



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
TOOTH LOSS
(Reasonable Hypothesis)
(No. 29 of 2025)

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

Dated 18 February 2025.

Professor Terence Campbell AM
Chairperson
by and on behalf of
The Repatriation Medical Authority

Contents

1	Name.....	3
2	Commencement	3
3	Authority	3
4	Repeal	3
5	Application.....	3
6	Definitions	3
7	Kind of injury, disease or death to which this Statement of Principles relates	3
8	Basis for determining the factors	4
9	Factors that must exist.....	4
10	Relationship to service.....	5
11	Factors referring to an injury or disease covered by another Statement of Principles	5
	Schedule 1 - Dictionary	6
1	Definitions	6

1 Name

This is the Statement of Principles concerning *tooth loss (Reasonable Hypothesis)* (No. 29 of 2025).

2 Commencement

This instrument commences on 25 March 2025.

3 Authority

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

4 Repeal

The Statement of Principles concerning loss of teeth No. 124 of 2015 (Federal Register of Legislation No. F2015L01678) made under subsection 196B(2) of the VEA is repealed.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 tooth loss and death from tooth loss.

*Meaning of **tooth loss***

- (2) For the purposes of this Statement of Principles, tooth loss:
- (a) means partial or complete permanent loss of a tooth (consisting of the enamel and dentine) of the natural secondary dentition, with or without retained dental root; and
 - (b) includes tooth loss due to surgical extraction; and
 - (c) excludes superficial tooth wear confined to the enamel.

Note 1: Secondary dentition refers to the 32 permanent teeth and not the primary dentition.

Note 2: Tooth loss may involve the tooth substance, the gomphosis or the alveolar bone.

- (3) While tooth loss attracts ICD-10-AM code K08.1 or K08.3, in applying this Statement of Principles the meaning of tooth loss 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 tooth loss

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

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 tooth loss and death from tooth loss 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 tooth loss or death from tooth loss with the circumstances of a person's relevant service:

- (1) having dental caries in the affected tooth at the time of clinical onset;
- (2) having periodontitis in the periodontium supporting the affected tooth at the time of clinical onset;
- (3) having periodontal abscess of the affected tooth at the time of clinical onset;
- (4) having dental pulp and apical disease of the affected tooth at the time of clinical onset;
- (5) having a fracture of the affected tooth where the fractures involves the dentine before clinical onset;
- (6) having luxation of the affected tooth (partial or complete displacement of the tooth from its alveolar socket) at the time of clinical onset;
- (7) having traumatic avulsion of the affected tooth (total displacement of the tooth out of its alveolar socket) at the time of clinical onset;
- (8) having a fracture of the alveolar bone supporting the affected tooth before clinical onset;

- (9) undergoing a course of radiotherapy for head or neck cancer, where the affected tooth was in the field of radiation, within the 4 years before clinical onset;

Note: The radiotherapy for head or neck cancer can result in osteonecrosis of the bone which leads to tooth displacement and loss.

- (10) having pericoronitis of the affected tooth at the time of the dental decision to extract the partially erupted tooth;

Note: Pericoronitis causes inflammation of the gingiva surrounding a partially erupted tooth, especially the third molar or wisdom tooth, and is related to the accumulation of food particles and micro-organisms under the gum flap.

- (11) taking ribavirin at the time of clinical onset;

- (12) inability to obtain appropriate clinical management for tooth loss before clinical worsening.

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 factor set out in subsection 9(12) applies only to material contribution to, or aggravation of, tooth loss where the person's tooth loss 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

1 Definitions

In this instrument:

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

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 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.

tooth loss—see subsection 7(2).

VEA means the *Veterans' Entitlements Act 1986*.