

AWARD/CONTRACT	1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	RATING DO-C9	PAGE OF PAGES 1 7
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2. CONTRACT (Proc. Inst. Ident.) NO. HT9402-14-D-0001	3. EFFECTIVE DATE See Block 20C	4. REQUISITION/PURCHASE REQUEST/PROJECT NO.
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5. ISSUED BY DEFENSE HEALTH AGENCY DEFENSE HEALTH AGENCY-AURORA 16401 E. Centretrech Parkway Aurora, CO 80011 Todd Young - 303-676-3675	CODE HT9402	6. ADMINISTERED BY (If other than Item 5) DEFENSE HEALTH AGENCY DEFENSE HEALTH AGENCY-AURORA 16401 E. Centretrech Parkway Aurora CO 80011-9066	CODE HT9402
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7. NAME AND ADDRESS OF CONTRACTOR (No., street, country, State and ZIP Code) UNITED CONCORDIA COMPANIES, INC. 4401 DEER PATH ROAD HARRISBURG PA 17110-3907	8. DELIVERY <input type="checkbox"/> FOB ORIGIN <input checked="" type="checkbox"/> OTHER (See below)
9. DISCOUNT FOR PROMPT PAYMENT	
10. SUBMIT INVOICES (4 copies unless otherwise specified) TO THE ADDRESS SHOWN IN	
CODE 03XW8	FACILITY CODE

11. SHIP TO/MARK FOR Multiple Destinations	CODE	12. PAYMENT WILL BE MADE BY DEFENSE HEALTH AGENCY DEFENSE HEALTH AGENCY-AURORA 16401 E Centretrech Parkway Aurora CO 80011-9066	CODE HT9402
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13. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304 (c) () <input checked="" type="checkbox"/> 11 U.S.C. 3304 (a) ()	14. ACCOUNTING AND APPROPRIATION DATA See Schedule
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15A. ITEM NO	15B. SUPPLIES/SERVICES	15C. QUANTITY	15D. UNIT	15E. UNIT PRICE	15F. AMOUNT
Continued					
15G. TOTAL AMOUNT OF CONTRACT					(B)(4)

16. TABLE OF CONTENTS							
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	A	SOLICITATION/CONTRACT FORM			I	CONTRACT CLAUSES	
	B	SUPPLIES OR SERVICES AND PRICES/COSTS		PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.			
	C	DESCRIPTION/SPECS./WORK STATEMENT			J	LIST OF ATTACHMENTS	
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17. <input checked="" type="checkbox"/> CONTRACTOR'S NEGOTIATED AGREEMENT (Contractor is required to sign this document and return <u>1</u> copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all the services set forth or otherwise identified above and on any continuation sheets for the consideration stated herein. The rights and obligations of the parties to this contract shall be subject to and governed by the following documents: (a) this award/contract, (b) the solicitation, if any, and (c) such provisions, representations, certifications, and specifications, as are attached or incorporated by reference herein. (Attachments are listed herein.)	18. <input type="checkbox"/> SEALED-BID AWARD (Contractor is not required to sign this document.) Your bid on Solicitation Number <u>HT9402-13-R-0002</u> , including the additions or changes made by you which additions or changes are set forth in full above, is hereby accepted as to the items listed above and on any continuation sheets. This award consummates the contract which consists of the following documents: (a) the Government's solicitation and your bid, and (b) this award/contract. No further contractual document is necessary. (Block 18 should be checked only when awarding a sealed-bid contract.)
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19A. NAME AND TITLE OF SIGNER (Type or print)	19B. NAME OF CONTRACTOR	19C. DATE SIGNED	20A. NAME OF CONTRACTING OFFICER TODD M. YOUNG todd.m.young.civ@mail.mil	303-676-3675
BY (Signature of person authorized to sign)	BY (Signature of the Contracting Officer)		20B. UNITED STATES OF AMERICA	20C. DATE SIGNED

CONTINUATION SHEETREFERENCE NO. OF DOCUMENT BEING CONTINUED
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NAME OF OFFEROR OR CONTRACTOR

UNITED CONCORDIA COMPANIES, INC.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	BASE PERIOD 2 December 2013 through 30 September 2014 Continued ...				

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NAME OF OFFEROR OR CONTRACTOR

UNITED CONCORDIA COMPANIES, INC.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0001	Transition-In Obligated Amount: (B)(4)	1	LT	(B)(4)	(B)(4)
	OPTION PERIOD 1 1 AUGUST 2014 through 31 JULY 2015				
1001	Dental Health Care Services (Estimated Price: (B)(4))				
1001AA	Exhibit A, Current Dental Terminology (CDT) Pricing Table FY14 (August 2014 - September 2014) Obligated Amount: (B)(4) Funded: (B)(4)	1	LT	(B)(4)	(B)(4)
1001AB	Exhibit A, Current Dental Terminology (CDT) Pricing Table FY15 October 2014 - July 2015) Obligated Amount: (B)(4) Funded: (B)(4)	1	LT	(B)(4)	(B)(4)
1002	CONTRACT DATA REQUIREMENTS LIST (CDRLS) EXHIBIT B (B)(4)				
1003	Phase-Out (Firm fixed-price) Obligated Amount: (B)(4)	1	LT	(B)(4)	(B)(4)
	OPTION PERIOD 2 1 August 2015 through 31 July 2016				
2001	Dental Health Care Services (Estimated Price: (B)(4)) Amount: (B)(4) Option Line Item Continued ...				

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NAME OF OFFEROR OR CONTRACTOR

UNITED CONCORDIA COMPANIES, INC.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
2001AA	EXHIBIT A, CDT Pricing Table FY15 August 2015 - September 2015 Amount: (B)(4) Option Line Item)	1	LT	(B)(4)	(B)(4)
	Funded: (B)(4)				
2001AB	EXHIBIT A, CDT Pricing Table FY16 October 2015 - July 2016 Amount: (B)(4) Option Line Item)	1	LT	(B)(4)	(B)(4)
	Funded: (B)(4)				
2002	CONTRACT DATA REQUIREMENTS LIST (CDRLS) EXHIBIT B Amount: (B)(4) Option Line Item) (B)(4)				
2003	Phase-Out (Firm fixed-price) Amount: (B)(4) Option Line Item)	1	LT	(B)(4)	(B)(4)
	OPTION PERIOD 3 1 August 2016 through 31 July 2017				
3001	Dental Health Care Services (Estimated Price: (B)(4)) Amount: (B)(4) Option Line Item)				
3001AA	EXHIBIT A, CDT Pricing Table FY16 August 2016-September 2016 Amount: (B)(4) Option Line Item)	1	LT	(B)(4)	(B)(4)
	Funded: (B)(4)				
3001AB	EXHIBIT A, CDT Pricing Table FY17 October 2016 - July 2017 Amount: (B)(4) Option Line Item) Continued ...	1	LT	(B)(4)	(B)(4)

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NAME OF OFFEROR OR CONTRACTOR

UNITED CONCORDIA COMPANIES, INC.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
3002	Funded: (B)(4) CONTRACT DATA REQUIREMENTS LIST (CDRLS) EXHIBIT B Amount: (B)(4) Option Line Item (B)(4)				
3003	Phase-Out (Firm fixed-price) Amount: (B)(4) Option Line Item	1	LT	(B)(4)	(B)(4)
4001	OPTION PERIOD 4 1 August 2017 through 31 July 2018 Dental Health Care Services (Estimated Price (B)(4)) Amount: (B)(4) Option Line Item				
4001AA	EXHIBIT A, CDT Pricing Table FY17 August 2017 - September 2017 Amount: (B)(4) Option Line Item Funded: (B)(4)	1	LT	(B)(4)	(B)(4)
4001AB	EXHIBIT A, CDT Pricing Table FY18 October 2017 - July 2018 Amount: (B)(4) (Option Line Item) Funded: (B)(4)	1	LT	(B)(4)	(B)(4)
4002	CONTRACT DATA REQUIREMENTS LIST (CDRLS) EXHIBIT B Amount: (B)(4) (Option Line Item) (B)(4)				
4003	Phase-Out (Firm fixed-price) Continued ...	1	LT	(B)(4)	(B)(4)

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NAME OF OFFEROR OR CONTRACTOR

UNITED CONCORDIA COMPANIES, INC.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Amount: (B)(4) Option Line Item				
	OPTION PERIOD 5 1 August 2018 through 31 July 2019				
5001	Dental Health Care Services (Estimated Price (B)(4)) Amount: (B)(4) Option Line Item				
5001AA	EXHIBIT A, CDT Pricing Table FY18 August 2018 - September 2018 Amount: (B)(4) Option Line Item	1	LT	(B)(4)	(B)(4)
	Funded: (B)(4)				
5001AB	EXHIBIT A, CDT Pricing Table FY19 October 2018 - July 2019 Amount: (B)(4) Option Line Item	1	LT	(B)(4)	(B)(4)
	Funded: (B)(4)				
5002	CONTRACT DATA REQUIREMENTS LIST (CDRLS) EXHIBIT B Amount: (B)(4) Option Line Item (B)(4)				
5003	Phase-Out (Firm fixed-price) Amount: (B)(4) Option Line Item	1	LT	(B)(4)	(B)(4)

SECTION C – DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

C.1. General.

C.1.1. The Department of Defense (DoD) through Defense Health Agency (DHA) has a mission to offer dental coverage to all Active Duty Service Members (ADSMs) of the Uniformed Services, eligible members of the Reserves and National Guard, Reserve Component members discharged after serving more than 30 days on active duty in support of a contingency operation, and those Foreign Forces Members (FFMs) eligible for care pursuant to an approved agreement (e.g., reciprocal health care agreement, North Atlantic Treaty Organization (NATO) Status of Forces Agreement (SOFA), Partnership for Peace (PFP) SOFA). The Uniformed Services include the U.S. Army, the U.S. Navy, the U.S. Air Force, the U.S. Marine Corps, the U. S. Coast Guard, the Commissioned Corps of the National Oceanic and Atmospheric Administration (NOAA), and the Commissioned Corps of the Public Health Service (PHS). The Commissioned Corps of the PHS is not included in this program; however the Government reserves the right to expand coverage under the contract to include PHS personnel.

C.1.2. In order to fulfill its mission, the Active Duty Dental Program (ADDP) will supplement care provided in the DoD's Dental Treatment Facilities (DTFs), as well as provide care to those ADSMs living in regions without access to DTFs. The contractor will supplement DTF authorized care by developing and maintaining a dental provider network in the United States, District of Columbia, U.S. Virgin Islands, Guam, Puerto Rico, American Samoa, and the Northern Mariana Islands.

C.1.3. The ADDP has two components: (1) ADSMs referred from military DTFs for civilian dental care, and (2) ADSMs, having a duty location and residence greater than 50 miles from a DTF. The latter component of ADSMs are considered to be remote ADSMs and are required to comply with the requirements and limitations pertaining to remote ADSMs before receiving dental care.

C.2. Statement of Objectives. The statement of objectives represents the desired outcomes of this contract. The objectives are supported by technical requirements stated throughout Section C. The objectives are as follows:

C.2.1. Ensure ADSMs can maintain their dental readiness no matter where they are stationed in the United States and territories.

C.2.2. Provide an easily accessible dental benefit for Reserve Components members in Early Eligible and Transitional Assistance Management Program (TAMP) status.

C.2.3. Provide a dental referral mechanism for military (DTF) use when the DTF cannot meet the required access to care standards.

C.3. Documents.

C.3.1. The following documents form an integral part of this contract and have the same force and effect as if set forth in full text. The TRICARE Manuals provide instruction, guidance and responsibilities to establish contractual requirements for implementation of federal statutes and regulations. When a statute, regulation, or manual changes, there is no change to the contract requirements until the Contracting Officer changes the contract by modification to the contract. In the event of a conflict between the manuals and either statute and/or regulation, the statute and/or regulation takes precedence. If there is a conflict between the manuals, the order of precedence is – (1) TRICARE Policy Manual (TPM), (2) TRICARE Systems Manual (TSM), and (3) TRICARE Operations Manual (TOM). The TRICARE Manuals are located at <http://manuals.tricare.osd.mil/>. If the contractor believes that a conflict exists between the incorporated documents, the contractor shall inform the Contracting Officer. Where the

SECTION C – DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

TRICARE Manuals state “TRICARE Management Activity” or “TMA” it shall be understood that the name references mean the same as “Defense Health Agency” or “DHA”.

C.3.2.1. The following requirements of TRICARE Operations Manual (TOM) 6010.56-M, February 1, 2008 (through Change 141) apply to this contract:

- Chapter 1, Section 1 – Organization of the TRICARE Management Activity
 - Section 2 – Contract Administration and Instructions (exclude paragraphs 4.0 and 5.0)
 - Section 4 – Management (excluding paragraphs 2.2, 2.3, 2.4, 3.1, 3.2, 3.4, and 4.0)
 - Section 5 – Compliance with Federal Statutes
 - Section 6 - Legal Matters
- Chapter 2 – Records Management
- Chapter 11, Addendum A – TRICARE Logo
- Chapter 13 – Program Integrity
- Chapter 14, Section 2 – Reports and Plans
- Chapter 19 – Health Insurance Portability and Accountability Act (HIPAA) of 1996
- Appendix A – Acronyms and Abbreviations
- Appendix B - Definitions

C.3.2.2. The following requirements of TRICARE Systems Manual (TSM) 7950.2-M, February 1, 2008 (through Change 73) apply to this contract:

- Chapter 1 – General Automated Data Processing (ADP) Requirements (Except for Chapter 1, Section 1.1, requirements of Section J Attachment J-18a apply).
- Chapter 3, Defense Enrollment Eligibility Reporting System (DEERS) (excluding Sections 1.4 and 1.5).

C.3.2.3. The following requirements of TRICARE Policy Manual (TPM) 6010.57-M, February 1, 2008 (through Change 130) apply to this contract.

- Chapter 10, Section 5.1, paragraph 2.8 – Transitional Assistance Management Program

C.3.2.4. Definitions. Definitions are included in the TOM Appendix B, and Attach J-1.

C.3.2.5. The TRICARE manuals are updated/revised frequently, though few of these updates/revisions will affect the ADDP. The contractor will generally be provided the opportunity for comment prior to these updates/revisions. The contractor shall utilize the most current version of the TRICARE manuals in order to keep the manual requirements stated above (C.3.2.1 through C.3.2.4) in sync with the rest of the manuals.

C.3.2.6. Statutory and Regulatory Authority.

Title 10, United States (U.S.C.), Chapter 55, Section 1074(c)(1).

Title 32 Code of Federal Regulations (CFR) Part 199.3, 199.6 and 199.9.

Title 36 CFR Part 1222 (data created or received and maintained for the Government by contractors).

Title 45 CFR Parts 160, 162 and 164 of (Health Insurance Portability and Accountability Act of 1996 (HIPAA) security and privacy standards, transaction and code set standards, National Provider Identifier (NPI) requirements and implementation specifications).

SECTION C – DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

National Institute of Standards and Technology (NIST) special publications (SP) 800-53 and 800-53A.

C.4. Government Information and Applications.

C.4.1. The Government will furnish an electronic file listing of the names, addresses, and other relevant information pertaining to all known remote ADSMs 30 days post certification of meeting Information Assurance (IA) security requirements with additional updates regularly thereafter in support of the contractor's education initiatives. (see Section J Attachment J-16, Transition Requirements).

C.4.2. The official TRICARE logo which must be incorporated in all education materials, may be found at TOM Chapter 11, Addendum A.

C.4.3. The Government will grant the contractor with access to the Defense Manpower Data Center's (DMDC) DEERS to perform eligibility inquiries and enrollments. DEERS is the database of record for the ADDP. The Government will provide the appropriate application for enrolling remote ADSMs in DEERS. The Government will grant access to DEERS only after the contractor's staff and all subcontractors' staff that utilize systems which access and maintain ADDP data are compliant with the enhanced safeguarding methods for unclassified DoD information, personnel security, and clearance requirements. The contractor and its subcontractors must be in compliance with Section C.22, no later than 120 days before the start of dental healthcare delivery.

C.4.4. The Government will provide any changes to the listing at Section J Attachment J-11, Uniformed Services DTFs/DMIS IDs, 30 days prior to the start of dental healthcare delivery and when changes occur thereafter.

C.4.5. Beginning with the start of Option Period 1, DMDC will forward a monthly data file containing changes in the status of ADSMs living within 50 miles of a Military Treatment Facility (MTF) that has no DTF. The contractor will use this file to enroll the newly identified ADSMs in DEERS by entering the remote ADSM Health Care Delivery Program (HCDP) Plan Coverage Code with an end date set to end of eligibility.

C.5. Contractor Furnished Items. The contractor shall furnish all necessary items for the satisfactory performance of this contract, unless the contract specifically states that the Government will be providing such item.

