

THE ASSISTANT SECRETARY OF DEFENSE WASHINGTON, DC 20301-1200

August 14, 1997

MEMORANDUM FOR: SURGEON GENERAL OF THE ARMY

SURGEON GENERAL OF THE NAVY

SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Policy on Reporting Dental Workload and Diagnostic Data

Dental Treatment Facilities currently report clinical activities through the use of Dental Information Retrieval System Codes which are composed of Composite Time Values (CTV), a time weighted measurement system. Most non-military dental applications use the American Dental Association (ADA) **Current Dental Terminology**. These two systems evolved together for over twenty years to the point where they are similar but still retain differences. The ADA coding system is now the dental profession's standard for workload data collection, and policy needs to be established to incorporate this methodology into Department of Defense clinics.

Effective immediately, the basis for reporting dental clinical procedures and diagnoses is the coding systems from the American Dental Association Current Dental Terminology (CDT), American Medical Association Current Procedural Terminology (CPT), and World Health Organization International Classification of Diseases and Related Illnesses (ICD). CDT codes shall be implemented immediately, while CPT and ICD codes, together with CDT codes, shall be standardized in the DoD/MHSS Health Data Program and incorporated into the Defense Dental Standard System (DDSS), which is under development, and utilized on its deployment. When implemented, CPT codes shall be utilized in those instances where CDT codes lack specificity (i.e., some Oral and Maxillofacial Surgery, Oral Pathology procedures, etc.). ICD codes shall be used to provide diagnostic data in support of clinical investigations and senior management evaluation of dental resource requirements.

ADA Codes as used in the civilian sector are non-weighted. Appropriate monetary and time weighting factors shall be developed to facilitate military resource and business case analyses.

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