

TRI-SERVICE REMOTE DENTAL PROGRAM FOR ACTIVE DUTY SERVICE MEMBERS

The Military Medical Support Office (MMSO) administers the Tri-Service Remote Dental Program (RDP) to provide eligible active duty service members remote from active duty bases the same basic dental benefit they would receive at active duty dental treatment facilities. For appropriately authorized, covered benefits, there are no co-pays or deductibles, and reimbursement is paid to the maximum of the usual, customary and reasonable (UCR) fees for your practice and/or geographic region. Complete up-to-date information concerning the RDP can be found at the MMSO website: <http://www.tricare.mil/MMSO>

BASIC TRI-SERVICE REMOTE DENTAL PROGRAM BENEFITS AND GUIDELINES

1. Eligibility cannot be appealed. Members must be active duty (more than 30 continuous days), as indicated in the Defense Eligibility and Enrollment System (DEERS), and stationed in a remote area (more than 50 miles from military facility). Members in Transitional Assistance status are not eligible.
2. Emergency care to relieve pain, treat infection or control hemorrhage; to include amalgam or direct composite restorations, single tooth root canal therapy, root end surgery or a single extraction DOES NOT REQUIRE PRE-AUTHORIZATION. For other situations where the treatment cost will exceed \$500, please contact the MMSO Dental Department at ext 3365, for a pre-authorization.
3. Non-specialty, diagnostic and basic restorative procedures can be provided without pre-authorization up to \$500 per appointment per day to a maximum of \$1500 per year for covered procedures. Any treatment exceeding this limitation requires pre-authorization. This category includes:
 - a. Examinations, bite-wing/periapical/panographic x-rays
 - b. Dental prophylaxis (cleanings)
 - c. Routine fillings (amalgam and direct composite resin)
 - d. Single tooth extractions

NOTE: ALL other care requires pre-authorization. Crowns, bridges, dentures, multiple extractions (to include 3rd molars), and non-emergent perio scaling and root planing are not considered emergency under any circumstances.

4. Specialty care requires pre-authorization. Initiating specialty care without written pre-authorization from MMSO may result in the service member being responsible for the cost of treatment. Examples of specialty care requiring pre-authorization include:
 - a. Crowns, bridges, complete and partial dentures
 - b. Periodontal surgery
 - c. Perio scaling and root planing (x-rays and perio charting are required)
 - d. Non-emergency oral surgery, multiple extractions (exceeding the \$500 limit)
 - e. Multiple tooth root canal therapy
 - f. Non-emergency endodontic surgery (apicoectomy)
 - g. Crowns as final restorations following RCT – a periapical x-ray of successfully completed RCT is required
 - h. Implants – must meet strict clinical/military case selection criteria – considered on a case-by-case basis

NON-COVERED BENEFITS

Not all procedures are covered benefits. If there is any question regarding coverage for a specific procedure, it is strongly recommended that a pre-authorization request be submitted prior to initiating treatment. If a patient elects to have a procedure done without pre-authorization, the patient may be responsible for all non-covered care. Examples of typically non-covered care include:

1. Orthodontics
2. All-ceramic (e.g. CEREC, Captek) indirect restorations for crowns, inlays, onlays and veneers
3. Local anesthesia billed as a separate charge
4. Nitrous oxide analgesia (except for surgical procedures in absence of IV sedation)
5. IV sedation (except for surgical procedures in absence of nitrous oxide analgesia)
6. Oral hygiene instructions
7. Topical fluoride without prophylaxis (except in high caries patient with pre-authorization)
8. Chemotherapeutic agents
9. Antibiotic rinses/antibiotic strips
10. Direct/indirect pulp caps
11. Diagnostic casts
12. Clinical photographs
13. Over the counter medications and supplies

14. Sealants (must be pre-authorized)
15. Bleaching and other cosmetic procedures

NOTE: Substitution of a covered, pre-authorized procedure with a non-covered benefit is not allowed. There is no "alternate" benefit.

As a pre-authorization represents an obligation of the US Government to pay a specific fee for a specific procedure, NO pre-authorizations are given telephonically.

PRE-AUTHORIZATION PROCEDURES - MAIL, do not FAX (x-rays do not FAX well)

1. An itemized dentists' pre-treatment estimate including tooth number, ADA procedure code and fee for each procedure
2. Command Memorandum (provided by the service members' military unit/Command)
3. Appropriate current diagnostic quality x-rays (periapical x-rays for all crown requests, FMXR series or panograph and periapical x-rays of abutment teeth for all implants and bridges, and panograph for complete or partial denture requests)
4. Any other pertinent information (brief narrative, photos, etc) to justify the need for requested care, to:

The Military Medical Support Office
ATTN Dental Pre-Authorizations
PO Box 886999
Great Lakes IL 60088-6999

APPEALING DENIED REQUESTS

The service member has the right to appeal MMSO's denial of coverage to a higher level (Service Dental Consultant)

1. Submit an appeal package including all appropriate x-rays as described in the Pre-authorization section above. Include an itemized pre-treatment estimate from your civilian dentist and a copy of the Pre-Authorization Summary issued by the MMSO that outlined the denied procedures.
2. Include a letter of appeal from the service member, and if appropriate, a narrative explanation from the provider, explaining why the proposed treatment is appropriate and necessary.
3. Also include any other information, e.g. photos, models, clinical descriptions, etc., that will help the Service Dental Consultant understand why the requested treatment should be approved.
4. MMSO will forward the appeal package to the appropriate Service Dental Consultant for their final disposition.
5. Send the completed appeal package to:

The Military Medical Support Office
ATTN Dental Appeals Review
PO Box 886999
Great Lakes IL 60088-6999

FILING A CLAIM

Claims should be submitted within 90 days of date of service. Please include:

1. A completed standard ADA Dental Claim Form (or acceptable alternate) identifying (as appropriate) the tooth number, ADA procedure code, description of procedure, date of service, and itemized cost of each procedure performed.
2. A completed MMSO Dental Information Sheet (available on the MMSO web site) signed by the service member or the designated representative of the service members' military unit.

Mail this information to:

The Military Medical Support Office
ATTN Dental Claims
PO Box 886999
Great Lakes IL 60088-6999