C.6. Dental Benefit.

C.6.1. Benefits will be provided as stated in Section J, Attachment J-2, Benefits, Limitations, and Exclusions, which will be updated for evolving accepted standards as defined by the American Dental Association (ADA). The contract will only pay for covered dental benefits, non-covered dental benefits specifically authorized by the Dental Service Points of Contact (DSPOCs), and those dental benefits that require and have received preauthorization. The contractor shall utilize the most current version of the Code on Dental Procedures and Nomenclature (Code) published in the ADA's Current Dental Terminology (CDT) manual throughout the life of the contract.

C.6.2. The contractor shall promptly notify the Contracting Officer whenever a new version of the ADA CDT manual is published. The contractor shall provide the Contracting Officer with a synopsis of its recommended updates to Section J, Attachment J-2 within 30 calendar days of the release of a new version, then subsequently discuss those recommendations with DHA. Based upon these discussions, the contractor shall then provide the Contracting Officer with a written description of recommended updates

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to Section J, Attachment J-2 that conforms to the new version of the ADA CDT manual and Code.

C.7. Eligibility.

C.7.1. Eligibility Determinations. The Uniformed Services are responsible for reporting an ADSM's eligibility status in DEERS. The contractor shall interface with DEERS to determine eligibility and it shall be the primary source for determining eligibility. The contractor will contact the DSPOCs or the applicable local DTF to verify eligibility for those individuals who are indicated on DEERS as not eligible (e.g., not on active duty but who may have a Line of Duty determination entitling the member to dental care). The current eligibles are as follows:

C.7.1.1. Active Duty Service Members. All ADSMs on continuous active duty orders for more than 30 days are eligible to receive ADDP dental coverage, subject to the requirements and limitations provided in the ADDP. ADSMs with a duty location and residence greater than 50 miles from a DTF are automatically eligible for remote ADSM benefits (see C.8.2 and Section J, Attachment J-3, Instructions to Services, ADSMs, and Network Providers for Remote ADSMs).

C.7.1.2. National Guard/Reserve Members. National Guard/Reserve members that serve on continuous active duty for more than 30 days are considered ADSMs. National Guard members are only TRICARE eligible if on federally funded orders for more than 30 days. If the National Guard member is on state orders, they are not eligible for TRICARE.

C.7.1.3. Early Eligibility. Reserve Component (RC) members who are issued delayed-effective-date active duty orders for more than 30 days in support of a contingency operation are eligible for ADDP as defined in DoD Instruction 7730.54 (see Section J, Attachment J-7, Procedures for Additional Eligible Member Categories).

C.7.1.4. Reserve component members discharged after more than 30 days on active duty in support of a contingency operation using Transitional Assistance Medical Program (TAMP) are eligible and will be considered remote ADSMs. This care will run concurrently with the member's TAMP coverage.

C.7.1.5. Line of Duty (LOD). LOD is for RC members who incur or aggravate an injury, illness or disease while serving on active duty for 30 days or less as defined in DoD Instruction 1241.2 (see Section J Attachment J-7).

C.7.1.6. Foreign Forces Members. FFM on temporary or permanent assignment in the ADDP geographic regions may be eligible to participate in the ADDP pursuant to an approved agreement (e.g., reciprocal health care agreement, NATO SOFA, PFP SOFA) (see Section J Attachment J-7).

C.7.1.7. Wounded Warrior. ADSMs that are being treated inpatient at a Veterans Affairs (VA) Hospital or ADSMs who are identified as a Wounded Warrior and are receiving inpatient/outpatient care at a VA Hospital are eligible for ADDP (see Section J Attachment J-7).

C.8. Remote Active Duty Service Member Enrollment.

C.8.1. The contractor shall record all enrollments, re-enrollments, disenrollments, and correct enrollment discrepancies on DEERS, as specified in the TSM Chapter 3, Section 1.6. DEERS is the primary source for verifying eligibility and enrollment as a remote ADSM. The contractor shall interface directly with DEERS through the Government provided on-line enrollment software. All eligibility information will be provided to the contractor through DEERS which is Government provided on-line enrollment software and all enrollments/terminations will be performed using this web based system. Enrollment/termination

SECTION C – DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

information input by the contractor, will be applied to the DEERS database and an enrollment transaction will be sent by DEERS to the contractor who must be able to apply the enrollment information sent by DEERS to the contractor's system. Sensitive enrollment/eligibility information that is subject to the Privacy Act shall be maintained in the contractor's owned and operated IT system during the period of contract performance.

C.8.2.. The contractor shall verify the following types of remote ADSM dental coverage (see Section J, Attachments J-3 and J-7):

- ADSMs enrolled in TRICARE Prime Remote (TPR)
- ADSMs not eligible for TPR who live and work more than 50 miles from a military DTF
- Early Eligibility members
- Reserve component members under TAMP
- LOD members
- Foreign Forces members
- Wounded Warriors
- Automatic enrollment for NOAA ADSMs
- ADSMs stationed overseas requesting care while temporarily in the United States, District of Columbia, U.S. Virgin Islands, Guam, Puerto Rico, American Samoa, or the Northern Mariana Islands
- Other ADSMs as dictated by the Government

C.8.2.1. Enrollment for Remote ADSMs Enrolled in TPR. Eligibility to enroll in medical TPR requires that the ADSM's permanent duty location and residence be more than 50 miles from a MTF or designated clinic. DEERS will systematically enroll, disenroll, and maintain enrollments for ADSM enrolled in TPR coverage plan based on the ADSM's medical TPR enrollment. ADSMs living in a TPR location must enroll in a medical TPR coverage plan to be enrolled as a remote ADSM.

C.8.2.2. Enrollment for ADSMs Not Eligible for TPR. An ADSM whose permanent duty location and/or residence is less than 50 miles from a MTF or designated clinic is not eligible to enroll in TPR. If the ADSM's permanent duty location and residence is within 50 miles of an MTF but more than 50 miles from a DTF, he or she will not be automatically enrolled as a remote ADSM, but the ADDP contractor will, upon request, manually enroll the member as a remote ADSM.

C.8.2.3. ADSMs with a foreign address in DEERS are eligible for enrollment as a remote ADSM if the ADSM is requesting to receive dental care in the United States, District of Columbia, U.S. Virgin Islands, Guam, Puerto Rico, American Samoa, or the Northern Mariana Islands. The contractor will enroll the ADSM in DEERS by entering the remote ADSM HCDP Plan Coverage Code. The ADSM will be eligible for benefits as a remote ADSM (see Section J, Attachments J-3 and J-7).

C.8.2.4. Automatic Enrollment as a remote ADSM. All NOAA ADSMs will be eligible for remote ADSM enrollment. DEERS will systematically enroll, disenroll, and maintain enrollments as remote ADSMS for NOAA ADSMs.

C.8.2.5. Enrollment for other remote ADSMs. The contractor shall enroll, disenroll and maintain enrollments for ADSMs that the DHA Dental Care Office authorizes to be enrolled as remote ADSMs.

C.8.3. The DMDC prints and mails the remote ADSM coverage cards directly to the enrollee at the residential mailing address specified on the enrollment application after the receipt of the enrollment record. DMDC also provides written notification for new enrollments, plan type changes, disenrollments, and the replacement of the remote ADSM coverage card (see TSM Chapter 3, Section 1.6). The return

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address on the envelope mailed by DMDC will be that of the ADDP contractor and includes the statement: “Address Service Requested” (Note: the contractor will be responsible for paying the U.S. Postal Service for this service). In the case of receiving returned mail, the ADDP contractor shall develop a process to ensure the delivery to the enrollee. When the contractor is notified of an address change, the contractor shall update the contractor’s systems and DEERS to reflect the new address.

C.9. Referrals and Authorizations.

C.9.1. The contractor will track referrals and authorizations and will establish a HIPAA compliant mechanism by which referrals and authorizations will be electronically transmitted to the contractor by the DTFs, DSPOCs or the DHA Dental Care Office.

C.9.1.1. The system will be Public Key Infrastructure (PKI) compliant (i.e. Common Access Card (CAC) enabled). The contractor shall send emails to DTFs, DSPOCs or the DHA Dental Care Office via the PKI compliant system. The contractor’s proprietary secure email system shall only be used for corresponding with the DTFs, DSPOCs or the DHA Dental Care Office when a digital certificate is not established between the corresponding parties.

C.9.1.2. The system will only allow the referral/appointment to be made if the ADSM is reflected as DEERS eligible. (B)(4)
(B)(4)

C.9.1.3. (B)(4)

C.9.1.4. The system will have two options by which to select CDT codes for inclusion in the referral: 1) A drop down box for CDT codes (B)(4)
(B)(4) 2) An option for the CDT code to be manually typed in. There will be no limit to the number of CDT codes entered for that referral.

C.9.1.5. (B)(4)

C.9.1.6. (B)(4)
(B)(4)

C.9.1.7. The system will link the referral, authorization, and claim information except for dollar amounts.

C.9.1.8. The system must allow for the digital radiograph and/or supporting documents to be attached or systematically linked to the referral for transmission purposes. All radiographs need to be of diagnostic quality.

C.9.1.9. (B)(4)
(B)(4)

C.9.1.10. The system will indicate referrals differentiated by appointment; date of the appointment, and the completed date.

C.9.1.11. The system will have the ability to identify remote authorizations and whether they were approved or disapproved.

SECTION C – DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

C.9.1.12. The system will indicate authorized care that was not completed.

C.9.1.13. The contractor shall train and provide secure means for the Government POCs (to include DTF staff, DSPOCs and DHA Dental Care Office, Health Benefits Advisors, Beneficiary Counseling and Assistance Coordinators, and any other personnel identified by the Government) to access the system(s) for viewing and/or utilization. Initial training shall be completed no later than 60 days prior to the start of Option Period 1. (B)(4)

(B)(4)

C.9.2. Referrals can be made by the ADSM (self-referral), DTF, or DSPOC. Authorizations for treatment can only be made by a DTF, DSPOC, or the DHA Dental Care Office. The contractor shall not reimburse dental care without an authorization or a referral unless the care is an emergency, meets the DTF referral exceptions identified in Section C.9.3., or it meets remote ADSM conditions as stipulated in Section C.9.5 and Section J, Attachment J-3. Authorization is not required for emergency dental care (see Section J, Attachments J-2 and J-3). All authorizations are valid for 12 months from the authorization date. The contractor shall deny claims for care received more than 12 months after the authorization date. If an appeal of the denial is submitted the contractor shall follow the appeals process detailed in C.15.

C.9.3. DTF Referral and Authorizations. Referrals for ADSMs assigned to units that have DTF availability will receive an authorization from that DTF when they are referred out of the DTF for civilian dental care (see Section J, Attachment J-11 for the DTF list). The contractor will reimburse dental care as specified on the DTF referral/authorization unless alteration is authorized under Section J, Attachment J-5, Similar or Alternate Dental Procedure Codes Accepted for Referral/Authorization Claims.

C.9.3.1. DTF Referred Orthodontics. Each Service Headquarters has one dentist Representative, with approval authority, who reviews their Service's DTF referred orthodontics. Each DTF will electronically forward all DTF referred orthodontics to the Service's Representative for approval/denial. The Service Representative electronically forwards the denied cases to the DTF and the approved cases to the contractor and the DTF.

C.9.4. DSPOC Referrals and Authorizations. The remote ADSM's DSPOC is required to authorize all care for which the remote ADSM cannot self-refer. The contractor shall utilize the DSPOC Review Codes listed in Section J, Attachment J-9 in conveying DSPOC approval/disapproval of authorization requests. The contractor may approve routine care the first time an ADSM uses a non-network provider without authorization, if the DTF, ADSM or the provider appeals the initial denial. Otherwise, all non-network care, regardless of cost or treatment category, must be authorized by the DSPOC, unless the treatment qualifies as emergency dental care. The contractor shall submit all authorization requests, all supporting documentation, and the patient's case documents, in an electronic format to the DSPOC (see C.9.1).

C.9.5. Remote ADSM Self-Referrals. In accordance with Section J, Attachment J-3, remote ADSM's self-refer for all covered benefits except for care over \$750 per procedure or appointment or cumulative total of \$1500 or more for treatment plans completed within a consecutive 12 month period, and certain designated specialty procedures (dollar threshold is based on the provider's network fee allowance). This

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includes appointments where routine care under \$750 may be combined with specialty care provided on the same date of service. In these cases, authorization for all care is required even if a portion of it has been previously approved. Remote ADSMs can only self-refer to network providers. When ADSMs self-refer to a non-network provider for non-emergency care when a network provider is available per the standards specified in Section C.18.1, the contractor will contact the DSPOC as specified in Section C.11.

C.9.5.1. Due to rapid changes in eligibility for Reserve Component members, there may be occurrences of care erroneously paid or denied under the TRICARE Dental Program (TDP) contract that should have been paid under the ADDP contract or vice versa. When these instances occur, the contractor will coordinate with the TDP contractor to correct the claim payment, per the Memorandum of Agreement (MOA) with the TDP contractor. In these cases, where the member received care under the TDP, and subsequently was determined to be eligible under the ADDP, the contractor shall pay the claim in full without requiring DSPOC authorization, so long as the care received was a covered benefit under the ADDP. This applies to paid claims and to claims denied under the TDP due to being a non-covered benefit.

C.10. Network Providers.

C.10.1. Network Provider Access. The contractor shall establish provider networks for the delivery of dental services in the United States, District of Columbia, U.S. Virgin Islands, Guam, Puerto Rico, American Samoa, and the Northern Mariana Islands. The contractor shall ensure that the network provider access standards listed in C.18.1 are met at the start of dental healthcare delivery and thereafter.

C.10.2. Network Adequacy. The contractor shall provide the Contracting Officer with written notification of any instances of provider network inadequacy relative to the access standards specified in C.18.1, and shall submit a corrective action plan with each notice of an instance of provider network inadequacy. Provider network inadequacy is defined as any failure to meet the access standard. This information shall be submitted in accordance with the network access reports listed in Section J, Exhibit B, Contract Data Requirements Lists (CDRLs).

C.10.3. Network Provider Directory. The contractor shall make available a web based directory of network providers, searchable by zip code, distance, address, and by individual provider name. The directory shall include the provider's name, specialty, gender, address, phone number, fax number, whether the provider is accepting new patients, and whether the provider performs amalgam restorations (CDT D2140, D2150, D2160, or D2161). The contractor shall maintain the information so that it is current within the last 30 calendar days.

C.10.4. Network Provider Reimbursement.

C.10.4.1. Network providers shall submit claims to the contractor for all authorized and/or covered dental care provided to eligible ADSMs. ADSMs shall not be billed for this care, nor be liable for any co-payments or cost-shares.

C.10.4.2. If the contractor receives a request for payment of services that are not covered under the ADDP, the contractor shall contact the DSPOC for a coverage determination prior to approving/disapproving payment.

C.10.4.3. Hold Harmless Provision. The contractor shall educate their network providers and the ADSMs on the hold harmless requirements. If an ADSM elects to receive a non-covered dental service from a network provider, the ADSM must be informed by the provider in advance of receiving the service that the service is excluded from coverage and the ADSM agrees nevertheless to pay for the service.

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Such agreement to pay by the ADSM will constitute a waiver of the ADSM's right to be held harmless and will be evidenced in writing, either by written agreement or in clinical notes entered into the ADSM's dental record contemporaneously with the time, date of agreement and the ADSM's signature. The ADSM's decision to receive such service, without written evidence of the ADSM's agreement to pay notwithstanding exclusion from coverage, will not constitute a waiver of the ADSM's right to be held harmless. The ADSM will not be held harmless from financial liability if the ADSM fails to advise the network provider, in advance of receiving the service that he or she is an ADSM. Under "hold harmless," the ADSM has no financial liability and therefore has no further appeal rights for care that is denied coverage. If the ADSM waives his or her right to be held harmless, the ADSM will be financially liable for the care received.

C.10.5. Dental Readiness Classification (DRC). The contractor will collect the remote ADSM's DRC information from providers and will report this information on the ADDP Data Elements Report (see Section J, Attachment J-13). The classification definitions are listed in Section J, Attachment J-1. The contractor will only report either DRC 1, 2, or 3; DRC 4 is not used for this contract. One dental classification will be reported for the claim, not a dental classification for each procedure. Claims from providers that do not include the DRC, when required, shall be denied until a DRC is received by the contractor in either hardcopy, electronic or telephonic format. Annually, network providers will complete and give to the ADSM a DD Form 2813, Active Duty/Reserve Forces Dental Examination Form for all remote ADSMs' annual dental examinations upon request. ADSMs will not be charged for these services (see Section J, Attachment J-8).

C.10.6. If requested by the ADSM and/or DTFs, network providers shall provide, within 10 business days of request, copies of the treatment narrative summaries at no additional charge to the ADSMs and DTFs.

