

Dental Treatment Facility Referred Civilian Dental Care

Updated: 27 May 2003

This information is designed to assist the military Dental Treatment Facility (DTF) provider understand the process, goals and requirements of DTF referrals for civilian dental care supported by the Military Medical Support Office (MMSO). We are asking your cooperation in developing a working relationship with you, our civilian dentist counterparts, the active duty service member, and MMSO.

****What is MMSO****

MMSO is not an independent insurance program or organization. MMSO receives funds from each branch of service through the Bureau of Medicine and Surgery (BUMED) (Navy), and Offices of the Surgeon General (OTSG) (Army and Air Force).

**** DTF referred care and MMSO****

The DTF referred care program is intended to augment rather than replace dental care provided directly by military dental clinics. It is to be used to provide timely access to dental care necessary to maintain dental readiness of the active duty service member.

For DTF Referred Care Program, the DTF has gatekeeper responsibility. MMSO processes claims for payment and provides customer service support for the claims processing process. Authorizing and coordination of care is the responsibility of the DTF.

****The DTF Referral Process****

The process is quite simple but does require a few specific steps for seamless processing of request and payment of the civilian dentist. In brief the process is:

1. The DTF provider fills out a referral for civilian dental care (DD Form 2161, Referral for Civilian Medical Care; a SF 513, Consultation Sheet or similar locally generated form) clearly indicating:

- Patient's name and full SSN
- Specific treatment information (MMSO does not need tooth surfaces for restorations)

- The DTF and name of the provider making the referral

- DTF contact information (name and phone number at a minimum)

(We do not need the name of the civilian provider. We appreciate an estimate of the cost of the procedure but an itemized statement from the civilian dentist is not required for the initial referral process.)

- 2. FAX the referral to: (847) 688-6369** (new dedicated DTF referral fax number – not to be used for submitting claims)

Note: All DTF identification information should be on the DTF referral as fax cover sheets can become separated from the faxed DTF referral(s).

Or mail to:

MMSO
Attn: Dental Pre-Authorizations
P.O. Box 886999
Great Lakes, IL 60088-6999

- 3. Send the patient to the civilian dentist for treatment.** MMSO does not have a preferred provider network. You may refer to any licensed dentist in the fifty States or District of Columbia. You may specify a particular dentist for reasons of quality assurance, cost savings to the government, etc., however, please use appropriate judgment to avoid appearance of any conflict of interest.

Note: For complex treatment plans involving a referral for evaluation and treatment planning, the DTF should initially authorize a comprehensive examination on the DTF referral sent to MMSO. When the DTF and civilian dentist establish a mutually acceptable treatment plan, the DTF should send MMSO a new DTF referral authorizing the civilian treatment plan and attach a copy of the civilian treatment plan.

- 4. The civilian provider completes the treatment** and submits claim to MMSO. (See instructions below)

- 5. The civilian provider is paid by U. S. Treasury check,** usually within 30 days.

****General guidelines for referral****

It is essential MMSO is provided an accurate description of the authorized treatment. (MMSO does not need the age, gender, clinical description of the patient, etc., on the DTF referral. MMSO only needs to know what procedures you are authorizing the civilian dentist to provide.) If there is a discrepancy between the treatment identified in the DTF referral and the claim submitted by the civilian dentist, the claim will not be paid. For instance, you refer the patient for “restoration of #3” but the civilian dentist decides a crown is required and goes ahead with the crown. MMSO will have entered an authorization for payment of a routine direct restoration (amalgam or composite resin) and not a crown. Payment of the claim will be denied since it does not match the DTF authorization. (A new DTF referral indicating authorization of a crown will need to be sent to MMSO to allow payment for the crown. MMSO will not process payment without the proper DTF referral on file.)

Samples of acceptable entries: Restore #3; gold crown #30; PFM crown #8; endo #30; apicoectomy #8; SCRP all four quadrants (or specify limited quadrants); osseous surgery

(list quadrants); extract #1, 16, 17, 32 with sedation (type of sedation is not critical); etc., is all that is required for MMSO to process your authorization and pay a resulting claim from the civilian provider. “Evaluate endo (or perio, etc.) #3 and treat as indicated” is not adequate for MMSO to enter an authorization for treatment.

