Australian Government
Department of Veterans' Affairs

Non-SOP Investigations

When the Repatriation Medical Authority (RMA) gazettes an investigation into a disease or injury that is not currently the subject of an RMA Statement of Principles (SOP) or declaration, claims made under the Veterans' Entitlements Act 1986 (VEA) or the Military Rehabilitation and Compensation Act 2004 (MRCA) for that disease or injury can then not be determined until the investigation is finalised. Investigations are finalised by the RMA either:

- Determining a SOP for that disease or injury; or,
- Declaring that it does not propose to make such a SOP.

Current non-SOP investigations

Non-SOP investigations are covered by:

- The Veterans' Entitlements Act 1986 Part VIII, Sections 120A(2) and 120B(2); and
- The Military Rehabilitation and Compensation Act 2004 Chapter 7 Part 2, Sections 338(2) and 339(2).

Investigations gazetted by the RMA into diseases or injuries for which there is a SOP, or a previous RMA declaration, are not covered by these sections of the legislation and claims for those conditions can still be processed and finalised.

Source URL: https://clik.dva.gov.au/sop-information/non-sop-investigations

Last amended
17/12/2015 - 12:00pm

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Process where no SOP has been determined

When the Repatriation Medical Authority (RMA) gazettes an investigation into a disease or injury that is not currently the subject of an RMA Statement of Principles (SOP) or declaration, claims made under the Veterans' Entitlements Act 1986 (VEA) or the Military Rehabilitation and Compensation Act 2004 (MRCA) for that disease or injury can then not be determined until the investigation is finalised. Investigations are finalised by the RMA either:

- Determining a SOP for that disease or injury; or,
- Declaring that it does not propose to make such a SOP.

Current non-SOP investigations

Non-SOP investigations are covered by:

- The Veterans' Entitlements Act 1986 Part VIII, Sections 120A(2) and 120B(2); and
- The Military Rehabilitation and Compensation Act 2004 Chapter 7 Part 2, Sections 338(2) and 339(2).

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Document 1

Investigations gazetted by the RMA into diseases or injuries for which there is a SOP, or a previous RMA declaration, are not covered by these sections of the legislation and claims for those conditions can still be processed and finalised.

Source URL: https://clik.dva.gov.au/sop-information/non-sop-investigations/process-where-no-sop-has-been-determined

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17/12/2015 - 12:00pm

Process where no SOP has been determined

Date amended: 17 Dec 2015 Internal

Process for investigating a condition for which no SOP has been determined

When investigating a claim for a condition for which the RMA has not determined a SOP, the following process should be followed:

Step 1. Has the RMA issued a declaration that the condition is not a disease or injury?

If unsure, check the RMA website at **http://www.rma.gov.au/sops/conditions-not-covered-by-sops/**

1. If no, proceed to step 2.
2. If yes, the claim for that condition should be denied, but also consider whether there is any other diagnosis to be made (on the balance or probabilities) in answer to the claim.If there is then investigate as appropriate, consider the available medical evidence for that diagnosis, apply any relevant SOP, and make a determination based on the relevant standard of proof.

Step 2. Has the RMA issued a declaration that the condition does not have any factors which can be related to service?

If unsure, check the RMA website at **http://www.rma.gov.au/sops/conditions-not-covered-by-sops/**

1. If no, proceed to step 3.
2. If yes, then reject the claim.

Step 3. Is the condition subject to a current RMA non-SOP investigation?

If unsure, check the RMA website at **http://www.rma.gov.au/sops/non-sop-investigations/**

1. If no, proceed to step 4.
2. If yes, the claim must not be determined until the RMA completes its investigation (see below) and clients should not be advised to withdraw the claim.

Step 4. Is the condition a disease or injury (as opposed to, for example, a symptom - see **http://clik.dva.gov.au/sop-information/guide-using-sops#nonSOP** for more information)?

1. Obtain medical advice if necessary.
2. If yes, proceed to step 5.
3. If no, reject the claim on that basis.

Step 5. The claim should be investigated to determine if there is a link between the condition and the client's military service. The claim should be considered on the medical evidence and determined with regard to the relevant standard of proof.