C.10.7. Dental Services Agreement. The contractor will enter into a Dental Services Agreement with the Department of Veterans Affairs to refer ADSMs requiring dental services to participating VA dental clinics, on a space available basis, as authorized by Section 20 I of the Veterans Health Care Act of 1992, Public Law 102-585, 38 USC 8111. The VA furnishes the contractor with a current list of Participating Providers which the contractor will add to its Participating Provider Network for the specific purpose of providing dental care under the provisions of the ADDP contract. For services rendered, the VA files claims to the contractor for reimbursement, in accordance with the contractor's Maximum Allowable Charge (see Section J, Exhibit A, CDT Pricing Table).

C.11. Non-Network Providers.

C.11.1. The contractor's education program will provide guidance for ADSMs using non-network providers and how to obtain assistance for provider reimbursement when faced with a provider who demands payment at time of service.

C.11.2. When the ADSM receives care from a non-network provider who demands payment prior to receiving care, the ADSM contacts the contractor who will arrange reimbursement to the provider. When an ADSM has paid a non-network provider (e.g., an emergency situation) and seeks reimbursement, the contractor will reimburse the ADSM. If the ADSM elects to use a non-network provider for non-covered dental services they waive their right to be held harmless (see C.10.4.3).

C.11.3. If the contractor receives a request for payment of routine services which are covered under the ADDP but the provider of care is not a network provider and a network provider is available, the contractor shall deny the claim for using a non-network provider. If the DTF, ADSM or provider appeals the initial denial, the contractor may approve the claim for payment one time. If the contractor approves

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the initial denial, the contractor shall process the claim for billed charges. If the ADSM continues to use a non-network provider, the contractor shall contact the DSPOC for a coverage determination (see C.9.4). The DSPOC will direct the contractor to either pay for the service in full; pay the network charge and direct the ADSM to pay the difference; or direct the ADSM to pay all charges. If the DSPOC authorizes care for services received from a non-network provider when a network provider was available, the Government will be responsible for paying the billed charges. If the billed charges are less than the negotiated contract rate the Government will pay the lower billed charges. If the billed charges are higher than the negotiated contract rate then the Government will pay the difference.

C.11.4. If a contractor receives a request for payment of services from a non-network provider that qualify as emergency dental care, the contractor shall pay the claim.

C.11.5. If the contractor receives a request for payment of services that are not covered under the ADDP, the contractor shall contact the DSPOC for a coverage determination prior to approving/disapproving payment.

C.12. Provider Standards.

C.12.1. Prior to the payment of any claim for dental services, the contractor shall ensure that the provider has complied with the licensure requirements established by the 32 CFR 199.6 and the locality (e.g., state, country, territory, etc.) in which the services were rendered, including national and/or lower level requirements as appropriate. Claims for services rendered by providers who do not meet applicable licensure requirements shall be denied.

C.12.2. The contractor is responsible for determining the standard dental malpractice coverage required in the state (including state risk pools if applicable) for each network provider (both professional and institutional). In the absence of a state law requirement for dental malpractice insurance coverage, the contractor is responsible for determining the local community standard for dental malpractice coverage, and the contractor must maintain the documentation evidencing both the standard and compliance by network providers. In those cases where there are no state and/or community requirements, the contractor shall use its corporate/commercial network provider dental malpractice insurance requirements for dental malpractice insurance coverage.

C.12.2.1. Each network provider agreement must indicate the required coverage and the provider's compliance with the requirements of C.12.

C.12.2.2. Prior to inclusion of a provider in the network, and retention in the network, the contractor will ensure that the provider meets the state and/or local requirements for dental malpractice coverage and documentation thereof complies with the requirements of this contract. Evidence documenting the required coverage of each network provider under the contract shall be provided to the Contracting Officer upon request.

C.13. Preemption of State Laws. Pursuant to 10 U.S.C. 1103(a), the preemption of U.S. state and local law applies to this program.

C.14. Claims Processing.

C.14.1. The contractor shall process dental care claims to completion (payment or denial) in an accurate and timely manner (as defined in C.18.3.1), in accordance with the standards at C.18.3. Payment will be made to the network or non-network provider who submitted the claim. Payment shall only be made to ADSMs under extraordinary circumstances where the ADSM was required to pay for covered care from a

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non-network provider. The contractor shall retain all claims that contain sufficient information to allow processing and all claims for which missing information may be developed from in-house sources, including DEERS and contractor-operated or maintained electronic, paper, or film files. All other claims shall be denied pending receipt of complete information.

C.14.2. Non-Network Provider Claim Form. The contractor shall accept any ADA approved claim form from non-network providers and from enrollees using non-network providers. The contractor shall stock and distribute ADA approved and/or UCCI designed claim forms that enrollees may use for non-network provider claims. The contractor shall maintain at least one ADA approved and/or its UCCI designed claim form on its Web site allowing enrollees to complete the form online and then download for submittal.

C.15. Appeal and Grievance Process.

C.15.1. The contractor shall establish and maintain appeal procedures in support of ADSMs.

C.15.1.1. If the DSPOC and/or contractor denies a request for reimbursement of service or written request for authorization, the dental provider, ADSM, and ADSM's command is notified in writing by the office that denied the appeal. The ADSM, ADSM's command, dental provider or the ADSMs authorized representative, may appeal the denial as long as they comply with the provision herein for appealing the denial.

C.15.1.2. First Level. The contractor shall ensure that any appeal of a denial is in writing and received by email, fax or other delivery within 90 calendar days of the ADSM, ADSM's command, or dental provider receiving notice of the denial. If the request is not received within the 90 calendar days the contractor shall notify the requestor within the timeframe specified for non-priority correspondence standards listed at C.18.4 of receiving the request that the appeal was not received timely and therefore denied. A copy will be provided to the DHA Dental Care Office. The contractor shall electronically forward the appeal to the DSPOC, within seven calendar days of receipt. The DSPOC issues a decision electronically to the contractor, within 10 calendar days of receipt, by either granting the appeal, denying the appeal or requesting additional information. The contractor shall notify the appealing party within 14 calendar days of receipt of the DSPOC's decision.

C.15.1.3. Second Level. In the event the DSPOC denies the appeal, then if the ADSM, ADSM's command, dental provider or the ADSM's authorized representative has filed a request for additional review of the DSPOC's decision, the contractor shall ensure that it was received within 30 calendar days of the denial. If the request is not received within the 30 calendar days the contractor shall notify the requestor within the timeframe specified for non-priority correspondence standards listed at C.18.4 of receiving the request that the appeal was not received timely and therefore denied. A copy will be provided to the DHA Dental Care Office. In order to obtain further review of the DSPOC's decision, the ADSM, ADSM's command, dental provider or the ADSM's authorized representative submits to the contractor their written request for review of the DSPOC's decision. The request for review must include a copy of the DSPOC's decision. The contractor shall electronically forward the request to the DSPOC within seven calendar days of receipt for a second and separate DSPOC review. The DSPOC issues a decision electronically to the contractor, within 15 calendar days of receipt, either affirming or reversing the initial DSPOC's first level decision. The decision may overrule the previous decision in whole or in part. The contractor shall notify the appealing party within 14 calendar days of receipt of the DSPOC's decision.

C.15.1.4. Final Level. In the event that the DSPOC affirms their first level decision, the ADSM, ADSM's command, dental provider or the ADSM's authorized representative may seek further review, and the contractor shall ensure that a written request was received within 30 calendar days of receipt of

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the second decision. If the request is not received within the 30 calendar days the contractor shall notify the requestor within the timeframe specified for non-priority correspondence standards listed at C.18.4 of receiving the request that the appeal was not received timely and therefore denied. A copy will be provided to the DHA Dental Care Office. The written request must include copies of the First and Second level decisions. The contractor shall electronically forward the request to the DSPOC within seven calendar days of receipt. The DSPOC electronically forwards the request to the Surgeon General or designee for the ADSM's Branch of Service, with a copy to the DHA Dental Care Office, within 7 calendar days. The Surgeon General or designee for the ADSM's Branch of Service decision is final and not subject to further appeal. The contractor shall notify the appealing party within 14 calendar days of receipt of the final decision.

C.15.1.5. The contractor shall ensure that any appealable issue may only be appealed through the above process one time. Once a final decision is rendered, the issue may not be appealed again.

C.15.2. The contractor is responsible for processing grievances filed by or on behalf of the ADSM.

C.15.2.1. The contractor shall develop and implement a grievance system, separate and apart from the appeal process. The grievance system shall allow full opportunity for aggrieved parties to seek and obtain an explanation for and/or correction of any perceived failure of a network provider, contractor, or subcontractor personnel to furnish the level or quality of care and/or service to which the ADSM may believe he/she is entitled. Grievances may be filed for or on behalf of the ADSM, by the ADSM or by the referring DTF. All grievances must be submitted in writing. The subjects of grievances may be, but are not limited to, such issues as the refusal of a network provider to provide services or to refer a beneficiary to a specialist, the length of the waiting period to obtain an appointment, undue delays at an office when an appointment has been made, poor quality of care, or other factors which reflect upon the quality of the care provided or the quality and/or timeliness of the service. If the written complaint reveals an appealable issue, the correspondence shall be forwarded to the contractor's appeals unit for a reconsideration review.

C.15.2.2. Grievances may be mailed, faxed or delivered to the contractor. In addition to these methods of delivery the contractor shall offer on their Web site a fillable online grievance form that may be submitted through an online process. The Web application will include the ability to include supporting documentation.

C.15.2.3. It is the contractor's responsibility to conduct an investigation and, if possible, resolve the aggrieved party's problem or concern. In this responsibility, the contractor shall:

C.15.2.3.1 Ensure that information for filing of grievances is readily available to all ADSMs.

C.15.2.3.2. Maintain a system of receipt, identification, and control which will enable accurate and timely handling. All grievances shall be stamped upon receipt with the actual date of receipt.

C.15.2.3.3. Investigate the grievance and document the results for 95% of grievances within 60 calendar days of receipt of the grievance. Investigate the grievance and document the results for 100% of grievances within 90 calendar days of receipt. The contractor shall notify the Contracting Officer's Representative (COR) of all grievances for which reviews were not completed within 60 days of receipt.

C.15.2.3.4. Provide interim written responses by the 30th calendar day after receipt for all grievances not Processed To Completion (PTC) by that date.

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C.15.2.3.5. Take positive steps to resolve any problem identified within 60 days of the problem identification. If the problem cannot be resolved within that period of time, the COR shall be informed of the nature of the problem and the expected date of resolution. If there is no resolution to the problem, the contractor shall acknowledge receipt of the grievance and explain to the grievant why the problem cannot be resolved.

C.15.2.3.6. Written notification of the results of the review shall be submitted to the ADSM and DTF (where applicable) within 60 days of the original receipt of the grievance. The letter will indicate who the grievant may contact to obtain more information and provide an opportunity for the grievant, if not satisfied with the resolution, to request a second review by a different individual.

C.15.2.3.7. Ensure the involvement in the grievance review process of appropriate dental personnel, including personnel responsible for the contractor's quality assurance program in any case where the grievance is related to the quality of medical care or impacts on utilization review activities.

C.15.2.3.8. Maintain records for all grievances, including copies of the correspondence, the results of the review/investigation and the action taken to resolve any problems which are identified through the grievance.

C.16. Beneficiary and Network Provider Services.

C.16.1. The contractor shall provide comprehensive, readily accessible customer services that include multiple, contemporary avenues of access such as telephone, facsimile, written, e-mail and World Wide Web for beneficiaries and providers. (B)(4)

(B)(4)
(B)(4) Customer services shall be delivered in a manner that achieves the standards in C.18.4.

C.16.2. The customer service department shall be open from 7:00 A.M. to 7:00 P.M. Central Time (CT) Monday through Friday and 7:00 A.M. to 4 P.M. CT on Saturdays, except for Federal Holidays.

C.16.3. The contractor shall schedule appointments for the ADSM, when requested by the ADSM, through the contractor's Web site or via telephone with a customer service representative. The contractor shall send to the ADSM electronic scheduling reminders, appointment reminders, and failed appointment notices in order to ensure scheduling and appointment compliance. The contractor shall send the reminders/notices via PKI encrypted (i.e. CAC encrypted) or through the contractor's proprietary secure email system. If the ADSM requests non-PHI/PII be sent unencrypted to their military account or to their non-secure account (e.g. their personal email address) the contractor may comply with the ADSM's request. The contractor shall make appointments and complete authorization requests in accordance with C.18.2.

C.16.4. The contractor shall provide prompt responses to written correspondence received either via hardcopy or electronic media in accordance with the standards in C.18.4.

C.16.5. Once a dental claim has been processed to completion, the contractor will send an unencrypted email to the ADSM's military account or if requested, to a non-secure email account(see C.16.3), which contains a link for the ADSM to participate in a patient satisfaction survey. The survey will be administered by the Tri-Service Center for Oral Health Studies or other DoD approved agency. If this email is returned undeliverable the contractor does not have to follow-up on the delivery as they would

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such as appointment notices to the ADSM.

C.17. Education.

C.17.1. ADSM Education. The contractor will prepare and submit to DHA, Beneficiary Education and Support (BE&S) an annual education plan (Section J, Exhibit B, CDRL AP020) to inform remote ADSMs, DTFs, and DSPOCs of services offered by the ADDP.

C.17.1.1. Provider Education. The contractor shall educate network providers on the ADDP dental benefit and requirements of treating ADSMs. The contractor shall make the educational training available on line to the providers. The contractor shall ensure network providers are familiar with referral and authorization requirements, claim submittal process, Dental Readiness Classification procedures, and supporting documentation requirements to accompany claims and/or dental care authorization requests.

C.17.2. The contractor's education strategy will be sufficiently comprehensive to meet the information needs of the customer base. The contractor's strategy may include a broad array of tools to include, but not limited to, printed mass communications materials, use of current World Wide Web technology, advertisements in publications that target the eligible population, regular participation at conferences, seminars, trade fairs, family support association and council meetings, and military/reserve association meetings that are attended by eligible persons or Government representatives that train or support eligible persons (i.e., Beneficiary Counseling and Assistance Coordinators-BCAC), and presentations to Reserve Component units.

C.17.3. The contractor shall use the Government's national suite of TRICARE educational materials pertaining to specific aspects of the TRICARE benefit and programs. The contractor shall use the Government's mandatory formats to ensure "one look and feel" of all educational material. The educational materials must cite the Web site www.tricare.mil/dental. This Web site will direct the beneficiary and provider to the correct dental site.

C.17.3.1. The contractor will meet with and establish a Memorandum of Understanding (MOU) with DHA BE&S (Section J, Exhibit B, CDRL R170). The MOU will establish the review and approval process for annual education plans and identify desired education materials.

C.17.3.2. BE&S collaborates with the contractor in the design and development of content for all education materials. All materials developed supports the contractor's approved education plan and shall be distributed by the contractor. Timeframes to support design, development, printing and distribution of education materials will be as specified in the MOU between the contractor and BE&S. The contractor shall ensure that all education materials are coordinated with the Contracting Officer's Representative prior to approval and release for printing. BE&S prints all educational materials, including written materials, briefings, and other methods of publicizing the ADDP. BE&S ships all materials to the contractor; and the contractor shall be responsible for all storage, handling and distribution of printed materials.

C.17.4. The contractor shall participate in monthly TRICARE beneficiary and provider workgroup meetings, comprised of other DHA programs' representatives and the TRICARE Beneficiary Publications Office/BE&S. As an advisor, the contractor shall provide unique perspectives, ideas, and recommendations regarding the development and maintenance of TRICARE educational materials to the group. Meetings may be attended via teleconference, video telecommunications, or in person which is typically in the Washington D.C. area.

C.17.5. In coordination with BE&S, the contractor shall develop and e-mail up to two electronic

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newsletters per year to the remote ADSMs and the DTFs.

C.17.6. Printed Mass Communication Materials. The contractor shall post all current versions of approved mass communications materials on its Web site.

C.18. Standards.

C.18.1. Network Provider Access.

CATEGORY	STANDARD
Remote ADSMs access to a general dentistry network	<p align="center">(B)(4)</p> <p>95% of all remote ADSMs will have access to a general dentistry network provider within 40 driving miles of their home address (B)(4)</p>
DTF referral network access	<p align="center">(B)(4)</p> <p>95% of all DTF referrals will have access to a network provider within 25 driving miles of the DTF as defined by the DTF service area ZIP codes (B)(4)</p>
Routine appointments	<p align="center">(B)(4)</p> <p>95% of all ADSMs will be able to obtain a routine appointment within 21 calendar days of requesting an appointment (B)(4)</p> <p align="center">(B)(4)</p>
Specialty consultation appointments	<p align="center">(B)(4)</p> <p>95% of all ADSMs will have access to a specialty consultation appointment from an appropriate dental specialist within 28 calendar days of requesting an appointment</p> <p align="center">(B)(4)</p>

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Endodontic referrals	(B)(4) of all DTF referred endodontic procedures will be completed by an Endodontist (B)(4)
Oral surgery referrals	(B)(4) of all DTF referred oral surgeries will be completed by an Oral Surgeon (B)(4) (B)(4)

C.18.2. Appointments and Authorizations.

