



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
DENTAL MALOCCLUSION
(Reasonable Hypothesis)
(No. 19 of 2019)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

Dated 1 March 2019

The Common Seal of the
Repatriation Medical Authority
was affixed to this instrument
at the direction of:

A handwritten signature in black ink, appearing to read 'N. Saunders'.

Professor Nicholas Saunders AO
Chairperson

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1 Name

This is the Statement of Principles concerning *dental malocclusion (Reasonable Hypothesis)* (No. 19 of 2019).

2 Commencement

This instrument commences on 25 March 2019.

3 Authority

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

4 Repeal

The Statement of Principles concerning dental malocclusion No. 17 of 2011 (Federal Register of Legislation No. F2011L00489) made under subsection 196B(2) of the VEA is repealed.

5 Application

This instrument applies to a claim to which section 120A of the VEA or section 338 of the *Military Rehabilitation and Compensation Act 2004* applies.

6 Definitions

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

7 Kind of injury, disease or death to which this Statement of Principles relates

- (1) This Statement of Principles is about dental malocclusion and death from dental malocclusion.

Meaning of dental malocclusion

- (2) For the purposes of this Statement of Principles, dental malocclusion:

- (a) means acquired malposition of maxillary or mandibular teeth resulting in abnormal contact; and
- (b) includes acquired dental hyperocclusion.

Note 1: Dental malocclusion can result in a range of complications, including, but not limited to, difficulty with mastication or speech, and mobility of the affected teeth.

Note 2: *dental hyperocclusion* is defined in the Schedule 1 – Dictionary.

- (3) While dental malocclusion attracts ICD-10-AM code K07.2 or K07.4, in applying this Statement of Principles the meaning of dental malocclusion is that given in subsection (2).

- (4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM)*, Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

Death from dental malocclusion

- (5) For the purposes of this Statement of Principles, dental malocclusion, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's dental malocclusion.

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

8 Basis for determining the factors

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that dental malocclusion and death from dental malocclusion can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces under the VEA, or members under the MRCA.

Note: *MRCA*, *relevant service* and *VEA* are defined in the Schedule 1 – Dictionary.

9 Factors that must exist

At least one of the following factors must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting dental malocclusion or death from dental malocclusion with the circumstances of a person's relevant service:

- (1) having an injury resulting in distortion of the temporomandibular joint or fracture of the maxilla or mandible before the clinical onset of dental malocclusion;
- (2) having surgery involving the temporomandibular joint, maxilla or mandible before the clinical onset of dental malocclusion;
- (3) having loss of one or more teeth for at least the two years before the clinical onset of dental malocclusion;
- (4) having a maxillofacial disease at the time of the clinical onset of dental malocclusion;

Note: *maxillofacial disease* is defined in the Schedule 1 - Dictionary.

- (5) having a peripheral odontogenic fibroma or a peripheral ossifying fibroma adjacent to the affected tooth or teeth, at the time of the clinical onset of dental malocclusion;

Note: *peripheral odontogenic fibroma* and *peripheral ossifying fibroma* are defined in the Schedule 1 - Dictionary.

- (6) using a mandibular repositioning appliance for treatment of snoring or obstructive sleep apnoea for at least five hours per night, on at least five days per week, for at least the four months before the clinical onset of dental malocclusion;

Note: *mandibular repositioning appliance* is defined in the Schedule 1 - Dictionary.

- (7) having an ill-fitting dental restoration or orthodontic device applied to the affected tooth or teeth at the time of the clinical onset of dental malocclusion;

Note: Examples of dental restorations and orthodontic devices include, but are not limited to, dental fillings, crowns, bridges, implants, retainers and braces.

- (8) having advanced periodontitis involving the affected tooth or teeth at the time of the clinical onset of dental malocclusion;

- (9) having macroglossia for at least the two years before the clinical onset of dental malocclusion;

Note: *macroglossia* is defined in the Schedule 1 - Dictionary.

