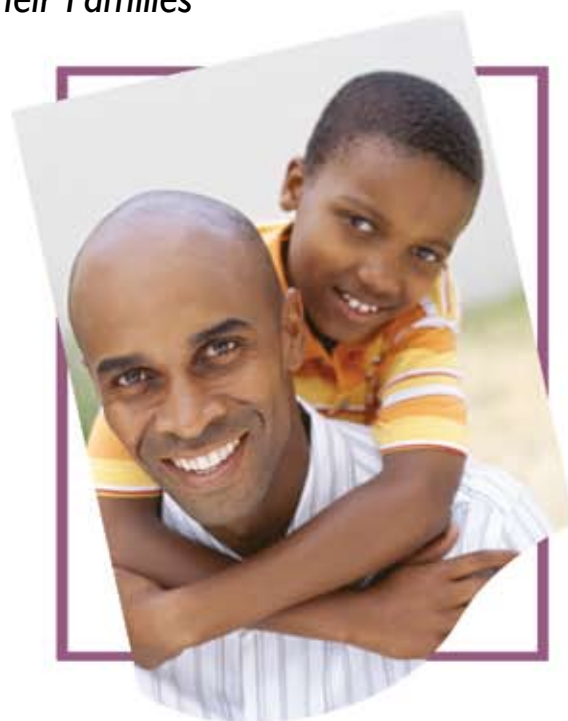


Dental



TRICARE[®]
Dental Program Benefit Booklet

*For Active Duty Family Members and
National Guard and Reserve Members
and their Families*



Important Information

TRICARE Dental Program Web Site:	www.TRICAREdentalprogram.com
TRICARE Web Site:	www.tricare.mil
DEERS Web Site (to update information):	https://www.dmdc.osd.mil/appj/address/index.jsp
Defense Manpower Data Center Support Office:	1-800-538-9552

Your Dentist:



An Important Note about TRICARE Dental Program Information

This *TRICARE Dental Program Benefit Booklet* will help you learn about your TDP benefits and services. At the time of printing, the information in this booklet is current. It is important to remember that TRICARE policies and benefits are governed by public law. Changes to TRICARE programs are continually made as public law is amended. For the most recent information, contact United Concordia at 1-800-866-8499 (CONUS) or 1-888-418-0466 (OCONUS) or visit them online at www.TRICAREdentalprogram.com. More information regarding TRICARE, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Notice of Privacy Practices, can also be found online at www.tricare.mil.



UNITED CONCORDIA®

Dear Member,

Welcome to the TRICARE Dental Program (TDP). As a TDP member, you can be assured you have a superb dental plan that provides a comprehensive benefit for all enrollees.

This *TRICARE Dental Program Benefit Booklet* explains the TDP and provides you with information about eligibility, enrollment, dentist participation, coverage, costs, annual and orthodontic maximums, filing claims, and much more. It is your guide to using the TDP.

If you are a member of the National Guard or Reserve or a family member, please see the *National Guard and Reserve Important Information* section. The TDP is a unique dental plan with features designed specifically for you.

If you live outside of the Continental United States (OCOUS)—any location outside of the 50 United States, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands—you will have some differences in your coverage. Furthermore, the OCOCUS service area is categorized into *non-remote* and *remote* locations, each having specific considerations for your dental care.

If you receive dental care in the 50 United States, the District of Columbia, Guam, Puerto Rico, or the U.S. Virgin Islands, you'll receive your greatest value by visiting a United Concordia participating dentist. Participating dentists will complete and submit your claims on your behalf, submit predetermination requests when appropriate, and accept payment directly from United Concordia. The complete listing of dentists is available online at **www.TRICAREdentalprogram.com**.

Each member in your plan will also receive a personalized TDP identification card. Be sure to present your TDP card to your dentist each time you visit his or her office.

If you have questions regarding the TDP, see the *TRICARE Dental Program Directory* section for the appropriate telephone number and/or mailing address for your location or visit us online at **www.TRICAREdentalprogram.com**.

We look forward to providing you with quality service.

Sincerely,

Jeffrey Chaffin, DDS, MPH, MBA, MHA
COL, USA
Chief, Dental Care Branch
TRICARE Management Activity

Lynne A. Hamilton
TRICARE Dental Program Manager
United Concordia Companies, Inc.



TRICARE Dental Program

The TRICARE Dental Program (TDP), offered by the Department of Defense (DoD) through the TRICARE Management Activity (TMA), provides worldwide dental coverage. United Concordia Companies, Inc., (United Concordia) administers and underwrites the TDP for TMA.

The TDP is a high-quality, cost-effective dental care plan for family members of all active duty uniformed services personnel and National Guard and Reserve members and/or their families. The uniformed services include the U.S. Air Force, U.S. Army, U.S. Navy, U.S. Marine Corps, U.S. Coast Guard, Commissioned Corps of the National Oceanic and Atmospheric Administration (NOAA), and U.S. Public Health Service (USPHS).

Give Us Your Opinion

We continually strive to improve our materials and value your input as we plan future updates.

Please provide feedback on this booklet by participating in the survey available online at www.tricare.mil/evaluations/booklets.

Table of Contents

- 1. Geographical Areas of Service 5**
 - CONUS Service Area 5
 - OCONUS Service Area..... 5

- 2. Eligibility and Enrollment 6**
 - Who is Eligible for the TDP? 6
 - Verification of Eligibility 6
 - Individuals Who Are Not Eligible for TDP Coverage 7
 - Enrollment Options 7
 - Enrollment Period 8
 - Enrolling in the TDP 8
 - Effective Date of Coverage..... 9
 - Evidence of Coverage 10
 - Events Affecting Your Enrollment 10
 - TDP Survivor Benefit 14

- 3. National Guard and Reserve Important Information 16**
 - Dental Readiness Assessment for National Guard and Reserve 16
 - Sponsor’s Changing Status 16

- 4. Traveling and Moving with the TDP 18**
 - Traveling 18
 - Moving 18

- 5. Costs and Fees 19**
 - Premiums 19
 - Maximums 20
 - Cost-Shares 20

- 6. Choosing a Dentist 23**
 - CONUS Dentists 23
 - OCONUS Dentists 24

- 7. Filing TDP Claims 26**
 - CONUS Claims 26
 - OCONUS Claims 26
 - OCONUS Point of Contact (POC) Program..... 27
 - Dental Explanation of Benefits (DEOB) 27
 - Other Dental Insurance—Coordinating Benefits with TDP 30
 - Predetermination Requests 32

- 8. TDP Benefits and Exclusions 33**
 - General Policies..... 33
 - Documentation Required for Specific Services 35
 - Diagnostic Services..... 35
 - Preventive Services 37

Sealants/Preventive Resin Restorations	38
Restorative Services	38
Other Restorative Services	40
Endodontic Services	42
Periodontal Services	44
Oral Surgery Services	46
Implant Services	48
Prosthodontics, Removable	50
Prosthodontics, Fixed	51
Orthodontic Services	54
General Services	54
Alternative/Optional Methods of Treatment	56
Non-Covered Services	56
Adjunctive Services	57
Dental Anesthesia and Institutional Benefit	58
9. Orthodontic Services	59
Eligibility	59
Covered Services	59
Orthodontic Lifetime Maximum	61
Orthodontic Treatment in the CONUS Service Area	61
Orthodontic Treatment in the OCONUS Service Area	62
Transferring Orthodontists	64
10. Appeals, Grievances, and Fraud and Abuse	65
TDP Appeals Process	65
Appeal Levels	65
Grievances	67
Fraud and Abuse	67
11. Acronyms	69
12. Glossary	70
13. TRICARE Dental Program Directory	75
CONUS Listings	75
OCONUS Listings	75
Enrollment and Billing Member Services	75
Dentist Listings (CONUS and OCONUS)	75
Quality of Care	75
Fraud and Abuse Issues	76
Other TRICARE-Related Listings	76
14. List of Tables	77
15. Index	78

Geographical Areas of Service



The TRICARE Dental Program (TDP) has two geographical service areas: inside the Continental United States (CONUS) and outside of the Continental United States (OCONUS).

CONUS Service Area

The TDP CONUS service area includes the 50 United States, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands.

OCONUS Service Area

The TDP OCONUS service area includes all other countries, island masses, and territorial waters not in the CONUS service area. Covered services provided on a ship or vessel that is outside the territorial waters of the CONUS service area are covered under the OCONUS service area, regardless of the dentist's home address. The OCONUS service area is further categorized into non-remote and remote locations.

Non-Remote OCONUS Locations

Non-remote OCONUS locations are those OCONUS countries in which the uniformed services have 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 | |

Remote OCONUS Locations

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

Eligibility and Enrollment

The TDP is available to family members of all active duty service members of any of the seven uniformed services and to National Guard and Reserve members and/or their families. The uniformed services include the U.S. Air Force, U.S. Army, U.S. Navy, U.S. Marine Corps, U.S. Coast Guard, Commissioned Corps of the National Oceanic and Atmospheric Administration (NOAA), and U.S. Public Health Service (USPHS).

To be eligible for the TDP, the sponsor must have at least 12 months remaining on his or her service commitment with the service branch at the time of enrollment. When the Defense Enrollment Eligibility Reporting System (DEERS) indicates less than 12 months remaining, United Concordia will validate the intent of the sponsor to continue their service commitment. This service commitment will be based on the time remaining in any single status or in any uninterrupted combination of active duty, National Guard, or Reserve status.

Who Is Eligible for the TDP?

Individuals eligible to enroll in the TDP include the following:

1. Family members of active duty, National Guard, and Reserve service members:

Includes spouses and unmarried children (including stepchildren, adopted children, and wards) under the age of 21. Family members will be eligible up to the end of the month in which they turn 21. Family members may be eligible after age 21 if:

- They are full-time students enrolled at an accredited college or university and they are more than 50-percent dependent on the sponsor for financial support. These students are eligible to the end of the month in which they turn age 23. If the student terminates his or her education prior to turning 23, eligibility ends at the end of the month in which education terminates.
- They have a disabling illness or injury that occurred before their 21st birthday; or they have a disabling illness or injury that

occurred between the ages of 21 and 23, and, at the time of the illness or injury, were enrolled as a full-time student and were more than 50-percent dependent on the sponsor for financial support.

2. National Guard and Reserve service

members: Members of the National Guard and Reserve may enroll in the TDP when they are **not** on active duty orders for a period of more than 30 consecutive days. Any National Guard or Reserve member who is called or ordered to active duty for a period of more than 30 consecutive days receives the same entitlements as an active duty service member and cannot be enrolled in the TDP.

Note: All enrollees are eligible for dental care in both CONUS and OCONUS service areas. The family member does not have to be command-sponsored, listed on the sponsor's change of assignment orders, or formally recognized as a family member on an accompanied tour to receive dental care in the OCONUS service area.

Verification of Eligibility

United Concordia verifies member eligibility through DEERS. **It is extremely important that DEERS contains up-to-date information on each family member.** If the information listed in DEERS does not match the information provided on the *TDP Enrollment/Change Form*, enrollment in the TDP may be denied. Sponsors or registered family members may make address and contact information changes; however, **only the sponsor can add family members to or delete them from DEERS.** The addition or deletion of family members requires proper documentation, such as a marriage certificate, divorce decree, and/or birth certificate. You may update your DEERS information in one of the following ways:

1. Visit the Web site at <https://www.dmdc.osd.mil/appj/address/index.jsp>. This is the quick and easy way to update your information (address and contact information only).

2. Visit a local personnel office that has a uniformed services ID card facility or a Real-Time Automated Personnel Identification System (RAPIDS) office. To locate the nearest RAPIDS office, visit www.dmdc.osd.mil/rsl. Call ahead for hours of operation and for instructions.
3. Call the Defense Manpower Data Center Support Office at **1-800-538-9552**. Hours of operation are Monday–Friday, 6 a.m. to 3:30 p.m. Pacific Time, except federal holidays.
4. Fax changes to DEERS at **1-831-655-8317**. The sponsor’s Social Security number must be included with the faxed documents.
5. Mail changes to:

Defense Manpower Data Center
Support Office
Attn: COA
400 Gigling Road
Seaside, CA 93955-6771

Individuals Who Are Not Eligible for TDP Coverage

The following individuals are **not** eligible to enroll in the TDP:

- Active duty service members, including National Guard and Reserve members called or ordered to active duty for more than 30 consecutive days
- Retired service members and their families
- Former spouses
- Parents and parents-in-law
- Disabled veterans
- Foreign military personnel

Enrollment Options

Enrollment in the TDP may be through a single or family plan. A National Guard or Reserve member is only eligible to enroll under a single plan. Eligible family members are enrolled under a separate single or family plan.

Single Enrollment

A single enrollment is one eligible member and may include:

- One active duty family member
- One National Guard or Reserve family member
- A National Guard or Reserve sponsor

If the National Guard or Reserve sponsor chooses to enroll along with family member(s), there will be separate premium payments for each enrollment plan—one for the sponsor’s single plan and one for the family’s single or family plan.

Family Enrollment

A family enrollment is two or more covered eligible family members (i.e., two or more active duty family members or two or more National Guard or Reserve family members). The National Guard or Reserve sponsor cannot be included in the family plan.

Under the TDP family enrollment, all eligible family members must be enrolled, except in the following situations:

- Children under the age of 4 may be voluntarily enrolled at any time. However, these children can be excluded from enrollment at the discretion of the sponsor if there is only one member of the family age 4 or older enrolled.

Note: Dentists’ recommendations are for all children to have their first dental examination by age 1.
- If a sponsor has family members residing in two or more locations (e.g., in the case of children who are attending college away from home or living with a divorced spouse), the sponsor may choose to enroll only the family members residing in one location.
- For active duty family members only, in instances where a family member requires a hospital or special treatment environment (due to a medical condition, physical handicap, or mental condition) for dental care otherwise covered by the TDP, the family member may be excluded from TDP enrollment and may continue to receive care from a military treatment facility. The sponsor must provide United Concordia with documentation of this situation.

- National Guard and Reserve sponsors must enroll independently of their family members. Also, National Guard and Reserve sponsors may enroll their family members and not themselves. If the sponsor chooses to enroll himself or herself in addition to the family member(s), there will be separate premium payments for each contract—one for the sponsor and one for the family member(s).

Note: Enrollees cannot be enrolled under two TDP contracts. Two sponsors cannot enroll the same family member(s). Additionally, in the instance that both the husband and wife are active duty service members, both sponsors cannot enroll each other as a family member. If one is a National Guard or Reserve sponsor (not activated for more than 30 consecutive days), he or she can be enrolled as a family member under the other sponsor.

Automatic Enrollment of Children at Age 4

Children will be automatically enrolled on the first day of the month following the month in which they reach age 4, provided an existing contract is in effect. If the existing contract is for a single family member only, the premium will change from the single plan rate to the family plan rate. United Concordia will notify the sponsor of the child’s enrollment and the change in premium rate.

Please do not seek care until after the effective date of coverage as noted on the TDP identification card. If the member has not received a TDP identification card, please contact the TDP Enrollment and Billing Member Services Department at **1-888-622-2256**.

Enrollment Period

All enrollees must remain enrolled in the TDP for at least 12 months, unless the disenrollment request qualifies as an exception. (See Figure 2.1, “Disenrolling Before Completing the Initial Enrollment Period,” later in this section for more information.) After completing the 12-month minimum enrollment period, enrollment may be continued on a month-to-month basis until a cancellation request is received from the sponsor.

Any enrollee who fails to pay premiums will be prohibited from re-enrolling in the program for 12 months.

Enrolling in the TDP

United Concordia offers three convenient ways to enroll in the TDP:

1. Enroll Online

TDP enrollment is available online. Access the online *TDP Enrollment/Change Form* at **www.TRICAREdentalprogram.com**. The initial payment may be made by credit card (Visa® or MasterCard® only). Upon completion of the online enrollment process, a transaction number is provided. Please retain this transaction number for future reference.

2. Mail It

The *TDP Enrollment/Change Form* can be downloaded from **www.TRICAREdentalprogram.com** and mailed, along with your initial premium payment, to United Concordia at the following address:

United Concordia/TDP
P.O. Box 827583
Philadelphia, PA 19182-7583

3. Fax It

Fax your *TDP Enrollment/Change Form* and initial payment (credit card only) to **1-888-734-1944**.

Note: The sponsor must complete the *TDP Enrollment/Change Form* and forward it to United Concordia for processing. If the sponsor is not available to complete and sign the form, an individual with a Power of Attorney (POA) can initiate enrollment, providing the POA allows the individual to enter into contracts. A copy of the valid POA must be provided with the *TDP Enrollment/Change Form*.

Forms are also available by calling United Concordia’s Enrollment and Billing Member Services Department at **1-888-622-2256** or by visiting your local dental treatment facility (DTF) or TRICARE Service Center (TSC).



If any information is missing or the information on the *TDP Enrollment/Change Form* does not match the information in DEERS, the enrollment/change may be rejected and the initial premium payment will be refunded. The sponsor will then be responsible for completing and submitting a new *TDP Enrollment/Change Form* and initial premium payment. The enrollment/change will be processed for the next available effective date.

Enrollment will be confirmed with the issuance of dental identification cards. Please do not seek dental treatment without confirmation of enrollment. If you have not yet received your identification card and are seeking care, contact United Concordia's Enrollment and Billing Member Services Department at 1-888-622-2256.

TDP benefits are worldwide and portable when transferring to or from the OCONUS service area.

Note: Current federal statute and regulations prohibit enrolled family members from receiving TDP-covered services in uniformed services DTFs. Exceptions to this prohibition include emergency treatment, certain pediatric specialty cases, dental care provided outside the U.S., and services incidental to non-covered services. Enrolled members may continue to obtain non-covered services from uniformed services DTFs based in the CONUS service area, subject to the provisions for space-available care. In overseas dental treatment facilities (ODTFs), all family members, whether enrolled in the TDP or not, have the same eligibility status for care. However, access to care in ODTFs is based on

the operational requirements of the active duty force serviced by the ODTF and the resources of that particular facility.

Effective Date of Coverage

When United Concordia receives the *TDP Enrollment/Change Form*, a query will be made to DEERS to confirm eligibility. If eligibility is confirmed, the appropriate initial premium payment is received, and the form is complete, United Concordia will enroll you and/or your family members in the TDP. If the *TDP Enrollment/Change Form* and the initial payment are received by the 20th of the month, coverage will be processed for the first day of the following month. If the *TDP Enrollment/Change Form* and initial premium payment are received after the 20th of the month, coverage will be processed for the first day of the second month.

For example: If the *TDP Enrollment/Change Form* and initial premium payment are received by February 20, coverage will be effective March 1. If the *TDP Enrollment/Change Form* and initial premium payment are received on February 21 or through the end of the month, coverage will **not** be effective until April 1. Enrollment is processed according to the date of receipt, **not** by a postmark date or the date on the *TDP Enrollment/Change Form*.

If United Concordia cannot confirm your eligibility, you will be instructed to contact your uniformed services personnel office to resolve the issue. In this instance, coverage will **not** begin until the issue is resolved and eligibility can be verified. Any dental treatment provided prior to the enrollment effective date will **not** be considered for payment by United Concordia.

To ensure TDP coverage begins as soon as possible, fill out the *TDP Enrollment/Change Form* completely. Please contact United Concordia's Enrollment and Billing Member Services Department at **1-888-622-2256** with questions about completing the *TDP Enrollment/Change Form* or to confirm the effective date of your TDP coverage.

Evidence of Coverage

In addition to this *TRICARE Dental Program Benefit Booklet*, each TDP-enrolled member will receive a personalized TDP identification card. This card should be presented at each dental office visit. Replacement cards can be requested by visiting www.TRICAREdentalprogram.com or by calling the Enrollment and Billing Member Services Department at **1-888-622-2256**.

Note: It is strongly recommended that enrollees contact United Concordia's Enrollment and Billing Member Services Department by telephone, before receiving initial treatment, to ensure coverage is in effect and to confirm the effective date of coverage.

Events Affecting Your Enrollment

Adding or Deleting Family Members

United Concordia provides you with three convenient options for adding or deleting family members:

1. Change It Online

To add a family member online, access the online *TDP Enrollment/Change Form* at www.TRICAREdentalprogram.com.

2. Mail It

The *TDP Enrollment/Change Form* can be downloaded from www.TRICAREdentalprogram.com and mailed to United Concordia at the following address:

United Concordia/TDP
P.O. Box 827583
Philadelphia, PA 19182-7583

3. Fax It

Fax your *TDP Enrollment/Change Form* to **1-888-734-1944**.

Note: The sponsor must complete the *TDP Enrollment/Change Form* and forward it to United Concordia for processing. If the sponsor is not available to complete and sign the form,

an individual with a Power of Attorney (POA) can initiate enrollment, providing the POA allows the individual to enter into contracts. A copy of the valid POA must be provided with the *TDP Enrollment/Change Form*.

Forms are also available by calling United Concordia at **1-888-622-2256** or by visiting your local DTF or TSC.

Reasons for adding a family member may include:

- Marriage
- Birth
- Adoption
- Stepchild or ward newly eligible for TDP
- Child added before turning age 4

Note: If you are adding a family member to a single plan, your premium will increase to the family plan rate.

