

TRICARE DENTAL PROGRAM
HOST NATION PROVIDER
DENTAL REFERENCE GUIDE



**UNITED
CONCORDIA**

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Introduction



About the TDP Host Nation Provider (HNP) Dental Reference Guide

This HNP Dental Reference Guide is designed to provide you and your office staff with information about the overseas TRICARE Dental Program (TDP). It will serve as your reference guide for eligibility, coverage, policies, procedures, procedure codes, claims and payments.

If you find anything in this guide which you feel is unclear, please contact United Concordia at 1-888-418-0466, Monday through Friday, 24 hours a day.

About the Overseas TRICARE Dental Program

The TDP is a voluntary, comprehensive dental plan offered worldwide by the Department of Defense (DoD) to family members of all U.S. active duty uniformed services personnel and National Guard/Reserve service members and their families. The program currently covers more than 1.8 million enrollees and has been administered by United Concordia since 1996.

About United Concordia

United Concordia is one of the United States' largest and most respected dental insurance companies. Established in 1992, United Concordia is exclusively focused on providing high-quality, cost-effective dental benefits programs.

United Concordia's exclusive focus allows us to:

- Serve more than 1.8 million enrollees worldwide.
- Process over 11 million claims and handle more than 7 million telephone and written inquiries annually.
- Offer unparalleled privacy protection with a U.S. DoD security designation.
- Employ nearly 1,300 people at our corporate headquarters and 30 offices nationwide.

Section 1 – TDP OCONUS Service Area

About the OCONUS Service Area

Under the TDP, the OCONUS (outside the Continental United States) service area is categorized into Non-remote and Remote locations.

Non-remote

Non-remote OCONUS locations are those OCONUS countries in which the U.S. Government has a fixed overseas dental treatment facility (ODTF). Non-remote countries include:

Azores	Japan
Bahrain	Portugal
Belgium	South Korea
Diego Garcia	Spain
Germany	Turkey
Iceland	United Kingdom
Italy/Sardinia	

If OCONUS enrollees in Non-remote countries are unable to access dental care from an ODTF, they **must** seek care from a Host Nation Provider (HNP) on the HNP list. This list is available on United Concordia's TDP Web site (www.TRICAREdentalprogram.com), or through their respective TRICARE Area Office (TAO), U.S. Embassy or Consulate office.

Note: OCONUS enrollees will need to obtain a *Non-Availability and Referral Form (NARF)* from an ODTF or TAO for any orthodontic or implant services that cannot be obtained in an ODTF.

National Guard or Reserve enrollees and their families are only required to use HNPs on the HNP list for orthodontic and implant services. For all other services, any dentist may be used, however, utilizing an HNP is recommended.

Remote

Remote OCONUS locations are those countries in which the U.S. Government does not have a fixed ODTF, including those countries that have "part-time" uniformed services ODTFs. All countries **NOT** on the "Non-remote OCONUS Locations" list shown above are considered Remote locations.

All OCONUS enrollees in a Remote country may seek non-orthodontic or non-implant care from any HNP if an HNP list has not been developed by their respective TAO, U.S. Embassy or Consulate office. If the TAO develops an HNP list for specific Remote locations, the enrollee will be required to utilize an HNP on the TAO list in order for claims for covered services to be processed for payment.

Orthodontic and implant services must be provided by an HNP on the HNP list and an approved *NARF* is required.



Section 2 – Host Nation Providers and TRICARE OCONUS Preferred Providers

Host Nation Providers (HNPs)

HNPs are dental providers who have been designated by the U.S. Government to treat TDP enrollees in areas outside the Continental United States (OCONUS). The U.S. Government's TRICARE Area Office (TAO) verifies HNPs through a screening process, and subsequently places them on an HNP list available at www.TRICAREdentalprogram.com. TAO contact information is located in Section 12 of this document.

TRICARE OCONUS Preferred Dentists (TOPDs)

TOPDs are HNPs who have further signed an agreement with United Concordia for the following:

- TOPDs will not require the TDP enrollee to pay their full charge at the time of service – only the applicable cost-share, if any, and any amount exceeding the contract year maximum.
- TOPDs will complete and submit claim forms for the TDP enrollee.
- TOPDs will submit predeterminations for complex and costly services prior to rendering treatment.

TOPDs receive special designation on the TDP Web site provider search engine. If your dental office is interested in becoming a TOPD, please contact your local TAO. The TAO contact information can be found in Section 12 of this manual.



HNP and TOPD

Payment for Covered Services

United Concordia will make payment for covered services to either the HNP or enrollee, depending on which party submitted the claim. In cases where the HNP forwarded the claim, United Concordia will issue payment to the HNP and a Dental Explanation of Benefits (DEOB) to both the HNP and the enrollee. In cases where the enrollee forwarded the claim, United Concordia will issue payment to the enrollee and a DEOB to both the HNP and the enrollee. If the enrollee submits the claim and states that payment should be made directly to the HNP, the enrollee must sign the portion of the claim form that assigns benefits to the HNP. If United Concordia is unable to determine which party forwarded the claim, payment will be issued to the HNP. Payment for covered services performed by TOPDs are made directly to the TOPD. All payments issued to HNPs and TOPDs are issued in the host nation's foreign currency, if available.

Section 3 - TDP Benefits for Overseas (OCONUS) Enrollees

Note: A complete listing of TDP covered services is located at Appendix A.

Command-sponsored

If TDP enrollees reside or travel outside the continental United States (OCONUS), they can receive benefits in the OCONUS service area. Enrollees are also eligible for the benefits regardless of whether they are command-sponsored, listed on their sponsor's relocation orders or formally recognized as an enrollee on a command tour. A TDP enrollee must be command-sponsored to receive the full OCONUS benefit and have TDP covered services paid by United Concordia and the U.S. Government at the OCONUS cost-share structure.

If an enrollee is command-sponsored, United Concordia will process payment for covered services and the U.S. Government will pay the enrollee's cost-share for all covered services except orthodontic, implant and prosthodontic services. The TDP enrollee is financially responsible for cost-shares for orthodontic, implant and prosthodontic services, in addition to charges incurred after the \$1,200 annual contract year maximum or the \$1,500 lifetime orthodontic maximum has been met.

Command-sponsored enrollees located in Non-remote areas must seek dental care from an HNP. If a TDP enrollee receives dental care from a provider who is not a Host Nation Provider (HNP), the claim will be processed using the OCONUS benefits for the first and second occurrence only. If an enrollee seeks dental care from a provider who is not an HNP on a third claim, the claim will be processed using inside the Continental United States (CONUS) benefits and the TDP enrollee will be financially responsible for all cost-shares, differences between United Concordia's maximum allowable charge and any amount exceeding the contract year maximum. If there is no HNP within 81 kilometers of their home address, the enrollee can seek care from any provider and the claim will be processed using OCONUS benefits.

Command-sponsored enrollees located in Remote areas can seek dental care from any dental provider.

TDP enrollees who are non-command-sponsored can seek dental care from any dental provider. The non-command-sponsored enrollee will be financially responsible for all cost-shares, differences between United Concordia's maximum allowable charge and any amount exceeding the contract year maximum. HNPs and TRICARE OCONUS Preferred Dentists (TOPDs) can require these charges to be paid prior to receipt of care.

If you are unsure about your TDP enrollee's command-sponsored status, contact United Concordia at 1-888-418-0466.

Cost-Shares

A cost-share is the amount the TDP enrollee is required to pay for the services rendered. In OCONUS locations, the U.S. Government will pay enrolled command-sponsored active duty family member and Selected Reserve and IRR (Special Mobilization Category) sponsor only cost-shares for all services except orthodontic, implant services, prosthodontic and other restorative services. The U.S. Government will also pay for any costs in excess of United Concordia's fee allowance up to the billed charge for all command-sponsored enrollees, with the exception of Selected Reserve and IRR and IRR (other than Special Mobilization Category) enrolled family members.

Note: A command-sponsored enrollee is one who is authorized to travel overseas with his/her sponsor. Only command-sponsored enrollees in OCONUS locations receive OCONUS cost-share benefits as noted in the chart on the following page. If a claim is received for an enrollee who is non-command-sponsored, the claim will be processed as if the enrollee had the service performed in the United States and all applicable cost-shares will be the financial responsibility of the enrollee. In addition, the U.S. Government will not pay any costs in excess of United Concordia's fee allowance.

The following chart provides an overview of cost-shares in the OCONUS service area for types of services covered under the TDP for command-sponsored enrollees.

Type of Service	Command-sponsored Cost-Share
Diagnostic	0%
Preventive*	0%
Sealants	0%
Basic Restorative	0%
Endodontic	0%
Periodontic	0%
Oral Surgery	0%
Other Restorative	50%
Implant Services	50%
Prosthodontic	50%
Orthodontic	50%
General Anesthesia	0%
Intravenous Sedation	0%
Consultation/ Office Visit	0%
Post Surgical Services	0%
Miscellaneous Services (occlusal guard, athletic mouthguard)	0%

*Space maintainers are fully covered for enrollees under age 19 when involving posterior teeth. They are covered at a 20% cost-share for enrollees under age 19 when replacing anterior teeth only.

Although OCONUS coverage is available for Selected Reserve and IRR family members and to IRR (other than Special Mobilization Category) members, the U.S. Government will not pay for any cost-shares for these populations. All cost-shares are the responsibility of the enrollee.

The U.S. Government will pay enrolled active duty family member and Selected Reserve and IRR (Special mobilization Category) member cost-shares for all services except orthodontic, implant services, prosthodontic, and other restorative services.

Annual and Lifetime Maximums

There is a \$1,200 annual maximum per enrollee, per contract year for non-orthodontic services. Each contract year begins February 1 and ends January 31 of the following year. This means that the total payments for covered dental services (except orthodontics) for each enrollee will not exceed \$1,200 in any contract year.

There is a \$1,500 lifetime maximum per enrollee for orthodontic treatment. If an enrollee receives orthodontic services, payments from United Concordia for these services will not exceed \$1,500 during the enrollee's eligibility lifetime. Orthodontic diagnostic services will be applied to the \$1,200 annual maximum.

Some claim payments may exceed the annual and lifetime maximum amount because the U.S. Government pays any costs in excess of United Concordia's allowance up to your billed charge for command-sponsored TDP enrollees. Please refer to the preceding cost-share section for more detailed information.

Section 4 - Claim Submission Guidelines

Claims may be submitted by mail, by fax, or as an email attachment using United Concordia's secure email system. A completed *TDP OCONUS claim form* must be included with all submissions. The *TDP OCONUS claim form* can be accessed on our Web site at www.TRICAREdentalprogram.com. Although other claim forms are acceptable, submitting your claim on our *TDP OCONUS claim form* will help ensure that your claim is received in the appropriate area for processing.

Submitting claims via mail:

United Concordia
TDP OCONUS Dental Unit
P.O. Box 69418
Harrisburg, PA 17106

Submitting claims via fax:

1-888-475-0486

Submitting claims as an email attachment using United Concordia's secure email.*

Refer to Appendix B for instructions on completing the claim form.

** If you have not used United Concordia's secure email, please send an email to oconus@ucci.com requesting access to secure email.*

Claim Filing Deadline

We recommend that you send the claim form to United Concordia as soon as possible after the service is completed, typically within 60 days of the date of service. Claims received more than 12 months after the month in which the service was completed will be denied.

Completing the *TDP OCONUS Claim Form*

Always print or type the necessary information on the claim form. Clear, concise reporting will help avoid misunderstanding or misinterpretation of this information. Please check to make sure you have filled out the claim form completely. Claims submitted with missing information could result in a claim rejection.

A *TDP OCONUS claim form* with completion instructions is included at Appendix B. Please pay special attention to and complete the following fields:

- **Treatment Plan / Release of Information (Block 10)**

There are two acceptable methods for completing this field:

Option 1:

Enrollee or Guardian Signature:

If the enrollee has reviewed the treatment plan and authorizes the release of information related to their claim, please have the enrollee or guardian sign his or her full name.

Option 2:

Signature on File: TDP will also accept the phrase "signature on file" entered in this field. Please note if you wish to use this method, you must obtain a release from the enrollee using the text as found in the signature block and retain the release in the enrollee's file.

- **Assignment of Benefits (Block 14)**

When an enrollee signs the Assignment of Benefits statement on the OCONUS claim form, he or she is allowing United Concordia to send payment directly to the HNP. If the Assignment of Benefits statement is not signed, payment will be

sent to the enrollee, and he or she will be responsible for paying the HNP.

- **Dentist Name** (Block 15) Please print or type dentist first **and** last name.
- **Office Address** (Block 16) Include street, city, country, and postal mailing code.
- **Dentist Phone Number** (Block 17) Include the country code and city code, along with the local number.
- **UCCI dentist number** (Block 18) Please report your United Concordia assigned dentist number, if available.
- **Orthodontic Services** (Block 27) Please report total treatment cost and total length of treatment.
- **Date of Service** (Block 29) Report the date services were rendered.
- **Dentist's Signature** (Block 31)
The treating HNP or his/her authorized representative should sign the claim form. We can also accept a computer-scanned signature or stamped facsimile.
- Report all tooth numbers and surfaces for all procedures codes listed in Appendix A.

Supporting Documentation

Occasionally, additional supporting documentation is necessary. Below is a list of additional information that must be documented on the claim form:

- For orthodontic and implant services, submit the following:
 1. A completed claim form
 2. The HNP's bill (if the claim form is not used solely as the bill)
 3. A *Non-Availability and Referral Form* signed by a TRICARE Area Office (TAO) or overseas military dental treatment facility (ODTF)
- Coordination of Benefits claims:
 1. Indicate the amount paid by the primary insurance company
 2. Provide a copy of the primary insurer's Dental Explanation of Benefits (DEOB)



Section 5 – Referral Procedures for Dental Implants

OCONUS Referral Procedures for Implant Services

Non-remote OCONUS Locations

When an overseas military dental treatment facility (ODTF) is unable to provide dental implant services for TDP enrollees, the ODTF or TRICARE Area Office (TAO) will issue an initial *Non-Availability and Referral Form (NARF)* that authorizes the enrollee to seek an examination and treatment plan for the implant services from a Host Nation Provider (HNP) on the HNP list. The ODTF will verify enrollment in the TDP and determine the amount of benefit available to the enrollee prior to issuing the initial *NARF*. The implant services must be received from an HNP on the HNP list. The HNP list is available from the ODTFs throughout the region or from the TAO. A listing of TRICARE OCONUS Preferred Dentists (TOPDs) in Non-remote locations that are indicated as implant qualified is available at www.TRICAREdentalprogram.com. If there are concerns with the treatment plan prescribed by the ODTF or TAO, the enrollee should contact or return to the referring ODTF or TAO.

The results of the initial examination and the implant treatment plan prepared by the HNP must be submitted to the TAO for approval. The TAO must issue a second *NARF* authorizing the implant services to be received from the HNP. TAO contact information is located in Section 12 of this document.

After the care is completed, the enrollee or the HNP submits the second *NARF* (implant services approval), the *TDP OCONUS claim form*, and the HNP's bill to United Concordia for payment. The HNP should sign the claim form attesting that the treatment was completed. The *TDP OCONUS claim form* is available from the ODTF or at www.TRICAREdentalprogram.com.

Note: It is recommended that HNPs seek a predetermination of payment from United Concordia for all complex dental treatment plans. To submit the predetermination request, a *TDP OCONUS claim form* must

be completed. It should include a statement from the HNP identifying the total cost of all treatment needed. Additionally, the *NARF* must be submitted with the claim form for dental implant predeterminations. United Concordia will review the proposed implant treatment and provide the enrollee with a summary of the covered costs. There is a maximum benefit of \$1,200 per contract year, per enrollee.

Remote OCONUS Locations

Enrollees can obtain an initial *NARF* for implant services from their local Point of Contact (POC) or the TAO. Enrollees must go to a provider who is listed as an HNP with the TAO. The treatment plan for the implant services prepared by the HNP must be submitted to the TAO for approval. The TAO will issue a second *NARF* authorizing the implant services. TAO contact information is located in Section 12 of this document.

After the care is completed, the enrollee or the HNP submits the second *NARF* (implant services approval), the *TDP OCONUS claim form*, and the HNP's bill to United Concordia for payment. The HNP should sign the claim form attesting that the treatment was completed. The *TDP OCONUS claim form* is available from the ODTF or at www.TRICAREdentalprogram.com.