CATEGORY	STANDARD
Schedule Appointments	90% of appointments will be scheduled within two working days (B)(4)
Authorizations Completed	1) (B)(4) of authorization requests will be electronically sent to the DSPOC within four business days of receipt of a complete authorization request (to include required documentation) (B)(4) 100% of authorization requests will be electronically sent to the DSPOC within six business days of receipt of a complete authorization request (to include required documentation). 2) (B)(4) of authorization requests will be completed within two working days of receiving all required information from the DSPOC (B)(4) 100% of authorization requests will be completed within three working days of receiving all required information from the DSPOC

C.18.3. Claims Processing.

CATEGORY	STANDARD
Process Claims to Completion	(B)(4) within 14 calendar days of receipt (B)(4) (B)(4) within 30 calendar days of receipt (B)(4) within 60 calendar days of receipt
Claim Payment Accuracy	98%
Coding Accuracy	98%
Payment and coding errors shall be corrected	Within (B)(4) calendar days of identification of the error (B)(4)
(B)(4)	

C.18.3.1. For purposes of computing claims processing cycle times, the process to completion date will be computed as defined in the TOM, Appendix B for the definition “Processed to Completion”.

C.18.4. Telephone and Correspondence Standards.

CATEGORY	STANDARD
(B)(4)	

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(B)(4)	
Telephone answered by Automated Response Unit (ARU)	98% within 20 seconds
Telephone answered by Customer Service Representative (CSR)	80% within 30 seconds of selection by caller
Telephone call blockage rate	5% or less at all times (measured, at a minimum, hourly)
Telephone calls completed	80% during the initial call 99.9% within 10 business days
Priority written and e-mail correspondence (final response)	95% within 7 business days of receipt 99.9% within 20 business days of receipt
Non-priority written and e-mail correspondence	85% within 10 business days 99.9% within 25 business days

C.18.4.1. For purposes of computing telephone call processing cycle times, the date of completion shall be computed as defined in the TOM, Appendix B (Processed to Completion, Telephonic Inquiry).

C.18.4.2. For purposes of computing correspondence processing cycle times, the date of receipt and date of completion shall be computed as defined in the TOM, Appendix B (Processed to Completion, Correspondence).

C.18.4.3. Any correspondence or written material sent to the ADSM by the contractor that includes the ADSM’s social security number will only include the last four digits of the number.

C.18.4.4. Priority correspondence is that correspondence received from Members of Congress, DoD leadership and/or DHA leadership.

C.18.5. Grievances

CATEGORY	STANDARD
Grievances processed to completion	95% within 60 calendar days of receipt 100% within 90 calendar days of receipt

C.18.6. (B)(4)

CATEGORY	STANDARD
(B)(4)	

C.19 Management.

C.19.1. The contractor shall establish and maintain effective management strategies, staff education and training programs, lines of authority, and reporting and coordination interfaces with the Government. The contractor shall comply with the management guidance in the TOM, Chapter 1, Sections 1, 2 (excluding paragraphs 4.0 and 5.0), 4 (excluding paragraphs 2.2, 2.3, 2.4, 3.1, 3.2, 3.4, and 4.0), 5, and 6.

C.19.2. Quality Management/Quality Improvement Program (QM/QI). The contractor shall establish

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and continuously operate an internal QM/QI program that will provide the contractor's management with effective and efficient processes for identifying and correcting problems throughout the duration of the contract. At a minimum, the QM/QI program shall include the following:

- Quality Practices
- Claims Processing
- Internal Controls
- Utilization Review, Claims Review, and Utilization Management Processes
- Credentialing and Re-credentialing Activities
- Access to Care Monitoring Procedures
- ADISM Communications Activities and Satisfaction Monitoring Procedures
- Delegated Activities Oversight Management
- Appeals and Grievances Procedures
- Quality Management Plan

C.19.3. Compliance with Statutory Requirements. The contractor shall document and employ procedures to assure confidentiality of all enrollee and provider information. This includes the protection of rights of the individual in accordance with the provisions of the Privacy Act (5 U.S.C. 552(a)); the Freedom of Information Act (5 U.S.C. 552); the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Reorganization Act (42 U.S.C. 290dd-2) (see the TOM, Chapter 1, Section 5). The contractor shall also prevent unauthorized use of files. The contractor must also comply with all applicable requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 including DoD Health Information Privacy Regulation – DoD 6025.18-R (as amended), the DoD 8580.02-R, Department of Defense Health Information Security Regulation, and the TOM, Chapter 19 as applicable to dental care services.

C.19.3.1. Pursuant to FAR Part 24 the requirements of the Privacy Act (5 U.S.C. 552a) and the Department of Defense Privacy Program (DoD 5400.11-R) are applicable to this contract and the systems of records operated and maintained by the contractor on behalf of DHA. These systems of records are found at 65 Federal Register 30966 (Health Benefits Authorization Files, Medical/Dental Care and Claims Inquiry Files, Medical/Dental Claim History Files), 60 Federal Register 43775 (USTF Managed Care System), 69 Federal Register 50171 and 71 Federal Register 16127 (Military Health Information System), and 64 Federal Register 22837 (Health Affairs Survey Data Base). The records systems operated and maintained by the contractor are records systems operated and maintained by a DoD Component (DHA). (See TOM Chapter 1, Section 5; Chapter 2, Section 1; and Chapter 2, Section 2).

C.19.4. Fraud and Abuse. The contractor shall implement a Fraud and Abuse program in accordance with TOM Chapter 13.

C.19.4.1. Potential Fraud and Abuse Cases. The contractor shall refer to DHA potential cases that involve more than a \$10,000 loss to the Government or cases with any loss where patient harm has occurred. See the TOM, Chapter 13, Section 2 for further requirements.

C.19.4.2. Post Payment Utilization Reviews. When performing post payment utilization reviews, the contractor shall consider high volume beneficiaries as those beneficiaries whose charges exceed \$25,000 during a 12 month reporting period. High volume providers are considered institutional providers whose payments exceed \$750,000; individual providers whose payments exceed \$100,000; group/clinics whose payments exceed \$100,000 during a 12 month reporting period. See the TOM, Chapter 13, Section 4 for further requirements.

C.19.5. Legal Matters. See TOM, Chapter 1, Section 6.

SECTION C – DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

C.19.6. Records Management. All contractor records generated under this contract shall be maintained in accordance with 36 CFR 1222 and the TOM, Chapter 2. The contractor will identify its Records Manager to the Contracting Officer within ten calendar days of award. Following contract award, the contractor shall schedule its Records Manager to attend the next available DHA records management class (a five day course) presented in Aurora, CO. The contractor's Records Manager shall continue to attend the records management course annually thereafter. Contractor travel shall be at the contractor's expense. ADDP records may not be used by the contractor for any other purpose not directly related to the contract.

C.19.7. Dissemination of Information. There shall be no dissemination or publication of information developed under this contract or contained in the reports to be furnished pursuant to this contract, except within and between the contractor, subcontractors, and DHA, without prior written approval from the Contracting Officer.

C.20. Reports and Plans. The contractor shall provide all reports and plans that are specified in Section J, Exhibit B, CDRLs.

C.20.1. Disaster Action Plan. The contractor shall develop a Disaster Action Plan to be implemented when the President of the United States declares an area of the United States or any U.S. territory with a provider network to be a "National Disaster Area" (see Section J, Exhibit B, CDRL R050)

C.20.2. Continuity of Operations Plan (COOP). The contractor shall provide a continuation of operations plan on an annual basis. The plan shall address all areas specified in the TSM, Chapter 1. The COOP shall be validated annually through disaster recovery testing (see Section J, Exhibit B, CDRL AP020).

C.21. Data Required.

C.21.1. The contractor shall provide the Government with access to the full ADDP data set including, but not limited to network providers, non-network providers, enrollment information, authorizations, referrals, claims processing, claims payment, enrollee care and service data.

C.21.2. During the contract transition-in period, the contractor shall fully describe to the Government the complete set of data that the contractor shall maintain to support the requirements of the ADDP. The Government will review the data elements that the contractor has available and will notify the contractor as to what data elements the Government does not want reported. Subsequently, the contractor shall work with the Government to fully describe the format/data elements (i.e., field descriptions, field lengths, list of allowed entries for each field) to be used for each report and to build/test the reports to be forwarded to the Government. During the term of the contract the Government may require additional changes to the makeup of these reports (e.g., add or delete data elements or change the format) and the contractor shall implement these changes at no change to contract price. In addition, if data submission mistakes are discovered (e.g., the manner in which the data is submitted leads to incorrect data reports) during the term of the contract, the contractor shall correct the mistakes within 30 calendar days of notification.

C.21.3. The contractor shall cooperate and work with the Contracting Officer and DHA Defense Health Services Systems (DHSS) in developing an ADDP Interface Control Document (ICD) describing the data exchange to the Military Health System (MHS) Data Repository (MDR). The purpose of the ADDP ICD document is to describe the interface that provides the ADDP records from the contractor's automated information systems in support of the ADDP.

C.21.3.1. The ADDP contractor shall submit the claims data in accordance with CDRL M040 via secure

SECTION C – DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

File Transfer Protocol (FTP) reflecting previous month's claim activity (see Section J Attachment J-13). DHSS receives the claims data on the Feed Nodes of the MDR. The main host of the MDR is an IBM RS/6000SP multi-node computing platform located at the Defense Enterprise Computing Center – Denver (DECC) located in Aurora, Colorado. The data is then sent to the Tivoli Storage Manager node where the data is copied and stored for back-up purposes. The MDR pulls the raw ADDP files and processes the data to yield two files.

C.21.3.2. The contractor shall protect the data in accordance with the C2-level protection standards mandated for all "Sensitive Unclassified Systems" as required in the DoD Directive 5200.28 since the data exchanged in this interface contains protected patient level identifiable information and the aggregate data being transmitted by DHSS becomes part of a database that contains sensitive data.

C.21.3.3. The contractor shall perform validation checks such as record counts, file formats, source stamps, and date-time stamps on data transferred from the contractor to the MDR as defined in the ADDP ICD. When errors are discovered in the data exchange, the contractor will be notified immediately by DHSS operations personnel. If there are systemic problems, Interface Working Group (IWG) counterparts will be contacted by DHSS to work the issues.

C.22. System Security.

C.22.1. The contractor shall acquire, develop, and maintain processes for safeguarding unclassified sensitive DoD information on all contractor/subcontractor systems/networks that store, process or access Government sensitive information (SI) in accordance with Section J Attachment J-18a, TSM, Chapter 1, Section 1.1 and Section H.3. The contractor shall implement a minimum level of enhanced safeguarding for unclassified DoD information as defined in the NIST SP 800-53 and 53A, Privacy Act Program Requirements (DoD 5400.11-R), and the Personnel Security Program (DoD 5200.2-R). Government acknowledgement of the contractor's Annual Checklist and Certification for Minimum Level of Enhanced Safeguarding for Unclassified DoD Information (also known as the "Checklist") is required prior to accessing DoD data or interconnectivity with the Government system and testing (see Section J, Exhibit B, CDRL AP040).

C.22.2. Health Insurance Portability and Accountability Act (HIPAA Security Rule). The contractor shall comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements, specifically, the administrative simplification provisions of the law and the associated rules and regulations published by the Secretary, Health and Human Services (HHS), the DoD Health Information Privacy Regulation (DoD 6025.18-R), the Health Insurance Portability and Accountability Act Security Compliance Memorandum (Office of the Secretary of Defense, Health Affairs (OSD/HA) Policy 60-010), the Security Standards for the Protection of Electronic Protected Health Information and the requirements of the TOM, Chapter 19, Section 1 and the TSM, Chapter 1.

C.22.2.1. The contractor shall enter into a Data Use Agreement (DUA) for data obtained from DoD Systems and applications and comply with DoD 6025.18-R, DoD Health Information Privacy Regulation, HIPAA Privacy Rule, and DoD 5400.11-R DoD Privacy Program, by submitting a DUA to the Privacy Office annually or until their contract is no longer in effect as required in the TSM, Chapter 1 and the TOM, Chapter 19.

C.22.2.2. The contractor shall ensure its subcontractors and/or their agents who require the use of or access to individually identifiable information or protected health information under the provisions of this contract comply with DoD regulations and the TSM.

C.22.3. Physical Security. The contractor shall employ physical security safeguards for IS/networks

SECTION C – DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

involved in the operation of the ADDP systems of records to prevent the unauthorized access, disclosure, modification, destruction, or use, of sensitive information. The contractor's safeguards shall be in accordance with the physical security requirements of the NIST SP 800-53 and 53A (see Section C.22.).

C.22.4. Information Systems (IS)/Networks Personnel Security. The contractor shall meet the requirements of DoD 5200.2-R "Personnel Security Program", January 1987, and the Personnel Security ADP/IT requirements as outlined in the TSM, Chapter 1. The requirements apply to employees and subcontractor employees who require access to Government information technology (IT) systems or access to contractor/subcontractor IT systems that process DoD sensitive but unclassified (SBU) information and are directly connected to Government IT systems. Personnel to be assigned to positions that require an ADP/IT – I or II designation shall undergo a successful security screening before being granted access to DoD IT systems and/or all DoD/DHA data that contain sensitive information. DoD/DHA data includes all information (e.g., test or production data) provided to the contractor for the purposes of determining eligibility, enrollment, disenrollment, fees, claims, maximum allowances, patient health information, protected as defined by DoD 6025.18-R or any other information for which the source is the Government. Any information received by a contractor or other functionary or system(s), whether Government owned or contractor owned, in the course of performing Government business is also DoD/DHA data. DoD/DHA data means any information, regardless of form or the media on which it may be recorded.

C.23. Government and Contractor Visits/Meetings and Focused Reviews. The contractor shall participate in up to four meetings with Government representatives per contract year. Generally, a 14 calendar day notice will be provided for all meetings hosted by DHA. The contractor may be invited to additional meetings by the Contracting Officer which the contractor may attend if it so chooses. All costs associated with any of these meetings shall be the responsibility of the contractor. The meetings and travel required in this paragraph are exclusive of those specifically identified elsewhere in the contract.

C.24. Misdirected Communications. The contractor shall forward, within three working days of identification, all out-of-jurisdiction claims to the appropriate contractor. All out-of-jurisdiction correspondence and appeals received from the Government, private providers and the public shall be returned to the sender within three working days of receipt. Out-of-jurisdiction communications include correspondence, appeals, e-mails, faxes, and phone messages.

C.25. Contract Transitions

C.25.1. The transition-in and phase-out of this contract will be conducted according to the requirements stated in Section J, Attachment J-16.

SECTION D – PACKAGING AND MARKING

D.1. PACKAGING

Preservation, packaging, and packing for shipment or mailing of all work delivered hereunder, by other than electronic means, shall be in accordance with good commercial practice and adequate to insure acceptance by common carrier and safe transportation at the most economical rate(s).

D.2. MARKING

Each package, report or other deliverable shall be accompanied by a letter or other document which:

D.2.1. Identifies the contract by number under which the item is being delivered.

D.2.2. Identifies the deliverable Item Number or Report Requirement which requires the delivered item(s).

D.2.3. Indicates whether the contractor considers the delivered item to be a partial or full satisfaction of the requirement.

(End of Section)

SECTION E – INSPECTION AND ACCEPTANCE

E.1. FAR 52.246-4 Inspection of Services - Fixed-Price. (AUG 1996)

E.2. DFAR 252.246-7000 Material Inspection and Receiving Report. (MAR 2008)

E.3. INSPECTION AND ACCEPTANCE

The final acceptance authority for the government shall be:

Department of Defense
Defense Health Agency
Contracting Officer Representative (COR)
Dental Care Branch
16401 E. Centretech Parkway
Aurora, CO 80011-9066

E.4. INSPECTION LOCATION

Inspections may be conducted electronically or by physical inspection. Inspections will be conducted either at Defense Health Agency, the contractor's and/or subcontractor's facilities, or other locations where work is performed. Inspection and acceptance of services provided hereunder shall be accomplished by the COR; or in the COR's absence the Contracting Officer. Inspections may include, but are not limited to, payment record audits, performance audits, program integrity audits, and contractor/DHA quality assurance audits.

E.5. QUALITY ASSURANCE SURVEILLANCE PLAN (QASP)

The role of the Government is to design, implement and conduct adequate contract surveillance and quality assurance to ensure contract requirements and standards are satisfactorily performed. For these purposes, the Government will be utilizing a QASP. An updated version will be provided to the contractor as revisions occur.