RMA non-SOP investigations

A non-SOP investigation commences on the date of gazettal and is concluded when the RMA:

1. Determines a new SOP for the condition, amends an existing SOP to cover the condition, or revokes and re-determines an existing SOP to cover the condition; or
2. Declares that it does not propose to make a SOP, either because:
3. The condition is not a disease or injury; or,
4. The condition does not have any factors which can be related to service.

Note: If the RMA gazettes an investigation into an existing SOP, claims covered by that SOP can still be processed and finalised. Where a SOP is changed after the date of claim, it is the SOP in force at the date of decision that applies, regardless of whether the change is advantageous or detrimental to the client. If the claim is then appealed, a review body can apply whichever SOP is most beneficial to the client.

Australian Government
Department of Veterans' Affairs

Bruxism F075

Current RMA Instruments:

Reasonable Hypothesis SOP	7 of 2026
Balance of Probabilities SOP	8 of 2026

Changes from Previous Instruments:

Document
RMA SOP Bulletin 252.pdf

ICD Coding

- ICD-10-AM Codes: F45.8, G47.63

Brief description

Bruxism is a disorder of jaw muscle activity characterised by repetitive and involuntary clenching or grinding of the teeth, or bracing or thrusting of the mandible. It may occur during wakefulness or during sleep. The SOP applies to the action or behaviour of bruxism itself and does not cover dental or structural consequences that may result from prolonged bruxism.

Confirming the diagnosis

The diagnosis is primarily clinical and is based on a practitioner's assessment of jaw muscle activity consistent with involuntary clenching, grinding, or bracing of the mandible. Information from a parent, partner or caregiver- such as observed grinding sounds durings sleep- may support the diagnosis. Clinical signs may include jaw muscle hypertrophy, abnormal tooth wear, or temporomandibular discomfort.

A polysomnography (sleep study) is not routinely required but can assist in confirming sleep bruxism, particularly when other sleep disorders are suspected. General practitioners, dentists, sleep physicians or psychiatrists may be involved in the assessment and treatment of bruxism depending on the clinical context.

Additional diagnoses covered by the SOP

- Awake bruxism
- Sleep bruxism

Conditions not covered by the SOP

- Dental attrition * - Tooth wear SOP
- Tooth wear *

- Cracked teeth #
- Temporomandibular joint disorders * - Temporomandibular disorder SOP

* another SOP applies - the SOP has the same name unless otherwise specified

non-SOP condition

Clinical onset

The clinical onset refers to the earliest point in time, as identified by the treating practitioner, when signs or symptoms consistent with bruxism were first present. Bruxism is common in childhood and may continue intermittently into adulthood. As the condition is often asymptomatic and unrecognised, onset typically precedes the time at which it is first noticed- such as when abnormal tooth wear or jaw muscle hypertrophy is detected during dental examination.

Clinical worsening

When considering clinical worsening, it is important to determine whether any increase in bruxism activity is beyond what would normally be expected from the fluctuating course of the condition. Worsening may be reflected by more frequent or forceful clenching or grinding episodes, increased jaw muscle discomfort, or progression to sleep disturbance. Deterioration may occur in association with contributing factors such as anxiety, other medical conditions and substances/medications. Assessment by a dentist, sleep physician or psychiatrist may be required for any assessment of true clinical worsening.

Source URL: https://clik.dva.gov.au/sop-information/sops-and-supporting-information-alphabetic-listing/b/bruxism-f075

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Tooth Wear F093

Current RMA Instruments

Reasonable Hypothesis SOP	29 of 2026
Balance of Probabilities SOP	30 of 2026

Changes from previous Instruments

Document
RMA SOP Bulletin 254.pdf

ICD Coding:

- ICD-10-AM Codes: K03.0, K03.1, K03.2

Brief description

Tooth wear is the loss of dental hard tissues, including enamel, dentine and dental restorative material, due to intrinsic or extrinsic mechanical or chemical processes. For the purposes of this SOP, tooth wear requires exposure of dentine on at least one tooth surface, with associated severe tooth pain or sensitivity, or significant impairment of effective tooth function.