Note: It is recommended that HNPs seek a predetermination of payment from United Concordia for all complex dental treatment plans. To submit the predetermination request, a *TDP OCONUS claim form* must be completed. It should include a statement from the HNP identifying the total cost of all treatment needed. Additionally, the *NARF* must be submitted with the claim form for dental implant predeterminations. United Concordia will review the proposed implant treatment and provide the enrollee with a summary of the covered costs. There is a maximum benefit of \$1,200 per contract year, per enrollee.

Section 6 – Referral Procedures for Orthodontics

OCONUS Referral Procedures for Orthodontic Services

Non-remote OCONUS Locations

When a military overseas dental treatment facility (ODTF) is unable to provide orthodontic dental services for TDP enrollees, the ODTF or TRICARE Area Office (TAO) will issue an initial *Non-Availability and Referral Form (NARF)* for an orthodontic examination and treatment plan that authorizes the enrollee to seek care from a Host Nation Provider (HNP). A *NARF* is also required for enrollees transferring from inside the Continental United States (CONUS) to outside the Continental United States (OCONUS) locations while in active orthodontic treatment. Care must be received from an orthodontist on the HNP list. The HNP list is available from the ODTFs throughout the region or from the TAO. A listing of HNPs is also available at www.TRICAREdentalprogram.com. After the initial exam is completed, the *NARF*, the claim form, and the HNP's bill for the initial exam and treatment plan should be sent to United Concordia for payment.

The results of the initial examination and the orthodontic treatment plan prepared by the HNP must be submitted to the TAO for approval. The TAO will issue a second *NARF* authorizing the comprehensive orthodontic care.

Note: It is recommended that HNPs seek a predetermination of payment from United Concordia for all orthodontic and complex dental treatment plans. To submit the predetermination request, complete a *TDP OCONUS claim form* and include a statement identifying the total cost of all treatment needed. Additionally, the *NARF* must be submitted with the claim form for an orthodontic predetermination. United Concordia will review and provide the enrollee with a summary of the covered costs. Enrollees have a \$1,500 lifetime orthodontic benefit.

After receiving the predetermination, a second *NARF* must be submitted approving

the comprehensive orthodontic treatment. A *TDP OCONUS claim form*, and the HNP's bill for full orthodontic treatment should accompany the *NARF*. The *TDP OCONUS claim form* is available from the ODTF or at www.TRICAREdentalprogram.com.

Remote OCONUS Locations

An initial *NARF* for an orthodontic examination and treatment plan may be obtained from the TDP enrollee's local Point of Contact (POC) or the TAO. A *NARF* is also required for enrollees transferring from CONUS to OCONUS locations while in active orthodontic treatment. Enrollees must seek care from an orthodontist who is listed as an HNP with the TAO.*

The results of the initial examination and the orthodontic treatment plan prepared by the HNP must be submitted to the TAO for approval. The TAO will issue a second *NARF* authorizing the comprehensive orthodontic care.

**TDP enrollees residing in Canada may receive orthodontic care from any orthodontist; however, a NARF is required.*

Note: It is recommended that HNPs seek a predetermination of payment from United Concordia for all orthodontic and complex dental treatment plans. To submit the predetermination request, complete a *TDP OCONUS claim form* and include a statement identifying the total cost of all treatment needed. Additionally, the *NARF* must be submitted with the claim form for an orthodontic predetermination. United Concordia will review and provide the enrollee with a summary of the covered costs. Enrollees have a \$1,500 lifetime orthodontic benefit.

After receiving the predetermination, a second *NARF* must be submitted approving the comprehensive orthodontic treatment. A *TDP OCONUS claim form*, and the HNP's bill for full orthodontic treatment should accompany the *NARF*. The *TDP OCONUS claim form* is available from the ODTF or at www.TRICAREdentalprogram.com.

Orthodontic Cost-Share (OCONUS)

For orthodontic services, enrollees will continue to be responsible to pay the HNP the 50 percent cost-share. However, for command-sponsored enrollees, the U.S. Government will pay any difference between the remaining 50 percent and the \$1,500 lifetime maximum in orthodontic benefits. The U.S. Government will also pay any difference between the orthodontist's charge and United Concordia's allowance.

Note: Although coverage is available for National Guard and Reserve in addition to Individual Ready Reserve (IRR) family members and IRR (other than Special Mobilization Category) members, all cost-shares and excess charges are the responsibility of the TDP enrollee.

Orthodontic Payments (OCONUS)

Payment for orthodontic treatment initiated in the OCONUS service area will be issued in one lump sum, subject to approval of the OCONUS orthodontist's treatment plan. United Concordia will pay 50 percent of the allowed amount up to the enrollee's \$1,500 lifetime maximum. After the \$1,500 lifetime maximum has been reached, the enrollee is responsible for any remaining liability.

United Concordia will make payment for covered services to either the orthodontist or enrollee, depending on which party submitted the claim. If the enrollee submits the claim, but would like the payment to be issued directly to the orthodontist, he or she must sign the

portion of the claim that assigns benefits to the orthodontist. If the claim was submitted by a TOPD, the payment will be issued to the TOPD.

Orthodontic Payment Example (OCONUS)

In this example, the total fee charged is \$5,000 and the United Concordia fee allowance is \$4,000:

- a. United Concordia fee allowance x United Concordia cost-share percentage = United Concordia liability: $\$4,000 \times 50\% = \$2,000$
- b. United Concordia fee allowance x enrollee cost-share percentage = Enrollee cost-share: $\$4,000 \times 50\% = \$2,000$
- c. Lower of United Concordia liability (\$2,000) or orthodontic lifetime maximum (\$1,500) = \$1,500. This is United Concordia's payment amount.
- d. Difference between United Concordia liability (\$2,000) and orthodontic lifetime maximum (\$1,500) = \$500. The U.S. Government will pay this amount.
- e. Difference between total fee (\$5,000) and United Concordia fee allowance (\$4,000) = \$1,000. The U.S. Government will pay this amount.
- f. In this example, the enrollee pays \$2,000, United Concordia pays \$1,500, and the U.S. Government pays \$1,500 (\$500 + \$1,000).

Note: For National Guard and Reserve and IRR family members and IRR (other than Special Mobilization Category) members, all cost-shares and excess charges are the responsibility of the enrollee. The U.S. Government will not pay these costs.

Section 7 - Predeterminations

Requesting Predeterminations

United Concordia encourages the use of predeterminations to determine the extent of coverage for a proposed course of treatment.

This allows both you and the enrollee to know, before treatment, if the proposed service(s) will be covered and the anticipated amount of payment by United Concordia. The results will be communicated to both you and the TDP enrollee through a *Dental Predetermination Notification and Request for Payment Form*. United Concordia suggests requesting a predetermination of benefits for the following non-emergency types of treatment, including onlays, implants, single crowns, prosthetics, periodontics, orthodontics, and oral surgery services.

To request a predetermination, you or the TDP enrollee must submit a dental claim form and indicate on the form, by checking the appropriate box, that a predetermination is being requested. A claim form may contain both requests for payment lines and predetermination lines. No dates of service should be reported on those line items for which a predetermination is being requested. For orthodontic and/or dental implant predeterminations, the *Non-Availability and Referral Form (NARF)* must be submitted with the claim. The predetermination claim will be processed in accordance with TDP benefits, exclusions, and limitations. A complete listing of benefits, exclusions, and limitations is located at Appendix A.

Dental Predetermination Notification

After the predetermination is finalized, United Concordia will send both you and the enrollee a *Dental Predetermination Notification and Request for Payment Form*. This form indicates how much would be payable given the information available at the time the predetermination is processed. Please note that a predetermination is not a guarantee of payment. Predeterminations are valid for six months from the date of finalization. Please refer to Appendix C for examples and instructions on the predetermination.

After the services are completed, you can mail or fax the form to United Concordia with the completed date(s) of service(s) entered in the 'Service Date(s)' column. Dates should only be entered if the service has been completed. If multiple services have been predetermined, it is not necessary to have all services performed in order for the predetermination notification to be returned for processing. If the reported service is performed after the predetermination approval has expired, the service will be reviewed to determine if it is still eligible for payment. Do not attach additional claim forms when submitting a request for payment via mail. Submitting a new claim form may delay payment or possibly result in unnecessary requests for supporting documentation.

Section 8 - Payments and Requests for Information

United Concordia will make payment for covered services to either the Host Nation Provider (HNP) or enrollee, depending on which party submitted the claim. In cases where the HNP forwarded the claim, United Concordia will issue payment to the HNP and a Dental Explanation of Benefits (DEOB) to both the HNP and the enrollee. In cases where the enrollee forwarded the claim, United Concordia will issue payment to the enrollee and a DEOB to both the HNP and the enrollee. If the enrollee submits the claim and states that payment should be made directly to the HNP, the enrollee must sign the portion of the claim form that assigns benefits to the HNP. If United Concordia is unable to determine which party forwarded the claim, payment will be issued to the HNP.

All payments issued to an HNP from the outside the Continental United States (OCONUS) service area will be paid in foreign currency, subject to the availability of these currencies through recognized U.S. banking institutions. Exceptions include Turkey and South Korea, where claims will be paid in U.S. dollars. All claims submitted by enrollees will be paid in U.S. dollars unless payment in local currency is specifically requested.

After a foreign draft (in foreign currency) has been issued, payment will not be changed to U.S. dollars. All payments requiring conversion to foreign currency will be calculated based on the exchange rate in effect on the last date of service listed on the claim.

Dental Explanation of Benefits

The DEOB is a computer-generated statement that explains how the claim was processed. It explains payment amounts, non-covered services, enrollee payment responsibility and cost-shares. If there is a cost-share, you will need to bill that amount to the enrollee, as well as any costs for non-covered services. When United Concordia processes a claim for an enrollee, a DEOB will be sent to the enrollee. The enrollee's DEOB differs from the HNP's in format. An example of a DEOB is located at Appendix D.



Changing or Combining Reported Procedure Codes

In the process of administering United Concordia dental policies, there are occasions when the reported procedure code may be changed or unbundled procedures may be recoded as a single, complete procedure. Listed below are some of the situations when the information reported on the claim may be altered.

- The procedure code does not match the reported description of service. It is United Concordia's policy to process claims based upon the description of service when the procedure code and description reported do not agree.
- Charges for services that are considered integral to another dental procedure, or that are unbundled, may be combined with the charge for the complete procedure. For example, the charge for the preparation of gingival tissue, performed in conjunction with a crown, will be combined with the charge for the crown.

Section 9 – Coordination of Benefits

Coordination of Benefits (COB) applies when an enrollee is covered by two (2) or more dental insurance plans. The purpose of COB is to allow enrollees to receive the highest level of benefits they are entitled to, up to 100 percent of the cost of covered services. COB also ensures that no one collects more than the actual cost of his/her dental expenses.

The program that takes precedence in the order of making payment is called the “primary plan.” The program that is responsible for paying after the primary program is called the “secondary plan.”

If you are uncertain which dental plan is the primary plan for the enrollee, contact United Concordia at 1-888-418-0466.

Payment When TDP is Primary

When TDP is the primary plan, payment is made for covered services without regard to the secondary plan. The secondary plan then, depending upon its particular provisions and limitations, may pay the amounts not covered by TDP.

Payment When TDP is Secondary

When TDP is secondary, the plan pays for covered services which have not been paid by the primary plan. The TDP will coordinate with the primary insurance plan and pay for TDP-covered services according to TDP

provisions and limitations. Payment as the secondary insurance plan will not exceed the HNP charge or the amount the TDP would have paid as the primary insurance plan.



Predetermination and COB

United Concordia is unable to make a COB determination on claims submitted for predetermination. If a predetermination is requested, a benefit determination will be made as though no other insurance plan existed. Plan responsibility will be determined only when the services are completed and the claim is submitted with the primary Dental Explanation of Benefits for payment.

Section 10 - Appeals Process

The TDP offers an appeals process in the event that you disagree with a benefit decision. Either the enrollee or the Host Nation Provider (HNP) can initiate an appeal. There are three levels to the U.S. Government's appeal system and they must be followed sequentially. The first level is a Reconsideration and is conducted by United Concordia. The remaining two levels, Formal Review and Formal Hearing, are conducted by the U.S. Government, through the TRICARE Management Activity.

Who Can Request an Appeal

Parties to the initial determination can request an appeal. These include:

- The enrollee who received dental services.
- Sponsors, parents, or guardians of enrollees who are under 18 years of age.
- An individual who has been appointed, in writing, by the enrollee to act as the enrollee's representative in the appeal.
- Remote Area: Any provider for non-orthodontic/non-implant care or an outside the Continental United States (OCONUS) HNP for orthodontic and implant care.
- Non-remote Area: OCONUS HNP or TOPD for all services (except emergency treatment).

Who Cannot Request an Appeal

The following cannot request an appeal:

- Sponsors, parents or guardians of enrollees 18 years of age or older are not parties to the initial determination. However, they may represent the enrollee if the enrollee appoints

them, in writing. The "*Appointment of Individual to Act as Appeal Representative Form*" can be printed from the "Forms and Material" section at www.TRICAREdentalprogram.com.

- Third parties, such as other insurance companies
- Points of Contact
- Remote Area: OCONUS non-listed providers for orthodontic or implant care
- Non-remote Area: OCONUS non-listed providers for all services (except emergency treatment)

How to Request a Reconsideration

A request for Reconsideration must be in writing and signed by you or the enrollee. Your letter should include the reason(s) you are requesting a Reconsideration and a copy of the Dental Explanation of Benefits (DEOB). If you wish to submit X-rays or other photographs to support your Reconsideration, please ensure that they are mailed in an appropriate envelope. Reconsideration requests must be postmarked within **90** days of the initial determination (DEOB). Both you and the enrollee will be notified of the outcome of the reconsideration.

Reconsideration requests must be submitted in writing to:

United Concordia Companies, Inc.
TDP OCONUS Dental Unit
PO Box 69418
Harrisburg, PA 17106-9418 U.S.A.

Section 11 - Maintaining HNP Data

United Concordia maintains a Host Nation Provider (HNP) Database, which contains pertinent information on all individual HNPs and group practices who have submitted claims, or whose TDP enrollees have submitted claims to United Concordia. Your record remains active on United Concordia's database as long as you or the TDP enrollee submit claims to United Concordia or until we receive notification of status change (e.g., retirement, practice closure).

It is important that our HNP Database contains accurate information regarding your practice. United Concordia urges you to keep your HNP information current by reporting any changes in writing. Please report changes/corrections to any of the items listed below:

- Practice Name
- Address (physical location) of Practice
- Mailing Address (if different from above)
- Specialty
- Gender
- Telephone/FAX Number
- Change in Group Practice

Keeping United Concordia informed of these changes will ensure timely delivery of checks and mailings.

Where to Send Notification of Change(s)

Send written notification of any changes in your practice or individual HNP information to:



United Concordia
TDP OCONUS Dental Unit
PO Box 69418
Harrisburg, PA 17106-9418
Fax 1-888-475-0486
Email: oconus@ucci.com

How to Resign from the TRICARE OCONUS Preferred Dentist (TOPD) Program

To resign from United Concordia's TOPD Program, you must send a signed, written statement to the TDP OCONUS Dental Unit at the above address. You may submit a resignation at any time. Resignations are normally effective 60 days following the date United Concordia receives your letter. A letter indicating the effective date of your resignation will be sent to you. When resigning an entire group practice, please include a resignation letter or document with each HNP's signature.

Section 12 - Contact Information and Resources

TDP OCONUS Dental Unit

If you have any questions regarding benefits, eligibility, command-sponsorship, claims status, predetermination procedures or disagree with the determination of a claim, you may contact United Concordia's TDP OCONUS Unit for assistance. A toll-free service is available to respond to your inquiries, Monday through Friday, 24 hours a day at 1-888-418-0466. Or you can email the unit at oconus@ucci.com. Representatives are available to assist you in English, German, Italian, Korean, Japanese and Spanish 24 hours per day, Monday - Friday.

Please have the following information available when contacting us:

- Sponsor's Name
- Sponsor's Social Security Number
- Enrollee's Name
- Enrollee's Date of Birth
- Claim or Inquiry Number, if applicable
- HNP's Identification Number (UCCI Assigned Number)

TRICARE Area Offices (TAOs)

Europe

TRICARE Europe
Unit 10310
APO AE 09136-00005
Phone 49-6302-67-6358

Pacific

TRICARE Area Office Pacific
PSC 482 Box 2749
FPO AP 96362-2749
Phone 81-6117-43-2036

Latin America/Canada

Skyline 5, Suite 810
5111 Leesburg Pike
Falls Church, VA 22041
Phone 1 706 787 2424 or 1-888-777-8343, option 3

Internet

United Concordia's Internet Web site www.TRICAREdentalprogam.com provides detailed information on the TDP, corporate information, press releases and much more.