(End of Section)

SECTION F – DELIVERIES OR PERFORMANCE

F.1. FAR 52.242-15 Stop-Work Order. (AUG 1989)

F.2. PERIOD OF PERFORMANCE

Transition-in Period (Date of Award through start of dental healthcare delivery): The contractor shall begin transition-in activities and complete specific activities by the timelines specified in Section J, Attachment J-16. All transition-in activities shall be completed by the date specified in the contractor's Transition Plan.

a. Base Period/Transition-In: 2 December 2013 – 30 September 2014

b. Options 1 through 5 (if exercised) will be:

Option Period 1:	1 August 2014 - 31 July 2015
Option Period 2:	1 August 2015 - 31 July 2016
Option Period 3:	1 August 2016 - 31 July 2017
Option Period 4:	1 August 2017 - 31 July 2018
Option Period 5:	1 August 2018 - 31 July 2019

F.3. PLACE OF POSTAL DELIVERY AND PROCEDURES

a. All certified and overnight mail for Defense Health Agency (DHA) is to be delivered to: Defense Health Agency, 16401 E. Centretech Parkway, Aurora, CO 80011-9066. DHA Normal Delivery Hours are 7:30 a.m. to 4:00 p.m. (local time), Monday through Friday, excluding Federal Holidays.

b. All mail directed to the Contracting Officer (CO) shall be addressed to the Defense Health Agency, Attention: Contracting Officer, COD-A, TRICARE Active Duty Dental Program, 16401 E. Centretech Parkway, Aurora, CO 80011-9066. DHA Normal Delivery Hours are 7:30 a.m. to 4:00 p.m. (local time), Monday through Friday, excluding Federal Holidays.

c. All mail directed to the Contracting Officer Representative (COR) shall be addressed to the Defense Health Agency, Attention: COR, DCB, TRICARE Active Duty Dental Program, 16401 E. Centretech Parkway, Aurora, CO 80011-9066. DHA Normal Delivery Hours are 7:30 a.m. to 4:00 p.m. (local time), Monday through Friday, excluding Federal Holidays.

F.4. NOTICE REGARDING LATE DELIVERY

In the event the contractor anticipates difficulty in complying with the delivery schedule, the contractor shall immediately notify the Contracting Officer (CO) or the Contracting Officer Representative (COR), in writing, giving pertinent details, including the date by which it expects to make delivery. This notification shall be informational only in character and that receipt of it shall not be construed as a waiver by the Government of any contract delivery schedule, or any rights or remedies provided by law or under this contract.

F.5. REPORTS AND PLANS

a. Unless otherwise specified, contractors shall electronically submit all deliverables in a format approved by the Government to include Microsoft Office Excel, Word, PDF, or other specified format. Unless otherwise specified, all deliverables shall be submitted to DHA via the Ecommerce Extranet

SECTION F – DELIVERIES OR PERFORMANCE

(<https://tma-extranet.csd.disa.mil/logon/privacystatement.cfm>). See the TOM, Chapter 14, and Section 2 for report submission requirements.

b. The contractor is accountable for assuring that reports contain accurate and complete data. The contractor shall prepare written procedures describing the source of information as well as the specific steps followed in the collection and preparation of data for each report. All reports must be supported with sufficient documentation and audit trails. The reports shall be titled as listed. The contractor shall submit a negative report if there is no data to report.

c. The contractor shall provide all reports and plans that are specified in Section J, Exhibit B, CDRLs.

(End of Section)

SECTION G – CONTRACT ADMINISTRATION DATA

G.1. CONTRACT ADMINISTRATION

G.1.1. The Contracting Officer (CO) is responsible for the administration of this contract and is solely authorized to take action on behalf of the Government. Unless specified otherwise within this contract, the PCO is referred to as the Contracting Officer. The following address for this contract is:

ADDP Contracting Officer
Office of the Assistant Secretary of Defense for Health Affairs
Defense Health Agency
Contract Operations Division - Aurora
ATTN: Active Duty Dental Program
16401 E. Centretech Parkway
Aurora, CO 80011-9066

G.1.2. Contracting Officer's Representative (COR): The CO will designate a Contracting Officer's Representative in writing and provide a copy of the designation letter to the contractor. The designation letter will delineate the scope of authority of the COR to act on behalf of the Contracting Officer. The COR has no authority to make any commitments or changes that affect any term or condition of the contract.

G.1.3. Contractor Points of Contact Personnel: The following names and addresses of the contractor's primary and alternate point of contact (POC) are authorized to negotiate with the Government and have the authority to commit to contract implementation and compliance :



G.2. Invoice and Payment

G.2.1. The contractor shall submit invoices to DHA Contract Resource Management (CRM) and to the COR via email or other agreed to electronic format. Payment for services rendered under this contract will be made by Contract Resource Management Office, Defense Health Agency, 16401 East Centretech Parkway, Aurora, CO 80011. A proper invoice includes the elements identified at Federal Acquisition Regulation subpart 32.905. The supporting data for the monthly invoice will also include any non-covered dental benefits specifically authorized by the Dental Service Points of Contact in this format.

G.2.2. The contractor shall base its invoices for CLIN 1001AA, 2001AA, 3001AA, 4001AA, and 5001AA on the fixed CDT prices listed in Exhibit A, CDT Pricing Table and the quantities for each

SECTION G – CONTRACT ADMINISTRATION DATA

service provided during the billing period. Supporting documentation shall be included with each invoice. At a minimum, supporting documentation shall include claim number, date of service, and services provided by CDT.

(End of Section)

SECTION H – SPECIAL CONTRACT REQUIREMENTS

H.1. CURRENT DENTAL TERMINOLOGY

It is a requirement of this contract that as the Code on Dental Procedures and Nomenclature (Code) published in the American Dental Association's (ADA) Current Dental Terminology (CDT) is updated per Section C.6; Section J Attachment J-2 will be modified by contract modification and the benefit delivered accordingly. When new CDT codes are added to Section J, Attachment J-2 by contract modification, the contractor will submit recommended prices for each new CDT code and adjust any existing CDT code prices as applicable for Section J, Exhibit A. The Government and the contractor agree to enter into negotiations to price new or adjusted CDT codes.

H.2. LIABILITY AND INDEMNIFICATION

The contractor shall be solely liable for and expressly agrees to indemnify the Government with respect to any liability producing acts or omissions by it or by its employees or agents. Further, the contractor agrees to be liable for and expressly agrees to indemnify the Government for any liability resulting from services provided under the contract to eligible beneficiaries for care provided by contractor network providers, or, in the alternative, the contractor agrees that all network provider agreements used by the contractor shall contain a requirement, directly or indirectly by reference to applicable regulations or DHA policies, that the provider agrees to indemnify the Government from any liabilities arising from any acts or omissions in the provision of services by the provider to eligible beneficiaries for care provided under this contract.

H.3. REQUIREMENTS FOR MINIMUM LEVEL OF ENHANCED SAFEGUARDING FOR UNCLASSIFIED DOD INFORMATION

H.3.1. The contractor shall implement and maintain information security in its project, enterprise, or company-wide unclassified information technology system(s) in accordance with the requirements set forth in DOD Directive-Type Memorandum (DTM) 08-027, *Security of Unclassified DoD Information on Non-DoD Information Systems*, July 31, 2009 (incorporating Change 2, September 2, 2011). The contractor shall, at a minimum, comply with the specified National Institute of Standards and Technology (NIST) Special Publication (SP) 800-53 security controls. If a control is not implemented, the contractor shall prepare a written determination that explains how either the required security control is not applicable or how an alternative control or protective measure is used to achieve equivalent protection.

H.3.2. In connection with the Enhanced Safeguarding requirements, the contractor shall annually provide the completed checklist and certification described in Exhibit B, CDRL A070 DoD/NIST Certification Report. The contractor shall use a current, dated copy of the prescribed Checklist and Certification Form, to be provided to the contractor by the Contracting Officer's Representative (COR) no later than 30 days prior to the date on which the completed and signed form must be submitted to the Government.

H.4. Positive Incentive

H.4.1. Network Adequacy. This positive incentive is based on network adequacy and will be administered annually during each contract option period beginning with Option Period 1. The basis for this calculation is the contractor's monthly CDT Summary Report which identifies the total number of remote ADSM dental services (i.e., number of CDT codes) and the number of remote ADSM dental services performed by network providers. If 96% or more of services provided to the remote ADSM dental care (based on the number of CDT codes) are performed by a network provider, the contractor

SECTION H – SPECIAL CONTRACT REQUIREMENTS

shall be awarded an incentive of:

96% but less than 97%	50% of the applicable option period pool of \$200,000
97% but less than 99%	75% of the applicable option period pool of \$200,000
99% or more	100% of the option period pool of \$200,000

Example: 96% of remote care is performed by a network provider in Option Period 1; the contractor is entitled to an incentive fee of \$100,000.

H.4.2. The contractor will provide the Government with an annual summary of all remote ADSM dental care showing the percentage of care performed by network providers. The Contracting Officer will determine the positive incentive within 60 calendar days of the end of each option period. Amounts not awarded will not be available for subsequent performance periods.

H.5. Performance Guarantees

Monthly Performance Guarantees

H.5.1. For each occurrence the contractor fails to meet each standard specified below, the Government will deduct an amount as stated in H.5.1.1 from the next available payment of CLIN X001. Performance guarantee deductions will continue until the contractor's performance improves to either meet or exceed the standards.

--Standard: Ninety-five percent of all remote ADSMs shall have access to a general dentistry network provider within 40 driving miles of their home address.

--Standard: Ninety-five percent of all DTF referrals shall have access to a network provider within 25 driving miles of the DTF as defined by the DTF service area ZIP codes.

H.5.1.1. The performance guarantees listed below will be applied against each month in which the minimum driving miles access is not met for each standard. The basis for this deduction is the contractor's monthly Provider Network Access Report (DTF Referred and Remote). This performance guarantee does not apply to the first 3 months of Option Period 1. Although the performance guarantee is applied against monthly access data, the Contracting Officer will make a determination for the performance guarantee annually within 60 calendar days of the end of an option period.

Less than 95% and more than or equal to 93%	\$125,000
Less than 93% and more than or equal to 90%	\$225,000
Less than 90% and more than or equal to 85%	\$325,000
Less than 85%	\$425,000

H.5.1.2. The applicable amount will be determined based on the contractor's actual performance for each standard. To calculate the percentage, for remote ADSMs access, the total number of remote ADSMs receiving care with access is divided by the total number of remote ADSMs receiving care for the time frame. The percentage for DTF referred ADSMs with access, is the total number of DTF referrals that meet the access standard divided by the total number of DTF referrals for the time frame. This formula is for the purpose of deriving a performance guarantee amount to be deducted from a subsequent contract payment under contract line item number X001 – Dental Health Care Services by CDT Code.

In this calculation the following ADSMs should be excluded: ADSMs who received care from a non-

SECTION H – SPECIAL CONTRACT REQUIREMENTS

network provider when there was a network provider available within the distances described in paragraph H.5.1.

Example: The contractor's actual performance for remote ADSMs is 92% and 94% for two of the months. The contractor met or exceeded the standard for the remaining 10 months. The contractor's actual performance for DTF referrals is 93% for one month and met the standard for the remaining 11 months. At the end of the first option period, the disincentive is \$475,000. This deduction will be made from the next available payment of CLIN X001.

H.5.2. For each occurrence the contractor fails to meet the standard specified below, the Government will deduct an amount as stated in H.5.2.1. Performance guarantee deductions will continue until the contractor's performance improves to either meet or exceed the standard.

--Standard: Ninety-five percent of all ADSMs will be able to obtain a routine appointment within 21 calendar days of requesting an appointment.

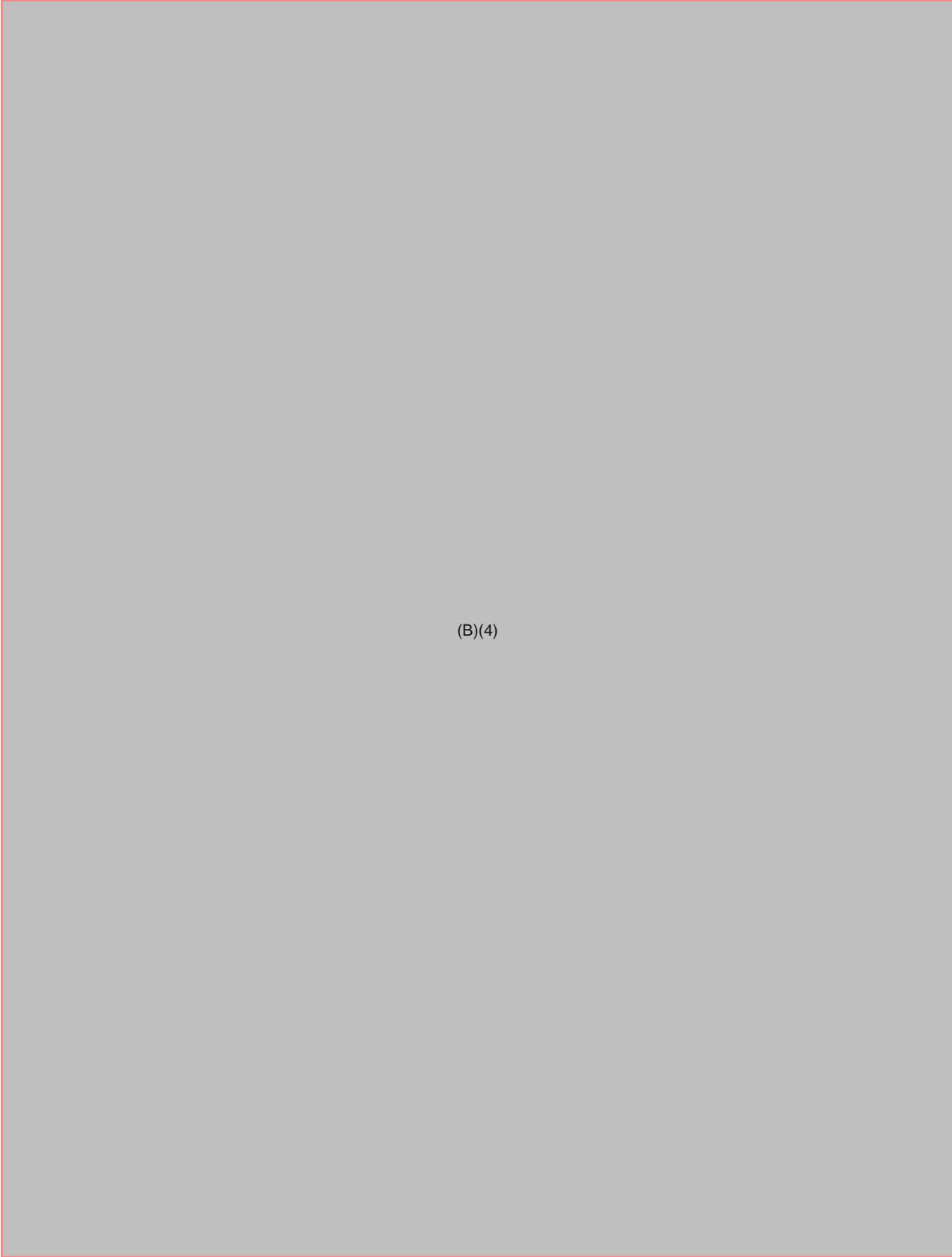
H.5.2.1. The performance guarantees listed below will be applied against each month the minimum appointment day access standard is not met. The basis for this deduction is the contractor's monthly Management Report. This performance guarantee does not apply to the first 3 months of Option Period 1. Although the performance guarantee is applied against monthly access data, the Contracting Officer will make a determination for the disincentive annually within 60 calendar days of the end of an option period.

Less than 95% and more than or equal to 93%	\$100,000
Less than 93% and more than or equal to 90%	\$200,000
Less than 90% and more than or equal to 85%	\$300,000
Less than 85%	\$400,000

Example: The contractor's actual performance is 92% and 94% for two of the months. The contractor met or exceeded the standard for the remaining 10 months. At the end of the first option period, the negative incentive is \$300,000. This deduction will be made from the next available payment of CLIN X001.