This SOP covers three different types of tooth wear:

- Dental attrition is tooth wear caused by tooth-to-tooth contact.
- Dental abrasion is tooth wear caused by friction from external mechanical forces or objects.
- Dental erosion is tooth wear caused by chemical dissolution from acids.

The specific type or types of tooth wear should be specified. More than one type of tooth wear may be present and should be assessed separately.

The SOP excludes mild tooth wear confined to the enamel, and loss of tooth substance caused by dental caries or discrete dental trauma.

Confirming the diagnosis

This diagnosis is made by a dental clinician on clinical grounds based on symptoms and findings on examination, including the use of a recognised tooth wear evaluation system. Clinical evaluation may include evaluation of dentine exposure, tooth pain or dentine hypersensitivity, impairment of masticatory or oral function, and associated loss of tooth structure.

Symptoms may include persistent tooth pain or sensitivity during eating, drinking or tooth cleaning, of sufficient severity to interfere with normal oral function or requirement dental assessment.

Additional diagnoses covered by SOP

- Dental abrasion
- Dental attrition
- Dental erosion

Conditions not covered by SOP

- Mild tooth wear confined to the enamel-Not an Injury or Disease
- Tooth Loss *
- Cracked tooth #
- Fractured tooth #
- Tooth decay/Dental caries * - Tooth Decay (Dental Caries) SOP
- Bruxism *
- Temporomandibular joint disorders *

* another SOP applies - the SOP has the same name unless otherwise specified

non-SOP condition

Clinical onset

Tooth wear is generally a gradually progressive condition. Clinical onset corresponds to the time when tooth wear first becomes significant enough to meet the SOP definition requirements (as assessed and confirmed by a dental clinician), including exposure of dentine and associated severe symptoms or significant impairment of effective tooth function.

Clinical worsening

Clinical worsening may be indicated by progression of tooth substance loss, increasing dentine exposure, worsening tooth pain or hypersensitivity, or increasing impairment of effective tooth function. Clinical worsening may also be evidenced by progression beyond the expected natural course of the condition, including rapid deterioration requiring significant dental management or reconstruction. Where tooth wear leads to associated dental conditions, such as tooth loss or dental caries, each condition should be diagnosed separately and the relevant SOP applied where appropriate.

Source URL: https://clik.dva.gov.au/sop-information/sops-and-supporting-information-alphabetic-listing/q-z/tooth-wear-f093

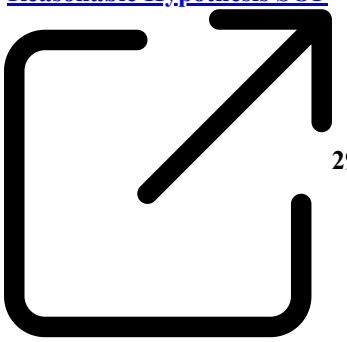
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Tooth Loss F054

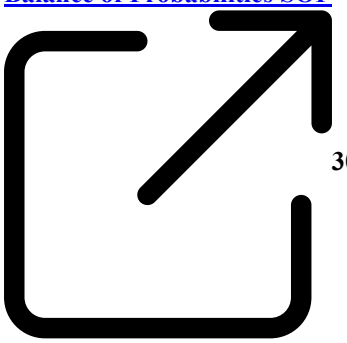
Current RMA Instruments

Reasonable Hypothesis SOP



29 of 2025

Balance of Probabilities SOP



30 of 2025

Changes from previous Instruments

Document
RMA SOP Bulletin 247.pdf

ICD Coding

- ICD-10-AM Codes: K08.1, K08.3, S02.5

Brief Description

Tooth loss means partial or complete permanent loss of a natural adult tooth. Adult teeth, also called permanent or secondary teeth, usually replace baby teeth between the ages of 6 and 12 years old. Wisdom teeth, which are also part of the adult set, usually come in between ages 17 and 21 years old. Sometimes, when a tooth is lost, part of the root of the tooth that sits in the jawbone may still remain. This SOP covers tooth loss with or without retained dental root.