Mailing Addresses and Telephone Numbers

Mailing Address for Claim or Predetermination Submission

United Concordia
TDP OCONUS Dental Unit
PO Box 69418
Harrisburg, PA 17106-9418

Mailing Address for Inquiries

United Concordia
TDP OCONUS Dental Unit
PO Box 69418
Harrisburg, PA 17106-9418

Change in HNP Information

United Concordia
TDP OCONUS Dental Unit
PO Box 69418
Harrisburg, PA 17106-9418

Telephone Numbers

TDP OCONUS Dental Unit:
1-888-418-0466

Changing HNP Information Fax:
1-888-475-0486

E-mail Addresses and Web sites

TDP OCONUS Dental Unit:
oconus@ucci.com

TRICARE Area Office – Europe:
www.europe.tricare.osd.mil

TRICARE Area Office – Latin America & Canada:
www.tricare.mil/tlac

TRICARE Area Office – Pacific:
www.tricare.osd.mil/pacific

Appendix A: TDP Benefits and Exclusions

TDP benefits, limitations, and exclusions are the same for both inside the Continental United States (CONUS) and outside the Continental United States (OCONUS) service areas. In certain circumstances, some covered services may be unavailable from OCONUS Host Nation Providers due to country differences in dental practice. In these cases, United Concordia will exercise reasonable judgment to accommodate unusual circumstances relevant to the practice and delivery of dental services in the OCONUS service area and to consider payment in these cases.

General Policies

All covered services are subject to the following general policies:

1. All premium payments must be paid to date in order for claims to be processed for payment. If the premiums are not current, it will result in the delay or denial of claims.
2. An appeal is not available when the services are determined to be unnecessary or do not meet accepted standards of dental practice unless the dentist notifies the enrollee of his or her liability prior to treatment and the enrollee chooses to receive the treatment. The enrollee notification must be specific to the dental treatment and cannot be a general financial agreement.
3. Medical procedures, as well as procedures covered as adjunctive dental care under TRICARE/Medical policy, are **not** covered under the TDP.
4. Procedures should be reported using the American Dental Association's (ADA) current dental procedure codes and terminology. **Note:** For OCONUS claims, if a procedure code is not given, a complete description of the service performed, including applicable tooth numbers, should be provided.
5. Local anesthesia is considered integral to the procedure(s) for which it is provided.
6. Payment for diagnostic services performed in conjunction with orthodontics is applied to the enrollee's annual maximum, subject to the footnote under Figure 8.1, "Diagnostic Services Codes."
7. Time periods for routine oral exams, prophylaxes (cleanings), bitewing X-rays, and topical fluoride treatments are based on the month of service and are measured backward from the date of the most recent service in each category. These time periods are not related to the standard February to January contract year.

For example: If a member enrolls in the TDP in

March 2009, and receives a cleaning May 13, 2009, and again November 10, 2009, he or she would be eligible for the next cleaning May 1, 2010. If he or she chooses to have a cleaning in March 2010, that would be the third cleaning within a consecutive 12-month period and would not be an allowable charge. The third cleaning in a 12-month period would not be covered since it is in excess of the two allowable cleanings in a consecutive 12-month period.

8. The 24-month time limitation for periodontal services (e.g., osseous surgery, etc.) is based on the exact date of service (day and month) when the procedure was performed.
For example: If scaling and root planing was performed on September 10, 2009, scaling and root planing in the same area of the mouth would not be eligible until September 10, 2011.
9. The 36-month time limitation for a panoramic or complete series of X-rays or a denture reline/rebase is calculated to the month in which the service was performed.
For example: If an enrollee received a complete series of X-rays on May 15, 2009, he or she would be eligible for another complete series of X-rays, or a panoramic X-ray, on May 1, 2012.
10. The 36-month time limitation for sealants is based on the exact date of service (month and day) when the service was performed.
11. The five-year time limitation for other restorative services (e.g., crowns, onlays, etc.) and prosthodontic services (e.g., dentures, fixed bridges, etc.) is based on the exact date of service (day and month) when the procedure was performed.
For example: If a fixed partial denture were placed on June 15, 2009, a replacement denture would not be eligible until June 15, 2014.
12. For reporting and benefit purposes, the completion date for crowns, inlays, onlays, buildups, posts and cores, or fixed prostheses is the cementation date.
13. For reporting and benefit purposes, the completion date for removable prostheses is the insertion date.
14. For reporting and benefit purposes, the completion date for endodontic therapy is the date the tooth is sealed.
15. Payment will not be made for crowns, inlays, onlays, posts and cores, or dentures/bridges initiated prior to the effective date of the enrollee's coverage.

Diagnostic Services

Diagnostic Services Codes

Fig. 8.1

Code	Description of Service
D0120*	Periodic oral evaluation – established enrollee
D0140	Limited oral evaluation—problem focused
D0145*	Oral evaluation for an enrollee under three years of age and counseling with primary caregiver
D0150*	Comprehensive oral evaluation—new or established enrollee
D0160	Detailed and extensive oral evaluation—problem focused, by report
D0180*	Comprehensive periodontal evaluation—new or established enrollee
D0210*	Intraoral—complete series (including bitewings)
D0220*	Intraoral—periapical first film
D0230*	Intraoral—periapical—each additional film
D0240*	Intraoral—occlusal film
D0250	Extraoral—first film
D0260	Extraoral—each additional film
D0270*	Bitewing—single film
D0272*	Bitewings—two films
D0273*	Bitewings – three films
D0274*	Bitewings—four films
D0290	Posterior-anterior or lateral skull and facial bone survey film
D0330*	Panoramic film
D0340	Cephalometric film
D0425*	Caries susceptibility tests

* The annual contract maximum is not affected by these services.

Benefits and Limitations for Diagnostic Services

- Three oral evaluations (D0120, D0150, or D0180) are covered in a consecutive 12-month period. Only two of these oral evaluations may be from the same office. A third oral evaluation is covered only if rendered by a different office. A comprehensive periodontal evaluation will be considered integral if provided on the same date of service, by the same dentist, as any other oral evaluation.
- Comprehensive evaluations (D0150) are only eligible:
 - For new enrollees
 - For enrollees who have not had an oral evaluation within the previous 36 months from the same office
 - On an exception basis for enrollees who have had a significant change in health conditions or other unusual circumstances
- Three oral evaluations (D0145) for enrollees under the age of three are covered in a consecutive 12-month period. Only two of these oral evaluations (D0145) may be from the same office. A third oral evaluation (D0145) is covered only if it is rendered by a different office. However, the total number of evaluations (D0145, D0150, D0120) for an enrollee under age three in a consecutive 12-month period cannot exceed a total of three.
- One comprehensive periodontal evaluation (D0180) will be allowed per enrollee, per consecutive 12-month period, per office. A comprehensive periodontal evaluation will be considered integral if provided on the same date of service, by the same dentist, as any other oral evaluation.
- Limited oral evaluation, problem-focused (D0140), is eligible once per enrollee, per dentist in a consecutive 12-month period in combination with consultations (D9310) – only one of these services is eligible within a consecutive 12-month period. A limited oral evaluation will be considered integral when provided on the same date of service, by the same dentist, as any other oral evaluation.
- Re-evaluations are considered integral procedures.
- Detailed and extensive oral evaluations, problem-focused (D0160) are limited to one per enrollee, per dentist, per the life of the contract. They will not be paid if related to non-covered medical, dental, or adjunctive dental procedures.
- X-rays which are not of diagnostic quality are not covered.
- One full mouth X-ray (complete series or panoramic X-ray) is covered in a 36-month

- period.
10. Panoramic and full mouth X-rays are not routinely covered for enrollees under age 5. Enrollee-specific rationale (specific signs or symptoms) must be submitted for review.
 11. One set of bitewing X-rays, consisting of up to four bitewing X-rays per visit, is covered during a consecutive 12-month period.
 12. A second set of bitewing X-rays, consisting of up to four bitewing X-rays, is covered at the gaining location if the enrollee moves as a result of a Permanent Change of Station (PCS) relocation at least 40 miles from the original servicing location. A copy of the sponsor's official relocation orders must be submitted with the claim. If a copy of the relocation orders cannot be obtained, a letter from the sponsor's immediate commanding officer or documentation from the sponsor's local uniformed services personnel office confirming the location change may be submitted.
 13. Vertical bitewings (D0277) will be paid at the same allowance as four bitewings and are subject to the same benefit limitations as four bitewing X-rays.
 14. X-rays are not a covered benefit when taken by an X-ray laboratory, unless billed by a licensed dentist.
 15. If the total allowance for individually reported periapical, occlusal, and/or bitewing X-rays equals or exceeds the allowance for a complete series, the individually reported X-rays are paid as a complete series and are subject to the same benefit limitations as a complete series.
 16. Periapical and/or bitewing X-rays are considered integral when performed on the same date of service, by the same dentist, as a complete series of X-rays.
 17. Bitewing X-rays are not considered integral when performed on the same date of service as a panoramic X-ray. They may be paid as a separate service.
 18. Payment for individually reported periapical X-rays and a panoramic X-ray will be limited to the payment allowance for a complete series of X-rays.
 19. The X-ray taken to diagnose the need for root canal therapy is eligible for payment in addition to the root canal therapy. All other X-rays taken within 30 days of the root canal therapy and in conjunction with the root canal therapy, including post-treatment films, are considered integral and should not be billed separately.
 20. X-rays are not covered when performed in conjunction with the diagnosis or treatment of Temporomandibular Joint Dysfunction (TMD).
 21. Posterior-anterior or lateral skull and facial bone survey films (D0290) and cephalometric

- films (D0340) are each covered once per 12-month period. They are not covered for the diagnosis or treatment of TMD.
22. Cephalometric films are covered for enrollees under age 23.
23. Pulp vitality tests are considered integral to all services.
24. Caries susceptibility tests are payable only in conjunction with an intensive regimen of home preventive therapy (including prescription mouth rinses) to determine if the therapy should be continued. The test is payable once per regimen. The regimen must have been initiated immediately following completion of restorative care for a recent episode of rampant caries.
25. Caries susceptibility tests are not payable on a routine basis for enrollees with unrestored carious lesions or when performed for enrollee education.

Preventive Services

Preventive Services Codes

Fig. 8.2

Code	Description of Service
D1110*	Prophylaxis—adult
D1120*	Prophylaxis—child
D1203*	Topical application of fluoride (prophylaxis not included)—child
D1204*	Topical application of fluoride (prophylaxis not included)—adult
D1206*	Topical fluoride varnish; therapeutic application for moderate to high caries risk enrollees
D1510	Space maintainer—fixed—unilateral
D1515	Space maintainer—fixed—bilateral
D1520	Space maintainer—removable—unilateral
D1525	Space maintainer—removable—bilateral
D1550	Recementation of space maintainer
D1555	Removal of fixed space maintainer

* The annual contract maximum is not affected.

Benefits and Limitations for Preventive Services

1. Two routine prophylaxes are covered in a consecutive 12-month period.
2. A third routine prophylaxis (D1110) is covered in a 12-consecutive month period during pregnancy. The dentist must indicate the medical diagnosis code on the claim form.
3. Adult prophylaxes will be allowed on enrollees 13 years of age and older.
4. Routine prophylaxes are considered integral when performed by the same dentist on the same day as scaling and root planing, periodontal surgery, or periodontal maintenance procedures.
5. A routine prophylaxis is considered integral when performed in conjunction with or as a finishing procedure to periodontal scaling and root planing, periodontal maintenance, gingivectomy or gingivoplasty, gingival flap procedure, mucogingival surgery, or osseous surgery.
6. A routine prophylaxis includes associated scaling and polishing procedures. There are no provisions for any additional allowance based on degree of difficulty.
7. Periodontal scaling in the presence of gingival inflammation is considered to be a routine prophylaxis and is paid as such.
8. Two topical fluoride applications are covered in a consecutive 12-month period.
9. Topical fluoride applications, which may include fluoride varnish applications, are covered only when a prescription-strength fluoride product designed solely for use in the dental office is used and delivered to the teeth under the direct supervision of a dental professional. The use of a prophylaxis paste containing fluoride qualifies for payment only as a component of a routine prophylaxis.
10. Space maintainers are fully covered for enrollees under age 19 when involving posterior teeth. They are covered at a 20 percent cost-share for enrollees under age 19 when replacing anterior teeth only.
11. Repair of a damaged space maintainer is not a covered benefit.
12. Removal of a space maintainer is considered an integral procedure, unless performed by a different dentist who is not a member of the same practice that placed the space maintainer.

Sealants

Sealants Codes

Fig. 8.3

Code	Description of Service
D1351	Sealant—per tooth

Benefits and Limitations for Sealants

1. Sealants are only covered on permanent molars through age 18. The teeth must be caries free with no previous restoration on the mesial, distal, or occlusal surfaces. One sealant per tooth is covered in a three-year period.
2. Sealants for teeth other than permanent molars are not covered.
3. Sealants provided on the same date of service and the same tooth as a restoration of the occlusal surface are considered integral procedures.

Restorative Services

Restorative Services Codes

Fig. 8.4

Code	Description of Service
D2140	Amalgam—one surface, primary or permanent
D2150	Amalgam—two surfaces, primary or permanent
D2160	Amalgam—three surfaces, primary or permanent
D2161	Amalgam—four or more surfaces, primary or permanent
D2330	Resin-based composite—one surface, anterior
D2331	Resin-based composite—two surfaces, anterior
D2332	Resin-based composite—three surfaces, anterior
D2335	Resin-based composite—four or more surfaces or involving incisal angle (anterior)
D2390	Resin-based composite crown, anterior

D2930	Prefabricated stainless steel crown—primary tooth
D2931	Prefabricated stainless steel crown—permanent tooth
D2932	Prefabricated resin crown
D2933	Prefabricated stainless steel crown with resin window
D2951	Pin retention—per tooth, in addition to restoration

Benefits and Limitations for Restorative Services

1. Diagnostic casts (study models) taken in conjunction with restorative procedures are considered integral.
2. Sedative restorations are not a covered benefit.
3. Pin retention is covered only when reported in conjunction with an eligible restoration.
4. An amalgam or resin restoration reported with a crown buildup or post and core is considered an integral procedure.
5. An amalgam or resin restoration reported with a pin (D2951), in addition to a crown, is considered to be a pin buildup (D2950 or D6973).
6. Preventive resin restorations or other restorations that do not extend into the dentin are considered sealants for purposes of reporting and determining benefits.
7. The payment for restorations includes all related services, including, but not limited to, etching, bases, liners, dentinal adhesives, local anesthesia, polishing, caries removal, preparation of gingival tissue, occlusal/contact adjustments, and detection agents.
8. Restorative services are covered only when necessary due to decay, tooth fracture, attrition, erosion, abrasion, or congenital or developmental defects. Restorative services are not benefits when performed for cosmetic purposes.
9. For purposes of determining benefits, a restoration involving two or more surfaces will be processed using the appropriate multiple-surface restoration code.
10. Multiple restorations performed on the same surface of a posterior tooth without involvement of a second surface, on the same date and by the same dentist, will be processed as a single surface restoration.
11. If multiple posterior restorations involving multiple surfaces with at least one common surface are reported, an allowance will be made for a single restoration reflecting the number of different surfaces involved.
12. Multiple restorations involving contiguous (touching) surfaces provided on the same date of service by the same dentist will be processed as one restoration reflective of the number of different surfaces reported. For example: A one-surface amalgam restoration of the lingual surface and a one-surface amalgam restoration of the mesial surface will be combined and processed as a two-surface amalgam restoration. This policy applies regardless of restorations being reported as separate services.
13. Repair or replacement of restorations by the same dentist and involving the same tooth surfaces, performed within 24 months of the previous restoration, are considered integral procedures. However, payment may be allowed if the repair or replacement is due to fracture of the tooth, or the restoration involves the occlusal surface of a posterior tooth or the lingual surface of an anterior tooth and is placed following root canal therapy.
14. Resin (composite) restorations are not covered when performed on posterior teeth. However, an allowance will be made for a comparable amalgam restoration.
15. Restorations are not covered when performed after the placement of any type of crown or onlay on the same tooth and by the same dentist.
16. Resin-based composite crowns (D2390) placed on anterior teeth are limited to one per tooth, per 12-month period. Repair or replacement within 12 months of placement by the same dentist is considered integral. Placement within 12 months of a previous restoration is not covered. If a diagnosis warrants placement of a D2390 on a tooth that has been previously restored within the last 12 months by the same dentist, the service may be considered for coverage.
17. Prefabricated resin crowns (D2932) are covered once per tooth, per lifetime, only on anterior primary teeth, anterior permanent teeth through age 14, or when placed as the result of accidental injury. They are considered integral when placed in preparation for a permanent crown.
18. Prefabricated stainless steel crowns (D2930, D2931) are covered only on primary teeth, permanent teeth through age 14, or when placed as a result of accidental injury. They are limited to one per enrollee, per tooth, per lifetime.
19. Prefabricated stainless steel crowns with resin windows (D2933) are covered only on primary anterior and premolar teeth to any age, and on permanent anterior and premolar teeth of enrollees age 14 and younger. They are limited to one per tooth, per lifetime.