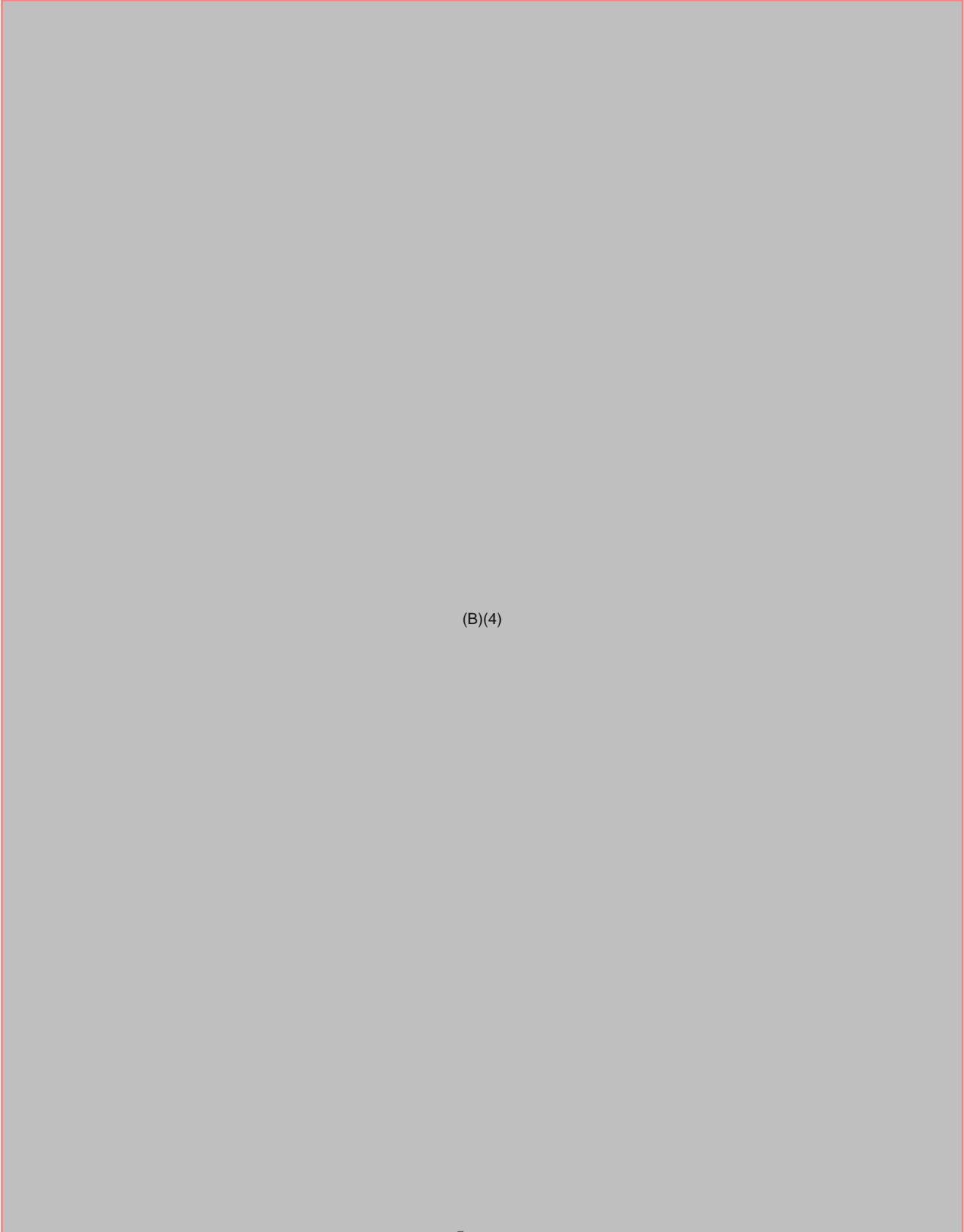
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SECTION H – SPECIAL CONTRACT REQUIREMENTS



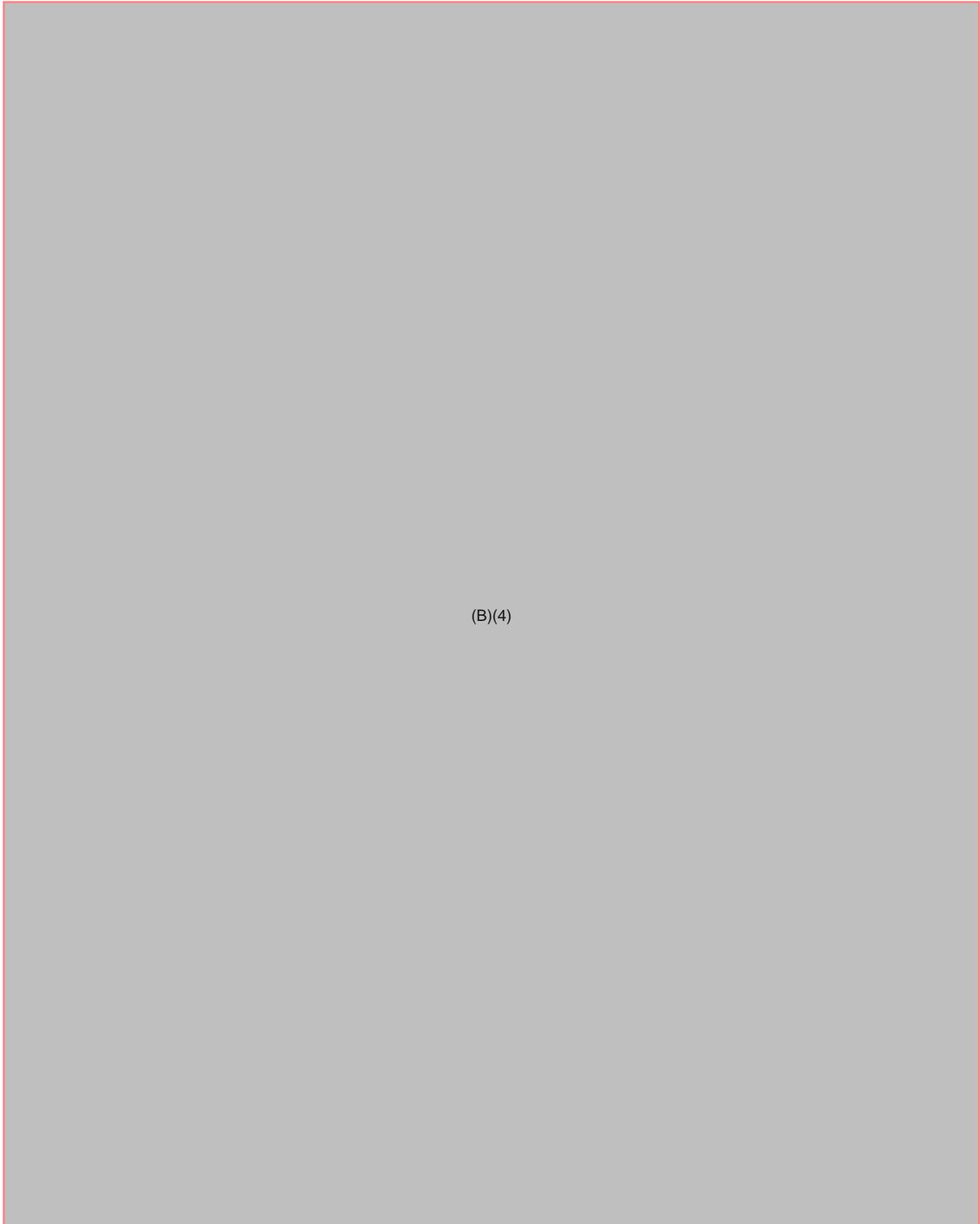
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SECTION H – SPECIAL CONTRACT REQUIREMENTS



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SECTION H – SPECIAL CONTRACT REQUIREMENTS



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SECTION H – SPECIAL CONTRACT REQUIREMENTS

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SECTION H – SPECIAL CONTRACT REQUIREMENTS

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H.6. Enterprise-wide Contractor Manpower Reporting Application (eCMRA) The contractor shall report ALL contractor labor hours (including subcontractor labor hours) required for performance of services provided under this contract for DHA via a secure data collection site. The contractor is required to completely fill in all required data fields using the following web address: <http://ww.ecmra.mil>.

SECTION H – SPECIAL CONTRACT REQUIREMENTS

H.7. Government Audits. The Government will conduct a retrospective audit semi-annually of dental care data to determine the accuracy of adjudicated claims and contractor compliance of TRICARE dental benefits as stipulated in Section J, Attachment J-2, and sections of the TRICARE Operations Manual (TOM) applicable to the ADDP. On a semi-annual contract basis, the Government or designated audit contractor will ensure that benefits are being provided as delineated in Section J, Attachment J-2, and that the ADDP contractor is in compliance with referral and authorization requirements. The Government or designated audit contractor will also verify the accuracy of contractor furnished data to DHA, Executive Information Decision Support (EIDS) Program Officer or the MHS MDR.

H.7.1. Sampling Methodology.

H.7.1.1. Since the purpose of the DHA quality assurance review process is to ensure that the dental health care coverage and reimbursement procedures utilized by the ADDP contractor is in accordance with established TRICARE dental benefits as stipulated in the ADDP contract, the design of the denied and non-denied payment samples will utilize the Pareto Quality Control Principle methodology. This methodology identifies the 20% of claims that produce 80% of the overall dental health care cost. The strata of claims will then be formed based on the “negligible many” (i.e. the bottom 80% of claims) and the “vital few” (i.e. to 20% of claims), with estimated sample sizes based on cost of each strata (i.e. approved amount).

H.7.1.2. There will be two kinds of payment samples, one for non-denied claims and one for denied claims. The non-denied payment audit will sample all records with contractor approved amounts ranging from \$1.00 to \$2,999, plus will include the total population of claims with contractor approved amounts of \$3,000 and over. The non-denied payment samples will be stratified at multiple levels using standard stratified random selection techniques. The denied payment sample will be drawn from all records with approved amounts equal to \$0. For the occurrence sample, there will be a statistically valid random sample of all ADDP claims not included in the samples drawn from the non-denied and denied payment samples.

H.7.1.3. Samples will be drawn on a semi-annual contract basis from ADDP dental records extracted from the MHS MDR and provided to DHA by the Defense Health Services System (DHSS) Program Office. The Government reserves the right to evaluate the accuracy and design of its current sampling methodology annually and will revise its methodology should the outcome of audit results warrant sampling revision(s).

H.7.2. Required Contractor Documentation.

H.7.2.1. Upon receipt of the ADDP claim sample listing and the ADDP Audit Detail Record (ADR) from DHA, the contractor shall retrieve and compile processing documentation for each selected claim. The contractor shall submit one legible copy of each claim form, the Dental Explanation of Benefits (DEOB or DEOB facsimile) and the following required documents via registered mail, certified mail or similarly guaranteed delivery service. All documentation must be received at the designated audit contractor’s site within 45 calendar days from the date of the DHA letter transmitting the ADDP claim listing:

H.7.2.2. Dental Information Sheet with itemized bills and supporting documentation (when applicable); all referral/authorization forms and their supporting documentation; DTF originally approved or revised dental treatment plans and supporting documentation; additional data regarding any unique adjudication guidelines used to reimburse dental procedure(s); and such other documents required to support the action taken on the claim.

SECTION H – SPECIAL CONTRACT REQUIREMENTS

H.7.2.3. Payment errors or occurrence errors will be assessed if the contractor does not provide the above claim-related documents or if the documents provided are completely illegible. The contractor has the option of submitting the original document in those cases where the copy is not legible. DHA or designated audit contractor will return original documents upon completion of the audit process.

H.7.2.4. Payment, Occurrence, Documentation and Processing Error Determinations.

H.7.2.4.1. Payment errors can be assessed for non-compliance of contract benefit or policy requirements/guidelines, e.g. reimbursement of non-covered services, or services for which a benefit determination cannot be verified based on information provided on audit. The amount of a payment error will be limited to the amount that the plan would approve and pay towards the dental services with the exception noted in Section H.7.2.4.2. Processing errors will be assessed from the same samples as the payment errors and may be assessed for noncompliance with required processing procedures and can be assessed in conjunction with a payment error. Payment and processing error determinations are based on the claim information available and processing actions utilized up to the time the audit sample is pulled.

H.7.2.4.2. If a claim is selected for audit and the contractor cannot produce the claim or the claim provided is not auditable, a 100 percent payment error based upon the Provider Billed Charges will be assessed.

H.7.2.4.3. An occurrence error rate is defined as the total number of errors divided by the total number of data fields in the sample times 100.

H.7.2.4.4. Occurrence errors result from an incorrect entry in any data field coded (i.e. financial, demographic or utilization) on an ADDP record. There are no exceptions. Any error, including errors in financial fields, shall be counted as occurrence errors.

H.7.2.4.5. Occurrence errors determinations are based on only the claim information available and those processing actions taken at the time of adjudication. Actions and determinations occurring subsequent to the processed date of an audited claim, such as adjusting a claim to correct financial or other data fields, or developing for required information not obtained prior to processing, are not a consideration of the audit regardless of whether a resolution of the incorrectly coded ADDP record results.

H.7.2.4.6. Some occurrence error conditions are not attributable to any one specific data field but apply to the record as a whole or to certain parts of the record. In addition to erroneous data field coding, error conditions involving incorrect or unsupported records will result in occurrence errors being assessed.

The following tables identify payment, occurrence and processing error codes that can be assessed on audit.

H.7.2.4.7. PAYMENT - The following are payment error codes that can be assessed on audit:

	“INCORRECT PAYMENT” ERRORS
01K	AUTHORIZATION/PREAUTHORIZATION NEEDED
02K	BENEFIT DETERMINATION UNSUPPORTED
03K	BILLED AMOUNT INCORRECT
07K	DUPLICATE SERVICES PAID
08K	ELIGIBILITY DETERMINATION - PATIENT
09K	ELIGIBILITY DETERMINATION - PROVIDER

SECTION H – SPECIAL CONTRACT REQUIREMENTS

“INCORRECT PAYMENT” ERRORS	
10K	DENTAL EMERGENCY NOT SUBSTANTIATED
11K	DENTAL NECESSITY NOT EVIDENT
15K	PAYEE WRONG - SPONSOR/PATIENT
16K	PAYEE WRONG - PROVIDER
17K	PARTICIPATING/NONPARTICIPATING ERROR
18K	PRICING INCORRECT
19K	PROCEDURE CODE INCORRECT
20K	SIGNATURE ERROR
23K	CONTRACT JURISDICTION ERROR
24K	BENEFIT DETERMINATION WRONG
25K	CLAIM NOT PROVIDED
26K	CLAIM NOT AUDITABLE/ILLEGIBLE
99K	OTHER - SEE REMARKS

H.7.2.4.8. OCCURRENCE - The following are error conditions and the associated number of occurrence errors assessed with each condition:

ERROR CODES	ERROR CONDITION SPECIFIC TO CLAIM	NUMBER OF OCCURRENCE ERRORS
04J	MISSING NON-INSTITUTIONAL UTILIZATION DATA SET	7 errors for each missing data set *
05J	EXTRA NON-INSTITUTIONAL UTILIZATION DATA SET	7 errors for each extra data set *
10J	CLAIM NOT PROVIDED FOR AUDIT	1 + (plus) the number of procedural items reported on the ADDP ADR
11J	CLAIM NOT AUDITABLE	1 + (plus) the number of procedural items reported on the ADDP ADR

Not to exceed 21 errors for combination of these error conditions.

H.7.2.4.9. PROCESS - The following are process errors which will be assessed for noncompliance of a required procedure/process. These errors are neither occurrence nor payment errors and are not used to calculate the occurrence error or payment error rate. A payment error will be assessed along with the process error. Upon rebuttal, if the process is followed to conclusion and the actions support the original decision, the payment error will be removed but the process error will remain.

PROCESS ERRORS	
01P	AUTHORIZATION/PRE-AUTHORIZATION NEEDED
02P	UNSUPPORTED BENEFIT DETERMINATION
10P	DENTAL EMERGENCY NOT SUBSTANTIATED
11P	DENTAL NECESSITY/REVIEW NOT EVIDENT
23P	CONTRACT JURISDICTION ERROR
99P	OTHER

H.7.2.4.10. DOCUMENTATION. The following are documentation errors which can be assessed in conjunction with payment or occurrence errors. These errors are neither occurrence nor payment errors and are not used to calculate the occurrence error or payment error rates. “L” errors are used to document the contractor’s documentation problems which impact the audit process or indicate a situation of

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contractual noncompliance which is identified during the audit.

	DOCUMENTATION/INCORRECT PROCEDURE ERRORS
01L	AUDIT DOCUMENTATION INCOMPLETE
02L	AUDIT DOCUMENTATION ILLEGIBLE
03L	DOCUMENTATION SUBMITTED LATE
04L	EOB INCORRECT
06L	ERROR IN CLAIM HISTORY
10L	ADJUSTMENT - NO AUTHORIZING OFFICIAL
11L	CONTRACT JURISDICTION ERROR

H.7.2.5. Error Determination Rebuttals:

H.7.2.5.1. Contractor rebuttals of audit error findings must be submitted to the DHA designated quality auditor within 30 calendar days of the date of the DHA audit transmittal letter. Rebuttals not postmarked within 30 calendar days of the audit response letter will be excluded from further consideration. The due dates of rebuttals will be calculated by adding 30 to the Julian calendar date of the DHA audit transmittal letter. Rebuttal responses are final and will not receive further consideration except when during the audit rebuttal process the contractor submits a claim not previously submitted with the audit and an error is assessed, or when the contractor's explanation of the basis on which a claim was processed results in the assessment of a new error not previously reviewed by the contractor.