Confirming the diagnosis

Confirmation of tooth loss requires dental or medical records that identifies the affected tooth or teeth.

The tooth or teeth affected should be specified in the diagnostic label used.

Additional diagnoses covered by SOP

- Tooth Loss due to surgical extraction

Conditions not covered by SOP

- Dental caries* - Tooth decay (dental caries) SOP
- Dental pulp disease* - Dental pulp and periapical disease SOP
- Periodontitis* - Periodontitis SOP
- Tooth wear* - Tooth wear SOP
- Superficial tooth wear confined to the enamel - Not a disease

*another SOP applies

#non-SOP condition

Clinical onset

Clinical onset is when the partial or complete loss of a tooth or teeth occurred. In some cases, the date of the injury or disease that led to the tooth loss may differ from the actual date of tooth loss and should not be used as the clinical onset date. Each instance of tooth loss- or loss of a group of teeth resulting from a single cause- should be regarded as a separate clinical onset.

Clinical worsening

The only worsening factor is inability to obtain appropriate clinical management. The loss of an additional tooth or group of teeth should be considered a new condition and diagnosed separately. Similarly, if a disease develops as a result of the tooth loss, it should be treated as a new condition- not as a clinical worsening of the original tooth loss.

Source URL: https://clik.dva.gov.au/node/86762

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Wed, 07/01/2026 - 12:00pm

Australian Government
Department of Veterans' Affairs

Tooth Decay (Dental Caries) F007

Current RMA Instruments:

Reasonable Hypothesis SOP	**74 of 2024**
Balance of Probabilities SOP	**75 of 2024**

Changes from previous Instruments:

Document
RMA SOP Bulletin 245.pdf

ICD Coding:

- ICD-10-AM Codes: K02.0-K02.3 and K02.8-K02.9

Brief description

Dental caries involves localised destruction of dental hard tissues (enamel, cementum, or dentin) caused by bacteria in dental plaque, leading to demineralisation or cavity formation. Any part of the tooth can develop dental caries, including the crown, neck or root.

Confirming the diagnosis

To establish this diagnosis, a dental report is required.

Additional diagnoses covered by SOP

- Nil

Conditions not covered by SOP

- Dental pulp and periapical disease *
- Periodontitis *
- Loss of teeth/ tooth loss * Loss of teeth
- Tooth wear *

* another SOP applies - the SOP has the same name unless otherwise specified

Clinical onset

Each occurrence of tooth decay/dental caries can be considered as a new clinical onset.

Clinical worsening

The development of new cavities in other locations at later times is a new onset of tooth decay in the affected tooth rather than a case of clinical worsening. Progression of tooth decay to dental pulp disease or loss of a tooth (extraction) is covered under the SOPs for those conditions. The only SoP clinical worsening factor is for inability to obtain appropriate clinical management. Lack of timely treatment of a cavity could lead to worsening of that cavity.

Source URL: https://clik.dva.gov.au/ccps-medical-research-library/sops-grouped-icd-body-system/c-d/dental-caries-f007-k020k021k022k02

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Mon, 18/11/2024 - 12:00pm

Australian Government
Department of Veterans' Affairs

LEX 84896

Document created in accordance with section 17 of the *Freedom of Information Act 1982* (Cth)

FOI reference number: LEX 84896

Document description: Statistics on number of determinations for claims containing Tooth-Loss Terminology between 1 January 2024 to 31 August 2026

Condition Name	Number of Conditions Determined
F054 - tooth loss	346
F093 - tooth wear	3
F054 - loss of teeth	400
F007 - tooth decay (dental caries)	1
non-sop code	156
Total	**906**

Data is for IL conditions:

condition decision date between 1 January 2024 to 31 August 2026

- original claimed condition free text contains any of the following phases:
  - tooth loss
  - loss of tooth
  - teeth loss
  - loss of teeth

- Then reports on the SOP the delegate selects when determining the condition.
- Non-SOP code is where no SOP is recorded on condition.