20. Prefabricated esthetic coated stainless steel crown—primary tooth (D2934)—are not covered. However, an allowance will be made for a comparable prefabricated stainless steel crown—primary tooth (D2930). The enrollee is responsible for the difference between the dentist's charge for the esthetic coated crown and the allowance for the prefabricated stainless steel crown.

Other Restorative Services

Other Restorative Services Codes

Fig. 8.5

Code	Description of Service
D2542	Onlay—metallic—two surfaces
D2543	Onlay—metallic—three surfaces
D2544	Onlay—metallic—four or more surfaces
D2642	Onlay—porcelain/ceramic—two surfaces
D2643	Onlay—porcelain/ceramic—three surfaces
D2644	Onlay—porcelain/ceramic—four or more surfaces
D2662	Onlay—resin-based composite—two surfaces
D2663	Onlay—resin-based composite—three surfaces
D2664	Onlay—resin-based composite—four or more surfaces
D2740	Crown—porcelain/ceramic substrate
D2750	Crown—porcelain fused to high noble metal
D2751	Crown—porcelain fused to predominately base metal
D2752	Crown—porcelain fused to noble metal
D2780	Crown—3/4 cast high noble metal
D2781	Crown—3/4 cast predominately base metal
D2782	Crown—3/4 cast noble metal
D2783	Crown—3/4 porcelain/ceramic
D2790	Crown—full cast high noble metal

D2791	Crown—full cast predominately base metal
D2792	Crown—full cast noble metal
D2794	Crown—titanium
D2910	Recement inlay, onlay, or partial coverage restoration
D2915	Recement cast or prefabricated post and core
D2920	Recement crown
D2950	Core buildup, including any pins
D2954	Prefabricated post and core in addition to crown
D2962	Labial veneer—porcelain laminate—laboratory
D2970	Temporary crown (fractured tooth)
D2980	Crown repair, by report

Benefits and Limitations for Other Restorative Services

- For reporting and benefit purposes, the completion date for crowns, onlays, and buildups is the cementation date.
- The charge for a crown or onlay should include all charges for work related to its placement, including, but not limited to, preparation of gingival tissue, tooth preparation, temporary crown, diagnostic casts (study models), impressions, try-in visits, and cementations of both temporary and permanent crowns.
- Onlays, permanent single crown restorations, and posts and cores for enrollees 12 years of age or younger are excluded from coverage, unless specific rationale is provided indicating the reason for such treatment (e.g., fracture, endodontic therapy, etc.).
- Core buildups (D2950) can be considered for benefits only when the tooth requires a crown and there is insufficient retention for a crown. A buildup should not be reported when the procedure only involves a filler used to eliminate undercuts, box forms, or concave irregularities in the preparation.
- Indirectly fabricated posts and cores (D2952) are processed as an alternate benefit of a prefabricated post and core.
- Additional posts (D2953, D2957) are considered integral to the associated restorative procedure.
- Replacement of crowns, onlays, buildups, and posts and cores is covered only if the existing crown, onlay, buildup, or post and

core was inserted at least five years prior to the replacement and satisfactory evidence is presented that the existing crown, onlay, buildup, or post and core is not and cannot be made serviceable. The five-year time limitation on crowns, onlays, buildups, and posts and cores does not apply if the enrollee moves as a result of a Permanent Change of Station (PCS) relocation at least 40 miles from the original servicing location. Satisfactory evidence must show that the existing crown, onlay, buildup, or post and core is not and cannot be made serviceable, and a copy of the sponsor's official relocation orders must be submitted with the claim. If a copy of the relocation orders cannot be obtained, a letter from the sponsor's immediate commanding officer or documentation from the sponsor's local uniformed services personnel office confirming the location change may be submitted. The five-year service date is measured based on the actual date (i.e., day and month) of the initial service, rather than the first day of the month during which the initial service was received. The PCS exception does not apply if the enrollee returns to the previous provider for treatment.

8. Onlays, crowns, and posts and cores are payable only when necessary due to decay or tooth fracture. However, if the tooth can be adequately restored with amalgam or composite (resin) filling material, payment will be made for that service. This payment can be applied toward the cost of the onlay, crown, or post and core. This provision only applies where the restorative service provided is due to decay or tooth fracture. If the service is being provided for some other purpose (e.g., aesthetics), an alternate service such as an amalgam or composite filling would not be eligible for payment.
9. Crowns, inlays, onlays, buildups, or posts and cores, begun prior to the effective date of coverage or cemented after the cancellation date of coverage, are not eligible for payment.
10. Onlays are eligible only when a cusp(s) is overlaid.

11. Temporary crowns placed on fractured teeth (D2970) are eligible once per tooth, per lifetime. They are considered integral to crown fabrication when provided by the same office that provides the final crown.
12. Temporary crowns placed in preparation for a permanent crown are considered integral to the placement of the permanent crown.
13. Recementation of single prosthetics (D2910, D2915, D2920) is eligible once per six-month period. Recementation provided within 12 months of placement by the same dentist is considered integral.
14. When performed as an independent procedure, the placement of a post is not a covered benefit. Posts are only eligible when provided as part of a buildup for a crown and are considered integral to the buildup.
15. Payment for an anterior resin restoration will be made when a laboratory-fabricated porcelain or resin veneer is used to restore anterior teeth due to tooth fracture or caries.
16. Porcelain veneers (D2962) can be considered for coverage for fully erupted anterior teeth to correct severe developmental or congenital disfigurement. If approved, payment will be limited to once per tooth, per five-year period.
17. Labial veneers are covered only when placed to treat severe developmental or congenital disfigurement. However, if a restoration is necessary due to tooth fracture or decay, payment may be made for an anterior resin restoration toward the cost of the veneer.
18. Treatment of peg lateral incisors is a covered benefit as long as the method of restoration (labial veneer or crown) is a TDP covered procedure.
19. Porcelain ceramic, metallic, and composite resin inlays are not covered benefits. However, payment will be made for a corresponding amalgam restoration for a posterior tooth reflective of the number of different surfaces restored.
20. Glass ionomer restorations will be paid based upon the fees for amalgam restorations for posterior teeth or resin restorations for anterior teeth.

Endodontic Services

Endodontic Services Codes

Fig. 8.6

Code	Description of Service
D3120	Pulp cap—indirect (excluding final restoration)
D3220	Therapeutic pulpotomy (excluding final restoration)
D3221	Pulpal debridement—primary and permanent teeth
D3230	Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration)
D3240	Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration)
D3310	Anterior root canal (excluding final restoration)
D3320	Bicuspid root canal (excluding final restoration)
D3330	Molar root canal (excluding final restoration)
D3332	Incomplete endodontic therapy; inoperable, unrestorable, or fractured tooth
D3333	Internal root repair of perforation defects
D3346	Retreatment of previous root canal therapy—anterior
D3347	Retreatment of previous root canal therapy—bicuspid
D3348	Retreatment of previous root canal therapy—molar
D3351	Apexification/recalcification—initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
D3352	Apexification/recalcification—interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)
D3353	Apexification/recalcification—final visit (includes completed root canal therapy, apical closure/calcific repair of perforations, root resorption, etc.)
D3410	Apicoectomy/periradicular surgery—anterior

D3421	Apicoectomy/periradicular surgery—bicuspid (first root)
D3425	Apicoectomy/periradicular surgery—molar (first root)
D3426	Apicoectomy/periradicular surgery (each additional root)
D3430	Retrograde filling—per root
D3450	Root amputation—per root
D3920	Hemisection (including any root removal)—not including root canal therapy

Benefits and Limitations for Endodontic Services

1. Direct pulp caps are considered an integral service when provided on the same date as a restoration.
2. Indirect pulp caps are considered integral when provided within 60 days prior to the final restoration. When covered, payment is limited to one indirect pulp cap per tooth, per lifetime.
3. Pulpotomies are considered integral when performed by the same dentist within a 45-day period prior to the completion of root canal therapy.
4. A pulpotomy is covered when performed as a final endodontic procedure and is payable generally on primary teeth only. Pulpotomies performed on permanent teeth are considered integral to root canal therapy and are not reimbursable unless specific rationale is provided and root canal therapy is not and will not be provided on the same tooth.
5. Pulpal therapy (resorbable filling) is covered as follows:
 - Limited to primary incisor teeth for enrollees up to age 6, and primary molars and cuspids to age 11
 - Covered once per tooth, per lifetime
 - Payment for the pulpal therapy will be offset by the allowance for a pulpotomy provided within 45 days preceding pulpal therapy on the same tooth by the same dentist.
6. Pulpal debridement is eligible when provided to relieve acute pain. It is considered integral to root canal therapy or palliative emergency treatment when provided on the same day by the same dentist.
7. Treatment of a root canal obstruction is considered an integral procedure.
8. Incomplete endodontic therapy is not a covered benefit when due to the enrollee discontinuing treatment.

9. Retreatment of root canal therapy (D3346, D3347, and D3348) is not covered within 12 months of the previous root canal therapy by the same dentist.
10. Internal root repair of a perforation defect is not a covered benefit when the dentist providing the treatment causes the perforation.
11. The placement of a post is not a covered benefit when provided as an independent procedure. Posts are eligible only when provided as part of a crown buildup and are considered integral to the buildup.
12. Canal preparation and fitting of a preformed dowel or post (D3950) is not a covered benefit.
13. For reporting and benefit purposes, the completion date for endodontic therapy is the date the tooth is sealed.
14. No allowance is made for the treatment of additional canals.
15. An “open and drain” performed on an abscessed tooth to relieve pain in an emergency is considered palliative emergency treatment (D9110).
16. Placement of a final restoration following endodontic therapy is eligible as a separate procedure.
17. The apexification final visit code (D3353) includes the last phase of complete root canal therapy. Root canal therapy reported in addition to apexification treatment is not a separately reimbursable procedure.

Periodontal Services

Periodontal Services Codes

Fig. 8.7

For procedures that require X-rays and/or periodontal charting, a diagnosis should also be provided.

Code	Description of Service
D4210	Gingivectomy or gingivoplasty—four or more contiguous teeth or bounded teeth spaces per quadrant
D4211	Gingivectomy or gingivoplasty—one to three contiguous teeth or bounded teeth spaces per quadrant
D4240	Gingival flap procedure, including root planing—four or more contiguous teeth or bounded teeth spaces per quadrant
D4241	Gingival flap procedure, including root planing—one to three contiguous teeth or bounded teeth spaces per quadrant
D4249	Clinical crown lengthening—hard tissue

D4260	Osseous surgery (including flap entry and closure) four or more contiguous teeth or bounded teeth spaces per quadrant
D4261	Osseous surgery (including flap entry and closure)—one to three contiguous teeth or bounded teeth spaces per quadrant
D4263	Bone replacement graft—first site in quadrant
D4264	Bone replacement graft—each additional site in quadrant
D4266	Guided tissue regeneration—resorbable barrier, per site
D4267	Guided tissue regeneration—nonresorbable barrier, per site, (includes membrane removal)
D4270	Pedicle soft tissue graft procedure
D4271	Free soft tissue graft procedure (including donor site surgery)
D4275	Soft tissue allograft
D4341	Periodontal scaling and root planing—four or more teeth per quadrant.
D4342	Periodontal scaling and root planing—one to three teeth per quadrant.
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis, covered once per 24-month period
D4910	Periodontal maintenance
D4920	Unscheduled dressing change (by someone other than treating dentist)

Benefits and Limitations for Periodontal Services

1. Gingivectomy or gingivoplasty, gingival flap procedure, guided tissue regeneration, soft tissue grafts, bone replacement grafts, and osseous surgery provided within 24 months of the same surgical periodontal procedure, in the same area of the mouth, are not covered.
2. Gingivectomy or gingivoplasty performed in conjunction with the placement of crowns, onlays, crown buildups, posts and cores, or basic restorations are considered integral to the restoration.
3. Surgical periodontal procedures or scaling and root planing in the same area of the mouth within 24 months of a gingival flap procedure are not covered.
4. Gingival flap procedure is considered integral when provided on the same date of service by the same dentist in the same area of the mouth as periodontal surgical procedures, endodontic procedures, and oral surgery procedures.

5. Soft tissue grafts are processed according to the number of separate sites involved. Separate sites generally must be separated by two or more teeth.
6. Subepithelial connective tissue grafts (D4273) and combined connective tissue and double pedicle grafts (D4276) are payable at the same allowance as free soft tissue grafts (D4271).
7. Bone replacement grafts (D4263, D4264) are only eligible when provided to treat teeth having periodontal defects. The tooth/teeth must be present in order to report these two procedure codes. They are not eligible when provided for other reasons such as filling in an extraction site or a defect resulting from an apicoectomy or cyst removal.
8. Bone grafts provided for ridge preservation (D7953) [socket grafts] are not covered. This includes bone grafts provided for reasons such as, but not limited to, filling in an extraction site, filling in a defect resulting from an apicoectomy or cyst removal, or to accommodate placement of an implant.
9. A single site for reporting bone replacement grafts consists of one contiguous area, regardless of the number of teeth (e.g., crater) or surfaces involved. Another site on the same tooth is considered integral to the first site reported. Noncontiguous areas involving different teeth may be reported as additional sites.
10. Osseous surgery is not covered when provided within 24 months of osseous surgery in the same area of the mouth.
11. Osseous surgery performed in a limited area and in conjunction with crown lengthening on the same date of service, by the same dentist, and in the same area of the mouth is considered an integral procedure.
12. One crown lengthening per tooth, per lifetime, is covered.
13. Guided tissue regeneration is only covered when provided to treat specific types of periodontal defects (i.e., Class II furcation involvements or interbony defects). The tooth/teeth must be present in order for this procedure to be eligible. It is not covered when provided to obtain root coverage, or when provided in conjunction with (same or different date as) extractions, cyst removal, or procedures involving the removal of a portion of a tooth, such as an apicoectomy or hemisection.
14. Periodontal scaling and root planing is indicated to treat periodontal disease, which generally does not occur with frequency in younger enrollees.
15. Periodontal scaling and root planing provided within 24 months of periodontal scaling and root planing or periodontal surgical procedures in the same area of the mouth is not covered.
16. Periodontal scaling and root planing is considered integral when provided on the same day, by the same dentist, in the same mouth area as periodontal surgical procedures.
17. A routine prophylaxis is considered integral when performed in conjunction with or as a finishing procedure to periodontal scaling and root planing, periodontal maintenance, gingivectomy or gingivoplasty, gingival flap procedure, or osseous surgery.
18. Up to four periodontal maintenance procedures, or any combination of routine prophylaxes and periodontal maintenance procedures totaling four, may be paid within a consecutive 12-month period.
19. Periodontal maintenance is generally covered when performed following active periodontal treatment.
20. Periodontal maintenance provided on the same day as periodontal scaling and root planing is considered integral.
21. An oral evaluation reported in addition to periodontal maintenance will be processed as a separate procedure subject to the policy and limitations applicable to oral evaluations.
22. Payment for multiple periodontal surgical procedures (except soft tissue grafts, osseous grafts, and guided tissue regeneration) provided in the same area of the mouth during the same course of treatment is based on the fee for the greater surgical procedure. The lesser procedure is considered integral and its allowance is included in the allowance for the greater procedure.
23. Procedures related to the placement of an implant (e.g., bone re-contouring and excision of gingival tissue) are not covered.
24. Full mouth debridement to enable comprehensive evaluation and diagnosis (D4355) is covered once within a consecutive 24-month period.
25. Full mouth debridement to enable comprehensive evaluation and diagnosis provided on the same day as scaling and root planing, periodontal maintenance, or routine prophylaxis is considered integral.
26. Surgical revision procedure (D4268) is considered integral to all other periodontal procedures.