H.7.2.5.2. Contractor rebuttals to new errors assessed by the DHA designated audit contractor during the initial rebuttal process must be postmarked within 30 calendar days of the DHA rebuttal response letter. Rebuttals to new errors not postmarked within 30 calendar days from the date of the DHA rebuttal letter will be excluded from further consideration. The due dates for claims requiring second level rebuttal reviews will be calculated by adding 30 to the Julian calendar date of the DHA rebuttal response letter.

H.7.3. The contractor shall reimburse the Government for all overpaid claim amounts on its next invoice following finalization of the audit. All underpayments to providers or beneficiaries shall be reimbursed within 60 calendar days of finalization of the audit. The contractor shall issue a check for the underpayment amount, with an explanation of the reason for the payment.

SECTION I - CONTRACT CLAUSES

FAR 52.252-2 CLAUSES INCORPORATED BY REFERENCE (FEB 1998)

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text of a clause may be accessed electronically at this address:

<http://farsite.hill.af.mil>

(End of Clause)

FAR 52.202-1 Definitions. (JAN 2012)

FAR 52.203-3 Gratuities. (APR 1984)

FAR 52.203-5 Covenant Against Contingent Fees. (APR 1984)

FAR 52.203-6 Restrictions on Subcontractor Sales to the Government. (SEP 2006)

FAR 52.203-7 Anti-Kickback Procedures. (OCT 2010)

FAR 52.203-8 Cancellation, Rescission, and Recovery of Funds for Illegal or Improper Activity. (JAN 1997)

FAR 52.203-10 Price or Fee Adjustment for Illegal or Improper Activity. (JAN 1997)

FAR 52.203-12 Limitation on Payments to Influence Certain Federal Transactions. (OCT 2010)

FAR 52.203-13 Contractor Code of Business Ethics and Conduct. (APR 2010)

FAR 52.204-4 Printed or Copied Double-Sided Post Consumer Fiber Content (MAY 2011)

FAR 52.204-7 Central Contractor Registration (Dec 2012)

FAR 52.204-9 Personal Identity Verification of Contractor Personnel. (Jan 2011)

FAR 52.204-10 Reporting Executive Compensation and First-Tier Subcontract Awards. (AUG 2012)

FAR 52.204-13 Central Contractor Registration Maintenance (Dec 2012)

FAR 52.209-6 Protecting the Government's Interest When Subcontracting with Contractors Debarred, Suspended, or Proposed for Debarment. (DEC 2010)

FAR 52.209-9 Updates of Publicly Available Information Regarding Responsibility Matters. (FEB 2012)

FAR 52.209-10 Prohibition on Contracting With Inverted Domestic Corporations (MAY 2012)

FAR 52.210-1 Market Research. (APR 2011)

FAR 52.211-15 Defense Priority and Allocation Requirements. (APR 2008)

SECTION I - CONTRACT CLAUSES

FAR 52.215-2 Audit and Records – Negotiation (OCT 2010)

FAR 52.215-8 Order of Precedence - Uniform Contract Format. (OCT 1997)

FAR 52.215-11 Price Reduction for Defective Certified Cost or Pricing Data - Modifications. (AUG 2011)

FAR 52.215-13 Subcontractor Certified Cost or Pricing Data - Modifications. (OCT 2010)

FAR 52.215-15 Pension Adjustments and Asset Reversions. (OCT 2010)

FAR 52.215-18 Reversion or Adjustment of Plans for Postretirement Benefits (PRB) Other Than Pensions. (JUL 2005)

FAR 52.215-19 Notification of Ownership Changes. (OCT 1997)

FAR 52.215-21 Requirements for Certified Cost or Pricing Data and Data Other Than Certified Cost or Pricing Data - Modifications. (OCT 2010)

FAR 52.215-21 ALT III – Requirements for Certified Cost or Pricing Data and Data Other than Certified Cost or Pricing Data – Modifications (OCT 1997)

(c) Submit the cost portion of the proposal via the following electronic media:

MICROSOFT EXCEL Format with formulas

(End of Clause)

FAR 52.215-23 Limitations on Pass-Through Charges (OCT 2009)

FAR 52.216-18 Ordering. (OCT 1995)

(a) Any supplies and services to be furnished under this contract shall be ordered by issuance of delivery orders or task orders by the individuals or activities designated in the Schedule. Such orders may be issued from 1 August 2013 through 31 July 2019.

(b) All delivery orders or task orders are subject to the terms and conditions of this contract. In the event of conflict between a delivery order or task order and this contract, the contract shall control.

(c) If mailed, a delivery order or task order is considered "issued" when the Government deposits the order in the mail. Orders may be issued orally, by facsimile, or by electronic commerce methods only if authorized in the Schedule.

FAR 52.216-19 Order Limitations. (OCT 1995)

(a) *Minimum order.* When the Government requires supplies or services covered by this contract in an amount of less than N/A the Government is not obligated to purchase, nor is the contractor obligated to furnish, those supplies or services under the contract.

SECTION I - CONTRACT CLAUSES

(b) *Maximum order.* The contractor is not obligated to honor -

(1) Any order for a single item in excess of \$200 million;

(2) Any order for a combination of items in excess of \$200 million; or

(3) A series of orders from the same ordering office within 90 days that together call for quantities exceeding the limitation in subparagraph (b) (1) or (2) of this section.

(c) If this is a requirements contract (*i.e.*, includes the Requirements clause at subsection 52.216-21 of the Federal Acquisition Regulation (FAR)), the Government is not required to order a part of any one requirement from the contractor if that requirement exceeds the maximum-order limitations in paragraph (b) of this section.

(d) Notwithstanding paragraphs (b) and (c) of this section, the contractor shall honor any order exceeding the maximum order limitations in paragraph (b), unless that order (or orders) is returned to the ordering office within 30 days after issuance, with written notice stating the contractor's intent not to ship the item (or items) called for and the reasons. Upon receiving this notice, the Government may acquire the supplies or services from another source.

FAR 52.216-21 Requirements. (OCT 1995)

(a) This is a requirements contract for the supplies or services specified, and effective for the period stated, in the Schedule. The quantities of supplies or services specified in the Schedule are estimates only and are not purchased by this contract. Except as this contract may otherwise provide, if the Government's requirements do not result in orders in the quantities described as "estimated" or "maximum" in the Schedule, that fact shall not constitute the basis for an equitable price adjustment.

(b) Delivery or performance shall be made only as authorized by orders issued in accordance with the Ordering clause. Subject to any limitations in the Order Limitations clause or elsewhere in this contract, the contractor shall furnish to the Government all supplies or services specified in the Schedule and called for by orders issued in accordance with the Ordering clause. The Government may issue orders requiring delivery to multiple destinations or performance at multiple locations.

(c) Except as this contract otherwise provides, the Government shall order from the contractor all the supplies or services specified in the Schedule that are required to be purchased by the Government activity or activities specified in the Schedule.

(d) The Government is not required to purchase from the contractor requirements in excess of any limit on total orders under this contract.

(e) If the Government urgently requires delivery of any quantity of an item before the earliest date that delivery may be specified under this contract, and if the contractor will not accept an order providing for the accelerated delivery, the Government may acquire the urgently required goods or services from another source.

(f) Any order issued during the effective period of this contract and not completed within that

SECTION I - CONTRACT CLAUSES

period shall be completed by the contractor within the time specified in the order. The contract shall govern the contractor's and Government's rights and obligations with respect to that order to the same extent as if the order were completed during the contract's effective period; *provided*, that the contractor shall not be required to make any deliveries under this contract after 31 July 2019.

FAR 52.217-8 Option to Extend Services. (NOV 1999)

The Government may require continued performance of any services within the limits and at the rates specified in the contract. These rates may be adjusted only as a result of revisions to prevailing labor rates provided by the Secretary of Labor. The option provision may be exercised more than once, but the total extension of performance hereunder shall not exceed 6 months. The Contracting Officer may exercise the option by written notice to the contractor within 90 calendar days of contract expiration.

FAR 52.217-9 Option to Extend the Term of the Contract. (MAR 2000)

(a) The Government may extend the term of this contract by written notice to the contractor within 30 calendar days before the contract expires; provided that the Government gives the contractor a preliminary written notice of its intent to extend at least 60 days before the contract expires. The preliminary notice does not commit the Government to an extension.

(b) If the Government exercises this option, the extended contract shall be considered to include this option clause.

(c) The total duration of this contract, including the exercise of any options under this clause, shall not exceed 6 years.

FAR 52.219-8 Utilization of Small Business Concerns. (JAN 2011)

FAR 52.219-9 Small Business Subcontracting Plan. (JAN 2011) - Alternate II (OCT 2001)

FAR 52.219-16 Liquidated Damages – Subcontracting Plan. (JAN 1999)

FAR 52.222-3 Convict Labor. (JUN 2003)

FAR 52.222-17 Non-Displacement of Qualified Workers Under Service Contracts (JAN 2013)

FAR 52.222-21 Prohibition of Segregated Facilities. (FEB 1999)

FAR 52.222-26 Equal Opportunity. (MAR 2007)

FAR 52.222-35 Equal Opportunity for Veterans. (SEP 2010)

FAR 52.222-36 Affirmative Action for Workers with Disabilities. (OCT 2010)

FAR 52.222-37 Employment Reports on Veterans. (SEP 2010)

FAR 52.222-40 Notification of Employee Rights Under the National Labor Relations Act. (DEC 2010)

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FAR 52.222-41 Service Contract Act of 1965. (NOV 2007)

FAR 52.222-42 Statement of Equivalent Rates for Federal Hires. (MAY 1989)

In compliance with the Service Contract Act of 1965, as amended, and the regulations of the Secretary of Labor (29 CFR Part 4), this clause identifies the classes of service employees expected to be employed under the contract and states the wages and fringe benefits payable to each if they were employed by the contracting agency subject to the provisions of 5 U.S.C. 5341 or 5332.

This Statement is for Information Only: It is not a Wage Determination

Employee Class	Monetary Wage -- Fringe Benefits (Range)
Mail Clerk/Mail Assistant	\$ 11.75 per hour \$6,375 - \$12,260
Data Entry Operator	\$ 11.75 per hour \$6,375 - \$12,260
Claims Assistant	\$ 13.14 per hour \$7,130 - \$13,710
Administrative Assistant	\$ 14.65 per hour \$7,950 - \$15,290
Administrative Coordinator	\$ 16.28 per hour \$8,830 - \$16,990
Data Entry Clerk	\$ 9.59 per hour \$5,250 - \$10,110
Financial Technician	\$ 14.65 per hour \$7,950 - \$15,290
Customer Service Associate	\$ 16.28 per hour \$8,830 - \$16,990
Communication Coordinator	\$ 24.10 per hour \$13,075 - \$25,140

FAR 52.222-43 Fair Labor Standards Act and Service Contract Act - Price Adjustment (Multiple Year and Option Contracts). (SEP 2009)

FAR 52.222-50 Combating Trafficking in Persons. (FEB 2009)

FAR 52.222-54 Employment Eligibility Verification. (JUL 2012)

FAR 52.223-6 Drug-Free Workplace. (MAY 2001)

FAR 52.223-18 Encouraging Contractor Policies to Ban Text Messaging While Driving. (AUG 2011)

FAR 52.224-1 Privacy Act Notification. (APR 1984)

FAR 52.224-2 Privacy Act. (APR 1984)

FAR 52.225-13 Restrictions on Certain Foreign Purchases. (JUN 2008)

FAR 52.227-1 Authorization and Consent. (DEC 2007)

FAR 52.227-2 Notice and Assistance Regarding Patent and Copyright Infringement (DEC 2007)

FAR 52.227-14 Rights in Data--General. (DEC 2007)

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FAR 52.229-3 Federal, State, and Local Taxes. (FEB 2013)

FAR 52.230-2 Cost Accounting Standards (MAY 2012)

FAR 52.230-6 Administration of Cost Accounting Standards (JUN 2010)

FAR 52.232-1 Payments. (APR 1984)

FAR 52.232-11 Extras. (APR 1984)

FAR 52.232-17 Interest (OCT 2010)

FAR 52.232-18 Availability of Funds. (APR 1984)

FAR 52.232-19 Availability of Funds for the Next Fiscal Year. (APR 1984)

Funds are not presently available for performance under this contract beyond 30 SEP 2013, 2014, 2015, 2016, 2017 and 2018. The Government's obligation for performance of this contract beyond that date is contingent upon the availability of appropriated funds from which payment for contract purposes can be made. No legal liability on the part of the Government for any payment may arise for performance under this contract beyond these dates identified above, until funds are made available to the Contracting Officer for performance and until the contractor receives notice of availability, to be confirmed in writing by the Contracting Officer.

FAR 52.232-23 Assignment of Claims. (JAN 1986)

FAR 52.232-25 Prompt payment. (OCT 2008)

FAR 52.232-33 Payment by Electronic Funds Transfer - Central Contractor Registration. (OCT 2003)

FAR 52.232-99 Providing Accelerated Payment to Small Business Subcontractors (DEVIATION 2012-00014 (AUG 2012))

(a) Upon receipt of accelerated payments from the Government, the contractor is required to make accelerated payments to small business subcontractors to the maximum extent practicable after receipt of a proper invoice and all proper documentation from the small business subcontractor.

(b) Include the substance of this clause, including this paragraph (b), in all subcontracts with small business concerns.

(c) The acceleration of payments under this clause does not provide any new rights under the Prompt Payment Act.

(End of Clause)

FAR 52.233-1 Disputes. (JUL 2002) - Alternate I (DEC 1991)

FAR 52.233-3 Protest after Award. (AUG 1996)

SECTION I - CONTRACT CLAUSES

FAR 52.233-4 Applicable Law for Breach of Contract Claim. (OCT 2004)

FAR 52.237-3 Continuity of Services. (JAN 1991)

FAR 52.239-1 Privacy or Security Safeguards. (AUG 1996)

FAR 52.242-13 Bankruptcy. (JUL 1995)

FAR 52.243-1 Changes - Fixed-Price. (AUG 1987) – ALTERNATE I (APR 1984)

FAR 52.243-6 Change Order Accounting. (APR 1984)

FAR 52.243-7 Notification of Changes. (APR 1984)

FAR 52.244-2 Subcontracts. (OCT 2010)

FAR 52.244-5 Competition in Subcontracting. (DEC 1996)

FAR 52.244-6 Subcontracts for Commercial Items. (DEC 2010)

FAR 52.249-2 Termination for Convenience of the Government (Fixed-Price). (APR 2012)

FAR 52.249-8 Default (Fixed-Price Supply and Service). (APR 1984)

FAR 52.252-6 Authorized Deviations in Clauses (APR 1984)

The use in this solicitation or contract of any Federal Acquisition Regulation (48 CFR Chapter 1) clause with an authorized deviation is indicated by the addition of “(DEVIATION)” after the date of the clause.

(End of Clause)

FAR 52.253-1 Computer Generated Forms. (JAN 1991)

DEFENSE FEDERAL ACQUISITION REGULATION SUPPLEMENT (DFARS) SOLICITATION/CONTRACT CLAUSES

DFARS 252.201-7000 Contracting Officer's Representative. (DEC 1991)

(a) "Definition. Contracting officer's representative" means an individual designated in accordance with subsection 201.602-2 of the Defense Federal Acquisition Regulation Supplement and authorized in writing by the contracting officer to perform specific technical or administrative functions.

(b) If the Contracting Officer designates a contracting officer's representative (COR), the contractor will receive a copy of the written designation. It will specify the extent of the COR's authority to act on behalf of the contracting officer. The COR is not authorized to make any commitments or changes that will affect price, quality, quantity, delivery, or any other term or condition of the contract.

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DFARS 252.203-7000 Requirements Relating to Compensation of Former DoD Officials. (SEP 2011)

DFARS 252.203-7001 Prohibition on Persons Convicted of Fraud or Other Defense-Contract-Related Felonies. (DEC 2008)

DFARS 252.203-7002 Requirement to Inform Employees of Whistleblower Rights. (JAN 2009)

DFARS 252.203-7003 Agency Office of the Inspector General. (DEC 2012)

The agency office of the Inspector General referenced in paragraphs (c) and (d) of FAR clause 52.203-13, Contractor Code of Business Ethics and Conduct, is the DoD Office of Inspector General at the following address:

Department of Defense Office of Inspector General
Investigative Policy and Oversight

Contractor Disclosure Program

4800 Mark Center Drive, Suite 11H25
Alexandria, VA 22350-1500

Toll Free Telephone: 866-429-8011

252.203-7004 Display of Fraud Hotline Poster(s). (DEC 2012)

(a) *Definition.* "United States," as used in this clause, means the 50 States, the District of Columbia, and outlying areas.