- (10) having an injury resulting in distortion of the temporomandibular joint or fracture of the maxilla or mandible before the clinical worsening of dental malocclusion;

- (11) having surgery involving the temporomandibular joint, maxilla or mandible before the clinical worsening of dental malocclusion;

- (12) having loss of one or more teeth for at least the two years before the clinical worsening of dental malocclusion;

- (13) having a maxillofacial disease at the time of the clinical worsening of dental malocclusion;

Note: *maxillofacial disease* is defined in the Schedule 1 - Dictionary.

- (14) having a peripheral odontogenic fibroma or a peripheral ossifying fibroma adjacent to the affected tooth or teeth, at the time of the clinical worsening of dental malocclusion;

Note: *peripheral odontogenic fibroma* and *peripheral ossifying fibroma* are defined in the Schedule 1 - Dictionary.

- (15) using a mandibular repositioning appliance for treatment of snoring or obstructive sleep apnoea for at least five hours per night, on at least five days per week, for at least the four months before the clinical worsening of dental malocclusion;

Note: *mandibular repositioning appliance* is defined in the Schedule 1 - Dictionary.

- (16) having an ill-fitting dental restoration or orthodontic device applied to the affected tooth or teeth at the time of the clinical worsening of dental malocclusion;

Note: Examples of dental restorations and orthodontic devices include, but are not limited to, dental fillings, crowns, bridges, implants, retainers and braces.

(17) having advanced periodontitis involving the affected tooth or teeth at the time of the clinical worsening of dental malocclusion;

(18) having macroglossia for at least the two years before the clinical worsening of dental malocclusion;

Note: *macroglossia* is defined in the Schedule 1 - Dictionary.

(19) inability to obtain appropriate clinical management for dental malocclusion.

10 Relationship to service

(1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.

(2) The factors set out in subsections 9(10) to 9(19) apply only to material contribution to, or aggravation of, dental malocclusion where the person's dental malocclusion was suffered or contracted before or during (but did not arise out of) the person's relevant service.

11 Factors referring to an injury or disease covered by another Statement of Principles

In this Statement of Principles:

(1) if a factor referred to in section 9 applies in relation to a person; and

(2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(2) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Schedule 1 - Dictionary

Note: See Section 6

Definitions

In this instrument:

dental hyperocclusion means premature contact between any maxillary and mandibular teeth during oral cavity closure that manifests as bite sensitivity or occlusal trauma.

dental malocclusion—see subsection 7(2).

macroglossia means excessive size of the tongue.

mandibular repositioning appliance means an oral device that splints the upper airway open mechanically by anterior displacement of the mandible and other oropharyngeal structures.

maxillofacial disease means any disease causing distortion of the temporomandibular joint, maxilla or mandible.

Note: Examples of diseases causing distortion of the temporomandibular joint, maxilla or mandible include, but are not limited to:

- (a) acromegaly;
- (b) central bony pathology of the jaw;
- (c) condylar hyperplasia;
- (d) infiltration by primary or secondary malignancy;
- (e) osteoarthritis;
- (f) osteonecrosis;
- (g) Paget's disease of bone;
- (h) space-occupying lesion within the temporomandibular joint space or within the bones of the jaw; and
- (i) tuberculosis.

MRCA means the *Military Rehabilitation and Compensation Act 2004*.

peripheral odontogenic fibroma means a gingival mass of vascularised fibrous connective tissue with strands of odontogenic epithelium.

peripheral ossifying fibroma means a gingival fibroma consisting of cellular connective tissue with focal areas of calcification or ossification.

relevant service means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) British nuclear test defence service under the VEA;
- (e) warlike service under the MRCA; or
- (f) non-warlike service under the MRCA.

Note: **MRCA** and **VEA** are also defined in the Schedule 1 - Dictionary.

terminal event means the proximate or ultimate cause of death and includes the following:

- (a) pneumonia;
- (b) respiratory failure;

- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

VEA means the *Veterans' Entitlements Act 1986*.