Oral Surgery Services

Oral Surgery Services Codes

Fig. 8.8

Code	Description of Service
D7111	Extraction, coronal remnants—deciduous tooth
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
D7220	Removal of impacted tooth—soft tissue
D7230	Removal of impacted tooth—partially bony
D7240	Removal of impacted tooth—completely bony
D7250	Surgical removal of residual tooth roots (cutting procedure)
D7260	Oroantral fistula closure
D7261	Primary closure of a sinus perforation
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7280	Surgical access of an unerupted tooth
D7283	Placement of device to facilitate eruption of impacted tooth
D7285	Biopsy of oral tissue—hard (bone, tooth)
D7286	Biopsy of oral tissue—soft (all others)
D7290	Surgical repositioning of teeth
D7291	Transseptal fiberotomy/supra crestal fiberotomy
D7310	Alveoplasty in conjunction with extractions—four or more teeth or tooth spaces per quadrant
D7320	Alveoplasty not in conjunction with extractions—four or more teeth or tooth spaces per quadrant
D7321	Alveoplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant
D7471	Removal of lateral exostosis—(maxilla or mandible)

D7472	Removal of torus palatinus
D7473	Removal of torus mandibularis
D7485	Surgical reduction of osseous tuberosity
D7510	Incision and drainage of abscess— intraoral soft tissue
D7511	Incision and drainage of abscess— intraoral soft tissue—complicated (includes drainage of multiple fascial spaces)
D7910	Suture of recent small wounds—up to 5 cm
D7911	Complicated suture—up to 5 cm
D7912	Complicated suture—greater than 5 cm
D7960	Frenulectomy (frenectomy or frenotomy)— separate procedure
D7971	Excision of pericoronal gingival
D7972	Surgical reduction of fibrous tuberosity

Benefits and Limitations for Oral Surgery Services

1. Fiberotomies are only covered on permanent first bicuspid and permanent anterior teeth.
2. Simple incision and drainage reported with root canal therapy is considered integral to the root canal therapy.
3. Intraoral soft tissue incision and drainage is only covered when it is provided as the definitive treatment of an abscess. Routine follow-up care is considered integral to the procedure.
4. Biopsies are an eligible benefit when tissue is surgically removed for the specific purpose of histopathological examination and diagnosis.
5. Biopsies are considered integral when performed in conjunction with other surgical procedures on the same day in the same area of the mouth.
6. Charges for related services, such as necessary wires and splints, adjustments, and follow-up visits, are considered integral to the fee for reimplantation and/or stabilization.
7. Routine postoperative care such as suture removal is considered integral to the fee for the surgery.
8. An alveoplasty performed in conjunction with extractions involving less than four teeth is not covered as a separate procedure.
9. A frenulectomy (D7960) is considered integral when provided on the same day, by the same

dentist, as a frenuloplasty or periodontal surgery.

10. A frenuloplasty (D7963) is considered integral when provided on the same day, by the same dentist, as a frenulectomy or periodontal surgery.

Implant Services

Implant Services Codes

Fig. 8.9

Code	Description of Service
D6010	Surgical placement of implant body: endosteal implant
D6050	Surgical placement: transosteal implant
D6056	Prefabricated abutment—includes placement
D6057	Custom abutment—includes placement
D6058	Abutment supported porcelain/ceramic crown
D6059	Abutment supported porcelain fused to metal crown (high noble metal)
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)
D6061	Abutment supported porcelain fused to metal crown (noble metal)
D6062	Abutment supported cast metal crown (high noble metal)
D6063	Abutment supported cast metal crown (predominantly base metal)
D6064	Abutment supported cast metal crown (noble metal)
D6065	Implant supported porcelain/ceramic crown
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)

D6068	Abutment supported retainer for porcelain/ceramic full partial denture (FPD)
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominately base metal)
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)
D6072	Abutment supported retainer for cast metal FPD (high noble metal)
D6073	Abutment supported retainer for cast metal FPD (predominately base metal)
D6074	Abutment supported retainer for cast metal FPD (noble metal)
D6075	Implant supported retainer for ceramic FPD
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)
D6078	Implant/abutment supported fixed denture for completely edentulous arch
D6079	Implant/abutment supported fixed denture for partially edentulous arch
D6090	Repair implant supported prosthesis
D6092	Recement implant/abutment supported crown
D6093	Recement implant/abutment supported fixed partial denture
D6094	Abutment supported crown—(titanium)
D6095	Repair implant abutment
D6194	Abutment supported retainer crown for FPD—(titanium)

Benefits and Limitations for Implant Services

1. Implant services are subject to a 50 percent cost-share and the annual program maximum.
2. Implant services are not eligible for enrollees under age 14.
3. Implants are not covered when placed for a removable denture.
4. Replacement of implants is covered only if the existing implant was placed at least five years prior to the replacement and the implant has failed.
5. Replacement of implant prosthetics is covered only if the existing prosthetics were placed at least five years prior to the replacement and satisfactory evidence is presented that demonstrates they are not, and cannot be made, serviceable.
6. Recementation of an implant/abutment supported crown (D6092) is eligible once per six-month period. Recementation provided within 12 months of placement by the same dentist is considered integral.
7. Recementation of an implant/abutment supported fixed partial denture (D6093) is considered integral when provided within six months of placement by the same dentist.

Prosthodontics, Removable

Prosthodontics, Removable Codes

Fig. 8.10

Code	Description of Service
D5110	Complete denture—maxillary
D5120	Complete denture—mandibular
D5130	Immediate denture—maxillary
D5140	Immediate denture—mandibular
D5211	Maxillary partial denture—resin base (including any conventional clasps, rests, and teeth)
D5212	Mandibular partial denture—resin base (including any conventional clasps, rests, and teeth)
D5213	Maxillary partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)

D5214	Mandibular partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)
D5410	Adjust complete denture—maxillary
D5411	Adjust complete denture—mandibular
D5421	Adjust partial denture—maxillary
D5422	Adjust partial denture—mandibular
D5510	Repair broken complete denture base
D5520	Replace missing or broken teeth—complete denture (each tooth)
D5610	Repair resin denture base
D5620	Repair cast framework
D5630	Repair or replace broken clasp
D5640	Replace broken teeth—per tooth
D5650	Add tooth to existing partial denture
D5660	Add clasp to existing partial denture
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)
D5710	Rebase complete maxillary denture
D5711	Rebase complete mandibular denture
D5720	Rebase maxillary partial denture
D5721	Rebase mandibular partial denture
D5730	Reline complete maxillary denture (chairside)
D5731	Reline complete mandibular denture (chairside)
D5740	Reline maxillary partial denture (chairside)

D5741	Reline mandibular partial denture (chairside)
D5750	Reline complete maxillary denture (laboratory)
D5751	Reline complete mandibular denture (laboratory)
D5760	Reline maxillary partial denture (laboratory)
D5761	Reline mandibular partial denture (laboratory)
D5810	Interim complete denture (maxillary)
D5811	Interim complete denture (mandibular)
D5820	Interim partial denture (maxillary)
D5821	Interim partial denture (mandibular)
D5850	Tissue conditioning (maxillary)
D5851	Tissue conditioning (mandibular)

D6245	Pontic—porcelain/ceramic
D6545	Retainer—cast metal for resin-bonded fixed prosthesis
D6548	Retainer—porcelain/ceramic for resin-bonded fixed prosthesis
D6600	Inlay—porcelain/ceramic, two surfaces
D6601	Inlay—porcelain/ceramic, three or more surfaces
D6602	Inlay—cast high noble metal, two surfaces
D6603	Inlay—cast high noble metal, three or more surfaces
D6604	Inlay—cast predominantly base metal, two surfaces
D6605	Inlay—cast predominantly base metal, three or more surfaces
D6606	Inlay—cast noble metal, two surfaces
D6607	Inlay—cast noble metal, three or more surfaces
D6624	Inlay—titanium
D6608	Onlay—porcelain/ceramic, two surfaces
D6609	Onlay—porcelain/ceramic, three or more surfaces
D6610	Onlay—cast high noble metal, two surfaces
D6611	Onlay—cast high noble metal, three or more surfaces
D6612	Onlay—cast predominantly base metal, two surfaces
D6613	Onlay—cast predominantly base metal, three or more surfaces
D6614	Onlay—cast noble metal, two surfaces
D6615	Onlay—cast noble metal, three or more surfaces
D6634	Onlay—titanium
D6740	Crown—porcelain/ceramic

Prosthodontics, Fixed

Prosthodontics, Fixed Codes

Fig. 8.11

Code	Description of Service
D6210	Pontic—cast high noble metal
D6211	Pontic—cast predominately base metal
D6212	Pontic—cast noble metal
D6214	Pontic—titanium
D6240	Pontic—porcelain fused to high noble metal
D6241	Pontic—porcelain fused to predominately base metal
D6242	Pontic—porcelain fused to noble metal

D6750	Crown—porcelain fused to high noble metal
D6751	Crown—porcelain fused to predominately base metal
D6752	Crown—porcelain fused to noble metal
D6780	Crown—3/4 cast high noble metal
D6781	Crown—3/4 cast predominately base metal
D6782	Crown—3/4 cast noble metal
D6783	Crown—3/4 porcelain/ceramic
D6790	Crown—full cast high noble metal
D6791	Crown—full cast predominately base metal
D6792	Crown—full cast noble metal
D6794	Crown—titanium
D6930	Recement fixed partial denture
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated
D6972	Prefabricated post and core in addition to fixed partial denture retainer
D6973	Core buildup for retainer, including any pins
D6980	Fixed partial denture repair

Benefits and Limitations for Prosthodontic Services

1. For reporting and benefit purposes, the completion date for crowns and fixed partial dentures is the cementation date. The completion date for removable prosthodontic appliances is the insertion date. For immediate dentures, however, the provider who fabricated the dentures may be reimbursed for the dentures after insertion if another provider inserted the dentures.
2. The fee for diagnostic casts (study models) fabricated in conjunction with prosthetic and

restorative procedures is included in the fee for these procedures.

3. Removable cast base partial dentures for enrollees under 12 years of age are excluded from coverage.
4. Maxillary and mandibular partial dentures—flexible base (D5225, D5226) are not covered; however, they will be reimbursed as an alternate benefit for the cost of a maxillary and/or mandibular cast metal partial denture (D5213, D5214).
5. Tissue conditioning is considered integral when performed on the same day as the delivery of a denture or a reline/rebase.
6. Recementation of fixed prosthetics (D6930) within six months of their placement by the same dentist is considered integral to the original procedure.
7. Adjustments provided within six months of the insertion of an initial or replacement denture are integral to the denture.
8. The relining or rebasing of a denture, including immediate dentures, is considered integral when performed within six months following the insertion of that denture by the same dentist.
9. A reline/rebase is covered once in any 36 months.
10. Fixed partial dentures, buildups, and posts and cores for enrollees under 16 years of age are not covered.
11. Payment for a denture or an overdenture made with precious metals is based on the allowance for a conventional denture. Any additional cost is the enrollee's responsibility.
12. Specialized procedures performed in conjunction with an overdenture are not covered.
13. Provisional prostheses are designed for use over a limited period of time, after which they are replaced by a more definitive prosthesis. Interim complete and partial dentures are only covered once in a 12-month period.
14. Cast unilateral removable partial dentures are not covered benefits.
15. Indirectly fabricated post and cores are processed as an alternate benefit of a prefabricated post and core.
16. Additional posts (D6976, D6977) are considered integral to the associated restorative procedure.
17. Precision attachments, personalization, precious metal bases, and other specialized techniques are not covered benefits.
18. Temporary fixed partial dentures are not a covered benefit and, when done in conjunction with permanent fixed partial dentures, are considered integral to the allowance for the fixed partial dentures.

19. Replacement of removable prostheses (D5110–D5214) and fixed prostheses (D6210–D6794) is covered only if the existing removable and/or fixed prostheses was inserted at least five years prior to the replacement and satisfactory evidence is presented that the existing removable and/or fixed prostheses cannot be made serviceable. The five-year time limitation on existing removable prostheses and/or fixed prostheses **does not** apply if the enrollee moves as a result of Permanent Change of Station (PCS) relocation at least 40 miles from the original servicing location. Satisfactory evidence must show that the existing removable prostheses and/or fixed prostheses cannot be made serviceable, and a copy of the sponsor's official relocation orders must be submitted with the claim. If a copy of the relocation orders cannot be obtained, a letter from the sponsor's immediate commanding officer or documentation from the sponsor's local uniformed services personnel office confirming the location change may be submitted. The five-year service date is measured based on the actual date (i.e., day and month) of the initial service, rather than the first day of the month during which the initial service was received. The PCS exception does not apply if the enrollee returns to the previous provider for treatment.
20. Removable or fixed prostheses initiated prior to the effective date of coverage or inserted/ cemented after the cancellation date of coverage are not eligible for payment.
21. Replacement of all teeth and acrylic on a cast metal framework (D5670, D5671) is covered once per arch, per five-year period. Previous payment for this procedure or another denture within five years precludes payment for D5670 or D5671.

Orthodontic Services

The TDP offers comprehensive orthodontic coverage. Please see the section titled *Orthodontic Services* for a complete description of covered benefits and how to access orthodontic care in the CONUS and OCONUS service areas.

General Services

To be eligible for coverage, the services listed in Figures 8.12 through 8.19 must be directly related to the covered services already listed.

Emergency Services Codes

Fig. 8.12

Code	Description of Service
D9110	Palliative (emergency) treatment of dental pain—minor procedure

General Anesthesia Codes

Fig. 8.13

Code	Description of Service
D9220	Deep sedation/general anesthesia—first 30 minutes
D9221	Deep sedation/general anesthesia—each additional 15 minutes

Intravenous Sedation Codes

Fig. 8.14

Code	Description of Service
D9241	Intravenous conscious sedation/analgesia—first 30 minutes
D9242	Intravenous conscious sedation/analgesia—each additional 15 minutes

Consultation Codes

Fig. 8.15

Code	Description of Service
D9310	Consultation -diagnostic service provided by dentist or physician other than requesting dentist or physician

Office Visit Codes

Fig. 8.16

Code	Description of Service
D9440	Office visit—after regularly scheduled hours

Medications Codes

Fig. 8.17

Code	Description of Service
D9610	Therapeutic parenteral drug, single administration
D9612	Therapeutic parenteral drugs, two or more administrations, different medications

Post-surgical Services Codes

Fig. 8.18

Code	Description of Service
D9330	Treatment of complications (post-surgical) unusual circumstances

Miscellaneous Services Codes

Fig. 8.19

Code	Description of Service
D9940	Occlusal guard, by report
D9941	Fabrication of athletic mouthguard
D9974	Internal bleaching—per tooth

Benefits and Limitations for General Services

- Deep sedation/general anesthesia and intravenous conscious sedation are covered only when provided in connection with a covered procedure(s) and when rendered by a dentist or other professional provider licensed and approved to provide anesthesia.
- Deep sedation/general anesthesia and intravenous conscious sedation are covered when determined to be medically or dentally necessary for documented handicapped or uncontrollable enrollees or justifiable medical or dental conditions.
- In order for deep sedation/general anesthesia and intravenous conscious sedation to be covered, the procedure for which it was provided must be submitted.
- Deep sedation/general anesthesia and intravenous conscious sedation will be denied as a non-covered benefit.
- Palliative (emergency) treatment is covered only if no definitive treatment is provided.
- Palliative (emergency) treatment is a “per visit” code and is payable once per provider, per date of service.
- In order for palliative (emergency) treatment to be covered, it must involve a problem or symptom that occurred suddenly and unexpectedly, that requires immediate attention, and for which the dentist must provide treatment to alleviate the enrollee’s problem. If the only service provided is to evaluate the enrollee and refer to another dentist and/or prescribe medication, it would be considered a limited oral evaluation—problem focused.
- Consultations (D9310) provided as a diagnostic service by a dentist or physician other than the requesting dentist or physician are a covered service. They are limited to one per enrollee, per dentist, per 12-month period in combination with problem focused evaluations (D0140) – only one of these services is eligible in a 12-month period.
- The consultation code (D9310) includes an oral evaluation. Any oral evaluation provided on the same date by the same office is considered integral to the consultation.
- Consultations reported for a non-covered condition, such as Temporomandibular Joint Dysfunction (TMD), are not covered.
- After-hours visits are covered only when the dentist must return to the office after regularly scheduled hours to treat the enrollee in an emergency situation.
- Therapeutic drug administrations are only payable in unusual circumstances. They are not benefits if performed routinely or in conjunction with, or for the purposes of, general anesthesia, analgesia, sedation, or premedication.
- Therapeutic drug administration codes D9610 and D9612 are not to be used to report sedatives, anesthetics or reversal agents.
- Therapeutic drug administration code D9612 is not to be reported in addition to D9610. It should be reported when two or more **different** drugs are administered.
- Preparations that can be used at home, such as fluoride gels, special mouth rinses (including antimicrobials), etc., are not covered benefits.
- Occlusal guards are covered for enrollees 13 years of age or older when the purpose of the occlusal guard is for the treatment of bruxism or diagnoses other than TMD. Occlusal guards are limited to one per consecutive 12-month period.
- Athletic mouthguards are limited to one per consecutive 12-month period.
- Internal bleaching of discolored teeth (D9974) is covered for endodontically treated anterior teeth.

