

**Eligibility Guidelines for Dental Treatment and DTF
Referral of Active Duty and Activated Service Members**

Updated: 21 May 2003

Title 10 of the United States Government Code is the basis for all medical and dental benefits (eligibility rules) for US personnel. Title 10 guidelines are very straightforward but are written in the positive which makes interpretation difficult at times. For instance: the code primarily addresses who is eligible, it rarely states who is not eligible. We are often accustomed to reading rules in the opposite, i.e., if the rules do not prohibit a procedure, it is assumed the procedure is authorized. Under Title 10, if a given beneficiary category is not among the categories listed as eligible, they are not eligible for care. Title 10 is subdivided into numerous sections outlining benefit and beneficiary information in each section. Therefore, numerous sections of Title 10 must be reviewed to collectively identify who is eligible and for what they are eligible. This review is to provide condensed guidance on eligibility guidelines, when eligibility starts, and what treatment is authorized under these circumstances.

1. Active duty service members (ADSMs) are eligible for dental care at all active duty dental treatment facilities (DTFs) for all treatment routinely provided at that DTF any time they are on active duty. A DTF referral is not treatment at a DTF; it is supplemental care and subject to Title 10 regulations regarding eligibility for supplemental care. In order to be eligible for supplemental care a service member must be on continuous active duty (or on orders for active duty) for more than 30 days (Title 10 requirement).

Note: The term Reserve Component usually includes the Army, Navy, Marine, and Air Force Reserve as well as Army and Air National Guard. However, a distinction is made in this discussion as Reserve Component National Guard service members activated under State (not federal) orders do not have the same eligibility for care as activated Reserve personnel. (Reserve personnel can only be activated under federal orders.)

2. Reserve Component (RC) and National Guard (NG) service members activated on federal (not state) orders are eligible for all care routinely provided by that facility on an equal priority with all other ADSMs any time they are on active duty. This category includes full-time manning Active Guard and Reserve (AGR) personnel and any ADSMs on active duty for more than 30 days. RC ADSMs on AD for 30 days or less are not eligible for DTF referrals to civilian dental offices (supplemental care through MMSO) as eligibility for care is limited to active duty DTFs.

3. Reserve service members on AD for 30 days or less or on two-week annual training (AT) are authorized routine care (under Title 10) but Service policies usually limit care to emergency care as AT is to be used for military training and not to be used for routine medical and dental care. They are also eligible for initial and follow up care for Line-of-Duty (LOD) injuries but DTFs are not authorized to authorize civilian dental care for emergency or LOD follow up care. This authority is limited to the service member's military unit as outlined in appropriate Service regulations. (see paragraph on LOD that follows) Reservists on weekend drill are performing Inactive Duty Training (IDT) and are not on active duty.

4. If activation orders are for more than 30 continuous days, eligibility for supplemental care begins on the first day of active duty. If the initial orders are for 30 days or less, the service member is not eligible for supplemental care

until they have orders that will extend them for more than 30 days without a break in service. They are eligible for supplemental care from the first day that the orders extend them beyond 30 days.

5. No appointments may be arranged before the commencement of the AD tour. All dental work initiated during the tour of duty should have the reasonable expectation of completion before the current orders expire. Orders should not be issued to initiate treatment nor should orders be amended or extended for completion of dental treatment. Every clinical case is unique and every treatment facility has different capabilities. Treatment provided for a service member at one DTF should not be interpreted as a precedent for a similar level of care at other facilities and/or under other circumstances.

6. RC service members on AD for more than 30 continuous days are eligible for DTF referrals to civilian dental offices (supplemental care) via the Military Medical Support Office (MMSO) as long as treatment is completed while on this continuous active duty. Eligibility for care terminates upon separation from active duty regardless of when the referral was made or treatment is initiated. Therefore referring dentists must be careful when referring dental treatment that requires multiple appointments or long treatment intervals, i.e., prosthodontics, endodontics, etc., since eligibility terminates when the service member separates from active duty, even if the crown, RCT, etc., was started prior to that date. Treatment completed after separation from active duty is not eligible for payment or reimbursement through MMSO. The exception of this rule is follow up care for treatment of Line-of-Duty (LOD) injuries.

7. Line of Duty injury is defined as an incident that occurred during the active duty service that caused an acute injury or aggravated an existing condition. Follow up care is limited to treatment of the injury or aggravated condition but may not necessarily include correction of the pre-existing condition. This follow up care can be provided at the DTF or through MMSO without the service member being placed on active duty orders. If the treatment is to be provided using MMSO administered programs, the LOD and dental treatment plan will need to be reviewed and pre-authorized by MMSO prior to initiating care.

8. Transitional Assistance (TAMP) benefit only authorizes dental care on a space available basis at active duty DTFs. It does not include supplemental care benefits (DTF referrals). Either the care is provided at the DTF or the service member needs to be informed that they will need to have the care done at other-than-DOD expense. They should pursue Veterans Administration benefits or civilian insurance programs including the TRICARE Dental Plan (TDP).

9. All Services share common regulations and guidelines concerning dental readiness and world-wide deployability. By regulation, all dental disqualifying conditions are to be identified and corrected prior to activation. However, each Service may have different policies on how strictly those regulations are enforced and remedial care to correct those deficiencies.