Reasons for deleting a family member include:

- Death
- Divorce
- Child moves away
- Loss of eligibility

Disenrolling from the TDP

You must remain enrolled in the TDP for a minimum of 12 months. You may choose to disenroll from the TDP once you meet your 12-month initial enrollment period or if you have a valid reason to disenroll. (For a list of valid reasons to disenroll, see Figure 2.1, "Disenrolling Before Completing the Initial Enrollment Period," on the following page.)

There are three convenient ways to disenroll from the TDP:

1. Disenroll Online

Disenroll online by accessing the online *TDP Enrollment/Change Form* at www.TRICAREdentalprogram.com.

2. Mail It

The *TDP Enrollment/Change Form* can be downloaded from www.TRICAREdentalprogram.com and mailed to United Concordia at the following address:

United Concordia/TDP
P.O. Box 827583
Philadelphia, PA 19182-7583

3. Fax It

Fax the *TDP Enrollment/Change Form* to **1-888-734-1944**.

Note: The sponsor must complete the *TDP Enrollment/Change Form* and forward it to United Concordia for processing. If the sponsor is not available to complete and sign the form, an individual with a Power of Attorney (POA) can initiate disenrollment, providing the POA allows the individual to enter into contracts. A copy of the valid POA must be provided with the *TDP Enrollment/Change Form*.

Forms are also available by calling United Concordia at **1-888-622-2256** or by visiting your local DTF or TSC.

If the *TDP Enrollment/Change Form* is received by the 20th of the month, the cancellation will be processed for the first day of the following month. If the form is received after the 20th of the month, the cancellation will be processed for the first day of the second month.

For example: If your cancellation notification is received by June 20, the cancellation will take effect on July 1. If your cancellation notification is received on June 21 or through the end of the month, the cancellation will take effect on August 1. Cancellation is processed according to the date of receipt, not by a postmark date or the date on the *TDP Enrollment/Change Form*. **You are responsible for all monthly premiums until coverage is cancelled.**

Disenrolling Before Completing the Initial Enrollment Period

Figure 2.1 describes valid reasons for disenrolling from the TDP before the end of the mandatory 12-month initial enrollment period.

Disenrolling Before Completing the Initial Enrollment Period

Figure 2.1

Situation	Description
TDP enrollee loses eligibility.	Sponsor or family member loses eligibility for the TDP due to death, divorce, marriage, age limit of a child, or end of entitlement. See “End of Coverage” later in this section for more information.
Sponsor and family are relocated to the OCONUS service area.	Sponsor may elect to disenroll and/or disenroll his or her family members from the TDP within 90 calendar days of the relocation. The date of the relocation must be included on the disenrollment request. The disenrollment will be processed based on the date the <i>TDP Enrollment/Change Form</i> is received.
Active duty sponsor receives Permanent Change of Station orders.	If an active duty sponsor transfers with TDP-enrolled family members to a duty station where space-available dental care is available at the local uniformed services DTF, the active duty member may elect to disenroll his or her family members from the TDP within 90 calendar days of the transfer. The date of the transfer must be included on the disenrollment request. The disenrollment will be processed based on the date the <i>TDP Enrollment/Change Form</i> is received.
National Guard or Reserve sponsor is deactivated (sponsor activated more than 30 consecutive days in support of specific contingency operations).	Family members will be disenrolled before the end of the mandatory 12-month initial enrollment period if initially enrolled within 30 days of sponsor activation.
National Guard or Reserve member is transferred to Standby Reserve or Retired Reserve.	A National Guard or Reserve member will be disenrolled before the end of the mandatory 12-month enrollment period if the member is transferred to the Standby Reserve or Retired Reserve.

Enrollment Change/Disenrollment Scenarios

If you fail to pay your monthly premium(s), you will be disenrolled from the TDP, but you will still be responsible for payment of all remaining premiums (including the Government’s 60-percent share) through the end of your 12-month initial enrollment period. You will be **prohibited** from re-enrolling in the program, or “locked out,” for 12 months following the last month that premiums were paid.

For example: If your TDP coverage begins on February 1, your initial enrollment period will end on January 31 of the following year. If you

stop paying your monthly premiums on September 1, you will be disenrolled from the TDP, and you will have to continue paying the premiums through January—the last month in your initial enrollment period—but you will not be allowed to re-enroll in the TDP until the following October.

Figure 2.2 describes other specific situations that would cause a change in enrollment or disenrollment from the TDP. United Concordia will notify the sponsor of the changes and explain options and any associated premium changes or time limitations.

Enrollment Change/Disenrollment Scenarios

Figure 2.2

Scenario	Change in TDP Enrollment
Two active duty service members are married with TDP-enrolled children. The parent listed as the sponsor leaves active duty.	<ul style="list-style-type: none"> • TDP-enrolled children are disenrolled as of 11:59 p.m. on the last day of the month in which the parent listed as the sponsor leaves active duty. If the sponsor leaves the service on the first day of the month, the last day of coverage is the last day of the previous month. • Update DEERS to reflect new sponsor. • Family members may re-enroll with new sponsor by completing a <i>TDP Enrollment/Change Form</i>.¹
An active duty sponsor transfers from active duty to the National Guard, Reserve, or Individual Ready Reserve (IRR) [Special Mobilization Category].	<ul style="list-style-type: none"> • TDP-enrolled family members are disenrolled as of 11:59 p.m. on the last day of the month in which the sponsor changes status. If the sponsor changes status on the first day of the month, the last day of coverage is the last day of the previous month. • Sponsor may enroll and/or family members may re-enroll by completing a <i>TDP Enrollment/Change Form</i>.¹
An active guard reserve or a Selected Reserve member on active duty (non-contingency related) transfers to the National Guard, Reserve, or IRR (Special Mobilization Category).	<ul style="list-style-type: none"> • TDP-enrolled family members are disenrolled as of 11:59 p.m. on the last day of the month in which the sponsor changes status. If the sponsor changes status on the first day of the month, the last day of coverage is the last day of the previous month. • Family members are automatically re-enrolled in the TDP as Selected Reserve/IRR family members. • Appropriate premium change will apply.
Sponsor transfers to another service branch.	<ul style="list-style-type: none"> • TDP-enrolled sponsor and/or family members are disenrolled as of 11:59 p.m. on the last day of the month in which the sponsor transfers to another branch. If the sponsor transfers branches on the first day of the month, the last day of coverage is the last day of the previous month. • Sponsor and/or family members may re-enroll by completing a <i>TDP Enrollment/Change Form</i>.¹

1. In all of the above scenarios in which the coverage is canceled and re-enrollment is not automatic, the sponsor must re-enroll within 30 days of cancellation to prevent a lapse in coverage and continue the original 12-month initial enrollment period.

Enrollment Change/Disenrollment Scenarios (continued)

Scenario	Change in TDP Enrollment
<p>A National Guard, Reserve, or IRR (Special Mobilization Category) sponsor changes status to IRR (other than Special Mobilization Category).</p>	<ul style="list-style-type: none"> • TDP-enrolled sponsor and/or family members are disenrolled as of 11:59 p.m. on the last day of the month in which the sponsor changes status. If the sponsor changes status on the first day of the month, the last day of coverage is the last day of the previous month. • Sponsor and/or family members are automatically re-enrolled into appropriate plan. • Appropriate premium change will apply. • Sponsor and/or family members may elect to disenroll from the TDP, if desired.
<p>A National Guard, Reserve, or IRR sponsor is called or ordered to active duty for more than 30 consecutive days.</p>	<p>Sponsor:</p> <ul style="list-style-type: none"> • TDP-enrolled sponsor is disenrolled effective on the first day of the active duty orders. • Upon deactivation, his or her coverage will be automatically reinstated the day following his or her status change. • Sponsor is responsible for completing the remaining months on his or her initial 12-month lock-in period. <p>Family Members:</p> <ul style="list-style-type: none"> • TDP-enrolled family members are disenrolled as of 11:59 p.m. on the last day of the month in which the sponsor changes status. If the sponsor changes status on the first day of the month, the last day of coverage is the last day of the previous month. • Family members are automatically re-enrolled in the program as active duty family members with the lower premium rate. • Coverage continues under the existing 12-month lock-in period. • Premium rate returns to the appropriate Selected Reserve/IRR rate on the first of the month following the sponsor’s deactivation.
<p>A National Guard, Reserve, or IRR sponsor is called or ordered to active duty for more than 30 consecutive days in support of a contingency operation, and family members enroll in the TDP within 30 days of the start of the sponsor’s active duty orders.</p>	<ul style="list-style-type: none"> • TDP-enrolled family members are automatically disenrolled as of 11:59 p.m. on the last day of the month in which the sponsor deactivates. If the sponsor deactivates on the first day of the month, the last day of coverage is the last day of the previous month. Sponsor can reinstate coverage by calling United Concordia’s Enrollment and Billing Member Services Department at 1-888-622-2256.

End of Coverage

Figure 2.3 describes scenarios that will result in an end in TDP coverage due to loss of eligibility.

End-of-Coverage Scenarios

Figure 2.3

Scenario	When TDP Coverage Ends
Sponsor retires or separates from active duty.	The last day of coverage is the last day of the month in which the sponsor retires or separates. However, if the sponsor's retirement or separation is on the first day of the month, the last day of coverage is the last day of the previous month. For example: If the sponsor retires on February 1, the last day of coverage is January 31. ¹
Unmarried child turns age 21 (or age 23 if enrolled in college full time).	The child loses eligibility as of 11:59 p.m. on the last day of the month in which the age limit is reached. For example: If a child turns 21 on March 15, the last day of coverage is March 31. If the child's birthday is on the first day of the month, the last day of coverage is the last day of the previous month.
Spouse and sponsor divorce.	The spouse loses all eligibility based on his or her former marital status as of 11:59 p.m. on the last day of the month in which the divorce becomes final. For example: If the divorce is final on March 5, the last day of coverage is March 31. If the divorce becomes final on the first day of the month, the last day of coverage is the last day of the previous month.

1. Retired sponsors and family members may be eligible to enroll in the TRICARE Retiree Dental Program (TRDP). For more information about the TRDP, visit www.trdp.org.

TDP Survivor Benefit

When a sponsor dies while on active duty for a period of more than 30 consecutive days, surviving family members are eligible to receive TDP benefits. This TDP Survivor Benefit also applies to family members of the Selected Reserve of the Ready Reserve (National Guard and Reserve) and the IRR (special mobilization only), regardless of whether the sponsor was on active duty orders at the time of his or her death. Eligible survivors do not need to be enrolled in the TDP at the time of the sponsor's death to receive the TDP Survivor Benefit.

The surviving spouse is eligible to receive survivor benefits for up to three years from the sponsor's date of death, regardless of Survivor Benefit enrollment coverage begin date.

Surviving children are eligible to receive survivor benefits until reaching age 21, or age 23 if enrolled in a full-time course of study at an approved institution of higher learning, and if the sponsor provided over 50 percent of the financial support. Additionally, incapacitated children are eligible to receive TDP coverage for the greater of: (1) three

years from the sponsor's date of death, (2) the date on which the dependent reaches age 21, or age 23 if enrolled in a full-time course of study at an approved institution of higher learning, and if the sponsor provided over 50 percent of the financial support.

Eligible surviving family members enrolled at the time of their sponsor's death will be automatically disenrolled from their current TDP coverage plan and re-enrolled in a TDP Survivor Benefit plan. Survivors will be notified of this disenrollment and the terms of the TDP Survivor Benefit.

Eligible surviving family members not enrolled in the TDP at the time of the sponsor's death will be notified of their eligibility for enrollment in the TDP. The surviving spouse, parent, or legal guardian must contact United Concordia to elect enrollment for the TDP Survivor Benefit.

Survivor benefits will be tracked and family members will be disenrolled at the expiration of the applicable eligibility period. Approximately three months prior to disenrollment from the

survivor plan, the family members will be notified of coverage termination.

TDP pays 100 percent of the Survivor Benefit premium for the entire time survivors are eligible to receive the TDP benefit; however, family members are still responsible for any applicable cost-shares. Contractual lock-in and lockout provisions are not applicable to the TDP Survivor Benefit.

Surviving family members are eligible for the TRICARE Retiree Dental Program (TRDP) after the TDP Survivor Benefit period ends. The TRDP also may be available to surviving family members who do not qualify for the TDP Survivor Benefit. For more information about the TRDP, visit www.tricare.mil/dental.

National Guard and Reserve Important Information



This section applies to TDP members in the National Guard and Reserve and their family members. While the rest of the information in the *TRICARE Dental Program Benefit Booklet* also applies to the National Guard and Reserve, this section is specific only to this audience.

Dental Readiness Assessment for National Guard and Reserve

The Department of Defense (DoD) Health Affairs Policy #01-025 has directed the uniformed services to ensure all members of the National Guard and Reserve undergo an annual dental examination. The DD Form 2813 *Department of Defense Active Duty/Reserve Forces Dental Examination* will be used to assist the TDP-enrolled National Guard and Reserve forces in documenting member dental health.

TDP participating dentists will complete the DD Form 2813 at no additional cost to TDP enrollees. The National Guard or Reserve member is responsible for obtaining the examination, providing the form to the dentist, and reporting the result to his or her service branch. The DD Form 2813 is available to download at www.TRICAREdentalprogram.com.

National Guard and Reserve members are encouraged to contact their service branch representative to determine their service-specific requirements for this document before scheduling their annual dental examination.

Sponsor's Changing Status

National Guard and Reserve sponsors may go on and off of active duty several times throughout their career in the National Guard or Reserve. It's good to know that the TDP offers continuous coverage to National Guard and Reserve sponsors and their families when they need it.

National Guard and Reserve Sponsor Coverage

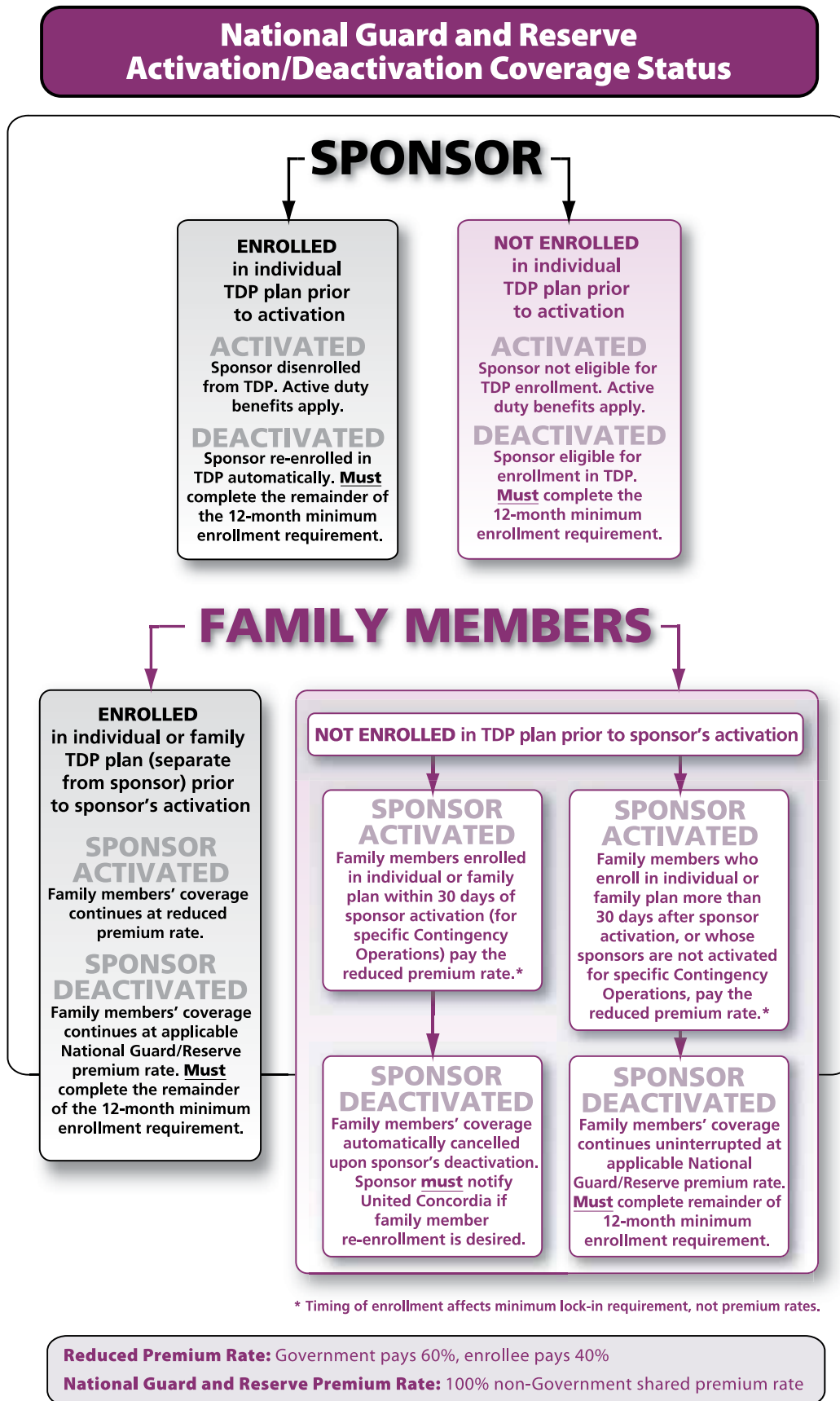
National Guard and Reserve sponsors are eligible to enroll in the TDP when they are not on active duty for more than 30 consecutive days. If a National Guard or Reserve sponsor enrolled in the TDP is called or ordered to active duty for more than 30 consecutive days, he or she will be automatically disenrolled from the program during the period of activation and automatically re-enrolled upon deactivation.

A National Guard or Reserve sponsor is not considered part of a family plan and can be enrolled even if the family is not enrolled. The sponsor also has a separate monthly premium.

National Guard and Reserve Family Member Coverage

National Guard and Reserve family members can enroll in the TDP even if their sponsor does not enroll. The plan offers continuous dental coverage throughout the sponsor's changing status—from inactive to active and back again. In fact, during a National Guard or Reserve sponsor's activation, family members will enjoy reduced monthly premiums because they are considered "active duty family members" during that time. Additionally, because family member enrollment is not dependent on the sponsor's enrollment, family members can enroll in the TDP at any time.

The following coverage flowchart demonstrates how the TDP coverage changes when a National Guard or Reserve sponsor's status changes.



* Timing of enrollment affects minimum lock-in requirement, not premium rates.

Reduced Premium Rate: Government pays 60%, enrollee pays 40%

National Guard and Reserve Premium Rate: 100% non-Government shared premium rate

Traveling and Moving with the TDP

Your dental coverage is completely portable—meaning it moves with you. Whether traveling on vacation or business, or when you move to a new duty location, the TDP has you and your family covered.

Traveling

CONUS to CONUS

When traveling anywhere in the CONUS service area, simply visit any participating network dentist. To find a participating dentist, call United Concordia at **1-800-866-8499** or visit our Web site at **www.TRICAREdentalprogram.com**. You can search for a dentist by last name, specialty, city, county, or ZIP code. The online directory is updated weekly.

CONUS to OCONUS

TDP-enrolled members who reside in the CONUS service area are also covered in the OCONUS service area. Enrolled members residing in the CONUS service area who visit OCONUS countries are responsible for all cost-shares and the difference between United Concordia's maximum allowable charge and the provider's actual charge for TDP-covered services.

OCONUS to CONUS

TDP-enrolled members who reside in the OCONUS service area are also covered in the CONUS service area. Enrolled members residing in the OCONUS service area, but who use the CONUS service area, are subject to the CONUS dental benefits program procedures for processing claims, as well as all cost-shares for TDP-covered services.

OCONUS to OCONUS

TDP-enrolled members who reside in the OCONUS service area are covered while traveling throughout OCONUS service areas. Enrolled members are subject to the OCONUS dental benefits program procedures for processing claims.

Moving

The TDP makes moving easy—there's no need to fill out new enrollment applications when you move. See details below.

Note: The TDP does not cover duplication of records for a sponsor Permanent Change of Station; therefore, enrollees are encouraged to obtain copies of their dental records to avoid the possibility of incurring additional expenses at their new location.

CONUS to CONUS

Visit the Web site **<https://www.dmdc.osd.mil/appj/address/index.jsp>** to update your address information. Call United Concordia at **1-800-866-8499** or visit **www.TRICAREdentalprogram.com** to locate a participating dentist. Enrolled members are subject to the CONUS dental benefits program procedures for processing claims.

CONUS to OCONUS

Visit the Web site **<https://www.dmdc.osd.mil/appj/address/index.jsp>** to update your address information. Enrolled members who relocate to locations within the OCONUS service area may elect, within 90 calendar days of the relocation, to disenroll from the TDP.

Note: If coverage is cancelled due to the OCONUS relocation, a previously enrolled member will be responsible for payment of all dental treatment provided by a civilian dentist when traveling within the CONUS area.