19. Internal bleaching of discolored teeth (D9974) is eligible once per tooth, per three-year period. External bleaching of discolored teeth is not a covered benefit.

Non-covered Services

Except as specifically provided, the following services, supplies, or charges are **not** covered:

1. Any dental service or treatment not specifically listed as a covered service
2. Those submitted by a dentist which are for the same services performed on the same date for the same enrollee by another dentist
3. Those which are experimental or investigative (deemed unproven)
4. Those which are for any illness or bodily injury which occurs in the course of employment if benefits or compensation is available, in whole or in part, under the provision of any legislation of any U.S. Governmental unit. This exclusion applies whether or not the enrollee claims the benefits or compensation.
5. Those which are later recovered in a lawsuit or in a compromise or settlement of any claim, except where prohibited by law
6. Those provided free of charge by any U.S. Governmental unit, except where this exclusion is prohibited by law
7. Those for which the enrollee would have no obligation to pay in the absence of this or any similar coverage
8. Those received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, or similar person or group
9. Those performed prior to the enrollee's effective coverage date
10. Those incurred after the termination date of the enrollee's coverage, unless otherwise indicated
11. Those which are not medically or dentally necessary, or which are not recommended or approved by the treating dentist
12. Those not meeting accepted standards of dental practice
13. Those which are for unusual procedures and techniques
14. Those performed by a dentist who is compensated by a facility for similar covered services performed for enrollees
15. Those resulting from the enrollee's failure to comply with professionally prescribed treatment
16. Telephone consultations
17. Any charges for failure to keep a scheduled appointment
18. Any services that are strictly cosmetic in nature, including, but not limited to, charges for personalization or characterization of prosthetic appliances

19. Duplicate and temporary devices, appliances, and services
20. Services related to the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMD)
21. Plaque control programs, oral hygiene instruction, and dietary instructions
22. Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full-mouth rehabilitation, and restoration for misalignment of teeth.
23. Restorations that are placed for cosmetic purposes
24. Gold foil restorations
25. Treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan
26. Hospital costs or any additional fees that the dentist or hospital charges for treatment at the hospital (inpatient or outpatient)
27. Adjunctive dental benefits as defined by applicable federal regulations
28. Charges for copies of enrollees' records, charts, or X-rays, or any costs associated with forwarding/mailing copies of enrollees' records, charts, or X-rays
29. Nitrous oxide
30. Oral sedation
31. State or territorial taxes on dental services performed

Dental Anesthesia and Institutional Benefit

Medically necessary institutional and general anesthesia services may be covered in conjunction with non-covered or non-adjunctive dental treatment for enrollees with developmental, mental, or physical disabilities or for pediatric enrollees age five or under. This general dental anesthesia benefit is covered by the TRICARE medical plan, not the TDP. Since preauthorization is required, enrollees should contact their regional TRICARE contractor for specific instructions. Information is available at www.tricare.mil.

Orthodontic Services

The TDP offers comprehensive orthodontic services. This section will highlight eligibility requirements, covered services, maximums, and how to access care.

Eligibility

Orthodontic treatment is available for family members (non-spouse) up to, but not including, 21 years of age. Family members who are enrolled

full time at an accredited college or university are eligible up to, but not including, 23 years of age. Orthodontic treatment is also available for spouses and National Guard/Reserve members up to, but not including, 23 years of age. (In all cases, coverage is effective until the end of the month in which the enrollee reaches the applicable age limit.) Enrollment should be verified with United Concordia prior to receiving any care.

Note: National Guard and Reserve members should check with their unit commanders to ensure compliance with service policies prior to receiving orthodontic treatment. The presence of orthodontic appliances may affect dental readiness for recall and eligibility for certain assignments and may necessitate the inactivation or removal of the orthodontic appliances at the reservist's expense.

Covered Services

Diagnostic Casts Codes

Fig. 9.1

Code	Description of Service
D0470	Diagnostic Casts

Note: Diagnostic casts are payable once per orthodontic treatment plan, when provided with covered orthodontic procedures. Payment for diagnostic casts will be applied toward the annual maximum. For enrollees in the OCONUS service area, there is no cost-share for this service.

Covered Services Codes

Fig. 9.2

Code	Description of Service
D8010	Limited orthodontic treatment of the primary dentition
D8020	Limited orthodontic treatment of the transitional dentition
D8030	Limited orthodontic treatment of the adolescent dentition
D8040	Limited orthodontic treatment of the adult dentition
D8050	Interceptive orthodontic treatment of the primary dentition
D8060	Interceptive orthodontic treatment of the transitional dentition

D8070	Comprehensive orthodontic treatment of the transitional dentition
D8080	Comprehensive orthodontic treatment of the adolescent dentition
D8090	Comprehensive orthodontic treatment of the adult dentition
D8210	Removable appliance therapy
D8220	Fixed appliance therapy
D8670	Periodic orthodontic treatment visit (as part of contract)
D8680	Orthodontic retention (removal of appliances, construction, and placement of retainer[s])
D8690	Orthodontic treatment (alternative billing to a contract fee)

Benefits and Limitations for Orthodontic Services

Note: National Guard and Reserve sponsors should check with their unit commanders to ensure compliance with service policies prior to receiving orthodontic treatment. The presence of orthodontic appliances may affect dental readiness for recall and eligibility for certain assignments and may necessitate the inactivation or removal of the orthodontic appliances at the reservist's expense.

1. Payment for diagnostic services performed in conjunction with orthodontics is applied to the enrollee's annual maximum, except as identified in the footnote under Figure 8.1, "Diagnostic Services Codes," in the section titled *TDP Benefits and Exclusions*.
2. Orthodontic consultations will be processed as comprehensive or periodic evaluations and are subject to the same time limitations. See "Diagnostic Services" in the section titled *TDP Benefits and Exclusions* for more information.
3. Orthodontic treatment is available for family members (non-spouse) up to, but not including, 21 years of age (or up to, but not including, 23 years of age if enrolled full time at an accredited college or university).
4. Orthodontic treatment is available for spouses and National Guard/Reserve sponsors up to, but not including, 23 years of age. (Coverage is effective until the end of the month in which the enrollee reaches the applicable age limit.)
5. Initial payment for orthodontic services will not be made until a banding date has been submitted to United Concordia.

6. All retention and case-finishing procedures are integral to the total case fee.
7. Observations and adjustments are integral to the payment for retention appliances.
8. Repair of damaged orthodontic appliances is not covered.
9. Recementation of an orthodontic appliance by the same dentist who placed the appliance and/or who is responsible for the ongoing care of the enrollee is not covered. However, recementation by a different dentist will be considered for payment as palliative emergency treatment.
10. The rebonding and/or repair of a fixed retainer (D8693) is not a covered benefit.
11. The replacement of a lost or missing appliance is not a covered benefit.
12. Myofunctional therapy is integral to orthodontic treatment and is not payable as a separate benefit.
13. Orthodontic treatment (alternative billing to a contract fee) will be reviewed for individual consideration with any allowance being applied to the orthodontic lifetime maximum. It is only payable for services rendered by a dentist other than the dentist rendering complete orthodontic treatment.

Orthodontic Lifetime Maximum

Each orthodontic payment is conditional depending on the enrollee's actual remaining orthodontic maximum balance. Payment for diagnostic services performed in conjunction with orthodontics is applied to the enrollee's \$1,200 annual maximum. The maximum lifetime benefit for orthodontic services under the TDP is \$1,500 per enrollee.

Procedure Code Reporting Chart

The Procedure Code Reporting Chart provides a listing of those procedure codes that require specific information when they are reported. (To verify if an enrollee has coverage for a specific procedure, contact the OCONUS Dental Unit).

The columns and symbols used in the chart are described as follows:

Column 1	Procedure Code Lists the applicable ADA procedure code.
Column 2	Nomenclature (description of service) Provides the current ADA description of service for that procedure code.
Column 3	Tooth/Arch/Quadrant

Indicates whether a tooth number, arch or, quadrant indicator is required for that procedure.

T = the specific tooth number is required when submitting claims for that procedure. Use numbers 1-32 for permanent teeth or letters A-T for primary teeth.

A = the arch (maxillary or mandibular) is required when submitting claims for that procedure.

Q = the quadrant is required when submitting claims for that procedure.

The following designations may be used to identify quadrants

UL	=	Maxillary Left
UR	=	Maxillary Right
LL	=	Mandibular Left
LR	=	Mandibular Right

T/A = either the tooth or arch is required when submitting claims for that procedure.

T/Q = either the tooth/teeth or quadrant is required when submitting claims for that procedure.

T/A/Q = either the tooth, arch, or quadrant is required when submitting claims for that procedure.

Column 4

Surface Indicates if the surface of the tooth is required for that procedure.

Yes = tooth surface(s) is required when submitting claims for that procedure.

Blank = tooth surface(s) is not required when submitting claims for that procedure.

Procedure Code	Nomenclature (description of service)	Tooth/ Arch/ Quad	Surface
D1351	Sealant - per tooth	T	
D1510	Space maintainer - fixed - unilateral	T	
D1515	Space maintainer - fixed - bilateral	T	
D1520	Space maintainer - removable - unilateral	T	
D1525	Space maintainer - removable - bilateral	T	
D1550	Recementation of space maintainer	T	
D1555	Removal of fixed space maintainer	T	
D2140	Amalgam - one surface, primary or permanent	T	Yes
D2150	Amalgam - two surfaces, primary or permanent	T	Yes
D2160	Amalgam - three surfaces, primary or permanent	T	Yes
D2161	Amalgam - four or more surfaces, primary or permanent	T	Yes
D2330	Resin-based composite - one surface, anterior	T	Yes
D2331	Resin-based composite - two surfaces, anterior	T	Yes

Procedure Code	Nomenclature (description of service)	Tooth/ Arch/ Quad	Surface
D2332	Resin-based composite - three surfaces, anterior	T	Yes
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	T	Yes
D2390	Resin-based composite crown, anterior	T	
D2391	Resin-based composite – one surface, posterior	T	Yes
D2392	Resin-based composite – two surfaces, posterior	T	Yes
D2393	Resin-based composite – three surfaces, posterior	T	Yes
D2394	Resin-based composite – four or more surfaces, posterior	T	Yes
D2410	Gold foil - one surface	T	Yes
D2420	Gold foil - two surfaces	T	Yes
D2430	Gold foil - three surfaces	T	Yes
D2510	Inlay - metallic - one surface	T	Yes
D2520	Inlay - metallic - two surfaces	T	Yes
D2530	Inlay - metallic - three or more surfaces	T	Yes

Procedure Code	Nomenclature (description of service)	Tooth/ Arch/ Quad	Surface
D2542	Onlay – metallic - two surfaces	T	Yes
D2543	Onlay - metallic - three surfaces	T	Yes
D2544	Onlay - metallic - four or more surfaces	T	Yes
D2610	Inlay - porcelain/ ceramic - one surface	T	Yes
D2620	Inlay - porcelain/ ceramic - two surfaces	T	Yes
D2630	Inlay - porcelain/ ceramic - three or more surfaces	T	Yes
D2642	Onlay - porcelain/ ceramic - two surfaces	T	Yes
D2643	Onlay - porcelain/ ceramic - three surfaces	T	Yes
D2644	Onlay - porcelain/ ceramic - four or more surfaces	T	Yes
D2650	Inlay - resin-based composite - one surface	T	Yes
D2651	Inlay - resin-based composite - two surfaces	T	Yes
D2652	Inlay - resin-based composite - three or more surfaces	T	Yes
D2662	Onlay - resin-based composite - two surfaces	T	Yes

Procedure Code	Nomenclature (description of service)	Tooth/ Arch/ Quad	Surface
D2663	Onlay - resin-based composite - three surfaces	T	Yes
D2664	Onlay - resin-based composite - four or more surfaces	T	Yes
D2710	Crown – resin-based composite (indirect)	T	
D2712	Crown – 3/4 resin-based composite (indirect)	T	
D2720	Crown - resin with high noble metal	T	
D2721	Crown - resin with predominantly base metal	T	
D2722	Crown - resin with noble metal	T	
D2740	Crown - porcelain/ ceramic substrate	T	
D2750	Crown – porcelain fused to high noble metal	T	
D2751	Crown – porcelain fused to predominantly base metal	T	
D2752	Crown – porcelain fused to noble metal	T	
D2780	Crown - 3/4 cast high noble metal	T	
D2781	Crown - 3/4 cast predominantly base metal	T	

Procedure Code	Nomenclature (description of service)	Tooth/ Arch/ Quad	Surface
D2782	Crown - 3/4 cast noble metal	T	
D2783	Crown - 3/4 porcelain/ceramic	T	
D2790	Crown - full cast high noble metal	T	
D2791	Crown - full cast predominantly base metal	T	
D2792	Crown - full cast noble metal	T	
D2794	Crown – titanium	T	
D2799	Provisional crown	T	
D2910	Recement inlay, onlay, or partial coverage restoration	T	
D2915	Recement indirect or prefabricated post and core	T	
D2920	Recement crown	T	
D2930	Prefabricated stainless steel crown - primary tooth	T	
D2931	Prefabricated stainless steel crown - permanent tooth	T	
D2932	Prefabricated resin crown	T	

Procedure Code	Nomenclature (description of service)	Tooth/ Arch/ Quad	Surface
D2933	Prefabricated stainless steel crown with resin window	T	
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	T	
D2940	Sedative filling	T	
D2950	Core buildup, including any pins	T	
D2951	Pin retention - per tooth, in addition to restoration	T	
D2952	Post and core in addition to crown, indirectly fabricated	T	
D2953	Each additional indirectly fabricated post - same tooth	T	
D2954	Prefabricated post and core in addition to crown	T	
D2955	Post removal (not in conjunction with endodontic therapy)	T	
D2957	Each additional prefabricated post - same tooth	T	
D2960	Labial veneer (resin laminate) - chairside	T	
D2961	Labial veneer (resin laminate) - laboratory	T	
D2962	Labial veneer (porcelain laminate) - laboratory	T	

Procedure Code	Nomenclature (description of service)	Tooth/ Arch/ Quad	Surface
D2970	Temporary crown (fractured tooth)	T	
D2971	Additional procedures to construct new crown under existing partial denture framework	T	
D2975	Coping	T	
D2980	Crown repair, by report	T	
D2999	Unspecified restorative procedure, by report	T	
D3110	Pulp cap – direct (excluding final restoration)	T	
D3120	Pulp cap – indirect (excluding final restoration)	T	
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	T	
D3221	Pulpal debridement, primary and permanent teeth	T	
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	T	
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	T	

Procedure Code	Nomenclature (description of service)	Tooth/ Arch/ Quad	Surface
D3310	Anterior root canal (excluding final restoration)	T	
D3320	Bicuspid root canal (excluding final restoration)	T	
D3330	Molar root canal (excluding final restoration)	T	
D3331	Treatment of root canal obstruction; non-surgical access	T	
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	T	
D3333	Internal root repair of perforation defects	T	
D3346	Retreatment of previous root canal therapy – anterior	T	
D3347	Retreatment of previous root canal therapy – bicuspid	T	
D3348	Retreatment of previous root canal therapy – molar	T	
D3351	Apexification/ recalcification – initial visit (apical closure/ calcific repair of perforations, root resorption, etc.)	T	
D3352	Apexification/ recalcification – interim medication replacement (apical closure/ calcific repair of perforations, root resorption, etc.)	T	

Procedure Code	Nomenclature (description of service)	Tooth/ Arch/ Quad	Surface
D3353	Apexification/ recalcification – final visit (includes completed root canal therapy – apical closure/ calcific repair of perforations, root resorption, etc.)	T	
D3410	Apicoectomy/ Periradicular surgery- anterior	T	
D3421	Apicoectomy/ Periradicular surgery- bicuspid (first root)	T	
D3425	Apicoectomy/ Periradicular surgery- molar (first root)	T	
D3426	Apicoectomy/ Periradicular surgery (each additional root)	T	
D3430	Retrograde filling – per root	T	
D3450	Root amputation – per root	T	
D3460	Endodontic endosseous implant	T	
D3470	Intentional reimplantation (including necessary splinting)	T	
D3920	Hemisection (including any root removal), not including root canal therapy	T	
D3950	Canal preparation and fitting of preformed dowel or post	T	
D3999	Unspecified endodontic procedure, by report	T	

