completed Prior to procedure, Delivered to Dental Care Manager after procedure	1	Digital/paper	Dental Care Manager

TECHNICAL EXHIBIT 3

APPENDIX 5.1.10a

ESTIMATED WORKLOAD DATA

Deputy State Surgeon: Mr. Alan Louis
Dental Care Manager: Mr. Chad Rhodes

Name	Last four SSN	Date of Procedures	ADA Codes	Procedures Description	Price

Provider Signature: _____

Date: _____

Deputy State Surgeon/Dental NCOIC Signature: _____

Date: _____

APPENDIX 5.1.10b

Department of Defense
Oral Health and Readiness Classification System

The oral health status of uniformed personnel shall be classified as follows:

a. **Class 1 (Oral Health):** Patients with a current dental examination, who do not require dental treatment or reevaluation. Class 1 patients are worldwide deployable.

b**. Class 2:** Patients with a current dental examination, which require non-urgent dental treatment or reevaluation for oral conditions, which are unlikely to result in dental emergencies within 12 months. Class 2 patients are worldwide deployable. Patients in dental class 2 may exhibit the following:

(1) Treatment or follow-up indicated for dental caries or minor defective restorations that can be maintained by the patient.

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

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

(4) Periodontium that:

(a) requires oral prophylaxis

(b) requires maintenance therapy

(c) requires treatment for slight to moderate periodontitis and stable cases of more advanced 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. The provider should consider placing the patient in passive appliances for deployment up to six months. For longer periods of deployment, the provider should consider removing active appliances and placing the patient in passive retention.

(7) Temporomandibular disorder patients in remission. The provider anticipates the patient can perform duties while deployed without ongoing care and any medications or appliances required for maintenance will not interfere with duties.

c. **Class 3:** Patients who require urgent or emergent dental treatment. Class 3 patients normally are not considered to be worldwide deployable.

(1) Treatment or follow-up indicated for dental caries, symptomatic tooth fracture or defective restorations that cannot be maintained by the patient.

(2) Interim restorations or prostheses that cannot be maintained for a 12-month period.

(3) Patients requiring treatment for the following periodontal conditions that may result in dental emergencies within the next 12 months.

(a) Edentulous areas or teeth requiring immediate prosthodontic treatment for adequate mastication or communication or acceptable esthetics.

(b) Active progressive moderate or advanced periodontitis.

(c) Periodontal abscess

(d) Progressive mucogingival condition

(e) Periodontal manifestations of systemic disease or hormonal disturbances

(f) Heavy subgingival calculus

(4) Edentulous areas or teeth requiring immediate prosthodontic treatment for adequate mastication or 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, periapical or resorptive 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 follow-up care (e.g., drain or suture removal0 until resolved.

(8) Acute Temporomandibular disorders requiring active treatment that may interfere with duties.

d. **Class 4.** Patients who require periodic dental examinations or patients with unknown dental classifications. Class 4 patients normally are not considered to be worldwide deployable.

APPENDIX 5.1.10c

HEALTH QUESTIONNAIRE FOR DENTAL TREATMENT

For use of this form, see AR40-66; the proponent agency is the Office of the Surgeon General

NAME		SSN
UNIT	HOME TELEPHONE	OFFICE TELEPHONE

PLACE A CHECK IN THE YES OR NO COLUMN	YES	NO
1. Have you been under a Health Care Provider's care in the last 2 years?		
2. Have you had any serious illness, operation or hospitalization in the past?		
3. Are you allergic to any drugs or medications?		
4. Are you presently taking any drugs or medications (to include birth control pills)?		
5. Have you ever had hepatitis or jaundice?		
6. Has there been a change in your health in the last 2 years?		
7. Do you use tobacco?		
8. Do you drink alcoholic beverages?		
9. Have you ever been sick because of dental treatments?		
10. Are you a "bleeder" or have you had excessive bleeding following dental treatment?		
11. Do you get short of breath after climbing 1 flight of stairs?		
12. Are you allergic to latex?		
13. Are you pregnant?		