OCONUS to CONUS

Visit the Web site **<https://www.dmdc.osd.mil/appj/address/index.jsp>** to update your address information. Call United Concordia at **1-800-866-8499** or visit **www.TRICAREdentalprogram.com** to locate a participating dentist. Enrolled members are subject to the CONUS dental benefits program procedures for processing claims.

Costs and Fees

Premiums

For active duty family members and for Selected Reserve and Individual Ready Reserve (IRR) [Special Mobilization Category only] members, the Government pays part of the monthly premium. IRR (other than Special Mobilization Category) members and all Selected Reserve and IRR family members are responsible for the full amount of the premium cost. If the member’s military status changes, the premiums change accordingly.

Figure 5.1 provides a summary of the TDP premium shares:

TDP Enrollee Premium Shares Figure 5.1

Enrollee Category	Premium Share
Active Duty Family Members	60% Government 40% Enrollee
Selected Reserve and IRR (Special Mobilization Category) Members	60% Government 40% Enrollee
IRR (other than Special Mobilization Category) Members	100% Enrollee
Selected Reserve and IRR Family Members	100% Enrollee

Premiums are paid for a full month of coverage. There are no circumstances when a partial premium can be paid. If the member fails to pay premiums during the mandatory 12-month enrollment period, the Government will not pay any portion of the premium (Government or member share) for the remaining months. United Concordia will collect the full amount, both Government and member share, of any remaining premium due for the 12-month enrollment period from the member. **Failure to pay the required premiums may result in referral of the account to a collection agency.**

Premium Amounts

Premium amounts change annually on the first of February. For current premium amounts, visit www.TRICAREdentalprogram.com or contact United Concordia at **1-888-622-2256**.

Premium Payroll Allotments

If the member has a military payroll account, and if sufficient funds are available at the time of collection, the Government will collect the member’s share of the premium, in advance, through a Uniformed Services Finance Center. Only premiums for active duty family members, active National Guard and Reserve family members, and National Guard and Reserve sponsors may be taken from the member’s military payroll account. The member must pay all other premiums directly to United Concordia. Members should always verify that the correct dental deduction appears on their Leave and Earnings Statement (LES).

If United Concordia is unable to obtain the requested premium payment from the member’s military payroll account for any reason, the member will be responsible for paying the premium costs by means of direct billing. When this occurs, premium collection will transfer from the Uniformed Services Finance Center payroll allotment or deduction to direct billing by United Concordia.

Direct Billing Process

If the member is set up for direct billing, United Concordia will issue a monthly invoice to collect the premium. If the member and family member(s) are both enrolled and on direct billing, two monthly invoices will be issued.

United Concordia will automatically direct-bill for premiums due from IRR service members and from Selected Reserve and IRR family members.

United Concordia offers several payment options for your monthly invoice:

1. Pay Online

United Concordia offers three methods for paying your monthly premiums online using your Visa®, MasterCard®, or checking account:

- Submit each payment manually.
- Schedule each payment for a specific date.
- Set up an automatic, recurring monthly payment to continue for a specified period of time or indefinitely. United Concordia recommends the latter option.

Access the electronic billing system (eBill) at www.TRICAREdentalprogram.com. Instructions for setting up your online account can be found on the back of your monthly invoice and on the Web site.

2. Mail It

Mail a check or money order along with your invoice to United Concordia at the following address:

United Concordia/TDP
P.O. Box 827388
Philadelphia, PA 19182-7388

Write the contract identification number (contract ID) in the memo field of your check or money order.

Maximums

The accumulation of charges against the annual maximum benefit and lifetime orthodontic maximum benefit is based on the allowable charges less any cost-shares. The allowable charge is the amount that United Concordia will pay for any procedure, and the cost-share is the portion of the allowed amount that the enrollee must pay. Additionally, the enrollee's cost-shares are not charged against the annual and lifetime maximums.

Annual Maximum Benefit

There is a \$1,200 annual maximum benefit 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 enrolled member will not exceed \$1,200 in any contract year. Payments for certain diagnostic and preventive services are not applied against the annual maximum. See the *TDP Benefits and Exclusions* section for specific procedures.

Lifetime Maximum Benefit for Orthodontic Treatment

There is a \$1,500 lifetime maximum benefit per enrollee for orthodontic treatment. If an enrollee receives orthodontic services, payments for these services will not exceed \$1,500 during the enrollee's eligibility lifetime. Orthodontic diagnostic services will be applied to the \$1,200 dental program annual maximum. See the *TDP Benefits and Exclusions* section for more information.

OCONUS Maximums

The maximums for the OCONUS service area are the same as the CONUS service area for orthodontics and other dental services.

In the OCONUS service area, the Government will pay for any costs in excess of United Concordia's fee allowance up to the billed charge for all enrollees except Selected Reserve and IRR family members and IRR (other than Special Mobilization Category) members. The Government will not pay for the portion of the enrollee's maximum that has already been paid by United Concordia nor will the Government pay for any costs once the maximum has been met.

Cost-Shares

A cost-share is the amount you are required to pay for the services rendered. United Concordia pays a percentage of the dentist's usual charge up to United Concordia's allowance for the covered service, subject to limitations. The percentage paid and the enrollee's cost-share depend on the type of service received. Dentists are required to collect cost-shares for certain covered services. Failure to collect cost-shares for covered services could disqualify the dentist from participating in United Concordia's dentist network.

Figure 5.2 provides an overview of the enrollee’s cost-shares for types of services covered under the TDP. **Note:** The TDP provides selected

services at reduced cost-shares for pay grades E-1 to E-4. These include endodontic, periodontic, and oral surgery services.

Enrollee Cost-Shares Summary Chart

Figure 5.2

Covered Services	Cost-Share for Pay Grades E-1, E-2, E-3, and E-4	Cost-Share for All Other Pay Grades	Cost-Share for OCONUS Command-Sponsored Enrollees ¹
Diagnostic	0%	0%	0%
Preventive ²	0%	0%	0%
Sealants	20%	20%	0%
Consultation/Office Visit	20%	20%	0%
Post-Surgical Services	20%	20%	0%
Basic Restorative	20%	20%	0%
Endodontic	30%	40%	0%
Periodontic	30%	40%	0%
Oral Surgery	30%	40%	0%
General Anesthesia	40%	40%	0%
Intravenous Sedation	50%	50%	0%
Miscellaneous Services (occlusal guard, athletic mouthguard)	50%	50%	0%
Other Restorative	50%	50%	50%
Implant Services	50%	50%	50%
Prosthodontic	50%	50%	50%
Orthodontic ³	50%	50%	50%

- 1. Selected Reserve and IRR family members and IRR (other than Special Mobilization Category) members are responsible for the applicable cost-share portion regardless of where the treatment is received.*
- 2. Space maintainers are fully covered for patients under age 19 when involving posterior teeth. They are covered at a 20% cost-share for patients under age 19 when replacing anterior teeth only. Sealants are covered at 20% as noted above.*
- 3. Orthodontic treatment is available for enrolled family members (non-spouse) up to, but not including, 21 years of age. A member who is enrolled as a full-time student at an accredited college or university is eligible up to, but not including, 23 years of age. Orthodontic treatment is also available for spouses and National Guard and 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 member reaches the applicable age limit.*

OCONUS Cost-Share Exceptions

The following are exceptions to your cost-shares in the OCONUS service area:

- The Government will pay TDP-enrolled command-sponsored 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. In those cases where the Government pays the enrollee cost-share, the enrollees are not required to pay this amount.
- The Government will not pay enrollee cost-shares for any services received in the CONUS service area, regardless of whether or not the enrollee is returning to the CONUS service area on a permanent or temporary basis.
- Although OCONUS coverage is available to Selected Reserve and IRR family members and to IRR (other than Special Mobilization Category) members, the Government will not pay for any enrollee cost-shares for these populations. All cost-shares are the responsibility of the member.

Choosing a Dentist

CONUS Dentists

TDP enrollees residing in the CONUS service area receive dental care at civilian dental offices and may visit any civilian dentist of choice. However, receiving treatment from a United Concordia participating dentist can save money, time, and paperwork.

Participating Dentists

A participating dentist has signed a contractual agreement with United Concordia to follow TDP rules for providing care and accepting payments. When using a participating dentist, you will never have to pay more than the applicable cost-share percentage for covered services, subject to stated limitations and maximums. Specifically, United Concordia participating dentists agree to:

- Accept United Concordia's allowance for covered services as payment in full, charging the enrollee only the applicable cost-share percentage. Balance billing by participating dentists is prohibited. Enrollees do not have to pay any part of the dentist's charge that exceeds United Concordia's allowance, except when alternate/optional services are provided. (See "Alternative/Optional Methods of Treatment" in the *TDP Benefits and Exclusions* section for more information.)
- Accept direct payment from United Concordia for covered services. United Concordia sends the benefit payment directly to the dentist. The enrollee will receive a Dental Explanation of Benefits (DEOB) noting the payment amount and any cost-share.
- Complete the claim form at no extra charge and submit it to United Concordia on your behalf.
- Participate in United Concordia's quality assurance programs.
- Submit predetermination requests, as appropriate.
- Provide any information needed by United Concordia to make coverage and payment determinations.

- Complete the DD Form 2813 *Department of Defense Active Duty/Reserve Forces Dental Examination* for National Guard and Reserve members.

To find a participating dentist, call United Concordia at **1-800-866-8499** or visit our Web site at **www.TRICAREdentalprogram.com** where you can search for a dentist by last name, specialty, city, county, or ZIP code. The online directory is updated weekly and will indicate if the dentist is accepting new patients. When calling for an appointment, be sure to ask if the dentist who will be treating you **participates in** the TRICARE Dental Program.

Contact your local Beneficiary Counseling and Assistance Coordinator (BCAC) for assistance in finding a participating provider. Visit the BCAC directory online at **www.tricare.mil/bcacdcao**.

TDP Access Standards

United Concordia is committed to ensuring you have timely access to participating dentists. We actively seek dentists to add to our participating dentist list so that you will be able to receive dental care at a convenient location and time.

TDP access standards guarantee that a participating general dentist will be located within 35 driving miles of your home and that you will be able to arrange an appointment within 21 days of your call to the dental office. If you are unable to obtain an appointment with a general dentist within 21 days of your call and within 35 driving miles of your home, please notify United Concordia's Customer Service Department at **1-800-866-8499**.

Nonparticipating Dentists

Dentists who have **not** signed a contract with United Concordia are considered nonparticipating dentists. Nonparticipating dentists may bill members their full fee. You will be responsible for paying the difference between United Concordia's allowance and the amount

charged by the nonparticipating dentist, in addition to the applicable cost-share percentage. Furthermore, they may or may not submit claim forms on your behalf.

Nonparticipating dentists are not required to accept direct payment from United Concordia. To send payment directly to a nonparticipating dentist, you must sign an assignment of benefits statement on the claim form. This allows United Concordia to send payment to the nonparticipating dentist and to notify the member with a DEOB. If the assignment of benefits provision is not signed, United Concordia's payment will be sent to the member, and he or she will be responsible for paying the dentist.

Ask your dentist if he or she is a participating dentist with United Concordia. If the dentist is nonparticipating, you may continue to receive care, but be aware that you will most likely incur higher out-of-pocket costs.

If your dentist is interested in becoming a participating provider, ask him or her to call United Concordia's Customer Service Department at **1-800-866-8499** or visit us online at **www.TRICAREdentalprogram.com**.

OCONUS Dentists

United Concordia maintains a directory of OCONUS Host Nation Providers (HNPs) on the TDP Web site at **www.TRICAREdentalprogram.com**. Included on this directory are TRICARE OCONUS Preferred Dentists (TOPDs). TOPDs have agreed to the following:

- TOPDs will not require you to pay their full charge at the time of service—only your applicable cost-share, if any.
- TOPDs will complete and submit your claim forms.
- TOPDs will submit predeterminations for complex and costly services prior to rendering treatment.

The TOPD program is a new initiative that began in 2007 and is not currently available in all OCONUS non-remote locations. Check the TDP Web site for availability in your area.

You do not have to utilize a TOPD to receive TDP OCONUS benefits; however, with a non-TOPD provider, you may be required to pay for services before you receive care. You may also be required to submit your own claim and other required documentation.

For TDP enrollees in OCONUS locations, access standards for the location of a dentist within 35 driving miles of their home and the 21-day limit for obtaining an appointment **are not** applicable.

Non-Remote OCONUS Dentists

If OCONUS members in non-remote areas are unable to access dental care from an overseas dental treatment facility (ODTF), they may seek care from a dentist on the HNP list available from the ODTFs throughout the region or from the TRICARE Area Office (TAO). An HNP directory is also available at **www.TRICAREdentalprogram.com**.

OCONUS command-sponsored TDP enrollees in non-remote areas must utilize an HNP if available within 50 driving miles (81 kilometers) of their residence for all dental care not provided by the ODTF.

Note: OCONUS members 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. See "OCONUS Referral Procedures for Implant Services" in the *TDP Benefits and Exclusions* section for additional information.

National Guard and Reserve members and their families are required to use dentists on the HNP list for orthodontic and implant services only. Any dentist may be used for non-orthodontic services and any services that do not include implants; however, dentists included on the HNP directory on the TDP Web site are recommended.

Remote OCONUS Dentists

When obtaining non-orthodontic or non-implant services in remote OCONUS areas, all enrolled members may seek care from any dentist if an HNP list has not been developed by their respective TAO, U.S. Embassy or Consulate office, or other local representatives of the U.S. Government. If the TAO develops an HNP list for specific remote locations, the member will be required to utilize dentists on these lists in order for claims for covered services to be processed for payment under the TDP.

For orthodontic and implant services, all enrollees must use a provider identified on the HNP list. This listing is developed and maintained by the TAO (or designees). A *NARF* for orthodontic or implant services is required in all remote locations. Enrollees living in Canada may receive care from any provider; however, a *NARF* is still required prior to obtaining treatment for orthodontic or implant services. See “OCONUS Referral Procedures for Implant Services” in the *TDP Benefits and Exclusions* section for additional information.

Filing TDP Claims

All premium payments must be paid to date for claims to be processed for payment. If the premiums are not current, it will result in the delay or denial of the claim. This section will explain the claim-filing process for the CONUS and OCONUS service areas.

CONUS Claims

United Concordia will accept claims filed on any standard dental claim form of the American Dental Association (ADA®) or the TDP claim form developed by United Concordia. The *TDP CONUS Claim Form* includes instructions and is available at www.TRICAREdentalprogram.com. A separate claim form must be submitted for each member receiving services.

Submitting Claims

Enrollees in the CONUS service area may go to any authorized/licensed dentist of their choice. If the dentist is a participating dentist, his or her office will handle all paperwork, including filing claims.

If the dentist is not a United Concordia participating dentist, members may need to file their own claims.

Claim-Filing Deadline

All claim forms should be submitted to United Concordia as soon as possible after the date of service, preferably within 60 days. Claims submitted more than 12 months after the month in which the service was provided will be denied. A participating dentist may not bill the patient for services that are denied for this reason. Prompt submission is especially important for claims involving an orthodontic treatment plan, because the banding date is used to determine timely filing.

Claim Payments

If you receive care from a participating dentist, United Concordia will pay the dentist directly for covered services, less any cost-shares. It is up to you and your dentist to make arrangements for payment of the cost-share amount.

When a nonparticipating dentist performs services, United Concordia will pay the member for eligible covered services up to United Concordia's allowance, less any cost-shares. The enrollee is responsible for making payment to the nonparticipating dentist. In addition, any part of the dentist's fee exceeding United Concordia's allowance is the member's responsibility. United Concordia will pay a nonparticipating dentist directly only if the enrollee designates on the claim form that the dentist is to receive the payment.

OCONUS Claims

The *TDP OCONUS Claim Form* includes instructions and can be obtained at www.TRICAREdentalprogram.com. Claim forms are also available from your TRICARE Area Office (TAO), overseas dental treatment facility (ODTF), designated OCONUS Points of Contact (POCs), or by calling United Concordia's OCONUS Customer Service unit at **1-888-418-0466**.

Submitting Claims

Specific claims submission, processing, and payment procedures apply to OCONUS operations. Claims originating from the OCONUS service area should include the following:

- Date(s) of service
- Specific problem encountered
- Procedure code(s)
- Specific tooth/teeth treated for each service performed
- Total charges

If a procedure code is not provided on the claim form, a complete description of the service performed, including applicable tooth number(s), must be provided.

For United Concordia to process claims, the following information is needed:

- A completed claim form.
- A dentist bill or statement of charges. If the specific service(s) provided is repeated on the claim form, a separate office bill is not needed.
- *Non-Availability and Referral Form (NARF)*—a dentist on the Host Nation Provider list must be used for orthodontic and implant services or the claim will be denied. One exception is Canada, where members may receive care from any dentist; however, a *NARF* is still required prior to obtaining treatment for orthodontic or implant services.

When submitting a claim to United Concordia, make sure all the appropriate information is provided. If the necessary information is not provided, claim payment will be denied. United Concordia may contact the dentist or member for additional information, as necessary.

Claim-Filing Deadline

The *TDP OCONUS Claim Form* must be completed and submitted to United Concordia as soon as possible following the date of service, preferably within 60 days. If the claim is submitted to United Concordia more than 12 months after the month in which the service was completed, the claim will be denied.

Claim Payments

As a custom of OCONUS communities, sponsors and enrollees may have to pay for covered services before they are rendered.

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

determine which party forwarded the claim, payment will be issued to the dentist.

All payments issued to a dentist from the OCONUS service area will be paid in foreign currency, subject to the availability of these currencies through recognized U.S. banking institutions. One exception is Turkey, where claims will be paid in U.S. dollars. All claims submitted by enrollees will be paid in U.S. dollars unless the enrollee requests payment in local currency.

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 or bill.

OCONUS Point of Contact (POC) Program

For assistance with questions about the OCONUS dental program or submitting OCONUS claims, contact the TAO or ODTF and speak to a designated OCONUS POC. OCONUS POCs can assist you in receiving timely reimbursement for OCONUS dental claims.

The OCONUS POC will review the claim to ensure that it contains all of the information needed for processing and can submit claims and monitor claim status by fax or e-mail. If a claim is submitted by the POC, he or she will receive the reimbursement and/or DEOB and will be responsible for distributing them to the member or dentist.

Dental Explanation of Benefits (DEOB)

A DEOB is a statement mailed to the enrollee explaining what services were covered and the amount of cost-share owed, if any. If there is a cost-share amount, it must be paid to the dentist, as well as any costs for non-covered services. Participating dentists will also receive a copy of the DEOB. Nonparticipating dentists will receive a DEOB if benefits were assigned and payment is being issued. See the following pages for information regarding the DEOB.

**DENTAL
EXPLANATION OF BENEFITS
KEEP FOR YOUR TAX RECORDS**

WWW.TRICAREdentalprogram.com
TRICARE Dental Program
P.O. BOX 69410
HARRISBURG, PA 17106-9410

Sponsor: SGT John Smith
Beneficiary: Sally Smith
Provider: Family Dentistry
(001234567)

SSN: XXXXX1234
ICN: 06123456789

Page: 1 of 1
Date: 02/10/06

PROCEDURE DESCRIPTION PROCEDURE CODE (NUMBER OF SERVICES) *TOOTH DESCRIPTION*	SERVICE DATE (S)	PROVIDER'S CHARGE	ALLOWANCE	AMOUNT PAID	AMOUNT NOT PAID	REMARKS
PROPHYLAXIS ADULT (001) D1110	02/01/06	48.00	44.00	44.00	4.00	Q1030
COMPREHENSIVE EVALUATION (001) D0150	02/01/06	22.00	21.00	21.00	1.00	Q1030
TOTALS		70.00	65.00	65.00	5.00	

Q1030 These services were performed by a United Concordia Participating Provider. This provider has agreed to accept the TDP ALLOWANCE for this service, unless otherwise notated in the TDP benefit booklet.

United Concordia has paid the Provider the amount shown in the AMOUNT PAID column.

If you disagree with the determination on your claim, you have the right to request a reconsideration. Submit a signed statement explaining the reason for your request and a copy of the DEOB to TDP Customer Service 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 determination.

If you believe that a dentist received insurance money for filing a false claim, inflating a claim, or billing for service not rendered, you may contact United Concordia's Special Investigations Unit (SIU) at 1-877-968-7455, or by accessing our Web site, or by writing to: United Concordia, Special Investigations Unit, PO Box 69406, Harrisburg, PA 17106-9406.

UNITED CONCORDIA
TRICARE Dental Program
PO Box 69411
Harrisburg, PA 17106-9411

HAVE A QUESTION?
PLEASE CALL TDP CUSTOMER SERVICE
1-800-866-8499 Business Hours: Sunday,
8pm EST to Friday, 8pm, EST, U.S.A.

SGT JOHN SMITH
123 ANY STREET
ANYTOWN, PA 99999-8888

THIS IS NOT A BILL



Reading Your DEOB

The information described in Figure 7.1 will appear at the top of the DEOB.