Procedure Code	Nomenclature (description of service)	Tooth/ Arch/ Quad	Surface
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant	Q	
D4211	Gingivectomy or gingivoplasty – one to three teeth contiguous teeth or bounded teeth spaces per quadrant	T	
D4230	Anatomical crown exposure – four or more contiguous teeth per quadrant	Q	
D4231	Anatomical crown exposure – one to three teeth per quadrant	T	
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	Q	
D4241	Gingival flap procedure, including root planing – one to three teeth contiguous teeth or bounded teeth spaces per quadrant	T	
D4245	Apically positioned flap	Q	
D4249	Clinical crown lengthening - hard tissue	T	
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	Q	

Procedure Code	Nomenclature (description of service)	Tooth/ Arch/ Quad	Surface
D4261	Osseous surgery (including flap entry and closure) one to three contiguous teeth or bounded teeth spaces per quadrant	T	
D4263	Bone replacement graft - first site in quadrant	T	
D4264	Bone replacement graft - each additional site in quadrant	T	
D4265	Biologic materials to aid in soft and osseous tissue regeneration	T	
D4266	Guided tissue regeneration - resorbable barrier, per site	T	
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	T	
D4268	Surgical revision procedure, per tooth	T	
D4270	Pedicle soft tissue graft procedure	T	
D4271	Free soft tissue graft procedure (including donor site surgery)	T	
D4273	Subepithelial connective tissue graft procedure, per tooth	T	
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	T/Q	

Procedure Code	Nomenclature (description of service)	Tooth/ Arch/ Quad	Surface
D4275	Soft tissue allograft	T	
D4276	Combined connective tissue and double pedicle graft, per tooth	T	
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	Q	
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	T	
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	T	
D4999	Unspecified periodontal procedure, by report	T/Q	
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	T	
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	T	
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	T	

Procedure Code	Nomenclature (description of service)	Tooth/ Arch/ Quad	Surface
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	T	
D5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	T	
D5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)	T	
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	T	
D5520	Replace missing or broken teeth - complete denture (each tooth)	T	
D5640	Replace broken teeth - per tooth	T	
D5650	Add tooth to existing partial denture	T	
D5860	Overdenture – complete, by report	A	
D5861	Overdenture – partial, by report	A	
D5899	Unspecified removable prosthodontic procedure, by report	T/A	
D5999	Unspecified maxillofacial prosthesis, by report	T	

Procedure Code	Nomenclature (description of service)	Tooth/ Arch/ Quad	Surface
D6010	Surgical placement of implant body: endosteal implant	T	
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	T	
D6040	Surgical placement: eposteal implant	T	
D6050	Surgical placement: transosteal implant	T	
D6053	Implant/abutment supported removable denture for completely edentulous arch	T	
D6054	Implant/abutment supported removable denture for partially edentulous arch	T	
D6056	Prefabricated abutment – includes placement	T	
D6057	Custom abutment – includes placement	T	
D6058	Abutment supported porcelain/ceramic crown	T	
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	T	
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	T	

Procedure Code	Nomenclature (description of service)	Tooth/ Arch/ Quad	Surface
D6061	Abutment supported porcelain fused to metal crown (noble metal)	T	
D6062	Abutment supported cast metal crown (high noble metal)	T	
D6063	Abutment supported cast metal crown (predominantly base metal)	T	
D6064	Abutment supported cast metal crown (noble metal)	T	
D6065	Implant supported porcelain/ceramic crown	T	
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	T	
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	T	
D6068	Abutment supported retainer for porcelain/ ceramic FPD	T	
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	T	
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	T	
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	T	

Procedure Code	Nomenclature (description of service)	Tooth/ Arch/ Quad	Surface
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	T	
D6073	Abutment supported retainer for case metal FPD (predominantly base metal)	T	
D6074	Abutment supported retainer for case metal FPD (noble metal)	T	
D6075	Implant supported retainer for ceramic FPD	T	
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, high noble metal)	T	
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, high noble metal)	T	
D6078	Implant/abutment supported fixed denture for completely edentulous arch	A	
D6079	Implant/abutment supported fixed denture for partially edentulous arch	T	
D6090	Repair implant supported prosthesis, by report	T	
D6092	Recement implant/abutment supported crown	T	
D6093	Recement implant/abutment supported fixed partial denture	T	

Procedure Code	Nomenclature (description of service)	Tooth/ Arch/ Quad	Surface
D6094	Abutment supported crown – (titanium)	T	
D6095	Repair implant abutment, by report	T	
D6100	Implant removal, by report	T	
D6194	Abutment supported retainer crown for FPD – (titanium)	T	
D6199	Unspecified implant procedure, by report	T	
D6205	Pontic – indirect resin based composite	T	
D6210	Pontic – cast high noble metal	T	
D6211	Pontic – cast predominantly base metal	T	
D6212	Pontic – cast noble metal	T	
D6214	Pontic – titanium	T	
D6240	Pontic – porcelain fused to high noble metal	T	
D6241	Pontic – porcelain fused to predominantly base metal	T	
D6242	Pontic – porcelain fused to noble metal	T	

Procedure Code	Nomenclature (description of service)	Tooth/ Arch/ Quad	Surface
D6245	Pontic – porcelain/ ceramic	T	
D6250	Pontic – resin with high noble metal	T	
D6251	Pontic – resin with predominantly base metal	T	
D6252	Pontic – resin with noble metal	T	
D6253	Provisional pontic	T	
D6545	Retainer – cast metal for resin bonded fixed prosthesis	T	
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	T	
D6600	Inlay – porcelain/ ceramic, two surfaces	T	Yes
D6601	Inlay – porcelain/ ceramic, three or more surfaces	T	Yes
D6602	Inlay – cast high noble metal, two surfaces	T	Yes
D6603	Inlay – cast high noble metal, three or more surfaces	T	Yes
D6604	Inlay – cast predominantly base metal, two surfaces	T	Yes
D6605	Inlay – cast predominantly base metal, three or more surfaces	T	Yes

Procedure Code	Nomenclature (description of service)	Tooth/ Arch/ Quad	Surface
D6606	Inlay – cast noble metal, two surfaces	T	Yes
D6607	Inlay – cast noble metal, three or more surfaces	T	Yes
D6608	Onlay – porcelain/ceramic, two surfaces	T	Yes
D6609	Onlay – porcelain/ceramic, three or more surfaces	T	Yes
D6610	Onlay – cast high noble metal, two surfaces	T	Yes
D6611	Onlay – cast high noble metal, three or more surfaces	T	Yes
D6612	Onlay – cast predominantly base metal, two surfaces	T	Yes
D6613	Onlay – cast predominantly base metal, three or more surfaces	T	Yes
D6614	Onlay – cast noble metal, two surfaces	T	Yes
D6615	Onlay – cast noble metal, three or more surfaces	T	Yes
D6624	Inlay – titanium	T	
D6634	Onlay – titanium	T	

Procedure Code	Nomenclature (description of service)	Tooth/ Arch/ Quad	Surface
D6710	Crown – indirect resin based composite	T	
D6720	Crown – resin with high noble metal	T	
D6721	Crown – resin with predominantly base metal	T	
D6722	Crown – resin with noble metal	T	
D6740	Crown – porcelain/ceramic	T	
D6750	Crown – porcelain fused to high noble metal	T	
D6751	Crown – porcelain fused to predominantly base metal	T	
D6752	Crown – porcelain fused to noble metal	T	
D6780	Crown – 3/4 cast high noble metal	T	
D6781	Crown – 3/4 cast predominantly base metal	T	
D6782	Crown – 3/4 cast noble metal	T	
D6783	Crown – 3/4 porcelain/ceramic	T	
D6790	Crown – full cast high noble metal	T	

Procedure Code	Nomenclature (description of service)	Tooth/ Arch/ Quad	Surface
D6791	Crown – full cast predominantly base metal	T	
D6792	Crown – full cast noble metal	T	
D6793	Provisional retainer crown	T	
D6794	Crown – titanium	T	
D6930	Recent fixed partial denture	T	
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	T	
D6972	Prefabricated post and core in addition to fixed partial denture retainer	T	
D6973	Core build up for retainer, including any pins	T	
D6975	Coping - metal	T	
D6976	Each additional indirectly fabricated post - same tooth	T	
D6977	Each additional prefabricated post - same tooth	T	
D6980	Fixed partial denture repair, by report	T	
D6985	Pediatric partial denture, fixed	T	


Procedure Code	Nomenclature (description of service)	Tooth/ Arch/ Quad	Surface
D6999	Unspecified fixed prosthodontic procedure, by report	T	
D7111	Extraction, coronal remnants – deciduous tooth	T	
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	T	
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	T	
D7220	Removal of impacted tooth - soft tissue	T	
D7230	Removal of impacted tooth - partially bony	T	
D7240	Removal of impacted tooth - completely bony	T	
D7241	Removal of impacted tooth - completely bony with unusual surgical complications	T	
D7250	Surgical removal of residual tooth roots (cutting procedure)	T	
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	T	

Procedure Code	Nomenclature (description of service)	Tooth/ Arch/ Quad	Surface
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	T	
D7280	Surgical access of an unerupted tooth	T	
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	T	
D7283	Placement of device to facilitate eruption of impacted tooth	T	
D7290	Surgical repositioning of teeth	T	
D7291	Transseptal fibrotomy/supra crestal fibrotomy, by report	T	
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	T/Q	
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	T	
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	T/Q	

Procedure Code	Nomenclature (description of service)	Tooth/ Arch/ Quad	Surface
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	T	
D7510	Incision and drainage of abscess - intraoral soft tissue	T/A	
D7953	Bone replacement graft for ridge preservation – per site	T	
D7971	Excision of pericoronal gingiva	T	
D7995	Synthetic graft - mandible or facial bones, by report	T/Q	
D8999	Unspecified orthodontic procedure, by report	A	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	T/A/Q	
D9120	Fixed partial denture sectioning	T	
D9910	Application of desensitizing medicament	T	
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	T	
D9970	Enamel microabrasion	T	

Procedure Code	Nomenclature (description of service)	Tooth/ Arch/ Quad	Surface
D9971	Odontoplasty 1-2 teeth; includes removal of enamel projections	T	
D9972	External bleaching - per arch	A	
D9973	External bleaching - per tooth	T	
D9974	Internal bleaching - per tooth	T	
D9999	Unspecified adjunctive procedure, by report	T/Q/A	

Appendix B – Completing the TDP OCONUS Claim Form




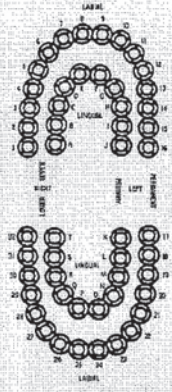
DENTIST'S CLAIM FORM

Check One: Dentist's pre-treatment estimate
 Dentist's statement of actual services

UNITED CONCORDIA
TDP OCONUS Dental Unit
P.O. Box 69418
Harrisburg, PA 17106-9418 USA

Form Approved
OMB No. 0720-0035
Expires Jan. 31, 2009



PATIENT SECTION	1. Patient name		2. Relationship to sponsor self spouse child other		3. Sex m f	4. Patient birthdate day year		5. If full-time student school city		
	6. Sponsor's name First Middle Last				11. Branch of service					
	7. Sponsor's Social Security number (SSN)				12. Group name TRICARE Dental Program					
	8. Patient mailing address (APO/FPO or street, city, country, postal mailing code)				13. Is patient covered by another dental plan? <input type="checkbox"/> yes <input type="checkbox"/> no Dental plan name Insured name and SSN Group no.					
DENTIST SECTION	9. Telephone number (include country, city, and/or area code)				14. I hereby authorize payment of my group insurance benefits, otherwise payable to me, to the dentist listed below.					
	10. I have reviewed the following treatment plan. I authorize release of any information relating to this claim. Signature (patient or parent if minor) Date				14. I hereby authorize payment of my group insurance benefits, otherwise payable to me, to the dentist listed below. Signature (insured person) Date					
	15. Dentist name				21. Point of contact (POC) name, telephone no., fax no., and email address					
	16. Office address Street, city, country, postal mailing code				22. Is treatment result of occupational illness or injury? No Yes if yes, enter brief description and dates					
16a. Billing address Street, city, country, postal mailing code				23. Is treatment result of auto accident? 24. Other accident?						
17. Dentist phone no. (including country, city, and/or area code)				18. UCCI dentist no.		25. If prosthesis, is this initial placement? (If no, reason for replacement) 26. Date of prior placement			27. Is treatment for orthodontics? Appliance insertion date Total length of treatment (Non-Availability and Referral Form Necessary)	
19. Dentist fax no.			20. Dentist email address		28. Transfer patient? If yes, reband date If no, starting date of treatment Was patient rebanded?					
Indicate tooth/teeth no.(s) for which services were provided.		29. Examination and treatment plan—list in order from Tooth No. 1 through Tooth No. 32—Use charting system shown.								
		TOOTH NO. OR LETTER	SURFACE	DESCRIPTION OF SERVICES (INCLUDING X-RAYS, PROPHYLAXIS, MATERIALS USED, ETC.)	DATE SERVICE PERFORMED			PROCEDURE CODE	FEE CHARGED	
		U.S. INTL			MONTH DAY YEAR					
30. Remarks for unusual services										
31. Any person who knowingly files a statement of claim containing any misrepresentation or false, incomplete, misleading information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of a criminal act under state and/or federal law and may also be subject to civil penalties. The signer agrees that any personally identifiable health information about the signer or signer's enrolled dependents is protected by the Health Insurance Portability and Accountability Act of 1996 and other privacy laws. In accordance with those laws, United Concordia may use and disclose Protected Health Information for treatment, payment and health care operations as described in its Notice of Privacy Practices. I hereby certify that the procedures as indicated by date have been completed.								32. TOTAL FEE CHARGED		AMOUNT PAID
Signature (Dentist) _____ Date _____								33. INDICATE CURRENCY <input type="checkbox"/> USD <input type="checkbox"/> LOCAL		

5678 F 10/05 OCONUS

Completing the TDP OCONUS Claim Form

AGENCY DISCLOSURE STATEMENT - The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ADDRESS.

The completed form should be sent to United Concordia, TDP OCONUS Dental Unit, P.O. Box 69418, Harrisburg, PA 17106-9418 USA

Most of the TDP OCONUS Claim Form is self-explanatory; however, there are certain fields to which special attention should be paid:

- **Upper left corner. Dentist's Claim Form:** Check the appropriate box to indicate if your claim is for predetermination (estimate of services to be performed) or for services actually received.
- **Box 2. Relationship to sponsor:** For example, self, spouse, or child.
- **Box 7. Sponsor's Social Security number (SSN):** The sponsor's nine-digit SSN must appear on every claim form.
- **Box 8. Patient mailing address:** Be sure to provide the current and complete mailing address to include APO/FPO and/or street, city, country, and postal mailing code.
- **Box 10. Release of Information**
- **Box 13. Is patient covered by another dental plan?:** Check "No" if the family member has no other dental insurance. If the family member has additional dental insurance, please check "Yes" and include the plan name, insured name and Social Security number, group number, and address of the other carrier.
- **Box 14. Assignment of Benefits:** Sign if the family member, parent, or guardian wants to assign payment of benefits to the dentist; if signed, United Concordia will send payment to the dentist directly.
- **Box 15. Dentist name**
- **Box 16. Office address:** Include street, city, country, and postal mailing code where services were performed.
- **Box 16a. Billing address:** Include street, city, country, and postal mailing code.
- **Box 17. Dentist phone no.:** Include the country code and city code, along with local number.
- **Box 27. Is treatment for orthodontics?:** For orthodontic care, submit a completed copy of this claim form along with a valid Non-Availability and Referral Form and the provider's bill to the address on the front of this form.
- **Box 29. Examination and treatment plan:** Provide a detailed description of the services performed, including applicable tooth numbers, date of service, and the fee charged.
- **Box 33. Indicate Currency:** Indicate type of currency billed to patient (U.S. dollars or local currency).

General Instructions

- Submit a separate claim form for each family member who receives treatment.
- **All claim forms should be submitted to United Concordia as soon as possible after the service date**, preferably within 60 days of the date of service. Claims postmarked more than 12 months after the date of service will be denied.
- The family member must sign the appropriate sections of the claim form. If the family member is under 18 years old, the parent or guardian must sign the form.
- The provider must sign the appropriate sections of the claim form.
- For orthodontic and implant services, submit the following:
 1. A completed claim form
 2. The dentist's bill (if the claim form is not used solely as the bill)
 3. A Non-Availability and Referral Form

If all necessary information is not included, your claim may be denied.