Any changes or additions to the authorized treatment should be made by the referring DTF, not MMSO. Civilian providers should be informed that any changes to the authorized treatment plan must be made by contacting the referring DTF, not MMSO. A new referral from the DTF is all that MMSO needs to authorize the new procedure.

Treatment to be referred should meet the requirement of being appropriate and needed care to establish and maintain the dental readiness status of the service member. If the clinic cannot provide this service (access to care standards, standards of care considerations, etc.) the care may need to be referred to a qualified civilian provider for treatment. If the proposed care does not meet the requirement of being appropriate and needed to establish and/or maintain dental health, the DTF should be prepared to justify why the care is being referred. (The DTF does not need to justify this to MMSO, but rather to their higher headquarters should it be questioned.)

For instance, under the Tri-Service Remote Dental Program (RDP) cosmetic procedures (veneers, bleaching, all-porcelain inlays, onlays and crowns) and routine orthodontics are not covered. Elective replacement of missing teeth (especially when the replacement procedure requires significant alteration of sound natural tooth structure with minimal long-term benefit) is also not covered under the RDP. (However, if the DTF writes a referral for these procedures, MMSO will pay the associated claim.)

MMSO does not impose a dollar threshold for which a “pre-authorization” by MMSO is required or requested. However, each branch of service has unique guidelines concerning who has final approval authority for the type of care and total cost for civilian treatment plans. In general, for referrals involving extensive civilian dental treatment (prosthodontics, orthodontics, orthognathic surgery, implants, etc.) the DTF should consider communicating the cost and extent of the treatment being referred with the appropriate chain of command.

****Important points to remember****

It is the DTF’s responsibility to ensure the service member is informed of eligibility limitations. MMSO is only authorized to pay claims for service members on active duty and eligible for supplemental dental health care benefits. (See eligibility information under Title 10 of the US Code.) MMSO does not have the authority to pay for dental services (emergency or routine care) once the service member separates from active duty even if that care was initiated prior to separation or retirement.

Therefore, if you are referring for dental care that requires an extended treatment time (prosthodontics, periodontics, orthodontics, etc.) please make certain the treatment will be completed prior to the service member PCSing or separating from service.

Remember, MMSO does not have the ability to verify the service member's long-term active duty intentions. There have been several instances of service members being referred for care shortly before they separate from active duty only to have that care finished after separation from active duty. MMSO cannot process these claims for payment. MMSO has no authority to change, modify, or ignore US law concerning eligibility for supplemental health care benefits.

(MMSO does have the authority to pay claims for active duty, Reserve, National Guard, and other individuals that suffer Line of Duty injuries while on active duty but are then separated from active duty. However, these situations have specific guidelines and require prior authorization from MMSO, not a referring DTF. Drilling members of the Reserve components, National Guard, and ROTC students are not eligible for routine care under this program.)

****Submitting Claims for Payment****

The civilian provider should submit a standard American Dental Association Dental Claim Form identifying (as appropriate) tooth number or quadrant, ADA procedure code number and description of procedure, date of service, and itemized cost for each procedure. Each claim submitted for payment must include a MMSO Dental Information Sheet, signed by either the service member or the referring DTF. (Available on the MMSO web site) Send claims to:

**MILITARY MEDICAL SUPPORT OFFICE (MMSO)
ATTN: DENTAL CLAIMS
PO BOX 886999
GREAT LAKES, IL 60088-6999**

Allow 30 days for processing of payments. Payment will be by U.S. Treasury check. Questions concerning the status of claims processing should be directed to Customer Service Support (888) 647-6676.

Claims can be submitted as care is completed. There is no requirement to complete all care listed on the DTF referral prior to submitting a claim.

For more information, call MMSO: (888) 647-6676 and follow the prompts for the Dental Pre-Authorizations or visit our website:
<http://mmso.med.navy.mil> .

We hope this information will foster a good working relationship between you, our civilian dental counterparts, our active duty service members and MMSO.