Reading Your DEOB, Part I

Figure 7.1

Data Field	Description
Sponsor	Name of the uniformed services member
SSN	Last four digits of the sponsor's Social Security number
Page	Indicates the page number and the total number of pages in the DEOB
Beneficiary	Name of the enrollee who received the services
ICN	Internal Control Number (ICN)—the unique number United Concordia uses to identify the claim. Reference this number if you contact us with questions about the DEOB.
Date	Date the DEOB was issued
Provider	Name and United Concordia provider number of the dentist who performed the service

The chart on the DEOB explains how your claim was processed. Figure 7.2 details this information.

Reading Your DEOB, Part II

Figure 7.2

Data Field	Description
Procedure Description/ Procedure Code and Tooth Description	Procedure code identifying the service performed ("D" + a four-digit number) and the tooth number (if applicable) identified by an asterisk (*)
Service Date(s)	Date the member received treatment
Provider's Charge	Amount charged by the dentist
Allowance	Amount United Concordia allows for the service
Amount Paid	Amount United Concordia paid for the treatment after deductions, where applicable
Amount Not Paid	Amounts that have not been paid. This includes the difference between the dentist's charge and United Concordia's allowance, any cost-share amounts, other insurance amounts, etc.
Remarks	<p>The code in this field matches the code in the explanation field at the bottom of the DEOB. The messages on the bottom of the DEOB explain:</p> <ul style="list-style-type: none"> • Whether the dentist who performed the treatment was a TDP participating dentist or nonparticipating dentist • The amount paid by United Concordia • Appeal rights and the process for requesting a reconsideration, if applicable

Note: DEOBs issued for treatment received in the OCONUS service area may include additional information not indicated on CONUS DEOBs (e.g., foreign exchange rate). Enrollees should direct inquiries to the designated OCONUS POC at their installation or to United Concordia's OCONUS Customer Service unit.

Questions about a DEOB

Contact United Concordia with questions about DEOBs. See the *TRICARE Dental Program Directory* section for the appropriate address and telephone number for your area. Be sure to have the following information available when calling:

- Your name and date of birth
- Sponsor's Social Security number
- Enrollee/Patient name
- ICN of claim from the DEOB

Other Dental Insurance— Coordinating Benefits with TDP

The enrollee or the enrollee's spouse may have other dental insurance. In this case, United Concordia will coordinate benefits between the two dental plans. The coordination of benefits is applicable only to persons who are insured through another dental benefit plan in addition to the TDP.

If an enrollee receives services that are covered under the TDP program and another dental plan, coverage and benefits are governed by coordination of benefits rules. These rules determine which plan pays benefits first and which plan pays benefits second.

Depending on the situation, the TDP may be the primary or secondary dental plan.

- When a spouse's or child's other plan is primarily a medical insurance plan, but includes a dental benefit, the plan is considered secondary. The TDP is considered primary and claims should be submitted to United Concordia.
- When a spouse has his or her own dental plan, the spouse's dental plan is considered primary and the TDP is secondary.
- In the case of a child who is covered under two dental plans, the primary plan is typically determined by the "birthday rule," which has been established by the National Association of Insurance Commissioners. The birthday rule determines the first plan to pay benefits based on which parent's birthday falls earlier in a calendar year. (For example: If the mother's birthday is January 2 and the father's birthday is January 12, the mother's dental plan is

considered primary and would pay benefits first. The year of the parent's birth is not relevant in determining which coverage is primary.)

- An exception to this birthday rule occurs if the other dental plan uses the "gender rule." The gender rule specifies that the male parent's dental plan is considered the primary plan. If the other dental coverage uses the gender rule in determining coordination of benefits, United Concordia will defer to the gender rule and consider the male parent's dental plan as the primary plan.
- In situations where the natural parents are not married and there are two dental plans, United Concordia considers the insurance plan of the parent with custody to be the primary plan. If the parent with custody has remarried, the stepparent's plan will pay before the plan of the parent without custody. An exception to this rule occurs when there is a court decree specifying which parent is responsible for insurance coverage.

Claims should always be filed with the primary plan first. After payment has been received from the primary plan, the claim can be filed with the secondary plan. When submitting a claim to United Concordia for coordination under the TDP as secondary coverage, a copy of the primary carrier's DEOB must be attached. If the primary carrier's payment information is handwritten or typed on the claim form, but a physical DEOB is not attached, payment may be denied.

The primary plan pays benefits without regard to the secondary plan. When TDP coverage 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 carrier and pay for TDP-covered services according to TDP provisions and limitations. Payment as the secondary carrier will not exceed the provider charge or the amount the TDP would have paid as the primary carrier.

Participating dentists accept United Concordia's allowance for covered services as payment in full, charging the enrollee only the applicable cost-share percentage. Balance billing by participating dentists is prohibited. Enrollees do not have to pay any

part of the dentist's charge that exceeds United Concordia's allowance, except when alternate/ optional services are provided. In addition, when the TDP is the secondary carrier and the annual maximum benefit or lifetime orthodontic

maximum benefit has been exceeded, the participating dentist is permitted to balance bill.

Coordination of Benefits Scenarios

Figures 7.3, 7.4, and 7.5 show examples of coordination of benefits between primary and secondary dental carriers for sample procedures.

Coordination of Benefits Scenario 1

Figure 7.3

Carrier	Procedure	Dentist's Charge	Allowance	Payment Amount
Primary	Exam	\$35	\$28	\$28
TDP (Secondary)	Exam	\$35	\$30	\$7

As shown in Figure 7.3, the Primary Carrier paid \$28 for a \$35 exam. The remaining balance of \$7 ($\$35 - \$28 = \7) is less than United Concordia's allowance of \$30, so United Concordia will pay an additional \$7 (up to the \$35 billed charge).

Coordination of Benefits Scenario 2

Figure 7.4

Carrier	Procedure	Dentist's Charge	Allowance	Payment Amount
Primary	Restoration	\$95	\$80	\$64
TDP (Secondary)	Restoration	\$95	\$70	\$31

As shown in Figure 7.4, the Primary Carrier paid \$64 for a \$95 restoration. Under the TDP, restorations have a 20% enrollee cost-share. Had TDP been primary, \$56 would have been paid for this restoration. However, since the remaining balance of \$31 ($\$95 - \$64 = \31) is less than \$56, United Concordia pays the full \$31 as secondary.

Coordination of Benefits Scenario 3

Figure 7.5

Carrier	Procedure	Dentist's Charge	Allowance	Payment Amount
Primary	Crown	\$800	\$700	\$350
TDP (Secondary)	Crown	\$800	\$650	\$325

As shown in Figure 7.5, the Primary Carrier paid \$350 for an \$800 crown. The remaining balance is \$450 ($\$800 - \$350 = \450). If the TDP coverage had been primary, United Concordia would have paid 50% of \$650 (United Concordia's allowance), which is \$325. Since the remaining balance of \$450 is greater than \$325, United Concordia would only pay an additional \$325 toward the \$800 billed charge. The TDP enrollee's liability is \$125.

Predetermination Requests

United Concordia encourages the use of predeterminations for treatment plans involving onlays, single crowns, implants, prosthodontics, periodontics, orthodontics, and oral surgery services. This allows both the dentist and the enrollee to know, prior to receiving treatment, if the proposed service(s) will be covered by United Concordia and the anticipated amount of payment.

To request predetermination, the dentist or enrollee must submit a dental claim form and indicate on the form that predetermination is being requested. A claim may contain both requests for payment and predetermination services. No dates of service should be reported for those procedures for which predetermination is being requested. Also, the appropriate box on the claim form may be checked to identify predetermination.

Once the predetermination is finalized, United Concordia will notify both the enrollee and the dentist through a *Dental Predetermination Notification and Request for Payment Form*. A predetermination is not a guarantee of payment but indicates how much would be payable given the information available at the time the determination is processed.

When the predetermined service has been provided, the dentist or enrollee must return the *Dental Predetermination Notification and Request for Payment Form* to United Concordia indicating the date the service(s) was provided. 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.

TDP predeterminations are valid for six months from the date of finalization. The *Dental Predetermination Notification and Request for Payment Form* contains the date that the predetermination was approved. 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.

TDP Benefits and Exclusions



TDP benefits, limitations, and exclusions are the same for both CONUS and OCONUS service areas. In certain circumstances, some covered services may be unavailable from OCONUS host nation dentists due to that country’s standards of 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. Services must be necessary and meet accepted standards of dental practice. Services determined to be unnecessary or which do not meet accepted standards of dental practice are not billable to the patient by a participating dentist unless the dentist notifies the patient of his or her liability prior

- to treatment and the patient chooses to receive the treatment. Participating dentists should document such notification in their records.
3. 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 patient of his or her liability prior to treatment and the patient chooses to receive the treatment. This is because such services are not billable to the patient, and there would be no amount in dispute to consider an appeal. The patient notification must be specific to the dental treatment and cannot be a general financial agreement.
4. Medical procedures, as well as procedures covered as adjunctive dental care under TRICARE/Medical policy, are **not** covered under the TDP.
5. 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.

6. Claims submitted for payment more than 12 months after the month in which a service is provided are not eligible for payment. A participating dentist may not bill the patient for services that are denied for this reason.
7. Services, including evaluations, that are routinely performed in conjunction with, or as part of, another service are considered integral. Participating dentists may not bill patients for denied services if they are considered integral to another service.
8. Participating dentists may not bill United Concordia or the patient for the completion of claim forms and submission of required information for determination of benefits.
9. Infection control procedures and fees associated with Occupational Safety and Health Administration (OSHA) and/or other Governmental agency compliance are considered part of the dental services provided and may not be billed separately by a participating dentist.
10. Local anesthesia is considered integral to the procedure(s) for which it is provided.
11. Payment for diagnostic services performed in conjunction with orthodontics is applied to the patient's annual maximum, subject to the footnote under Figure 8.1, "Diagnostic Services Codes."
12. 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 2006, and receives a cleaning May 13, 2006, and again November 10, 2006, he or she would be eligible for the next cleaning May 1, 2007. If he or she chooses to have a cleaning in March 2007, 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.

13. The 24-month time limitation for periodontal services (e.g., osseous surgery) 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, 2006, scaling and root planing in the same area of the mouth would not be eligible until September 10, 2008.
14. 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 a member received a complete series of X-rays on May 15, 2006, he or she would be eligible for another complete series of X-rays, or a panoramic X-ray, on May 1, 2009.
15. The 36-month time limitation for sealants is based on the exact date of service (month and day) when the service was performed.
16. The five-year time limitation for other restorative services (e.g., crowns, onlays) and prosthodontic services (e.g., dentures, fixed bridges) 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, 2006, a replacement denture would not be eligible until June 15, 2011.
17. For reporting and benefit purposes, the completion date for crowns, inlays, onlays, buildups, posts and cores, or fixed prostheses is the cementation date.
18. For reporting and benefit purposes, the completion date for removable prostheses is the insertion date.
19. For reporting and benefit purposes, the completion date for endodontic therapy is the date the tooth is sealed.
20. Payment will not be made for crowns, inlays, onlays, posts and cores, or dentures/bridges initiated prior to the effective date of the patient's coverage.

If you have any questions about benefit periods and eligibility, please contact a Customer Service Representative before obtaining the service. See the *TRICARE Dental Program Directory* section for customer service contact information.

Documentation Required for Specific Services

Some covered procedures require the submission of diagnostic materials, such as periodontal charting, X-rays, and/or a brief narrative report of the specific service(s) performed and any factors that may have affected the care provided. Where applicable, these requirements are indicated on the list of covered procedures. If X-rays are required, dentists are requested to submit all X-rays used for diagnosis and treatment planning.

It is United Concordia’s intent to request only those X-rays that are generally taken as part of diagnosis and treatment planning. If, for some reason, X-rays were not taken or are not available, a brief explanation should be included with the claim.

“**Report required**” means that these services will be paid only in unusual circumstances and documentation of the circumstances must be submitted with the claim. “**Periodontal charting required**” means that complete periodontal charting must be submitted for review.

Note: The requirement for providers to submit X-rays and other clinical documentation for certain specified procedures, as indicated throughout this document, may be relaxed by United Concordia for those providers who have been selected for a program designed for qualifying participating providers.

Note: For OCONUS claims, the submission of X-rays and periodontal charting is not required unless specifically requested by United Concordia. All claims received from the OCONUS service area will be processed without a “report” requirement.

Diagnostic Services

Diagnostic Services Codes

Figure 8.1

Code	Description of Service
D0120*	Periodic oral evaluation—established patient
D0140	Limited oral evaluation—problem focused
D0145*	Oral evaluation for a patient under three years of age and counseling with primary caregiver
D0150*	Comprehensive oral evaluation—new or established patient
D0160 R	Detailed and extensive oral evaluation—problem focused, by report
D0180	Comprehensive periodontal evaluation—new or established patient
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
R = Report required	

* Payments for these services are not applied against the enrollee’s annual maximum benefit.

Patient-specific rationale (specific signs or symptoms) is required when submitting a claim for a panoramic film or full series of X-rays for a patient under age 5.

Benefits and Limitations for Diagnostic Services

1. 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.
2. Comprehensive evaluations (D0150) are only eligible:
 - For new patients
 - For patients who have not had an oral evaluation within the previous 36 months from the same office
 - On an exception basis, by report for patients who have had a significant change in health conditions or other unusual circumstances
3. Three oral evaluations (D0145) for patients 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 a patient under age three in a consecutive 12-month period cannot exceed a total of three.
4. One comprehensive periodontal evaluation (D0180) will be allowed per patient 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.
5. Limited oral evaluation, problem-focused (D0140), is eligible once per patient 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.
6. Re-evaluations are considered integral procedures.
7. Detailed and extensive oral evaluations, problem-focused (D0160), are only payable by report upon advisor review and are limited to one per patient per dentist, per the life of the contract. They will not be paid if related to non-covered medical, dental, or adjunctive dental procedures.
8. X-rays which are not of diagnostic quality are not covered and may not be charged to the patient when provided by a participating dentist.
9. 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 patients under age 5 unless approved by a United Concordia Dentist Advisor. Patient-specific rationale (specific signs or symptoms) must be submitted for review. If denied, a participating dentist cannot charge a fee to the patient.
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 patient 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. The patient is NOT responsible for the difference between the allowance and the participating dentist's charge.
14. X-rays are not a covered benefit when taken by an X-ray laboratory, unless billed by a licensed dentist. Any difference between the allowance for the X-rays and the fee charged by the X-ray laboratory cannot be charged to the patient.

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. A participating dentist may not charge any difference in fees to the patient.
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 patients 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 patients with unrestored carious lesions or when performed for patient education.

Preventive Services

Patient cost-share percentages may vary depending on the sponsor's pay grade and location (CONUS or OCONUS). Refer to Figure 5.2, "Enrollee Cost-Shares Summary Chart," in the *Costs and Fees* section for the applicable cost-share amount for your specific situation.

Preventive Services Codes

Figure 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 patients
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

* Payments for these services are not applied against the enrollee's annual maximum benefit.

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 consecutive 12-month period during pregnancy. The dentist must indicate the medical diagnosis code on the claim form.

3. Adult prophylaxes will be allowed on patients 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. Participating dentists may not bill the patient for any difference in fees.
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 patients under age 19 when involving posterior teeth. They are covered at a 20-percent cost-share for patients 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/Preventive Resin Restorations

Patient cost-share percentages may vary depending on the sponsor's pay grade and location (CONUS or OCONUS). Refer to Figure 5.2, "Enrollee Cost-Shares Summary Chart," in the *Costs and Fees* section for the applicable cost-share amount for your specific situation.

Sealants Codes

Figure 8.3

Code	Description of Service
D1351	Sealant—per tooth
D1352	Preventive resin restoration

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 preventive resin restoration (PRR) or other restoration of the occlusal surface are considered integral procedures.
4. Sealants placed within three years of a PRR on the same tooth are not covered.
5. PRRs are covered in a moderate to high caries risk patient for permanent first and second molars only. PRRs are covered through the age of 15. One PRR per tooth is covered in a three-year period.
6. PRRs placed within three years of a sealant or other restoration on the same tooth are not covered.

Restorative Services

Patient cost-share percentages may vary depending on the sponsor's pay grade and location (CONUS or OCONUS). Refer to Figure 5.2, "Enrollee Cost-Shares Summary Chart," in the *Costs and Fees* section for the applicable cost-share amount for your specific situation.

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, and a separate fee is not chargeable to the member by a participating

dentist. 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. The member is responsible for the difference between the dentist's charge for the resin restoration and the amount paid by United Concordia for the 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, unless approved by a United Concordia Dentist Advisor.
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. A separate fee is not chargeable to the patient by a participating dentist. 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. A report justifying the procedure must be submitted for review by a United Concordia Dentist Advisor.
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 patient, 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 patients age 14 and younger. They are limited to one per tooth, per lifetime.

20. Prefabricated esthetic coated stainless steel crowns—primary tooth (D2934)—are not covered. However, an allowance will be made for a comparable prefabricated stainless steel crown—primary tooth (D2930). The member 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

Patient cost-share percentages may vary depending on the sponsor's pay grade and location (CONUS or OCONUS). Refer to Figure 5.2, "Enrollee Cost-Shares Summary Chart," in the *Costs and Fees* section for the applicable cost-share amount for your specific situation.

Other Restorative Services Codes Figure 8.5

Code	Description of Service
D2542 X	Onlay—metallic—two surfaces
D2543 X	Onlay—metallic—three surfaces
D2544 X	Onlay—metallic—four or more surfaces
D2642 X	Onlay—porcelain/ceramic—two surfaces
D2643 X	Onlay—porcelain/ceramic—three surfaces
D2644 X	Onlay—porcelain/ceramic—four or more surfaces
D2662 X	Onlay—resin-based composite—two surfaces
D2663 X	Onlay—resin-based composite—three surfaces
D2664 X	Onlay—resin-based composite—four or more surfaces
D2740 X	Crown—porcelain/ceramic substrate
D2750 X	Crown—porcelain fused to high noble metal
D2751 X	Crown—porcelain fused to predominately base metal
D2752 X	Crown—porcelain fused to noble metal
X = X-ray required	

Other Restorative Services Codes (continued)

Code	Description of Service
D2780 X	Crown—3/4 cast high noble metal
D2781 X	Crown—3/4 cast predominately base metal
D2782 X	Crown—3/4 cast noble metal
D2783 X	Crown—3/4 porcelain/ceramic
D2790 X	Crown—full cast high noble metal
D2791 X	Crown—full cast predominately base metal
D2792 X	Crown—full cast noble metal
D2794 X	Crown—titanium
D2910	Recement inlay, onlay, or partial coverage restoration
D2915	Recement cast or prefabricated post and core
D2920	Recement crown
D2950 X	Core buildup, including any pins
D2954 X	Prefabricated post and core in addition to crown
D2962 R	Labial veneer—porcelain laminate—laboratory
D2970	Temporary crown (fractured tooth)
D2980 R	Crown repair, by report
X = X-ray required R = Report required	

Benefits and Limitations for Other Restorative Services

1. For reporting and benefit purposes, the completion date for crowns, onlays, and buildups is the cementation date.
2. 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.
3. Onlays, permanent single crown restorations, and posts and cores for members 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) and is approved by a United Concordia Dentist Advisor.

4. 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.
5. Indirectly fabricated posts and cores (D2952) are processed as an alternate benefit of a prefabricated post and core. The patient is responsible for the difference between the dentist's charge for the indirectly fabricated post and core and the amount paid by United Concordia for the prefabricated post and core.
6. Additional posts (D2953, D2957) are considered integral to the associated restorative procedure.
7. 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 member 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 member 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. A report must be submitted which describes the 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, and the patient is responsible for any difference between the allowance for a resin restoration and the dentist's charge for the veneer.

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.

18. 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.
19. Glass ionomer restorations will be paid based upon the fees for amalgam restorations for posterior teeth or resin restorations for anterior teeth.

Endodontic Services

Patient cost-share percentages may vary depending on the sponsor's pay grade and location (CONUS or OCONUS). Refer to Figure 5.2, "Enrollee Cost-Shares Summary Chart," in the *Costs and Fees* section for the applicable cost-share amount for your specific situation.

Endodontic Services Codes

Figure 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)

Endodontic Services Codes (continued)

Code	Description of Service
D3332 XR	Incomplete endodontic therapy; inoperable, unrestorable, or fractured tooth
D3333 XR	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/pulpal regeneration—initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)
D3352	Apexification/recalcification/pulpal regeneration—interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)
D3353	Apexification/recalcification—final visit (includes completed root canal therapy, apical closure/calcific repair of perforations, root resorption, etc.)
D3354	Pulpal regeneration—(completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final restoration
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
X = X-ray required R = Report required	

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 members 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 patient discontinuing treatment. All other circumstances require a pre-treatment X-ray and a report describing the treatment provided and why it could not be completed.
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. A participating dentist cannot charge a fee to the member.

10. Internal root repair of a perforation defect is not a covered benefit when the dentist providing the treatment causes the perforation. All other circumstances require a pre-treatment X-ray and a report.
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.
18. The pulpal regeneration (D3354) is eligible only on permanent teeth through the age of 15 and eligible once per tooth lifetime.



Periodontal Services

Patient cost-share percentages may vary depending on the sponsor’s pay grade and location (CONUS or OCONUS). Refer to Figure 5.2, “Enrollee Cost-Shares Summary Chart,” in the *Costs and Fees* section for the applicable cost-share amount for your specific situation.

