

VA DENTAL AND ORAL CONDITIONS

CLAIMS AND TREATMENT GUIDE

First determine whether the problem belongs to monthly disability compensation, VA dental treatment eligibility, or both.



COMPENSATION // TREATMENT // JAW FUNCTION

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01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

TWO BENEFIT SYSTEMS

Compensation covers specified structural jaw, bone, joint, tissue, tumor, and tooth-loss disabilities. Caries, replaceable missing teeth, abscesses, and periodontal disease generally are not compensable, though separate treatment eligibility may apply.

STRUCTURE

Identify bone or tissue loss, nonunion, malunion, infection, tumor, and the tooth-loss mechanism.

JAW FUNCTION

Measure jaw opening and side movement, pain, locking, chewing, and verified diet.

BENEFIT PATH

Separate compensation from VA outpatient dental treatment eligibility.

02

COMPENSATION AND TREATMENT PATHS

COMPENSATION

A current structural dental or oral disability is linked to service trauma, disease, treatment, or another qualifying event.

SERVICE TRAUMA OR TREATMENT

VA decides service connection for treatment purposes, while VHA separately decides the treatment class and services available.

SECONDARY OR RESIDUAL

A service-connected cancer, radiation, surgery, TMD, neurologic condition, or treatment caused or aggravated a distinct oral disability.

03

SYMPTOMS

Medically recognized symptoms. A diagnosis still requires appropriate medical evaluation.

+

Jaw or chewing-muscle pain

+

Limited motion, stiffness, or locking

+

Painful clicking or bite change

+

Chewing or medically required diet limits

+

Loose or missing teeth, bone, or tissue loss

+

Mouth lesions, numbness, speech, or swallowing change

04

BUILD THE RECORD

1

EXACT DIAGNOSIS

Dentist, oral surgeon, ENT, oncology, or other specialist findings identifying the dental or oral condition.

2

IMAGING AND STRUCTURE

Panoramic films, CT, MRI, pathology, bone loss, tooth loss, prosthesis, tumor, fracture, or osteomyelitis findings.

3

JAW MEASUREMENTS

Unassisted interincisal and lateral excursion measurements, pain, repetitive use, flare, locking, and functional loss.

4

DIET EVIDENCE

Physician-verified mechanically altered diet and the medical reason it is required, when the TMD formula calls for it.

5

TREATMENT ELIGIBILITY

Service trauma determination, dental class, discharge timing, service-connected rating, and prior application history.

6

SERVICE ROUTE

Trauma, disease, surgery, radiation, treatment, onset, or a reasoned direct or secondary medical link.

05

WHY CLAIMS BREAK DOWN

Recurring problems in the reviewed service-connection record, plus condition-specific rating gaps.

A

WRONG BENEFIT PATH

A request for VA dental treatment was filed or analyzed as if it were the same as a compensation claim.

B

BONE-LOSS CAUSE MISSING

Missing teeth were shown without loss of maxilla or mandible substance from trauma or qualifying disease.

C

MOTION OR DIET INCOMPLETE

Jaw measurements, flare findings, or physician verification of a mechanically altered diet were absent.

D

TREATMENT ASSUMED NEXUS

Dental work during or after service was treated as automatic proof of service trauma or current medical nexus.

06

DENTAL CAUSES, RESIDUALS, AND BENEFIT PATHS

Compensation and treatment rules answer different questions. Diagnosis, mechanism, and eligibility class all matter.

EVENTS OR CONDITIONS THAT MAY AFFECT THE MOUTH

Jaw or facial trauma // osteomyelitis // cancer or radiation // surgery // TMD // medication or dry mouth

DISTINCT EFFECTS TO EVALUATE

Chewing or diet limits // speech or swallowing change // smell or taste loss // nerve impairment // scars or disfigurement // treatment eligibility

07

DO THIS, NOT THAT

DO

- Identify compensation, treatment, or both.
- Measure jaw motion and structural loss.
- Preserve imaging and eligibility records.

DO NOT

- Assume every missing tooth is compensable.
- Confuse dental treatment with service trauma.
- Skip the cause of bone or tissue loss.