FM510302BEG0305W

Appendix C – Predetermination Instruction and Examples

How to Read the Dental Predetermination Notification and Request for Payment Form

Patient Information

1. **Sponsor:** The name of the uniformed services member.
2. **SSN:** Social Security Number (USA)
3. **ICN:** The identification number assigned to the claim by United Concordia for internal processing purposes.
4. **Beneficiary:** The name of the enrollee who will receive the services.
5. **Date:** The date United Concordia generated the Predetermination Notification and Request for Payment Form.

Dentist Information

6. **Provider:** The name of the dentist who submitted the proposed treatment.
7. **Provider Number:** United Concordia's dentist identification number.
8. **Page:** The number of pages in the predetermination.
9. **PREDETERMINATION approved through:** The date through which the predetermination has been approved.

Claim Information

10. **Tooth numbers and surfaces:** Identifies the teeth and surfaces that are to be treated.
11. **Procedure code/Modifier(s):** Current American Dental Association codes used to identify services performed by the dentist.
12. **Number of services reported for that procedure code.**
13. **Service Date(s):** To be completed after services have been performed to request payment.
14. **PL CD or place code:** The example provided lists "30", the code for office. Other places of service include hospitals or emergency center facilities.
15. **Provider charge:** The amount charged by the dentist in US dollars.
16. **Allowance:** The amount United Concordia allows for the service reported in US dollars.
17. **Approved amount:** The amount United Concordia approved for the service reported in US dollars.
18. **Amount(s) not approved:** The amount disapproved by United Concordia.
19. **Remark(s):** The code in this field matches the code in the explanation field at the bottom of the

claim.

20. **Provider Signature Block:** To be signed and dated by the provider after the services have been performed and the dates of service entered in column titled "Service Date(s)" above.
21. **Insured Person Signature Block:** To be signed and dated by the member to indicate that payment should be made directly to the dentist.
22. **Narrative Information:** Narrative information provides explanations of any message codes and patient liability codes listed in the fields above.
23. **Description of Service Summary:** Gives a detailed description of the American Dental Association procedure code submitted.

Changing or Combining Reported Procedure Codes

In the process of administering United Concordia dental policies, there are occasions when the reported procedure code may be changed or unbundled procedures may be recoded as a single complete procedure. Listed below are some of the situations when the information reported on the claim may be altered.

- The procedure code does not match the reported description of service. It is United Concordia's policy to process claims based upon the description of service when the procedure code and description reported do not agree.
- Charges for services that are considered integral to another dental procedure, or that are unbundled, may be combined with the charge for the complete procedure. For example, the charge for the preparation of gingival tissue, performed in conjunction with a crown, will be combined with the charge for the crown.

**Dental Predetermination Notification
and Request for Payment**

1 Signature: _____ 2 SSN: _____ 3 ICN: _____
 4 Beneficiary: _____ 5 Date: 02/25/12
 6 Provider: _____ 8 Page: 1 of 1
 9 SEND TO THE MEDICAL PROVIDER THROUGH THE OFFICE



TOOTH NUMBER(S) SURFACE(S)	PROCEDURE CODE/ MODIFIER(S)	NUM OF SVCS	SERVICE DATE(S)	PL CD	PROVIDER'S CHARGE	ALLOWANCE	APPROVED AMOUNT	AMOUNT(S) NOT APPROVED	REMARK(S)
10	11	12	13	14	15	16	17	18	19
	D0150	001		30	169.89	85.00	169.89	.00	J1016 G0100 G0100
	D9999	001		30	102.84	.00	.00	102.84	E5026 J1016
	D9241	001		30	574.82	400.00	574.82	.00	J1016 G0100 G0100
TOTALS						485.00	744.71		

THE APPROVED AMOUNT IS SUBJECT TO THE TERMS OF THE BENEFICIARY'S COVERAGE IN EFFECT ON THE DATE OF RECEIPT AND MAY CHANGE IF THE CONTRACT OR THE PROPOSED TREATMENT PLAN CHANGES. THE AMOUNT PAID MAY BE LESS THAN SHOWN IF BENEFITS ARE PAYABLE UNDER ANOTHER PLAN WHICH IS PRIMARY.

COMPLETE THE SERVICE DATE AREA AND RETURN THE FORMS OR SAVE TIME AND MONEY BY USING THE INTERACTIVE VOICE RESPONSE SYSTEM (IVR) WHEN REQUESTING PAYMENT FOR THESE SERVICES.

I certify that the procedures so indicated by date have been completed and are necessary.

I hereby authorize payment directly to the below named dentist of the group insurance otherwise payable to me.

Provider Signature _____ Date _____ Signature (Insured Person) _____ Date _____

The Signer Agrees that any personally identifiable health information about the signer's enrolled dependents is protected by the Health Insurance Portability and Accountability Act of 1996 and other privacy laws. In accordance with those laws, United Concordia may use and disclose Protected Health Information for treatment, payment and health care operations as described in its Notice of Privacy Practices.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**Dental Predetermination Notification
and Request for Payment**

Page: 2 OF 2 22 ICN: _____

J1016 Any amount paid will be equivalent to the Provider's charge which may be reduced by previous claim payments for related services or claim payment from other carriers.

G0100 If you are an authorized OCONUS provider or the beneficiary's appointed representative, you can request a reconsideration if you disagree with the determination. Submit a signed statement explaining the reason for your request and a copy of the DEOB to the address listed above within 90 days from the date of the DEOB. If this DEOB was the result of a reconsideration adjustment, further appeal rights will be forwarded to you as part of the formal reconsideration termination.

E5026 No payment can be made. We do not cover the specific services reported.

23 DESCRIPTION OF SERVICE SUMMARY:
 D0150 - COMPREHENSIVE EVALUATION
 D9999 - UNLISTED ADJUNCTIVE SVC

Appendix D - How to Read the DEOB

PROVIDER: 1 PROVIDER #: 2 DATE: 09/27/07 PAGE 1 OF 2

FIRST DATE OF SVC	LAST DATE OF SVC	NUM OF DENTS	PL OF SVC	PROCEDURE CD	TOOTH NUMBERS/SURFACES	PROVIDER CHARGE	ALLOWANCE	NON-CHARGEABLE AMT	NON-CHG AMT	BENEFICIARY LIABILITY AMT	BENE LIAB	OTHER INSURANCE AMT	AMOUNT(S) PAID TO PROVIDER	AMOUNT(S) PAID TO BENEFICIARY	MESSAGE CODE	ICN
09/25/07	09/25/07	1	0	D6240	04	253.33	253.33			126.66	C1		126.67		J9472 J1016 G0100 J9084	07269333701
09/25/07	09/25/07	1	0	D6240	12	253.33	253.33			126.66	C1		126.67		J9472 J1016 G0100 J9084	
09/25/07	09/25/07	1	0	D6750	04	1085.70		1085.70	07						A8032 J9472 J1016 G0100	
09/25/07	09/25/07	1	0	D6750	12	1085.70		1085.70	07						A8032 J9472 J1016 G0100	
09/25/07	09/25/07	1	0	D2393	05/MOD	289.52									A8032 J9472 J1016 G0100	
09/25/07	09/25/07	1	0	D2160-76	05/DOH	289.52		289.52		57.90	C1		289.52		J9472 J1016 J1020A G0100	
09/25/07	09/25/07	1	0	D2394	13/MOLD	361.90									J9472 J1016 J1020B G0100	
09/25/07	09/25/07	1	0	D2161-76	13/DLOH	361.90		350.60		70.00	C1		361.90		J9472 J1016 J9490 G0100	
CLAIM TOTALS						2171.40				581.22		.00	984.76	.00		HBN/FLN 270

CLAIM SPECIFIC MESSAGE(S):

J1020A This procedure code was changed and processed as procedure code D2160. Amounts appearing on this line are not included in the TOTALS line.
 J1020B This procedure code was changed and processed as procedure code D2161. Amounts appearing on this line are not included in the TOTALS line.

DEOB TOTALS:	TOTAL BENEFICIARY PAYMENTS =	5.00	TOTAL PROVIDER PAYMENTS =	6904.76
--------------	------------------------------	------	---------------------------	---------

MESSAGE(S):

A8032 No payment can be made. Our records show that this tooth was already extracted.
 G0100 If you are an authorized OCONUS provider or the beneficiary's appointed representative, you can request a reconsideration if you disagree with the determination. Submit a signed statement explaining the reason for your request and a copy of the DEOB to the address listed above within 90 days from the date of the DEOB. If this DEOB was the result of a reconsideration adjustment, further appeal rights will be forwarded to you as part of the formal reconsideration termination.
 J1016 Any amount paid will be equivalent to the Provider's charge which may be reduced by previous claim payments for related services or claim payment from other carriers.
 J9084 If you have any questions call the OCONUS Dental Unit at 1-717-975-5017 or 1-888-418-0466. If calling toll free, your country's direct access code must be dialed prior to the toll free number. BUSINESS HOURS: 8:00 pm Sunday through 8:00 pm Friday, EST, USA.
 J9472 Enclosed is a check for the amount in the Amount Paid column. This payment is being issued in the currency requested and was calculated based upon the exchange rate of 1.44760000 EUR to one U.S. dollar.

**TRICARE - OCONUS
SUMMARY PAYMENT VOUCHER**

DX099981

OCONUS Customer Service
P. O. Box 69418
Harrisburg, PA 17106-9418

Current Dental Terminology © American Dental Association

HNP Information

At the top of the page, the following HNP information is indicated:

- HNP:** The name of HNP who billed the service.
- HNP Number:** United Concordia's HNP assigned identification number.
- Date:** The date United Concordia generated the DEOB.
- Page:** The number of pages in the Summary Payment Voucher.

Patient Information

- Beneficiary:** The name of the who received the services.
- SSN:** Social Security Number (USA)
- Sponsor:** The name of the uniformed services enrollee.

Claim Information

- 8. First date of service.**
- 9. Last date of service.**
- 10. Number of services reported for that procedure code.**
- 11. Place of service:** The example provided lists "O", the code for office. Other places of service include hospitals or emergency center facilities.
- 12. Procedure code:** Current American Dental Association codes used to identify services performed by the HNP.
- 13. Tooth numbers and surfaces:** Identifies the teeth and surfaces that were treated.
- 14. HNP charge:** The amount charged by the HNP in U.S. dollars.
- 15. Allowance:** The amount United Concordia allows for the service reported in U.S. dollars.

- 16. Non-chargeable amount:** Not applicable for OCONUS claims
- 17. Non-chargeable code:** Not applicable for OCONUS claims
- 18. Beneficiary liability amount:** The amount the enrollee is responsible for such as cost-share or the amount exceeding the annual maximum in U.S. dollars.
- 19. Beneficiary Liability Code:** Identifies the nature of any dollar amounts for which the enrollee is liable. For example, C1 = Cost-share.
- 20. Other insurance amount:** The amount another insurance carrier has already paid for this service in U.S. dollars.
- 21. Amount paid to HNP:** The amount United Concordia paid for the services to the HNP in U.S. dollars.
- 22. Amount paid to the beneficiary:** The amount United Concordia paid to the enrollee in U.S. dollars.
- 23. Message code:** The code in this field matches the code in the explanation field at the bottom of the claim.
- 24. Claim number:** The identification number assigned to the claim by United Concordia for internal processing purposes.
- 25. Totals and Narrative Information:** Following the second table, a summary of DEOB totals, total beneficiary payments, total HNP payments and payment number will be listed. Narrative information provides explanations of any message codes and beneficiary liability codes listed in the fields above.

Appendix E - Glossary of Terms

A

Allowance – The benefit amount that United Concordia calculates for each covered service. It includes the amount United Concordia can pay, as well as the enrollee’s coinsurance, if any.

Appeals/Reviews – Procedures provided for enrollees and authorized HNPs who disagree with United Concordia’s claim decisions.

Assignment of Benefits – Method by which payment for covered services is made to a HNP. If no assignment of benefits is made by the enrollee, payment will be made to the enrollee.

B

Benefits – Dental services received by enrollees for which all or part of the cost is authorized and paid for by United Concordia.

C

Claim – Request for payment for services rendered.

Claim Form – Document that may be used either as a claim for payment or as a request for predetermination. If the date of service is left blank, the claim form will be considered a predetermination request.

Contract Year – The 12-month period of time that the annual enrollee maximum applies.

Coordination of Benefits – Rules that determine payment of claims when the enrollee has other dental insurance in addition to United Concordia.

Cost-share - The portion of the dentist’s fee that the enrollee is responsible for paying. This amount is indicated on the DEOB.

D

Date of Service – For purpose of determining coverage, the date a service is completed (e.g., cementation date for a crown or bridge; insertion date of dentures; date root canal is sealed).

Definitive Service – A definitive service is any dental service other than a diagnostic service.

Dentist – Doctor of Dental Surgery or Doctor of Dental Medicine who is licensed to practice dentistry.

DEOB – Dental Explanation of Benefits. Computer-generated notice mailed to enrollees and HNPs explaining benefit determinations, i.e., type of service received, the allowable charge, the amount billed, cost-share amount, etc. If a service is not paid, the DEOB also explains why payment was not allowed and how to appeal that decision.

E

Endodontic Services – Services relating to the treatment of diseases of the dental pulp, pulp chamber and root canals.

F

Facsimile (Fax) – A device for transmitting copies of documents by wire or radio; also, a document transmitted by fax.

H

Host Nation Provider (HNP) - An OCONUS dental HNP who is willing to provide dental services to OCONUS TDP enrollees, whose dental practices have been verified by TMA.

I

Integral Services – Services that are performed in conjunction with another service that HNPs would not normally itemize with a separate charge.

Internet – Any large network made up of several smaller networks. Capitalized, the international network of the networks that connects educational, scientific and commercial institutions.

M

Maximums – Total dollar amount (per enrollee) payable by United Concordia. Maximum may be for the dental program orthodontics, TMJ or implants if insured under the contract.

O

Oral Surgery – Services relating to the treatment of diseases, injuries, deformities, defects and esthetic aspects of the oral and maxillofacial region.

Orthodontic Services – Services relating to the treatment of teeth in relation to the functions of occlusion and speech.

P

Periodontal Services – Services relating to the treatment of diseases of the supporting and surrounding tissues of the teeth.

Predetermination – Written estimate provided by United Concordia in response to a request by a HNP or enrollee for an estimate of coverage for future dental services.

Procedure Codes - American Dental Association's (ADA) current dental procedure codes and terminology used to identify and define specific dental services.

Prosthodontic Services – Professional placement or maintenance of artificial teeth, either fixed or removable.

R

Review – First level of the Appeals process. It enables enrollees and HNPs to seek a separate review from the initial payment determination to assess whether the initial payment decision was correct.

S

Single Procedure – Each dental procedure with a separate assigned procedure code.

Student – Enrollee under age 23 who is enrolled at an accredited college or university

Summary Payment Voucher – The title given to the Dental Explanation of Benefits (DEOB) sent to the HNP. See "DEOB".

T

TRICARE OCONUS Preferred Dentists (TOPDs) - OCONUS Host Nation Providers (HNPs) who only require command-sponsored OCONUS TDP enrollees to pay applicable cost-shares at the time of appointment. TOPDs will submit claims to the TDP contractor.

U

United Concordia – United Concordia Companies, Inc., a subsidiary of Highmark, Inc., headquartered in Harrisburg, PA.

Mailing Addresses and Telephone Numbers

Mailing Address for Claim or Predetermination Submission

United Concordia
TDP OCONUS Dental Unit
PO Box 69418
Harrisburg, PA 17106-9418

Mailing Address for Inquiries

United Concordia
TDP OCONUS Dental Unit
PO Box 69418
Harrisburg, PA 17106-9418

Change in HNP Information

United Concordia
TDP OCONUS Dental Unit
PO Box 69418
Harrisburg, PA 17106-9418

Telephone Numbers

TDP OCONUS Dental Unit:
1-888-418-0466
Changing HNP Information Fax:
1-888-475-0486

E-mail Addresses and Web sites

TDP OCONUS Dental Unit:
oconus@ucci.com

TRICARE Area Office – Europe:
www.europe.tricare.osd.mil

TRICARE Area Office – Latin America & Canada:
www.tricare.mil/tlac

TRICARE Area Office – Pacific:
www.tricare.osd.mil/pacific