Periodontal Services Codes

Figure 8.7

Code	Description of Service
D4210 XC	Gingivectomy or gingivoplasty—four or more contiguous teeth or bounded teeth spaces per quadrant
D4211 XC	Gingivectomy or gingivoplasty—one to three contiguous teeth or bounded teeth spaces per quadrant
D4240 XC	Gingival flap procedure, including root planing—four or more contiguous teeth or bounded teeth spaces per quadrant
D4241 XC	Gingival flap procedure, including root planing—one to three contiguous teeth or bounded teeth spaces per quadrant
D4249	Clinical crown lengthening—hard tissue
D4260 XC	Osseous surgery (including flap entry and closure)—four or more contiguous teeth or bounded teeth spaces per quadrant
D4261 XC	Osseous surgery (including flap entry and closure)—one to three contiguous teeth or bounded teeth spaces per quadrant
D4263 XC	Bone replacement graft—first site in quadrant
D4264 XC	Bone replacement graft—each additional site in quadrant
D4266 XC	Guided tissue regeneration—resorbable barrier, per site
D4267 XC	Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal)
D4270 C	Pedicle soft tissue graft procedure
<p>X = X-ray required C = Periodontal charting required <i>For procedures that require X-rays and/or periodontal charting, a diagnosis should also be provided.</i></p>	

Periodontal Services Codes (continued)

Code	Description of Service
D4271 C	Free soft tissue graft procedure (including donor site surgery)
D4275 C	Soft tissue allograft
D4341	Periodontal scaling and root planing—four or more teeth per quadrant. See Note below.
D4342	Periodontal scaling and root planing—one to three teeth per quadrant. See Note below.
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)
<p>X = X-ray required C = Periodontal charting required <i>For procedures that require X-rays and/or periodontal charting, a diagnosis should also be provided.</i></p>	

Note: X-rays, diagnosis, and periodontal charting are required when submitting a claim for periodontal scaling and root planing (D4341, D4342) for members under the age of 19.

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). The difference between the allowance for the free soft tissue graft and the dentist's charge is the patient's responsibility.
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 patients. Periodontal scaling and root planing submitted for members under the age of 19 should be accompanied by X-rays and periodontal charting.
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

Patient cost-share percentages may vary depending on the sponsor's pay grade and location (CONUS or OCONUS). Refer to Figure 5.2, "Enrollee Cost-Shares Summary Chart," in the *Costs and Fees* section for the applicable cost-share amount for your specific situation.

Oral Surgery Services Codes

Figure 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 removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
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)
D7251 XR	Coronectomy—intentional partial tooth removal
D7260	Oroantral fistula closure
D7261	Primary closure of a sinus perforation
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth

Oral Surgery Services Codes (continued)

Code	Description of Service
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 R	Transseptal fiberotomy/supra crestal fiberotomy, by report
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— <i>intraoral soft tissue</i>
D7511 R	Incision and drainage of abscess— <i>intraoral soft tissue—complicated (includes drainage of multiple fascial spaces)</i>
D7910	Suture of recent small wounds—up to 5 cm
D7911	Complicated suture—up to 5 cm
D7912 R	Complicated suture—greater than 5 cm
D7960	Frenulectomy—also known as frenectomy or frenotomy—separate procedure not incidental to another procedure
D7971	Excision of pericoronal gingiva
D7972	Surgical reduction of fibrous tuberosity
R = Report required	

Benefits and Limitations for Oral Surgery Services

1. Fiberotomies are only covered on permanent first bicuspids 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. Removal of impacted third molars in patients under age 15 and over age 30 is not covered unless specific documentation is provided that substantiates the need for removal and is approved by a United Concordia Dentist Advisor.
9. An alveoplasty performed in conjunction with extractions involving less than four teeth is not covered as a separate procedure. A participating dentist cannot charge a fee to the patient.
10. A frenulectomy (D7960) is considered integral when provided on the same day, by the same dentist, as a frenuloplasty or periodontal surgery.
11. A frenuloplasty (D7963) is considered integral when provided on the same day, by the same dentist, as a frenulectomy or periodontal surgery.

Implant Services

Patient cost-share percentages may vary depending on the sponsor's pay grade and location (CONUS or OCONUS). Refer to Figure 5.2, "Enrollee Cost-Shares Summary Chart," in the *Costs and Fees* section for the applicable cost-share amount for your specific situation.

Implant Services Codes

Figure 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)

Implant Services Codes (continued)

Code	Description of Service
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 R	Repair implant supported prosthesis, by report
D6092	Recement implant/abutment supported crown
D6093	Recement implant/abutment supported fixed partial denture
D6094	Abutment supported crown—(titanium)
D6095 R	Repair implant abutment, by report
D6194	Abutment supported retainer crown for FPD—(titanium)
R = Report required	

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 members under age 14 unless submitted with X-rays and approved by a United Concordia Dentist Advisor.
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. Repair of an implant supported prosthesis (D6090) and repair of an implant abutment (D6095) are only payable by report upon United Concordia Dentist Advisor review. The report should describe the problem and how it was repaired.
7. 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.
8. Recementation of an implant/abutment supported fixed partial denture (D6093) is considered integral when provided within six months of placement by the same dentist.

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 your TRICARE Area Office (TAO) will issue an initial *Non-Availability Referral Form (NARF)* that authorizes the enrollee to seek an examination and treatment plan for the implant services from a provider on the Host Nation Provider (HNP) list. The ODTF will verify the patient's enrollment in the TDP and determine the amount of benefit available to the patient,

prior to issuing the initial *NARF*. The implant services must be received from a dentist 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 patient 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.

Note: Patients are recommended to seek a predetermination of payment from United Concordia for all complex dental treatment plans. To submit the predetermination request, complete a *TDP OCONUS Claim Form* and include a statement from the host nation dentist identifying the total cost of all treatment needed. United Concordia will review and provide the patient with a summary of the covered costs. There is a maximum benefit of \$1,200 per contract year per patient. The contract year is February 1 through January 31 each year.

After the care is completed, the patient or the provider submits the second *NARF* (approving the implant services), the *TDP OCONUS Claim Form*, and the provider's bill to United Concordia for payment. The dentist should sign the claim form attesting that the treatment was completed. The TDP claim forms are available from the ODTF or at www.TRICAREdentalprogram.com.

Remote OCONUS Locations

An initial *NARF* for implant services may be obtained from your local Point of Contact (POC) or the TAO. Patients must go to a provider who is listed as an HNP with the TAO. Patients may be able to locate an HNP on the HNP directory located at www.TRICAREdentalprogram.com. Patients can also contact their local POC or TAO, as they maintain a comprehensive listing of remote HNPs who will be able to complete the

initial *NARF*. 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.

Note: Patients are recommended to seek a predetermination of payment from United Concordia for all complex dental treatment plans. To submit the predetermination request, complete a *TDP OCONUS Claim Form* and include a statement from the host nation dentist identifying the total cost of all treatment needed. United Concordia will review and provide the patient with a summary of the covered costs. There is a maximum benefit of \$1,200 per contract year per patient.

After the care is completed, the patient or the provider submits the second *NARF* (approving the implant services), the *TDP OCONUS Claim Form*, and the provider's bill to United Concordia for payment. The dentist should sign the claim form attesting that the treatment was completed. The TDP claim forms are available from the ODTF or at www.TRICAREdentalprogram.com.

Prosthodontics, Removable

Patient cost-share percentages may vary depending on the sponsor's pay grade and location (CONUS or OCONUS). Refer to Figure 5.2, "Enrollee Cost-Shares Summary Chart," in the *Costs and Fees* section for the applicable cost-share amount for your specific situation.

Prosthodontics, Removable Codes Figure 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)

Prosthodontics, Removable Codes (continued)

Code	Description of Service
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)

Prosthodontics, Removable Codes (continued)

Code	Description of Service
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)

Prosthodontics, Fixed

Patient cost-share percentages may vary depending on the sponsor’s pay grade and location (CONUS or OCONUS). Refer to Figure 5.2, “Enrollee Cost-Shares Summary Chart,” in the *Costs and Fees* section for the applicable cost-share amount for your specific situation.

Prosthodontics, Fixed Codes

Fig. 8.11

Code	Description of Service
D6210 X	Pontic—cast high noble metal
D6211 X	Pontic—cast predominately base metal
D6212 X	Pontic—cast noble metal
D6214 X	Pontic—titanium
D6240 X	Pontic—porcelain fused to high noble metal
D6241 X	Pontic—porcelain fused to predominately base metal
X = X-ray required	

Prosthodontics, Fixed Codes (continued)

Code	Description of Service
D6242 X	Pontic—porcelain fused to noble metal
D6245 X	Pontic—porcelain/ceramic
D6545 X	Retainer—cast metal for resin-bonded fixed prosthesis
D6548 X	Retainer—porcelain/ceramic for resin-bonded fixed prosthesis
D6600 X	Inlay—porcelain/ceramic, two surfaces
D6601 X	Inlay—porcelain/ceramic, three or more surfaces
D6602 X	Inlay—cast high noble metal, two surfaces
D6603 X	Inlay—cast high noble metal, three or more surfaces
D6604 X	Inlay—cast predominantly base metal, two surfaces
D6605 X	Inlay—cast predominantly base metal, three or more surfaces
D6606 X	Inlay—cast noble metal, two surfaces
D6607 X	Inlay—cast noble metal, three or more surfaces
D6624 X	Inlay—titanium
D6608 X	Onlay—porcelain/ceramic, two surfaces
D6609 X	Onlay—porcelain/ceramic, three or more surfaces
D6610 X	Onlay—cast high noble metal, two surfaces
D6611 X	Onlay—cast high noble metal, three or more surfaces
D6612 X	Onlay—cast predominantly base metal, two surfaces
D6613 X	Onlay—cast predominantly base metal, three or more surfaces
X = X-ray required	

Prosthodontics, Fixed Codes (continued)

Code	Description of Service
D6614 X	Onlay—cast noble metal, two surfaces
D6615 X	Onlay—cast noble metal, three or more surfaces
D6634 X	Onlay—titanium
D6740 X	Crown—porcelain/ceramic
D6750 X	Crown—porcelain fused to high noble metal
D6751 X	Crown—porcelain fused to predominately base metal
D6752 X	Crown—porcelain fused to noble metal
D6780 X	Crown—3/4 cast high noble metal
D6781 X	Crown—3/4 cast predominately base metal
D6782 X	Crown—3/4 cast noble metal
D6783 X	Crown—3/4 porcelain/ceramic
D6790 X	Crown—full cast high noble metal
D6791 X	Crown—full cast predominately base metal
D6792 X	Crown—full cast noble metal
D6794 X	Crown—titanium
D6930	Recement fixed partial denture
D6970 X	Post and core in addition to fixed partial denture retainer, indirectly fabricated
D6972 X	Prefabricated post and core in addition to fixed partial denture retainer
D6973 X	Core buildup for retainer, including any pins
D6980 R	Fixed partial denture repair, by report
X = X-ray required R = Report required	

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. A separate fee is not chargeable to the member by a participating dentist.
3. Removable cast base partial dentures for members under 12 years of age are excluded from coverage unless specific rationale is provided indicating the necessity for that treatment and is approved by a United Concordia Dentist Advisor.
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). The member is responsible for the difference between the dentist's charge for the flexible base partial denture and the allowance for the cast metal partial denture.
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 members under 16 years of age are not covered unless specific rationale is provided indicating the necessity for such treatment and is approved by a United Concordia Dentist Advisor.
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 member'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. The member is responsible for the difference between the dentist's charge for the indirectly fabricated post and core and the allowance for the 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 member 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 member 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 *Orthodontic Services* section for a complete description of covered benefits and how to access orthodontic care in the CONUS and OCONUS service areas.

General Services

Patient cost-share percentages may vary depending on the sponsor's pay grade and location (CONUS or OCONUS). Refer to Figure 5.2, "Enrollee Cost-Shares Summary Chart," in the *Costs and Fees* section for the applicable cost-share amount for your specific situation.

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 Figure 8.12

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

General Anesthesia Codes Figure 8.13

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

Intravenous Sedation Codes Figure 8.14

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

Consultation Codes Figure 8.15

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

Office Visit Codes Figure 8.16

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

Medications Codes Figure 8.17

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

Post-Surgical Services Codes Figure 8.18

Code	Description of Service
D9930 R	Treatment of complications (post-surgical) unusual circumstances, by report
R = Report required	

Miscellaneous Services Codes Figure 8.19

Code	Description of Service
D9940 R	Occlusal guard, by report
D9941	Fabrication of athletic mouthguard
D9974 X	Internal bleaching—per tooth
R = Report required X = X-ray required	

Benefits and Limitations for General Services

1. Deep sedation/general anesthesia and intravenous conscious sedation are covered (by report) 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 in the state in which the service is rendered.
2. Deep sedation/general anesthesia and intravenous conscious sedation are covered only by report when determined to be medically or dentally necessary for documented handicapped or uncontrollable patients or justifiable medical or dental conditions.
3. In order for deep sedation/general anesthesia and intravenous conscious sedation to be covered, the procedure for which it was provided must be submitted.
4. Deep sedation/general anesthesia and intravenous conscious sedation submitted without a report will be denied as a non-covered benefit.
5. Palliative (emergency) treatment is covered only if no definitive treatment is provided.
6. Palliative (emergency) treatment is a “per visit” code and is payable once per provider per date of service.
7. 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 member’s problem. If the only service provided is to evaluate the patient and refer to another dentist and/or prescribe medication, it would be considered a limited oral evaluation—problem focused.
8. 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 patient 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.
9. 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.
10. Consultations reported for a non-covered condition, such as Temporomandibular Joint Dysfunction (TMD), are not covered.
11. After-hours visits are covered only when the dentist must return to the office after regularly scheduled hours to treat the patient in an emergency situation.
12. Therapeutic drug administrations are only payable in unusual circumstances, which must be documented by report. They are not benefits if performed routinely or in conjunction with, or for the purposes of, general anesthesia, analgesia, sedation, or premedication.
13. Therapeutic drug administration codes D9610 and D9612 are not to be used to report sedatives, anesthetics, or reversal agents.
14. 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.
15. Preparations that can be used at home, such as fluoride gels, special mouth rinses (including antimicrobials), etc., are not covered benefits.
16. Occlusal guards are covered by report for patients 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.
17. Athletic mouthguards are limited to one per consecutive 12-month period.
18. Internal bleaching of discolored teeth (D9974) is covered by report for endodontically treated anterior teeth. A postoperative endodontic X-ray is required for consideration if the endodontic therapy has not been submitted to United Concordia for payment.
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.

Alternative/Optional Methods of Treatment

In instances where the dentist and the patient select a more expensive service, procedure, or course of treatment, an allowance for an alternative treatment may be paid toward the cost of the actual treatment performed. To be eligible for payment under this provision, the treatment actually performed must be consistent with sound professional standards of dental practice, and the alternative procedure for which an allowance is being paid must be a generally accepted alternative to the procedure actually performed.

In cases where alternative methods of treatment exist, payment will be allowed for the least costly, professionally accepted treatment. An example of an alternative treatment situation is:

- Payment is requested for a porcelain to metal crown, but it is determined that a three-surface restoration is an acceptable option.

The determination that an alternate treatment is an acceptable treatment is not a recommendation of which treatment should be provided. The dentist and patient should decide which treatment to select. Should the dentist and patient decide to proceed with the more expensive treatment, the patient will be financially responsible for the difference between the dentist's fee for the more expensive treatment and the payment for the alternative service.

For example: If payment was requested for a single crown, and it was determined that a three-surface restoration was a satisfactory alternative treatment and the patient chose to have the crown provided, the patient would be responsible to pay the difference between the dentist's charge for the crown and the United Concordia payment for the three-surface restoration.

Note: This provision applies only when the service actually performed would be covered. If the service actually provided is not covered, then payment will not be allowed for an alternative 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 not prescribed by or under the direct supervision of a dentist, except in those states where dental hygienists are permitted to practice without supervision by a dentist. In these states, United Concordia will pay for eligible covered services provided by an authorized dental hygienist performing within the scope of his or her license and applicable state law.
3. Those submitted by a dentist which are for the same services performed on the same date for the same member by another dentist
4. Those which are experimental or investigative (deemed unproven)
5. 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 Governmental unit. This exclusion applies whether or not the patient claims the benefits or compensation.
6. Those which are later recovered in a lawsuit or in a compromise or settlement of any claim, except where prohibited by law
7. Those provided free of charge by any Governmental unit, except where this exclusion is prohibited by law
8. Those for which the patient would have no obligation to pay in the absence of this or any similar coverage
9. 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
10. Those performed prior to the patient's effective coverage date
11. Those incurred after the termination date of the patient's coverage, unless otherwise indicated
12. Those which are not medically or dentally necessary, or which are not recommended or approved by the treating dentist.
Note: Services determined to be unnecessary

or which do not meet accepted standards of dental practice are not billable to the patient by a participating dentist unless the dentist notifies the patient of his or her liability prior to treatment and the patient chooses to receive the treatment. Participating dentists should document such notification in their records.

13. Those not meeting accepted standards of dental practice
14. Those which are for unusual procedures and techniques
15. Those performed by a dentist who is compensated by a facility for similar covered services performed for members
16. Those resulting from the patient's failure to comply with professionally prescribed treatment
17. Telephone consultations
18. Any charges for failure to keep a scheduled appointment
19. Any services that are strictly cosmetic in nature, including, but not limited to, charges for personalization or characterization of prosthetic appliances
20. Duplicate and temporary devices, appliances, and services
21. Services related to the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMD)
22. Plaque control programs, oral hygiene instruction, and dietary instructions
23. 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.
24. Restorations that are placed for cosmetic purposes
25. Gold foil restorations
26. 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
27. Hospital costs or any additional fees that the dentist or hospital charges for treatment at the hospital (inpatient or outpatient)

28. Adjunctive dental benefits as defined by applicable federal regulations
29. Charges for copies of members' records, charts, or X-rays, or any costs associated with forwarding/ mailing copies of members' records, charts, or X-rays
30. Nitrous oxide
31. Oral sedation
32. State or territorial taxes on dental services performed

Adjunctive Services

Adjunctive dental care is dental care that is:

- Medically necessary in the treatment of an otherwise covered medical (not dental) condition
- An integral part of the treatment of such medical condition
- Essential to the control of the primary medical condition
- Required in preparation for, or as the result of, dental trauma, which may be or is caused by medically necessary treatment of an injury or disease (iatrogenic)

The TDP does not cover services that are adjunctive dental care. These are medical services that may be covered under TRICARE's medical benefit even when provided by a general dentist or oral surgeon, such as the following diagnoses or conditions:

1. Treatment for relief of Myofascial Pain Dysfunction Syndrome or Temporomandibular Joint Dysfunction (TMD)
2. Orthodontic treatment for cleft lip or cleft palate, or when required in preparation for, or as a result of, trauma to teeth and supporting structures caused by medically necessary treatment of an injury or disease
3. Procedures associated with preventive and restorative dental care when associated with radiation therapy to the head or neck, unless otherwise covered as a routine preventive procedure under this plan
4. Total or complete ankyloglossia
5. Intraoral abscesses which extend beyond the dental alveolus

6. Extraoral abscesses
7. Cellulitis and osteitis which is clearly exacerbating and directly affecting a medical condition currently under treatment
8. Removal of teeth and tooth fragments in order to treat and repair facial trauma resulting from an accidental injury
9. Prosthetic replacement of either the maxilla or mandible due to reduction of body tissues associated with traumatic injury (such as a gunshot wound), in addition to services related to treating neoplasms or iatrogenic dental trauma

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 patients with developmental, mental, or physical disabilities or for pediatric patients age 5 or younger. This general dental anesthesia benefit is covered by the TRICARE medical plan, not the TDP. Since preauthorization is required, patients 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 and 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 member 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.

The patient receiving orthodontic care must be enrolled in the TDP each month in order for quarterly payments to be made. If the patient disenrolls or loses TDP coverage during the course of the quarterly payments, payments cannot be issued for those months with no coverage. If the patient's TDP coverage is reinstated during the original schedule of quarterly payments, payments will be made but only for those months (current and past) for which the patient was enrolled.

For example: If the original schedule of orthodontic payments was for 12 months—January to December—and the patient's coverage was cancelled March 1, payments can only be made for January and February.

No payment can be made for March. However, if the patient's coverage was reinstated on September 1, payments can be made for September, October, November, and December.

Covered Services

Patient cost-share percentages may vary depending on the sponsor's pay grade and location (CONUS or OCONUS). Refer to Figure 5.2, "Enrollee Cost-Shares Summary Chart," in the *Costs and Fees* section for the applicable cost-share amount for your specific situation.

Diagnostic Casts Codes

Figure 9.1

Code	Description of Service
D0470	Diagnostic Casts

Note: Diagnostic casts are payable at 50 percent of United Concordia's allowance, once per orthodontic treatment plan, when provided with covered orthodontic procedures. Payment for diagnostic casts will be applied toward the annual maximum. For members in the OCONUS service area, there is no cost-share for this service.