CHECK CONDITIONS IF THEY APPLY TO YOU

☐ Heart Trouble/ChestPain	☐ Frequent Headaches	☐ Hives or Skin Rash	☐ Epilepsy
☐ Heart Murmur	☐ Thyroid Disease	☐ Asthma/Hay Fever	☐ Ulcers/Stomach
☐ High Blood Pressure	☐ Kidney Disease	☐ Diabetes	☐ Anemia (Thin Blood)
☐ Rheumatic Fever	☐ Liver Disease	☐ Arthritis/Rheumatism	☐ Sexually Transmitted Disease(STD)
☐ Stroke	☐ Sinus Disease	☐ Tuberculosis (TB)	☐ Cancer

Explain any unusual medical problems:

DATE	SIGNATURE OF PATIENT
DATE	SIGNATURE OF DOCTOR

RECHECK

DATE	DOCTOR'S SIGNATURE	REMARKS

DA FORM 5570 E

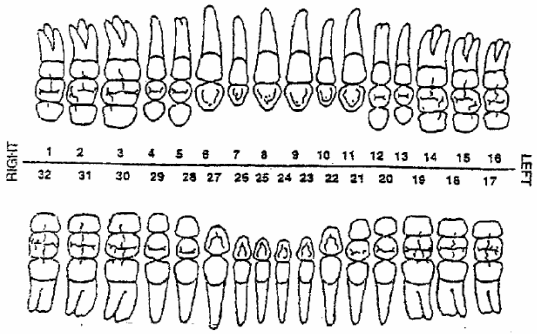
APPENDIX 5.1.10c

Standard Form 603-A

HEALTH RECORD	DENTAL - Continuation

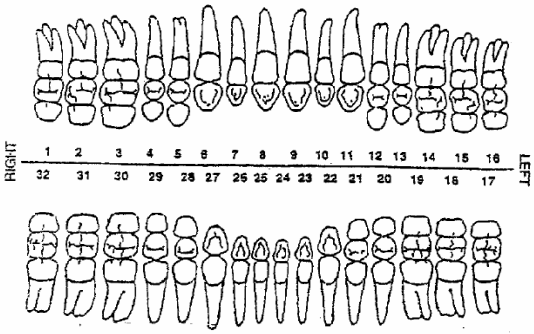
SECTION III. ATTENDANCE RECORD

15. RESTORATION AND TREATMENTS *(Completed during service)*



REMARKS

16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS – TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
	Periodic Oral Examination			
	BP			
	BMX PAX PANX			
	Soft Tissues WNL Yes: No:			
	Caries Risk Low/Mod?High			
	Tobacco: No Smoke Chew Both			
	Class 3 Condition: Continues from section 9			
			Camp Santiago Training Site, Bldg 586	
			Salinas PR 00751	
	Non Class 3 Remarks			
			Signature:	
			Printed and or stamped name:	

PATIENT'S LAST NAME – FIRST NAME – MIDDLE NAME

IDENTIFICATION NO.

Name:
Date of Birth:
SSN:
Unit:

Rank:
Gender:

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.506 603-205
OCTOBER 1976

Appendix 5.1.10c

CUI (when filled in)

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

This form is not an authorization or consent to use or disclose your health information.

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN):

10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. Chapter 55, Medical and Dental Care; 42 U.S.C. Chapter 32, Third Party Liability for Hospital and Medical Care; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); DoDI 6055.05, Occupational and Environmental Health (OEH); and E.O. 9397 (SSN), as amended.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:

Information may be collected from you to provide and document your medical care; determine your eligibility for benefits and entitlements; adjudicate claims; determine whether a third party is responsible for the cost of Military Health System (MHS) provided healthcare and recover that cost; evaluate your fitness for duty and medical concerns which may have resulted from an occupational or environmental hazard; evaluate the MHS and its programs; and perform administrative tasks related to MHS operations and personnel readiness.

3. ROUTINE USES:

Information in your records may be disclosed to:

- Private physicians and Federal agencies, including the Department of Veterans Affairs, Health and Human Services, and Homeland Security (with regard to members of the Coast Guard), in connection with your medical care;
- Government agencies to determine your eligibility for benefits and entitlements;
- Government and nongovernment third parties to recover the cost of MHS provided care;
- Public health authorities to document and review occupational and environmental exposure data; and
- Government and nongovernment organizations to perform DoD-approved research.

Information in your records may be used for other lawful reasons which may include teaching, compiling statistical data, and evaluating the care rendered. Use and disclosure of your records outside of DoD may also occur in accordance with 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: http://dpcld.defense.gov/privacy/SORNsIndex/BlanketRoutineUses.aspx.

Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by DoD 6025.18-R. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:

Voluntary. If you choose not to provide the requested information, comprehensive health care services may not be possible, you may experience administrative delays, and you may be rejected for service or an assignment. However, care will not be denied.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by MHS health care treatment personnel or for medical/dental treatment purposes and is intended to become a permanent part of your health care record.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

5. SIGNATURE OF PATIENT OR SPONSOR	6. SOCIAL SECURITY NUMBER OR DOD IDENTIFICATION NUMBER OF MEMBER OR SPONSOR	7. DATE *(YYYYMMDD)*

APPENDIX 5.1.10d

AUTHORIZED DENTAL TREATMENT

1. The following dental procedures are authorized:

(a) Diagnostic Services which are funded through the NG6H 2065 Medical Readiness or VFRE 2065 Medical & Readiness Funding:

D0120-Periodic Oral Evaluation
D0150-Comprehensive Oral Evaluation
D0220- Periapical (First films) limited
D0230- Periapical (limited)
D0272-Bitewings-Two Films
D0274-Bitewings-Four Films

D0330-Digital Panoramic Film

(b) Restorative Services which are funded through the NG6H 2065 Medical Readiness (provided only to soldiers non-alerted or VFRE 2020 Dental Treatment Funding (provided only to soldiers alerted to an OCONUS Mission):

D2140-Amalgam-One Surface
D2150-Amalgam-Two Surfaces
D2160-Amalgam-Three Surfaces
D2161-Amalgam-Four or More Surfaces
D2330-Composite-One Surface
D2331-Composite-Two Surfaces
D2332-Composite-Three Surfaces

Posterior composites will be authorized only when a posterior composite is necessary to provide a quality restoration and no other alternative is available.

D2335-Composite-Four or More Surfaces

D2391-Composite-One Surface
D2392-Composite-Two Surfaces
D2393-Composite-Three Surfaces

D2394-Composite-Four or More Surfaces
D2799-Provisional Crown
D2931-Prefabricated Stainless-Steel Crown
D2950-Core Buildup, including any pins
D2954-Prefabricated Post and Core

(c) Endodontic Services which are funded through the NG6H 2065 Medical Readiness or VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D3310-Anterior Root Canal Therapy
D3320-Bicuspid Root Canal Therapy
D3330-Molar Root Canal Therapy
D3346-Anterior Root Canal Retreatment
D3347-Bicuspid Root Canal Retreatment
D3348-Molar Root Canal Retreatment

(d) Periodontal Services which are funded through the NG6H 2065 Medical Readiness or VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D4355-Full Mouth Debridement
D4342-Periodontal Scaling and Root Planning,
1 to 3 teeth per quadrant

Periodontal scaling and root planning is authorized only when a periodontal abscess is present)

(e) Prosthodontic Services which are funded through the NG6H 2065 Medical Readiness or VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D5110-Complete Denture-Maxillary
D5120-Complete Denture-Mandibular
D5211-Maxillary Partial Denture-Resin Base
D5212-Mandibular Partial Denture-Resin Base

(f) Oral Surgery Services which are funded through the NG6H 2065 Medical Readiness or VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D7140-Extraction, Erupted Tooth or Exposed Root
D7210-Surgical Removal of Erupted Tooth
D7220-Romoval of Impacted Tooth, Soft Tissue
D7230-Removal of Impacted Tooth, Partial Bony
D7240-Removal of Impacted Tooth, Completely Bony

(g) Orthodontic Services which are funded through the NG6H 2065 Medical Readiness or VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D8680-Orthodontic Retention

2. The following dental procedures are not authorized:

Crown (PFM) or (Gold)
Bridges and/or implants
Removal of Asymptomatic third molars
Routine Prophylaxes (cleanings)
Restorations for aesthetics only
Restorations for small (non-class 3) caries
Extensive Root plane/scaling
Osseous Surgery
Other diagnostic services

The above listings are guides to assist the State Dental Officer or his/her designee in determining treatment to be authorized. The treatment provided by the VAARNG is to get the Soldier from a dental class 3 to a dental class 2 only. Comprehensive Treatment (to dental class I) is not authorized.

3. If a Soldier needs all of his/her remaining teeth in an arch extracted and a denture placed, the Soldier will not be available for deployment for at least 6 months and shall be disqualified from immediate deployment. However, if the Soldier is otherwise deployable (passes all medical, personnel and training requirements) and, after extraction and placement of prosthesis, would be deployable, the dental treatment could be provided, and the Soldier could be considered as a replacement at a later date.

4. If a Soldier will have a number of teeth extracted to the extent mastication and speech are adversely affected, then an acrylic removable partial denture will be authorized if there is sufficient time for healing and construction of the partial denture prior to departure to Mobilization Station.

5. Soldiers requiring extensive periodontal treatment will be disqualified from deployment and educated on the TRICARE Dental Program. If he/she obtains the required therapy (from his/her private dental provider) and reaches a maintenance level, then he/she would become deployable.