Covered Services Codes

Figure 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

Covered Services Codes (continued)

Code	Description of Service
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 R	Orthodontic treatment (alternative billing to a contract fee)
R = Report required	

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 patient's annual maximum, except as identified in the footnote under Figure 8.1, "Diagnostic Services Codes," in the *TDP Benefits and Exclusions* section.
2. Orthodontic consultations will be processed as comprehensive or periodic evaluations and are subject to the same time limitations. See "Diagnostic Services" in the *TDP Benefits and Exclusions* section 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 and 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 patient 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.
14. Periodic orthodontic treatment visits (as part of contract) are considered an integral part of a complete orthodontic treatment plan and are not reimbursable as a separate service. United Concordia uses this code (D8670) when making periodic payments as part of the complete treatment plan payment.
15. It is the dentist's and the member's responsibility to notify United Concordia if orthodontic treatment is discontinued or completed sooner than anticipated.

Orthodontic Lifetime Maximum

Each orthodontic payment is conditional depending on the patient's actual remaining orthodontic maximum balance. If the patient's lifetime maximum has been met before the payment schedule has been completed, further payments are discontinued. Payment for diagnostic services performed in conjunction with orthodontics is applied to the patient's \$1,200 annual maximum. The maximum lifetime benefit for orthodontic services under the TDP is \$1,500 per member.

Orthodontic Treatment in the CONUS Service Area

Orthodontic Cost-Share (CONUS)

The orthodontic services listed as covered procedures are payable at 50 percent of the dentist's charge or United Concordia's allowance, whichever is lower, subject to a lifetime maximum payment per member of \$1,500. The patient is responsible for the 50-percent fixed cost-share until the benefit is exhausted or until the lifetime orthodontic maximum is reached. When the maximum is reached, the patient is responsible for the remainder of the fee (either United Concordia's allowance for a participating dentist or the billed amount for a nonparticipating dentist).

Orthodontic Payments (CONUS)

Orthodontic progress payments are based on the length of treatment planned by the dentist up to the \$1,500 lifetime maximum. A claim should be submitted immediately following the banding date—**not** at the end of the orthodontic treatment. The schedule of payments is determined as follows:

- At initial banding, a payment of 25 percent of the total amount payable under the program is issued.
- The remaining 75 percent of the payable amount is paid in quarterly installments, based on the estimated length of treatment.
- If the length of treatment is six months or less, United Concordia's payment will be made in one lump sum. If the length of treatment is

more than six months, but United Concordia's liability is \$500 or less, payment will be made in one lump sum. If the length of treatment is more than six months, payments will be issued on a quarterly basis.

- The patient must be enrolled in the TDP during each month that payment is made.
- The quarterly payments are calculated and processed automatically.

Orthodontic Payment Examples (CONUS)

Orthodontists must submit an orthodontic treatment plan. This plan should include the type and length of treatment and the total charge. United Concordia will send notice of the treatment plan payment schedule to both the dentist and the patient. If the length of treatment is not reported, the treatment length may be determined by United Concordia based on the reported charge. If, during the course of treatment, there are any changes to the patient's prescribed treatment plan that result in a change to the payment schedule, the orthodontist should notify United Concordia. United Concordia will then mail a new payment schedule to the dentist and patient.

Payment Calculations for Eligible Treatment (CONUS)

Note: The following examples are intended only to show how payments are calculated; actual fees, duration of treatment, and payments will vary.

In this example, United Concordia's fee allowance is \$3,200, and the length of treatment is 24 months. The orthodontic payment would be calculated as follows:

- United Concordia fee allowance x United Concordia cost-share percentage = United Concordia liability (not to exceed \$1,500 lifetime maximum): $\$3,200 \times 50\% = \$1,600$
- Lower of United Concordia liability (\$1,600) or orthodontic maximum (\$1,500) = \$1,500
- Initial banding: $\$1,500 \times 25\% = \375
- Remaining balance: $\$1,500 - \$375 = \$1,125$
- Remaining balance divided by quarters: $\$1,125 \div 8 = \140.63

- Patient payment equals patient cost-share of \$1,600 ($\$3,200 \times 50\%$) plus amount exceeding lifetime maximum (\$100):
 $\$1,600 + \$100 = \$1,700$

Payment Calculations for “Treatment in Progress” (CONUS)

In this example, the patient began orthodontic treatment six months prior to becoming eligible for benefits under the TDP. United Concordia’s fee allowance is \$3,200. The total estimated length of treatment is 24 months. The patient had no previous orthodontic coverage.

- Total number of months - number of months prior to coverage = number of remaining months: $24 - 6 = 18$
- Percentage of months prior to coverage:
 $6/24 = 25\%$
- Amount prior to coverage (United Concordia fee allowance x percentage of months prior to coverage): $\$3,200 \times 25\% = \800
- United Concordia fee allowance - amount prior to coverage x United Concordia cost-share percentage = United Concordia’s liability (not to exceed \$1,500 lifetime maximum): $(\$3,200 - \$800) \times 50\% = \$1,200$
- Lower of United Concordia liability (\$1,200) or lifetime orthodontic maximum (\$1,500) = \$1,200
- No initial banding payment will be made, since banding was performed when the patient was ineligible.
- Remaining balance divided by quarters:
 $\$1,200 \div 6 = \200
- Patient cost-share equals total fee allowance less amount prior to coverage - United Concordia payment:
 $\$3,200 - \$800 - \$1,200 = \$1,200$

Note: The patient’s cost-share pertains solely to orthodontic services received while enrolled in the TDP. The patient is responsible for services received prior to enrollment.

Orthodontic Treatment in the OCONUS Service Area

Note: As a custom of OCONUS communities, sponsors and family members may have to pay for covered services before services are rendered.

OCONUS Orthodontic Services

For orthodontic services, enrollees in all OCONUS locations are required to have a *Non-Availability and Referral Form (NARF)* issued by the TRICARE Area Office (TAO) (or designee) or the overseas dental treatment facility (ODTF) in non-remote areas. An orthodontist on the Host Nation Provider (HNP) list must provide dental care. One exception is Canada, where members may receive care from any orthodontist; however, a *NARF* is still required prior to obtaining treatment.

Orthodontic Cost-Share (OCONUS)

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

Note: Although coverage is available for National Guard, Reserve, and 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 member.

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 member’s \$1,500 lifetime maximum. After the \$1,500 lifetime maximum has been reached and the Government has satisfied its portion of the payment, the member is responsible for any remaining liability.

If a member exceeds the age limitation (as described on p. 59 under “Eligibility”) during the course of orthodontic treatment, the member will not be eligible to receive the entire \$1,500 lifetime orthodontic maximum. United Concordia’s payment will be calculated based on the months of actual eligibility. All charges incurred after the loss of eligibility will be the member’s financial responsibility.

Sponsors and family members contemplating orthodontic care in the OCONUS service area are cautioned that, because OCONUS dentists are paid in a lump sum amount, their \$1,500 lifetime maximum may be fully exhausted when they return to the CONUS service area, regardless of whether or not the orthodontic care was completed OCONUS.

United Concordia will make payment for covered services to either the orthodontist or patient, depending on which party submitted the claim. If the patient 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 payment to the orthodontist.

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. Patient cost-share equals United Concordia fee allowance x patient cost-share percentage: $\$4,000 \times 50\% = \$2,000$
- 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 Government will pay this amount.
- e. Difference between total fee (\$5,000) and United Concordia fee allowance (\$4,000) = \$1,000. The Government will pay this amount.
- f. In this example, the patient pays \$2,000, United Concordia pays \$1,500, and the Government pays \$1,500 (\$500 + \$1,000).

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

OCONUS Referral Procedures for Orthodontic Services

Non-Remote OCONUS Locations

When an ODTF is unable to provide orthodontic dental services for TDP enrollees, the ODTF or TAO will issue an initial *NARF* for an orthodontic examination and treatment plan that authorizes the enrollee to seek care from an HNP. 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 initial *NARF*, the claim form, and the provider’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: Patients are recommended to 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 from the host nation dentist identifying the total cost of all treatment needed. United Concordia will review and provide the patient with a summary of the covered costs. Patients have a \$1,500 lifetime orthodontic benefit.

After receiving the predetermination, the sponsor may submit the second *NARF* (approving the comprehensive orthodontic treatment), the *TDP OCONUS Claim Form*, and the provider’s bill for full orthodontic treatment to United Concordia for payment. TDP claim forms are 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 your local Point of Contact (POC) or the TAO. You must go to an orthodontist who is listed as an HNP with the TAO. The provider listing is available from 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.

Note: Patients are recommended to 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 from the host nation dentist identifying the total cost of all treatment needed. United Concordia will review and provide the patient with a summary of the covered costs. Patients have a \$1,500 lifetime orthodontic benefit.

After receiving the predetermination, the sponsor may submit the second *NARF* (approving the comprehensive orthodontic treatment), the *TDP OCONUS Claim Form*, and the provider's bill for full orthodontic treatment to United Concordia for payment. TDP claim forms are available from the ODTF or at www.TRICAREdentalprogram.com.

Transferring Orthodontists

CONUS to CONUS

If the patient transfers to a different orthodontist, the new orthodontist must submit a claim to United Concordia. Payments for the new orthodontist's services will be calculated based on the remaining orthodontic maximum. It is the orthodontist's and patient's responsibility to notify United Concordia if orthodontic treatment is discontinued or completed sooner than anticipated.

CONUS to OCONUS

Orthodontic care initiated in the CONUS service area may be continued OCONUS as long as the orthodontic lifetime maximum has not been met. All enrollees must obtain a *NARF* from their respective ODTF or TAO (or designee) before transferring to an OCONUS orthodontist. Additionally, all enrollees must receive care from an orthodontist listed on the HNP list. Upon approval of the OCONUS orthodontist's treatment plan, a lump sum payment will be issued based on the patient's remaining orthodontic maximum.

The Government will not pay for the portion of the patient's maximum that has already been paid by United Concordia nor will the Government pay for any costs once the maximum has been met.

Appeals, Grievances, and Fraud and Abuse

If you're not completely satisfied with your treatment or have a complaint, United Concordia has processes in place for you to file an appeal or grievance. Additionally, there are procedures for reporting suspected fraud and/or abuse.

TDP Appeals Process

If a patient or participating dentist disagrees with United Concordia's benefit decision, that decision may be eligible for an appeal. The appeal process provides an opportunity for parties to the initial determination to appeal adverse benefit decisions.

Who Can Request an Appeal?

Parties to the initial determination can request an appeal, including:

- Participating dentists
- The patient who received dental services
- Sponsors, parents, or guardians of members who are under 18 years of age
- An individual or nonparticipating dentist who has been appointed, in writing, by the patient to act as the patient's representative in the appeal. The *Appointment of Individual to Act as Appeal Representative Form* can be downloaded from the "Forms and Materials" section at www.TRICAREdentalprogram.com.

Who Cannot Request an Appeal?

The following cannot request an appeal:

- Dentists who are disqualified or excluded from being authorized dentists
- Nonparticipating dentist (unless appointed in writing by an appealable party to act on their behalf)
- Members who have an interest in receiving care or who have received care from a particular dentist who has been excluded, suspended, or terminated as an authorized dentist
- Sponsors, parents, or guardians of family members 18 years of age and older are not parties to the initial determination. However, they may represent the family member if the family member appoints them, in writing.

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

- Third parties, such as other insurance companies

What Can and Cannot Be Appealed?

To appeal a claim, there must be an amount in dispute for which the patient has financial responsibility. The amount in dispute is calculated as the actual amount that would be payable under the TDP if the services involved in the dispute were determined to be payable, minus any applicable cost-share or other dental insurance payment. Adverse decisions on predetermination requests may also be appealed.

The following issues cannot be appealed:

- Disputes regarding requirement of law or regulation
- The amount United Concordia determines to be the allowable charge
- Patient eligibility
- Dentists who have been excluded or suspended by a Government agency or state or local licensing authority
- Amounts exceeding the patient's contract year or lifetime maximum
- Services that are denied due to timely filing limitation

Appeal Levels

There are three levels of appeal: reconsideration, formal review, and hearing.

Level I: Reconsideration

A reconsideration is a formal request made by members and dentists to United Concordia to seek a separate review from the initial payment determination to assess whether the initial payment decision was correct.

How to Request a Reconsideration

The request must be in writing and include all rationale (reason for the request), supporting documentation (X-rays; Permanent Change of Station orders, if applicable; progress notes; treatment records), and a copy of the initial determination. In addition, the reconsideration request must be postmarked or received by United Concordia within 90 calendar days of the issue date of the Dental Explanation of Benefits (DEOB). The issue date is located on the upper right corner of the DEOB. Because the request for reconsideration must be filed within 90 days, the appeal request should not be delayed to obtain supporting records if the records are not readily available. If supporting records will be submitted at a later date, the appeal letter should contain the expected date of submission.

Note: These instructions, as well as the patient's right to appeal, are also provided on the DEOB. Requests for reconsiderations must be submitted separately from dental claim forms. If submitted together in the same envelope, the reconsideration will be processed as a claim and denied as a duplicate.

What Happens During a Reconsideration?

United Concordia's Customer Service Representatives will review all documentation submitted and conduct a thorough investigation. They may contact the family member or the dentist for additional information and, in some cases, refer the claim to United Concordia's Dentist Advisors.

The reconsideration may result in full or partial approval of the disputed costs or confirmation of the initial decision. Written notification of the reconsideration decision and the action taken, if any, should be issued within 60 days of the receipt date of the appeal request. The patient will be sent a copy of the reconsideration decision no matter who requested the reconsideration. The participating dentist (or nonparticipating dentist who has been appointed as representative or who has benefits assigned to him or her) will also be notified.

Reconsideration requests must be submitted in writing to:

CONUS:

United Concordia
TDP Customer Service
P.O. Box 69410
Harrisburg, PA 17106-9410

OCONUS:

United Concordia
TDP OCONUS Dental Unit
P.O. Box 69418
Harrisburg, PA 17106-9418 U.S.A.

Level II: Formal Review

Patients may request a formal review from the TRICARE Management Activity (TMA) if they disagree with United Concordia's reconsideration and if the amount remaining in dispute is \$50 or more. The letter containing notification of United Concordia's reconsideration decision will include a notice of the patient's right to a formal review and instructions on how to request one.

How to Request a Formal Review

A request for a formal review must be postmarked or received by TMA within 60 days from the date of the reconsideration determination. The request must be in writing and include copies of the reconsideration determination and any other information not supplied with the original appeal request. Because the request for formal review must be filed within 60 days, the appeal request should not be delayed to obtain supporting records if the records are not readily available.

If supporting records will be submitted at a later date, the appeal letter should contain the expected date of submission.

The request for formal review should be sent to:

TRICARE Management Activity
Appeals, Hearings, and Claims
Collection Division
16401 E. Centretch Parkway
Aurora, CO 80011-9066

Level III: Hearing

If a patient disagrees with the formal review decision from TMA and the amount in dispute is \$300 or more, he or she may request a hearing with TMA. The request must be in writing and include copies of the formal review decision and any other information not supplied with the previous appeal requests. The request must be postmarked or received by TMA within 60 days of the date of the formal review decision (the date on the letter from TMA providing the results of the formal review). Because the request for a hearing must be filed within 60 days, the appeal request should not be delayed to obtain supporting records if the records are not readily available. If supporting records will be submitted at a later date, the appeal letter should contain the expected date of submission.

The request for a hearing should be sent to:

TRICARE Management Activity
Appeals, Hearings, and Claims
Collection Division
16401 E. Centretch Parkway
Aurora, CO 80011-9066

Grievances

Continuous quality-assurance review procedures are employed to ensure that patients receive necessary quality care and that services are billed properly. United Concordia only pays benefits for dental services that meet acceptable standards of dental practice. In rare cases, a dentist may be removed from our listing of participating dentists if United Concordia determines that he or she is not providing care within acceptable standards of dental practice.

Questions concerning the quality of care received should first be discussed with the dentist that provided the services. Concerns can often be handled by asking the dentist questions about the dental treatment. If there are still concerns after talking to the dentist, submit them in writing to United Concordia at:

United Concordia
TDP Quality of Care - Grievances
4401 Deer Path Road, DP-4J
Harrisburg, PA 17110

Letters should include the sponsor's name and Social Security number, the patient's name and relationship to the sponsor, the name and address of the dentist, and an explanation of the concern. United Concordia's trained staff will investigate the concern, resolve it as appropriate, and notify the requestor of the results.

The quality of OCONUS dentists is not controlled by the Government or United Concordia or any of its agents or representatives. The Government's control over foreign dentists is limited to their inclusion in or exclusion from the Host Nation Provider list. Sponsor/family members should forward any complaints or concerns about foreign dental service or quality of care to United Concordia at the address listed in the previous column. Grievances received by the overseas dental treatment facility (ODTF) or TRICARE Area Office (TAO) should be forwarded to United Concordia for action.

Fraud and Abuse

Fraud and abuse can take many forms. Examples of fraudulent and/or abusive practices include, but are not limited to:

- Submitting claims for services not rendered
- Submitting claims for non-covered services disguised as covered benefit services
- Identity thefts—Submitting claims for a non-eligible individual as a covered beneficiary
- Duplicate claims submissions
- Dentist misrepresents his or her credentials or conceals information regarding business practices which disqualifies him or her as an authorized TDP provider
- Improper billing practices, submitting claims for unnecessary dental services
- Routine waiver of member cost-share

TRICARE subscribers and members have the ability and opportunity to detect fraud which may have occurred. The key is careful review of the DEOB. Make sure that the information on the DEOB matches the services you received.

For example:

- Verify the date of service.
- Verify the type of services rendered.
- Verify the payment issued was for the actual rendered services.

United Concordia, as a federal contractor, is forbidden to pay claims for services rendered by those dentists or entities which have been sanctioned by the Department of Health and Human Services, Office of Inspector General (DHHS-OIG). Reasons for the sanctions include convictions for program-related fraud, patient abuse, and licensing board actions. The director of TMA (or designee) also has sanction authority. In either case, the dentist or entity that has been sanctioned has forfeited his or her entitlement to bill United Concordia or the subscriber/member for the rendered services. United Concordia will deny the services and issue a DEOB message which states that the dentist or entity may not bill anyone for the denied services.

On a monthly basis, the Government notifies United Concordia of dentists or entities who have been sanctioned. The Government also includes a list of those individuals who have been reinstated.

Reporting Fraud and Abuse

If a subscriber or member believes a dentist or entity received insurance money through the submission of a false claim, he or she should report this information to the Special Investigations Unit (SIU). United Concordia provides several ways for subscribers or members to contact the SIU:

- Visit **www.TRICAREdentalprogram.com** to complete the *Online Fraud Complaint Form*.
- Submit written correspondence directly to:

United Concordia
Special Investigations Unit
P.O. Box 69406
Harrisburg, PA 17106-9406
- Contact the toll-free “Fraud Hotline” at **1-877-968-7455**.

The SIU maintains a 24-hour confidential voice mailbox for reporting suspected fraud.

Acronyms

ADA	American Dental Association	TRDP	TRICARE Retiree Dental Program
BCAC	Beneficiary Counseling and Assistance Coordinator	TSC	TRICARE Service Center
COB	Coordination of Benefits	TSO	TRICARE Support Office
CONUS	Continental United States	USPHS	U.S. Public Health Service
CRNA	Certified Registered Nurse Anesthetist		
DEERS	Defense Enrollment Eligibility Reporting System		
DEOB	Dental Explanation of Benefits		
DoD	Department of Defense		
DTF	Dental Treatment Facility		
FPD	Full Partial Denture		
HNP	Host Nation Provider		
ICN	Internal Control Number		
IRR	Individual Ready Reserve		
LES	Leave and Earnings Statement		
MTF	Military Treatment Facility		
NARF	Non-Availability and Referral Form		
NOAA	National Oceanic and Atmospheric Administration		
OCHAMPUS	Office of the Civilian Health and Medical Program of the Uniformed Services		
OCONUS	Outside of the Continental United States		
ODTF	Overseas Dental Treatment Facility		
OSHA	Occupational Safety and Health Administration		
PCS	Permanent Change of Station		
POA	Power of Attorney		
POC	Point of Contact		
RAPIDS	Real-time Automated Personnel Identification System		
SIU	Special Investigations Unit		
TAO	TRICARE Area Office		
TDP	TRICARE Dental Program		
TMA	TRICARE Management Activity		
TMD	Temporomandibular Joint Dysfunction		
TMJ	Temporomandibular Joint		
TOPD	TRICARE OCONUS Preferred Dentist		

Glossary

Adjunctive Dental Care

Dental care which is medically necessary in the treatment of an otherwise covered medical (not dental) condition, is an integral part of the treatment of the medical condition, or is required in preparation for, or as a result of, dental trauma, which may be or is caused by medically necessary treatment of an injury or disease. These services are considered medical, not dental, and they may be covered under TRICARE/Medical as adjunctive dental services.

Allowable Charge/Allowance

The amount United Concordia calculates for each covered service to determine the amount of payment. This includes the amount of the member's cost-share, if any.

American Dental Association (ADA)

The ADA is the professional association of dentists committed to the public's oral health, ethics, science, and professional advancement; leading a unified profession through initiatives in advocacy, education, research, and the development of standards.

Appeals/Reconsiderations

Procedures provided for members and dentists who disagree with United Concordia's claim decisions.

Assignment of Benefits

When a beneficiary signs the assignment of benefits statement on a claim form, he or she is allowing United Concordia to send payment directly to the nonparticipating dentist. If the assignment of benefits provision is not signed, United Concordia's payment will be sent to the member, and he or she will be responsible for paying the dentist.

Authorized Dentist

A licensed dentist (DDS or DMD) or dental hygienist who provides services within the scope of his or her license or registration and who has not been excluded or suspended from providing service under the TDP.

Authorized Provider

Any provider who is fully licensed and approved to provide dental care or covered anesthesia benefits in the state in which the provider is located, including dentists and Certified Registered Nurse Anesthetists (CRNAs). This also includes dental hygienists practicing within the scope of their licensure, subject to any restrictions a state licensure or legislative body imposes regarding their status as independent providers of care.

Beneficiary Counseling and Assistance Coordinator (BCAC)

A military or Government employee, usually located at a military treatment facility (MTF), who can address health care issues and concerns. Formerly known as a Health Benefits Advisor (HBA).

Benefits

Dental services received by enrolled members for which all or part of the cost is authorized and paid for by the TDP.

By-Report Procedures

Procedures provided in unusual circumstances that require written justification/documentation from the treating dentist.

Claim

Request for payment for services rendered.

Claim Form

Document used either to submit a claim for payment or request a predetermination. If the date of service is left blank, the claim form is considered a predetermination request.

Contract Year

The annual \$1,200 enrollee maximum applies to the 12-month period from February 1 to January 31 of the following year.

CONUS Service Area

The area including the 50 United States, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands.

Coordination of Benefits (COB)

Rules that determine which plan pays benefits first and which plan pays benefits second.

Cost-Share

The cost-share is the portion of the TDP allowance that is the member's responsibility. This amount is indicated on the DEOB.

Defense Enrollment Eligibility Reporting System (DEERS)

DEERS serves as a centralized DoD data repository of personnel and health care benefits distributed to uniformed services members. DEERS is a functional component of the Defense Manpower Data Center.

Dental Explanation of Benefits (DEOB)

Computer-generated notice mailed to members and dentists explaining benefits determinations (e.g., type of service received, the allowable charge, the amount billed, cost-share amount).

Dental Treatment Facility (DTF)

A facility operated by the military that provides dental care to eligible TRICARE beneficiaries.

Eligibility

The rules set forth by the Government to determine which members may be enrolled in the TDP.

Endodontic Services

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

Fixed Dental Treatment Facility (DTF)

Facilities which are staffed year-round and provide dental care to active duty service members on a routine basis and to active duty family members under certain circumstances. Fixed DTFs are sometimes referred to as "full-time" DTFs.

Host Nation Provider (HNP)

An OCONUS dental provider who is willing to provide dental services to OCONUS TDP enrollees and whose dental practices have been verified by the TRICARE Management Activity (TMA).

Individual Ready Reserve (IRR)

The Individual Ready Reserve consists of those members of the Ready Reserve who are not in the Selected Reserve or Inactive National Guard. See "Special Mobilization Category" and "Other than Special Mobilization Category" in this glossary.

In-Process Orthodontic Treatment

Orthodontic treatment that began prior to the patient's enrollment in the TDP.

Installation Contact

Personnel at uniformed services installations or units who are available to help members understand the TDP and TRICARE/Medical as well as the uniformed services health care system.

Integral Services

Services which are performed in conjunction with another service which dentists would not normally itemize with a separate charge.

Internal Control Number (ICN)

The unique number United Concordia uses to identify a claim.

Leave and Earnings Statement (LES)

A Leave and Earnings Statement shows salary and deductions for a sponsor.

Lock-In Period

The mandatory 12-month initial enrollment period for TDP members.

Maximums

Total dollar amount per member payable under the TDP. There is an annual maximum of \$1,200 for all services with the exception of orthodontic treatment, which has a lifetime maximum of \$1,500.

Member

The member is the individual who is enrolled as a beneficiary of the TDP.

Military Treatment Facility (MTF)

A medical facility operated by the military that may provide inpatient and/or ambulatory care to eligible TRICARE beneficiaries. MTF capabilities vary from limited acute care clinics to teaching and tertiary care medical centers.

National Guard and Reserve

The National Guard and Reserve include members of the Army National Guard, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard, Air Force Reserve, and U.S. Coast Guard Reserve.

Non-Availability and Referral Form (NARF)

A *NARF* is an OCONUS form used by ODTFs and TAOs to refer enrolled members to local host nation dentists for orthodontic and implant services.

Nonparticipating Dentist

A dentist who has not signed a participating agreement with United Concordia.

Non-Remote OCONUS Service Area

This area consists of those OCONUS countries in which the uniformed services have fixed dental treatment facilities.

OCONUS Service Area

Includes the continents of Asia, South America, Europe, Australia, Africa, Antarctica, and the remaining countries outside the CONUS service area; it also includes all remaining island masses and territorial waters not in the CONUS service area.

Oral Surgery

Services relating to the treatment of diseases, injuries, deformities, defects, and aesthetic aspects of the oral and maxofacial regions.

Orthodontic Services

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

Other Dental Insurance

Additional coverage to the TDP through an employer, association, or private insurer. See “Coordination of Benefits” in this glossary.

Other than Special Mobilization Category (Individual Ready Reserve)

The majority of the individuals in the Individual Ready Reserve (IRR) are in this category. Usually these members are trained and have previously served on active duty or in the Selected Reserve. Members of this category also include some untrained individuals, personnel participating in officer training programs, and personnel awaiting initial active duty.

Overseas Dental Treatment Facility (ODTF)

An overseas facility operated by the military that provides dental care to eligible TRICARE beneficiaries residing in overseas locations.

Participating Dentist

An authorized dentist who has signed a participation agreement with United Concordia and who agrees to accept the United Concordia determined allowable charge as payment in full for covered services.

Periodontal Services

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

Permanent Change of Station (PCS)

For the purpose of establishing an exception to certain limitations of the TDP, PCS refers to a move from one official duty station to another official duty station. PCS does not include a relocation executed under separation or retirement orders to the home of record or place of selection.

Point of Contact (POC)

An active duty member or civilian employee, located at OCONUS installations, that assists family members/sponsors with the submission of claims.

Predetermination

Written estimate provided by United Concordia in response to a request by a dentist or member for an estimate of coverage for future dental services.

Procedure Codes

Codes used to identify and define specific dental services.

Prosthodontic Services

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

Provider

Providers include dentists legally able to practice dentistry, certain Certified Dental Hygienists authorized by law to provide specified dental services, anesthesiologists, and Certified Registered Nurse Anesthetists (CRNAs).

Ready Reserve

The Ready Reserve is comprised of the Reserve and National Guard, organized in units or as individuals. The Ready Reserve consists of the Selected Reserve, the Individual Ready Reserve (IRR), and the Inactive National Guard.

Real-Time Automated Personnel Identification System (RAPIDS)

The Real-time Automated Personnel Identification System (RAPIDS) software applications and equipment are designed to communicate and support the Defense Enrollment Eligibility Reporting System (DEERS) database.

Reconsideration

First level of the appeals process. The reconsideration enables members and dentists to seek a separate review from the initial payment determination to assess whether the initial payment decision was correct.

Remote OCONUS Service Area

This area consists of those OCONUS countries in which the uniformed services do not have a fixed Dental Treatment Facility (DTF). This includes those countries that have “part-time” uniformed services DTFs.

Selected Reserve

Members in the Selected Reserve are designated as essential to initial wartime missions and have priority over all other Reserves. All Selected Reservists are in an active status.

Special Investigations Unit (SIU)

United Concordia’s fraud and abuse investigation department for reporting suspected fraud if a subscriber or member believes a dentist or entity received insurance money through the submission of a false claim.

Special Mobilization Category (Individual Ready Reserve)

Within the Individual Ready Reserve, there is a category of members who are subject to being ordered to active duty involuntarily. The volunteer members are selected based upon the needs of the service unit and the grade and military skills of that member.

Sponsor

Member of the uniformed services.

Student

Member under age 23 who is enrolled at an accredited college or university on a full-time basis and dependent on the service member for more than 50 percent of his or her support.

TDP Enrollment/Change Form

The *TDP Enrollment/Change Form* is used to enroll in the TDP, to add or remove family members from a policy, to cancel a policy, and to update members’ addresses and telephone numbers. The form must be submitted by the uniformed services sponsor or an individual with Power of Attorney (POA).

Temporomandibular Joint Dysfunction (TMD)

Temporomandibular Joint Dysfunction is an acute or chronic inflammation of the temporomandibular joint (TMJ)—the joint connecting the lower jaw to the skull.

TRICARE Area Office (TAO)

TAOs are located in each overseas area to assist beneficiaries who live or who are traveling overseas. A TAO maintains a list of host nation dentists, completes *Non-Availability and Referral Forms* for orthodontic treatment in remote areas, and submits claims to United Concordia for reimbursement on a member's behalf.

TRICARE Dental Program (TDP)

Dental plan offered by the Department of Defense through the TRICARE Management Activity (TMA) and administered by United Concordia.

TRICARE Management Activity (TMA)

Formerly the Office of the Civilian Health and Medical Program of the Uniformed Services (OCHAMPUS) and the TRICARE Support Office (TSO). This is the Government office responsible for oversight of the TDP contract.

TRICARE OCONUS Preferred Dentist (TOPD)

An OCONUS Host Nation Provider (HNP) who only requires command-sponsored OCONUS TDP enrollees to pay applicable cost-shares at the time of appointment. A TOPD will submit claims to the TDP contractor.

TRICARE Retiree Dental Program (TRDP)

The TRDP provides dental care for uniformed services members who are entitled to retired pay, members of the Retired Reserve under the age of 60, persons who have received the Congressional Medal of Honor, unremarried surviving spouses, and certain other eligible family members.

TRICARE Service Center (TSC)

Each region is served by TRICARE Service Centers (TSCs), which are staffed by beneficiary service representatives who can explain the different TRICARE options and help beneficiaries choose the plan that suits them best.

Uniformed Services

The uniformed services include the U.S. Air Force, U.S. Army, U.S. Navy, U.S. Marine Corps, U.S. Coast Guard, Commissioned Corps of the National Oceanic and Atmospheric Administration (NOAA), and U.S. Public Health Service (USPHS).

United Concordia

United Concordia Companies, Inc.—a subsidiary of Highmark, Inc., located in Harrisburg, PA—is the administrator of the TRICARE Dental Program (TDP).

United Concordia Dentist Advisor

Dentists who work with United Concordia staff to review claims, predetermination requests, and appeals.

TRICARE Dental Program Directory

CONUS Listings

Claims:

United Concordia
TDP Claims Processing
P.O. Box 69411
Harrisburg, PA 17106-9411

Customer Service:

Telephone Inquiries: 1-800-866-8499 (toll-free)
24 hours per day
Monday–Friday

Telephone Inquiries—Hearing Impaired:
1-800-891-1854 (toll-free TDD)

Correspondence Inquiries:

United Concordia
TDP Customer Service
P.O. Box 69410
Harrisburg, PA 17106-9410

E-mail: conus@ucci.com

OCONUS Listings

Claims:

United Concordia
TDP OCONUS Dental Unit
P.O. Box 69418
Harrisburg, PA 17106-9418

Customer Service:

Telephone Inquiries: 1-888-418-0466 (toll-free)

Representatives are available to assist members in English, German, Italian, Korean, Japanese, and Spanish 24 hours per day, Monday–Friday.

Correspondence Inquiries:

United Concordia
TDP OCONUS Dental Unit
P.O. Box 69418
Harrisburg, PA 17106-9418

E-mail: oconus@ucci.com

Enrollment and Billing Member Services

Enrollment Applications:

TDP Enrollment/Change Form and Initial Payment:

United Concordia/TDP
P.O. Box 827583
Philadelphia, PA 19182-7583

Fax (credit card only): 1-888-734-1944

Recurring Payments:

United Concordia/TDP
P.O. Box 827388
Philadelphia, PA 19182-7388

Telephone Inquiries: 1-888-622-2256

General Correspondence:

United Concordia
TDP Enrollment and Billing
P.O. Box 69426
Harrisburg, PA 17106-9426

E-mail: eabem@ucci.com

Dentist Listings (CONUS and OCONUS)

Online: www.TRICAREdentalprogram.com

By Phone: Contact the CONUS or OCONUS Customer Service Telephone Inquiry phone number for a list of providers in your area.

Quality of Care

TDP Quality of Care
4401 Deer Path Road, DP-4J
Harrisburg, PA 17110

Fraud and Abuse Issues

United Concordia
Special Investigations Unit
P.O. Box 69406
Harrisburg, PA 17106-9406

Fraud Hotline: 1-877-968-7455 (toll-free)

Other TRICARE-Related Listings

Defense Manpower Data Center Support Office:
Verify Eligibility: 1-800-538-9552

TRICARE Overseas Program (TOP) Contact Information

TOP Regional Call Centers ¹	
TRICARE Eurasia-Africa	1-877-678-1207 (stateside) +44-20-8762-8384 (overseas) tricarelon@internationalsos.com
TRICARE Latin America and Canada	1-877-451-8659 (stateside) +1-215-942-8393 (overseas) tricarephl@internationalsos.com
TRICARE Pacific	Singapore: 1-877-678-1208 (stateside) +65-6339-2676 (overseas) sin.tricare@internationalsos.com Sydney: 1-877-678-1209 (stateside) +61-2-9273-2710 (overseas) sydtricare@internationalsos.com

1. For toll-free contact information, visit
www.tricare-overseas.com.

List of Tables

Figure 2.1	Disenrolling Before Completing the Initial Enrollment Period	11
Figure 2.2	Enrollment Change/Disenrollment Scenarios	12
Figure 2.3	End-of-Coverage Scenarios	14
Figure 5.1	TDP Enrollee Premium Shares	19
Figure 5.2	Enrollee Cost-Shares Summary Chart	21
Figure 7.1	Reading Your DEOB, Part I	29
Figure 7.2	Reading Your DEOB, Part II	29
Figure 7.3	Coordination of Benefits Scenario 1	31
Figure 7.4	Coordination of Benefits Scenario 2	31
Figure 7.5	Coordination of Benefits Scenario 3	31
Figure 8.1	Diagnostic Services Codes	35
Figure 8.2	Preventive Services Codes	37
Figure 8.3	Sealants Codes	38
Figure 8.4	Restorative Services Codes	39
Figure 8.5	Other Restorative Services Codes	40
Figure 8.6	Endodontic Services Codes	42
Figure 8.7	Periodontal Services Codes	44
Figure 8.8	Oral Surgery Services Codes	46
Figure 8.9	Implant Services Codes	48
Figure 8.10	Prosthodontics, Removable Codes	50
Figure 8.11	Prosthodontics, Fixed Codes	51
Figure 8.12	Emergency Services Codes	54
Figure 8.13	General Anesthesia Codes	54
Figure 8.14	Intravenous Sedation Codes	54
Figure 8.15	Consultations Codes	54
Figure 8.16	Office Visit Codes	54
Figure 8.17	Medications Codes	54
Figure 8.18	Post-Surgical Services Codes	54
Figure 8.19	Miscellaneous Services Codes	54
Figure 9.1	Diagnostic Casts Codes	59
Figure 9.2	Covered Services Codes	59

Index

A

Abrasion, 39
Abscess, 47, 57-58
Abscessed tooth, 44
Abuse, 65, 67-68, 73, 76
Abutment, 48-49
Acceptable standards of dental practice, 67
Acceptable treatment, 56
Access standards, 23-24
Accidental injury, 40, 58
Activation, 11, 16-17
Active duty family member, 2, 6-7, 13-16, 19, 22, 71
Active duty orders, 6, 13-14
Active duty service member, 6-8, 11-12, 14, 71
Active duty sponsor, 8, 11-12, 14
Active duty transfers, 11-12
Acute pain, 43
Adjunctive dental care, 33, 36, 57, 70
Adjunctive services, 57, 70
Adjustments, 39, 47, 52, 60
Adopted children/adoption, 6, 10
Aesthetics, 42, 72
Allowable charge, 18, 20, 34, 65, 70-72
Allowance, 20, 23, 26, 29-31, 36-40, 42-46, 52-53, 56, 59-63, 70-71
Alternative benefit, 56
Alternative billing, 60
Alternative methods of treatment, 23, 56
Alveoloplasty, 47
Amalgam, 39-40, 42
Amalgam restoration, 39-40, 42
American Dental Association (ADA), 26, 33, 35-55, 59-60, 69-70
Analgesia, 54-55
Anesthesia, 21, 34, 39, 54-55, 58, 70
Anesthesiologist, 73
Anesthetist, 69-70, 73
Ankyloglossia, 57
Annual dental examination, 16
Annual maximum benefit, 20, 31, 34-35, 37, 49, 59-61, 70-71
Apexification treatment, 44
Apexification/recalcification, 43
Apical closure/calcific repair of perforations, 43
Apicoectomy/periradicular surgery, 43, 45-46
Appeal, 29, 33, 65-67, 70, 73-74
Appeal letter, 66

Appointment of Individual to Act as Appeal Representative Form, 65
Appliances, 52, 57, 59-60
Assignment of benefits, 24, 70
Athletic mouthguard, 21, 54-55
Attrition, 39
Authorized dentist, 26, 65, 70, 72
Authorized TDP provider, 67, 70

B

Balance billing, 23, 30-31
Banding, 26, 60-62
Base metal, 40-41, 48, 51-52
Base(s), 39, 50, 52-53
Basic restorations, 21, 45
Beneficiary Counseling and Assistance Coordinator (BCAC), 23, 69-70
Bicuspid, 42-43, 47
Biopsy/Biopsies, 47
Birth, 6, 10, 30
Birthday rule, 30
Bitewing X-rays, 34-37
Bleaching, 54-55
Bone grafts, 44-45
Bone re-contouring, 46
Bridges, 34
Buildup, 34, 39, 41-42, 44-45, 52-53
By-report procedures, 35-36, 41, 43, 47-49, 52, 54-55, 60, 70

C

Canal preparation, 44
Cancellation, 11-12, 18, 59, 73
Cancellation date of coverage, 42, 53
Cancellation notification, 11
Cancellation request, 8
Caries, 35, 37-39, 42
Cariou lesions, 37
Case-finishing procedures, 60
Cast, 39, 41, 52, 59
Cast metal, 41, 48, 50-53
Cellulitis, 58
Cementation date, 34, 41, 52
Cephalometric film, 35, 37
Civilian dental offices, 23
Civilian dentist, 18, 23
Claim-filing deadline, 26-27

Claim, 18, 23-30, 32-37, 41, 45, 49-50, 53, 56, 61, 63-68, 70-75

Claim payments, 26-27, 34, 63, 68

Class II furcation, 45

Cleft lip, 57

Cleft palate, 57

Clinical crown lengthening, 44-45

Command-sponsored, 6, 21-22, 24, 62, 74

Composite, 39-40, 42

Comprehensive evaluation, 35-36, 45-46, 60

Concave irregularities, 41

Congenital disfigurement, 39, 42

Connective tissue, 45

Consultation/office visit, 10, 21, 36, 54-55, 57, 60

Contract year, 20, 34, 49-50, 65, 70

CONUS (Continental United States), 5-6, 9, 14, 18, 20, 22-23, 26, 29, 33, 37-38, 40, 42, 44, 46, 48, 50-51, 54, 59, 61-64, 66, 69-70, 72, 75

CONUS Claim Form, 26

CONUS claims, 26

CONUS service area, 5-6, 9, 18, 20, 22-23, 26, 33, 54, 61, 63, 64, 70, 72

Coordination of benefits (COB), 30-31, 69, 71-72

Core/core buildup, 34, 39, 41-42, 45, 52-53

Coronal remnants, 46

Costs, 19-20, 24, 27, 42, 49-50, 52-53, 56-57, 63-64, 66, 70

Cost-share, 15, 18, 20-24, 26-27, 29-31, 37-38, 40, 42, 44, 46, 48-51, 54, 59, 61-63, 65, 67, 70-71, 74

Covered benefit, 36, 38-39, 42-44, 53-55, 60, 67

Crown, 31-32, 34, 39-42, 44-45, 48-49, 52, 56

Cuspid, 43

Cyst removal, 45-46

D

DD Form 2813, 16, 23

Deactivation, 11, 13, 16-17

Death, 10-11, 14-15

Debridement, 42-43, 45-46

Decay, 39, 42

Deciduous tooth, 46

Defect, 39, 43-45, 72

Defense Enrollment Eligibility Reporting System (DEERS), 6-7, 9, 12, 69, 71, 73

Defense Manpower Data Center Support Office, 7, 71, 76

Deleting family members, 6, 10

Dental Explanation of Benefits (DEOB), 23, 25, 27-30, 66-69, 71

Dental hygienist, 56, 70, 73

Dental Predetermination Notification and Request for Payment Form, 32

Dental readiness, 16, 59-60

Dental readiness assessment, 16

Dental records, 18, 33, 57, 66-67

Dental trauma, 57-58, 70

Dental treatment facility (DTF), 8, 10-11, 14, 69, 71, 73

Dentinal adhesive, 39

Denture, 34, 48-53, 69

Department of Defense (DoD), 2, 16, 23, 69, 71, 74

Department of Defense Active Duty/Reserve Forces Dental Examination form, 16, 23

Detection agents, 39

Determination of benefits, 34

Diagnosis, 35, 37, 40, 44-47, 57

Diagnostic cast, 39, 41, 52, 59

Diagnostic services, 20-21, 34-36, 54-55, 60-61

Direct pulp cap, 43

Disabled veterans, 7

Discolored teeth, 55

Disenroll/disenrollment, 8, 10-16, 18, 59

Disenrolling from the TDP, 8, 10-16, 18, 59

Disenrollment request, 8, 11

Disfigurement, 42

Displaced tooth, 46

Divorce, 6-7, 10-11, 14

Documentation, 6-7, 24, 35-36, 41, 47, 53, 66, 70

Double pedicle grafts, 45

E

Edentulous arch, 48

Elevation, 46

Eligibility, 6-7, 9-11, 14-16, 20-21, 34, 59-60, 62-63, 65, 69, 71, 73, 76

Emergency, 9, 43-44, 54-55, 60

Endodontic, 21, 34, 41-45, 55, 71

Endodontic services, 21, 42-45, 55, 71

Endodontic therapy, 34, 41, 43-44, 55

Endosteal implant, 48

Enrollee, 6, 8, 10-11, 16, 18-27, 29-32, 49, 60, 62-64, 71, 74

Enrollment and Billing Member Services Department, 8-10, 13, 75

Enrollment period, 8, 10-12, 19, 71

Enrollment/Change Form, 6, 8-12, 73, 75

Equilibration, 57

Erosion, 39

Erupted tooth, 42, 46-47

Esthetic coated crown, 40

Etching, 39
Evulsed tooth, 46
Exclusions, 20, 23-25, 33, 56, 60
Exostosis, 47
Exposed root, 46
Extraction, 45-47
Extraoral, 35, 58

F

Family enrollment, 7
Family plan, 7, 8, 10, 16
Fees, 20, 23, 26, 34, 36-40, 42-44, 46-48, 50-52, 54, 56-57, 59-63
Fiberotomy, 47
Fibrous tuberosity, 47
Film, 35-37
Fixed bridges, 34
Fixed denture, 48
Fixed partial denture, 34, 48-49, 52-53
Fixed prosthesis, 34, 51-53
Fluoride, 34, 37-38, 55
Follow-up visits, 47
Forceps removal, 46
Foreign currency, 27
Foreign military personnel, 7
Formal review, 65-67
Former spouse, 7
Fracture, 39-43
Fraud and abuse, 65, 67-68, 73, 76
Fraud Hotline, 68, 76
Free soft tissue graft, 45
Frenectomy, 47
Frenotomy, 47
Frenulectomy, 47
Frenuloplasty, 47
Full mouth debridement, 45-46
Full partial denture (FPD), 48, 69
Full-mouth rehabilitation, 57

G

Gender rule, 30
General anesthesia, 21, 54-55, 58
General policies, 33-34
General services, 54-55
Gingival flap procedure, 38, 44-46
Gingival inflammation, 38
Gingival tissue, 39, 41, 46
Gingivectomy, 38, 44-46
Gingivoplasty, 38, 44-46
Grievance, 65, 67
Guided tissue regeneration, 44-46

H

Health Benefits Advisor, 70
Hearing, 65-67
Hemisection, 43, 46
High noble metal, 40-41, 48, 51-52
Hospital costs, 57
Host nation dentist, 33, 49-50, 63-64, 72, 74
Host Nation Provider (HNP), 24-25, 49-50, 62-64, 69, 71, 74
Host Nation Provider (HNP) list, 24-25, 27, 49, 62-64, 67

I

Iatrogenic dental trauma, 57-58
Impacted tooth, 46-47
Implant abutment, 48-49
Implant services, 21-22, 24-25, 27, 32, 45-46, 48-50, 72
Impressions, 41
Incision, 47
Indirect pulp cap, 42-43
Individual Ready Reserve (IRR), 12-14, 19-22, 62-63, 69, 71-73
Infection control procedures, 34
Initial determination, 65-66, 73
Initial exam, 49, 63-64
Initial premium payment, 8-9
Injury, 6, 40, 56-58, 70, 72
Inlay, 34, 41-42, 51
Integral (procedures/services), 34, 36-47, 49, 53, 55, 57, 60, 70-71
Interbony defects, 45
Internal Control Number (ICN), 29-30, 69, 71
Intraoral, 35, 47, 57
Intravenous sedation, 21, 54-55

L

Labial veneer, 41-42
Laboratory-fabricated porcelain, 42
Lateral skull, 35, 37
Leave and Earnings Statement (LES), 19, 69, 71
Liability, 31, 33, 57, 61-63
Lifetime maximum benefit, 20, 31, 60-65, 71
Limitations, 12, 20, 23, 30, 33-34, 36-39, 41, 43, 45-47, 49, 52-53, 55, 60, 63, 65, 72
Liners, 39
Local anesthesia, 34, 39
Local currency, 27
Lock-in period, 13, 71
Lock-in provision, 15

Lockout provision, 12, 15
Loss of eligibility, 10-11, 14, 63

M

Mandibular, 47, 50-52, 58
Marriage, 6, 10-11
Maxillary, 47, 50-52, 58
Maximum benefit, 20, 31, 34-35, 37, 49-50, 59-65, 70-71
Maximums, 20, 23, 59, 71
Medication, 43, 54-55
Membrane removal, 44
Metal crown, 48, 56
Metal framework, 50, 53
Metal partial denture, 52
Military treatment facility (MTF), 7, 69, 70, 72
Minimum enrollment period, 8, 10
Misalignment of teeth, 57
Missing teeth, 50
Molar, 38, 42-43, 47
Mouthguard, 21, 55-56
Moving, 18
Mucogingival surgery, 38
Mucoperiosteal flap, 46
Myofascial Pain Dysfunction Syndrome, 57
Myofunctional therapy, 60

N

National Guard family, 2, 6-8, 11-14, 16-17, 19, 62-63
National Guard member, 2, 6-7, 11-12, 16, 21, 23-24, 59, 72
National Guard sponsor, 7-8, 11, 13, 16-17, 19, 60
National Oceanic and Atmospheric Administration (NOAA), 2, 6, 69, 74
Neoplasms, 58
Nitrous oxide, 57
Noble metal, 40-41, 48, 51-52
Non-adjunctive dental treatment, 58
Non-Availability Referral Form (NARF), 24-25, 27, 49-51, 62-64, 69, 72
Non-covered services, 9, 27, 36, 55-56, 58, 67
Nonparticipating dentist, 23-24, 26-27, 29, 61, 65-66, 70, 72
Non-remote OCONUS dentists, 24
Non-remote OCONUS locations, 5, 49, 63
Non-remote OCONUS service area, 72
Nonresorbable barrier, 44

O

Occlusal guard, 21, 54-55
Occlusion, 57, 72
OCHAMPUS (Office of the Civilian Health and Medical Program of the Uniformed Services), 69, 74
OCONUS (outside of the Continental United States), 5-6, 9, 11, 14, 18, 20-22, 24-27, 29, 33, 35, 37-38, 40, 42, 44, 46, 48-51, 54, 59, 62-64, 66-67, 69, 71-75
OCONUS Claim Form, 26-27, 49-50, 63-64
OCONUS claims, 26-27, 33, 35
OCONUS dental benefits, 20
OCONUS dentists, 24-25, 63, 67
OCONUS maximums, 20
OCONUS Point of Contact (POC), 26-27, 29, 49, 64, 69, 72
OCONUS service area, 5-6, 9, 11, 18, 20, 22, 26-27, 29, 33, 35, 54, 59, 62-63, 72-73
Office visit, 10, 21, 54, 77
Ongoing care, 60
Onlay, 32, 34, 40-42, 45, 51-52
Open and drain, 44
Oral evaluation, 35-36, 46, 55
Oral hygiene instruction, 57
Oral sedation, 57
Oral surgery services, 21, 32, 46-47, 72, 77
Oroantral fistula, 46
Orthodontic benefits/services, 20, 54, 59-63, 72
Orthodontic examination, 63-64
Orthodontic lifetime maximum benefit, 20, 31, 60-65, 71
Orthodontic treatment, 20-21, 26, 57, 59-64, 71, 74
Orthodontist, 61-64
OSHA (Occupational Safety and Health Administration), 34, 69
Osseous grafts, 46
Osseous surgery, 34, 38, 44-46
Osseous tuberosity, 47
Osteitis, 58
Other dental insurance, 30, 65, 72
Other restorative services, 22, 34, 40-41, 77
Overseas dental treatment facility (ODTF), 5, 9, 24, 26-27, 49-50, 62-64, 67, 69, 72

P

Palliative emergency treatment, 43-44, 60
Panoramic X-ray, 34, 36-37
Parenteral drug, 54
Parents/Parents-in-law, 7, 12, 15, 30, 65
Participating dentists, 16, 18, 23-24, 26-27, 29-31, 33-34, 36-38, 40, 43, 47, 52, 57, 61, 65-67, 72
Patient-specific rationale, 36
Perforation, 43-44, 46
Periapical, 35, 37
Pericoronal gingiva, 47
Periodontal defects, 45
Periodontal maintenance, 38, 45-46
Periodontal services, 34, 44-45, 72, 77
Periodontal surgery, 38, 47
Permanent Change of Station (PCS), 11, 18, 36, 41, 53, 66, 69, 72
Permanent crown, 40-42
Permanent teeth, 38, 40, 42-44
Pin retention, 39
Planing, 34, 38, 44-46
Plaque control programs, 57
Point of Contact (POC), 27, 49, 64, 72-73
Polishing, 38-39
Pontic, 51
Postoperative care, 47
Posts and cores, 34, 39, 41-42, 45, 52-53
Post-surgical services, 21, 54, 77
Power of Attorney (POA), 8, 10-11, 69, 73
Predetermination, 23-24, 32, 49-50, 63-65, 70, 73-74
Preformed dowel, 44
Premium, 7-13, 15-16, 19-20, 26, 33, 77
Premium payroll allotments, 19
Premolar teeth, 40
Pre-treatment X-ray, 43-44
Preventive Resin Restoration (PRR), 38-39
Preventive services, 20, 37, 77
Primary carrier, 30-31
Primary incisor teeth, 43
Primary molars, 43
Primary teeth, 39-40, 42-43
Procedure codes, 26, 28-29, 33, 45, 73
Prophylaxis, 28, 34, 37-38, 46
Prostheses/prosthesis, 34, 48-49, 51, 53
Prosthetic, 21-22, 32, 34, 50-52, 73, 77
Prosthetics, fixed, 51-52, 77
Prosthetics, removable, 50-51, 77
Provider, 18, 23-25, 27-30, 35, 41, 49-50, 52-53, 55, 62-64, 67, 70-71, 73-75

Pulp cap, 42-43
Pulp vitality tests, 37
Pulpal debridement, 42-43
Pulpal therapy, 42-43
Pulpotomy/Pulpotomies, 42-43

Q

Quality assurance review, 67
Quality of care, 67, 75

R

Radiation therapy, 57
Real-time Automated Personnel Identification System (RAPIDS), 7, 69, 71, 73
Recement/recementation, 37, 41-42, 48-49, 52, 60
Reconsideration, 28-29, 65-66, 70, 73
Re-enroll/re-enrollment, 8, 12-14, 16
Referral, 19, 24-25, 49, 63
Reimbursable procedure, 44
Reimbursement, 27, 74
Reimplantation, 46-47
Reline/rebase, 34, 50-52
Relocation orders, 36, 41, 53
Remote OCONUS dentists, 25
Remote OCONUS locations, 5, 49, 64
Remote OCONUS service area, 73
Removable denture, 49
Removable prostheses, 34, 53
Repair, 38-41, 43-44, 48-50, 52, 58, 60
Repair or replacement of restorations, 39
Replacement, 34, 39-41, 43-45, 49, 52-53, 58, 60
Report required, 35, 41, 43, 47-48, 52, 54, 60
Reserve family, 2, 6-8, 11-14, 16-17, 19, 62-63
Reserve member, 2, 6-7, 11-12, 16, 19, 21, 23-24, 59, 72-73
Reserve sponsor, 7-8, 11, 13, 16-17, 19, 60
Residual tooth roots, 46
Resin, 38-40, 42, 50-51
Resin restoration, 38-40, 42
Resin window, 39-40
Resorbable barrier, 44
Resorbable filling, 42-43
Restoration, 31, 38-45, 56-57
Restorative services, 22, 34, 38-42, 77
Retainer, 48, 51-52, 60
Retention, 39, 41, 60
Retired service member, 7
Retreatment, 43
Retrograde filling, 43
Ridge preservation, 45

Root amputation, 43
Root canal obstruction, 43
Root canal therapy, 37, 40, 42-44, 47, 71
Root planing, 34, 38, 44-46
Root resorption, 43
Routine oral exams, 34
Routine prophylaxis, 37-38, 46

S

Scaling, 34, 38, 45-46
Sealants, 21, 34, 38-39, 77
Second NARF, 49-50, 63-64
Secondary carrier, 30-31
Sedation, 21, 54-55, 57, 77
Sedative restorations, 39
Selected Reserve, 12-14, 19-22, 71-73
Service commitment, 6
Single crown, 32, 41, 56
Single plan, 7-8, 10
Single restoration, 39
Sinus perforation, 46
Social Security number, 7, 29-30, 67
Socket grafts, 45
Soft tissue allograft, 45
Soft tissue grafts, 44-46
Space maintainer, 21, 37-38
Space-available care, 9
Special Investigations Unit (SIU), 28, 68-69, 73, 76
Special Mobilization Category, 12-13, 19-22, 62-63, 71-73
Splints, 47, 57
Sponsor, 6-19, 21-22, 24, 27-30, 36-38, 40-42, 44, 46, 48, 50-51, 53-54, 59-60, 62-65, 67, 71-74
Sponsor's death, 14-15
Sponsor's enrollment, 16
Sponsor's pay grade, 37-38, 40, 42, 44, 46, 48, 50-51, 54, 59
Sponsor's retirement, 14
Spouse, 6-7, 14-15, 21, 30, 59-60, 74
Stabilization, 46-47
Standby Reserve, 11
Stepchild/Stepchildren, 6, 10
Subepithelial connective tissue grafts, 45
Submitting claims, 26-27, 30, 36, 45, 67
Supporting records, 66-67
Surfaces, 38-40, 42, 45, 51-52, 56
Surgery, 21, 32, 34, 38, 43-47, 72, 77
Surgical procedures, 45-47
Surgical removal, 46

Surgical revision, 46
Survivor benefit, 14-15
Suture, 47

T

TDP benefits, 9, 14, 33
TDP CONUS Claim Form, 26
TDP Enrollment and Billing Member Services, 8-10, 13, 75
TDP Enrollment/Change Form, 6, 8-12, 73, 75
TDP identification card, 8, 10
TDP OCONUS Claim Form, 26-27, 49-50, 63-64
TDP Survivor Benefit, 14-15
Temporary crown, 41-42
Temporomandibular Joint Dysfunction (TMD), 37, 55, 57, 69, 74
Therapeutic drug, 54-55
Tissue conditioning, 51-52
Tissue regeneration, 44-46
Titanium, 41, 48, 51-52
Tooth fracture, 39-43
Topical fluoride application, 37-38
Topical fluoride treatment, 34
Torus mandibularis, 47
Torus palatinus, 47
Transferring orthodontists, 64
Transosteal implant, 48
Transseptal fiberotomy/supra crestal fiberotomy, 47
Trauma, 57-58, 70
Traveling, 18, 74
Treatment in progress, 62
Treatment plan, 26, 32, 35, 49-50, 59-64
TRICARE Area Office (TAO), 24-27, 49-50, 62-64, 67, 69, 74
TRICARE Dental Program (TDP), 2, 5-21, 23, 25, 30-34, 49, 54, 57-59, 61-62, 65, 69-74
TRICARE Management Activity (TMA), 2, 66-69, 71, 74
TRICARE OCONUS Preferred Dentist (TOPD), 24, 49, 69, 74
TRICARE Retiree Dental Program (TRDP), 14-15, 69, 74
TRICARE Service Center (TSC), 8, 10-11, 69, 74
TRICARE Support Office (TSO), 69, 74
TRICARE medical benefit, 57
TRICARE/Medical policy, 33, 70-71

U

U.S. Public Health Service (USPHS), 2, 6, 69, 74
Unerrupted tooth, 47
Uniformed services, 2, 5-7, 9, 11, 16, 19, 29, 36,
41, 53, 69, 71-74
Uniformed Services Finance Center, 19
Uniformed services personnel office, 36, 41, 53
United Concordia, 2, 6-13, 15, 18-20, 23-24,
26-36, 40-41, 47, 49-50, 52-53, 55-56,
59-68, 70-76
United Concordia Dentist Advisor, 36, 40-41, 47,
49, 52-53, 66, 74

V

Veneer, 41-42
Vertical bitewings, 36

W

Ward, 10
Wires and splints, 47

X

X-ray, 34-37, 40-41, 43-46, 49, 51-52, 54-55,
57, 66

TRICARE Expectations for Beneficiaries

According to the Department of Defense (DoD), as a TRICARE beneficiary, you should expect to have the following abilities and support:

- **Get information:** You should expect to receive accurate, easy-to-understand information from written materials, presentations and TRICARE representatives to help you make informed decisions about TRICARE programs, medical professionals, and facilities.
- **Choose providers and plans:** You should expect a choice of health care providers that is sufficient to ensure access to appropriate high-quality health care.
- **Emergency care:** You should expect to access medically necessary and appropriate emergency health care services as is reasonably available when and where the need arises.
- **Participate in treatment:** You should expect to receive and review information about the diagnosis, treatment, and progress of your conditions, and to fully participate in all decisions related to your health care, or to be represented by family members or other duly appointed representatives.
- **Respect and nondiscrimination:** You should expect to receive considerate, respectful care from all members of the health care system without discrimination based on race, color, national origin, or any other basis recognized in applicable law or regulations.
- **Confidentiality of health information:** You should expect to communicate with health care providers in confidence and to have the confidentiality of your health care information protected to the extent permitted by law. You also should expect to have the ability to review, copy, and request amendments to your medical records.
- **Complaints and appeals:** You should expect a fair and efficient process for resolving differences with health plans, health care providers, and institutions that serve you.

Additionally, DoD has the following expectations of you as a TRICARE beneficiary:

- **Maximize your health:** You should maximize healthy habits such as exercising, not smoking, and maintaining a healthy diet.
- **Make smart health care decisions:** You should be involved in health care decisions, which means working with providers to provide relevant information, clearly communicate wants and needs, and develop and carry out agreed-upon treatment plans.
- **Be knowledgeable about TRICARE:** You should be knowledgeable about TRICARE coverage and program options.
- **You also should:**
 - Show respect for other patients and health care workers
 - Make a good-faith effort to meet financial obligations
 - Use the disputed claims process when there is a disagreement

Please provide feedback on this booklet at:
www.tricare.mil/evaluations/booklets

CONUS Directory

Claims

United Concordia
TDP Claims Processing
P.O. Box 69411
Harrisburg, PA 17106-9411

Customer Service

1-800-866-8499 (toll-free),
24 hours per day, Monday–Friday
1-800-891-1854 (toll-free TDD)

United Concordia
TDP Customer Service
P.O. Box 69410
Harrisburg, PA 17106-9410
E-mail: conus@ucci.com

OCONUS Directory

Claims

United Concordia
TDP OCONUS Dental Unit
P.O. Box 69418
Harrisburg, PA 17106-9418

Customer Service

1-888-418-0466 (toll-free)
Representatives are available to assist
members in English, German, Italian,
Korean, Japanese, and Spanish
24 hours per day, Monday–Friday.

United Concordia
TDP OCONUS Dental Unit
P.O. Box 69418
Harrisburg, PA 17106-9418
E-mail: oconus@ucci.com

Enrollment and Billing Member Services

Enrollment Applications

TDP Enrollment/Change Form and Initial Payment
United Concordia/TDP
P.O. Box 827583
Philadelphia, PA 19182-7583

Fax (credit card only): 1-888-734-1944

Recurring Payments

United Concordia/TDP
P.O. Box 827388
Philadelphia, PA 19182-7388
1-888-622-2256

General Correspondence

United Concordia
TDP Enrollment and Billing
P.O. Box 69426
Harrisburg, PA 17106-9426
E-mail: eabem@ucci.com

Quality of Care

TDP Quality of Care
4401 Deer Path Road, DP-4J
Harrisburg, PA 17110

Fraud and Abuse Issues

United Concordia
Special Investigations Unit
P.O. Box 69406
Harrisburg, PA 17106-9406
Fraud Hotline: 1-877-968-7455 (toll-free)

Other TRICARE-Related Listings

Defense Manpower Data Center Support Office

1-800-538-9552