(b) *Display of fraud hotline poster(s).*

(1) The contractor shall display prominently in common work areas within business segments performing work in the United States under Department of

Defense (DoD) contracts DoD hotline posters prepared by the DoD Office of the Inspector General. DoD hotline posters may be obtained via the internet at http://www.dodig.mil/HOTLINE/hotline_posters.htm.

(2) If the contract is funded, in whole or in part, by Department of Homeland Security (DHS) disaster relief funds, the DHS fraud hotline poster shall be displayed in addition to the DoD fraud hotline poster. If a display of a DHS fraud hotline poster is required, the contractor may obtain such poster from:

Not Applicable

(3) Additionally, if the contractor maintains a company website as a method of providing information to employees, the contractor shall display an electronic version of the poster(s) at the website.

(c) *Subcontracts.* The contractor shall include the substance of this clause, including this paragraph (c), in all subcontracts that exceed \$5 million except when the subcontract—

SECTION I - CONTRACT CLAUSES

- (1) Is for the acquisition of a commercial item; or
- (2) Is performed entirely outside the United States.

(End of clause)

DFARS 252.204-7000 Disclosure of Information. (DEC 1991)

DFARS 252.204-7002 Payment for Subline Items Not Separately Priced. (DEC 1991)

DFARS 252.204-7003 Control of Government Personnel Work Product. (APR 1992)

DFARS 252.205-7000 Provision of Information to Cooperative Agreement Holders. (DEC 1991)

DFARS 252.209-7004 Subcontracting with Firms That Are Owned or Controlled by the Government of a Terrorist Country. (DEC 2006)

DFARS 252.215-7000 Pricing Adjustments. (DEC 2012)

DFARS 252.219-7003 Small Business Subcontracting Plan (DoD Contracts). (AUG 2012)

DFARS 252.223-7004 Drug-Free Work Force. (SEP 1988)

**DFARS 252.225-7004 Report of Intended Performance Outside the United States and Canada--
Submission after Award. (OCT 2010)**

DFARS 252.225-7006 Quarterly Reporting of Actual Contract Performance Outside the United States. (OCT 2010)

DFARS 252.226-7001 Utilization of Indian Organizations, Indian-Owned Economic Enterprises, and Native Hawaiian Small Business Concerns (SEP 2004)

DFARS 252.231-7000 Supplemental Cost Principles (DEC 1991)

DFARS 252.232-7003 Electronic Submission of Payment Requests and Receiving Reports (JUN 2012)

DFARS 252.232-7006 Wide Area Workflow Payment Instructions (MAY 2013)

DFARS 252.243-7001 Pricing of Contract Modifications. (DEC 1991)

DFARS 252.243-7002 Requests for Equitable Adjustment. (DEC 2012)

DFARS 252.244-7001 Contractor Purchasing System Administration. (JUN 2012)

(End of Section)

SECTION J – LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACHMENTS

The following attachments and documents form an integral part of this contract. Contractors are required to comply with the direction provided by this section. Documentation incorporated in this contract by reference has the same force and effect as if set forth in full.

- J-1 Definitions
- J-2 Benefits, Limitations and Exclusions
- J-3 Instructions to Services, ADSMs and Network Providers for Remote ADSMs
- J-4 HA Policy on Standardization of Oral Health and Readiness Classifications
- J-5 Similar or Alternate Dental Procedure Codes Accepted for Referral/Authorization Claims
- J-6 Sample Command Memorandum for Authorization Request
- J-7 Procedures for Additional Eligible Member Categories
- J-8 DD Form 2813, DoD Active Duty/Reserve Forces Dental Examination
- J-9 ADDP Dental Service Points of Contact (DSPOC) Review Codes
- J-10 Dental Service Points of Contact (DSPOC) Material Checklist
- J-11 Uniformed Services Dental Treatment Facilities (DTFs) / DMIS IDs
- J-12 MTFs Without DTFs
- J-13 ADDP MDR Data Elements File
- J-14 UCCI Small Business Subcontracting Plan
- J-15 Wage Determinations/Collective Bargaining Agreements
- J-16 Transition Requirements
- J-17 Guarantee Agreement for Corporate Guarantor, DCMA Form 1620 04-04
- J-18 Draft TRICARE Systems Manual (TSM)
 - a. Draft TSM, Chapter 1, Section 1.1, General Automated Data Processing/Information Technology (ADP/IT) Requirements

EXHIBITS TO SECTION B

EXHIBIT A: CDT Pricing Table

EXHIBIT B: Contract Data Requirements Lists (CDRL) DD Form 1423

Exhibit B
Contract Data Requirement List (CDRL)

CDRL Table of Contents

The Contractor shall provide all reports and plans that are specified here. The Contractor is accountable for assuring that reports contain accurate and complete data. The Contractor shall prepare written procedures describing the source of information as well as the specific steps followed in the collection and preparation of data for each report. All reports must be supported with sufficient documentation and audit trails. The reports shall be titled as listed. The Contractor shall submit a negative report if there is no data to report. Required reports include:

Weekly Reports

W010 Transition-In (Phase-In) Status Report

Monthly Reports

M010 Management Report
M020 Market Basket Comparison / CDT Summary Report
M030 HIPAA/Privacy Complaint Report
M040 MDR Data Claims and Provider Files
M050 Provider Network Access Report (Remote and DTF)
M060 Transition-Out (Phase-Out) Status Report
M070 Employee Access to DoD IS/Networks Report

Quarterly Reports

Q010 Internal Quality Management and Quality Improvement Program (QM/QIP) Report
Q020 Fraud and Abuse Summary Report - Rev 01 dated 1/7/2015

Annual Reports

A010 Market Basket Comparison / CDT Summary Report
A020 Letter of Assurance (Internal Management Control Reviews)
A030 Network Provider Listing
A040 Contract Releasable Under FOIA
A050 DoD/NIST Certification Report
A060 Privacy and Security Risk Assessment Letter of Assurance
A080 Disaster Recovery Test Results Report

Annual Plans

AP010 Beneficiary and Provider Education Plan
AP020 Continuity of Operations Plan (COOP)
AP030 Internal Quality Management/Quality Improvement Program (QM/QIP) Plan
AP040 Fraud Detection and Prevention Strategy and Internal Procedures Plan

As Required Reports

R020 Identification of Systems of Records Report
R030 Transition-In (Phase-In) Plan
R040 Transition-Out (Phase-Out) Plan
R050 National Disaster Action Report

Exhibit B
Contract Data Requirement List (CDRL)

R060 Terrorist/Beneficiary/Provider Threats Report
R070 Free Commerce Interference Report
R080 DSMO Meeting Summary Report
R090 Ad Hoc Management Reports
R100 Standard Operating Procedures (Desk Procedures)
R110 Consolidated ADDP Utilization History Data Report
R120 MOU with Beneficiary Education and Support (BE&S)
R130 Privacy Impact Assessment
R140 Breach Report

One Time Reports

OT030 Initial Provider Network Access Report (Remote)

Attachment J-1 Definitions

As used throughout this contract, the following terms have the meanings set forth below:

Active Duty Service Member (ADSM) - A person on active duty in a Uniformed Service who is under a call or order that does not specify a period of 30 days or less. This contract only applies to the following Uniformed Services: The Army, Navy, Air Force, Marine Corps, Coast Guard and uniformed members of the National Oceanographic and Atmospheric Administration (NOAA).

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 such medical condition and is essential to the control of the primary medical condition; or, is 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).

Amount in Dispute - The amount of money, determined under this part, that the contractor would pay for medical services and supplies involved in an adverse determination being appealed if the appeal were resolved in favor of the appealing party.

Anesthesia Services - The administration of an anesthetic agent by injection or inhalation, the purpose and effect of which is to produce surgical anesthesia characterized by muscular relaxation, loss of sensation, or loss of consciousness when administered by or under the direction of a physician or dentist in connection with otherwise covered surgery. Anesthesia services do not include hypnosis or acupuncture.

Appealable Issue - Disputed questions of fact which, if resolved in favor of the appealing party, would result in the authorization of benefits or approval as an authorized provider in accordance with this part. An appealable issue does not exist if no facts are in dispute, if no benefits would be payable, or if there is no authorized provider, regardless of the resolution of any disputed facts.

Appealing Party - Any party to the initial determination who files an appeal of an adverse determination.

Assignment of Benefits - Acceptance by a nonparticipating provider of payment directly from the contractor while reserving the right to charge the active duty service member for any remaining amount of the fees for services which exceeds the prevailing fee allowance of the contractor.

Authorized Provider - A dentist, dental hygienist, or certified and licensed anesthetist specifically authorized to provide benefits under the ADDP.

Balance Billing - A provider seeking any payment from a member for covered services for any amount in excess of the applicable allowable charge or for services outside of the authorization unless the ADSM agrees to pay prior to services being rendered.

Beneficiary Counseling and Assistance Coordinators (BCAC) - BCAC is a Congressionally mandated initiative, implemented by the Defense Health Agency to improve customer service, satisfaction, enhance beneficiary education, and help reduce the volume of Congressional inquiries from beneficiaries. The FY2000 National Defense Authorization Act mandated the establishment of Beneficiary Counseling and Assistance Coordinator positions, full time at TRICARE Regional Offices and collaterally at Military Treatment Facilities world-wide. BCACs act as a preventive mechanism for trouble-shooting TRICARE and Military Health System issues and concerns. A directory of BCAC locations may be found on the DHA web site at: <http://tricare.mil/bcacdcao/>.

By Report - "By report" or "Report Required" means dental procedures which are authorized as benefits only in unusual circumstances requiring justification of exceptional conditions related to otherwise authorized procedures.

Consultation - A deliberation with a specialist physician or dentist requested by the attending physician primarily responsible for the medical care of the patient, with respect to the diagnosis or treatment in any particular case. A consulting physician or dentist may perform a limited examination of a given system or one requiring a complete diagnostic history and examination. To qualify as a consultation, a written report to the attending physician of the findings of the consultant is required.

Contracting Officer - A Government employee having authority vested by a Contracting Officer's Warrant to execute, administer, and terminate contracts and orders, and modifications thereto, which

Attachment J-1 Definitions

obligate Government funds and commit the Government to contractual terms and conditions. (See FAR Part 2.0.)

Contract: The award document that is a mutually binding legal relationship obligating the seller to furnish the supplies or services and the buyer to pay for them (FAR 2.1.01). This term normally represents the binding agreement between the Government and a private commercial, or public organization; however, for the purposes of this public/private competition solicitation, this term is also to be considered as encompassing the definition of the Letter of Obligation (LOO) (see definition for LOO below).

Coordination of Benefits - A system to determine who is primary payer and who is secondary payer when more than one health and/or dental insurance coverage applies to a dental procedure. (For the Active Duty Dental Program, TRICARE is always the primary payer.)

Correspondence - Correspondence is processed to completion when the final reply is sent to the individual(s) submitting the written inquiry or when the inquiry is fully answered by telephone.

Covered Benefit - Dental procedure included in a dental benefit plan subject to plan limitations.

Covered Services - Dental procedure codes specified in a dental benefits plan.

Denied Service - Dental procedure not covered by a dental benefits plan.

Denied Benefit - Dental procedure denied based on a member's dental plan limitations.

Dental Care - Services relating to the teeth and their supporting structures.

Dental Encounter Data – Dental Encounter Data records provide detailed dental information for each treatment encounter and are required to be produced by the contractor for dental care data and financial reporting.

Dental Explanation of Benefits (DEOB) The document prepared by insurance carriers, health care organizations, and TRICARE provided to members and dentists explaining benefits determinations to include such things as: type of service received, the amount billed, the allowable charge, and services denied (with denial reasons).

Dental Hygienist - Practitioner in rendering complete oral prophylaxis services, applying medication, performing dental radiography, and providing dental education services with a certificate, associate degree, or bachelor's degree in the field, and licensed by an appropriate authority.

Dental Readiness Classifications: The oral health status of uniformed personnel are classified into three categories as used in this contract.

Class 1: Patients with current dental examination who do not require dental treatment or reevaluation. Class 1 patients are worldwide deployable.

Class 2: Patients with current dental examination whose oral conditions are unlikely to result in dental emergencies within 12 months. Class 2 patients are worldwide deployable.

Class 3: Patients who require urgent or emergent dental treatment. Class 3 patients normally are not considered to be worldwide deployable.

Dental Service Point of Contact – A military dentist assigned as the point of contact for all dental issues arising from care rendered to ADSMs in the civilian community and who review dental care for appropriateness. The DSPOCs for the members of the Army, Air Force, Navy, Marine Corps, and the Coast Guard will be located remotely from the contractor. The two DSPOC positions will rotate among the Army, Air Force, Navy and Coast Guard Dental Corps. The DSPOC positions are established to provide a means to identify, manage, and provide dental oversight of civilian dental care provided to ADSMs.

Dental Treatment Facility (DTF) – A facility operated by the military that provides dental care to ADSMs. DTFs have responsibility for management of all service members within their service areas even if that service member is not in the same branch of service as the DTF base or post. DTFs also manage the care of non-active duty service members (e.g., Reservists) who have a dental line of duty (LOD) determination while in a drill or on active duty for less than 30 days.

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Dentist - Doctor of Dental Medicine (D.M.D.) or Doctor of Dental Surgery (D.D.S.) who is licensed to practice dentistry by an appropriate authority.

Diagnostic Services - Category of dental services including clinical oral examinations, radiographic examinations, and diagnostic laboratory tests and examinations provided in connection with other dental procedures authorized as benefits.

Emergency Care – Emergency care, which does not need authorization, includes any treatment necessary to relieve pain, treat infection, control hemorrhaging, or repair broken fillings by placement of a temporary or permanent fillings (not crowns). Root canal treatment may be needed to relieve the pain and infection. Crowns, bridges and dentures work is not consider emergency care.

Endodontics - The etiology, prevention, diagnosis, and treatment of diseases and injuries affecting the dental pulp, tooth root, and periapical tissue.

Excludable Services – Excludable services are services that are not specifically excluded but are not covered because they are not medically necessary based on the circumstance.

Excluded Services – Excluded services are benefits/services that are not covered.

Fraud - Fraud is defined as (1) a deception or misrepresentation by a provider, beneficiary, sponsor, or any person acting on behalf of a provider, sponsor, or beneficiary with the knowledge (or who had reason to know or should have known) that the deception or misrepresentation could result in some unauthorized benefit to self or some other person, or some unauthorized payment, or (2) a reimbursement for dental services that is false or fictitious, or includes or is supported by any written statement which asserts a material fact which is false or fictitious, or includes or is supported by any written statement that (a) omits a material fact and (b) is false or fictitious as a result of such omission and (c) is a statement in which the person making, presenting, or submitting such statement has a duty to include such material fact. It is presumed that, if a deception or misrepresentation is established and a request for reimbursement for dental services is filed, the person responsible for requesting reimbursement had the requisite knowledge. This presumption is refutable only by substantial evidence. It is further presumed that the provider of the services is responsible for the actions of all individuals who request reimbursement on behalf of the provider (for example, billing clerks); this presumption may only be rebutted by clear and convincing evidence.

Initial Determination - A formal written decision on dental reimbursement or a request for a benefit pre-determination. Rejection of dental reimbursement or pre-determination, or of a request for benefit or provider authorization for failure to comply with administrative requirements, including failure to submit reasonably requested information, is not an initial determination. Responses to general or specific inquiries regarding dental benefits are not initial determinations.

Line of Duty (LOD) - Reserve Component members, to include the National Guard members, serving on duty 30 days or less are not eligible for DTF dental care except for emergencies. If a Reserve Component Member in an active duty status becomes injured or ill during training and requires dental treatment, they are only entitled to treatment for that injury or illness. The responsibility for determining eligibility for treatment rests with local commanders in accordance with published service regulations. The care may be received after a member is inactivated provided that the appropriate LOD documentation is on file; DEERS will not indicate eligibility.

Member Liability - The ADSM has no legal obligation or his or her estate, or responsible family member, to pay for the costs of dental care or treatment received for covered services, and where required, services that were authorized. Member liability does include any expenses for services and supplies not covered but for which the member has agreed in writing to pay.

Nonparticipating Provider. A dentist or dental hygienist that furnished dental services to a member, but who is not a network provider nor has agreed to accept the contractor's fee allowances as the total charge for the services. A nonparticipating provider looks to the active duty service member for final responsibility for payment of his or her charge, but may accept payment (assignment of benefits) directly from the contractor or assist the beneficiary in filing a request for reimbursement by the dental plan contractor. Where the nonparticipating provider does not accept payment directly from the contractor, the contractor pays the ADSM, not the provider.

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Oral and Maxillofacial Surgery - Surgical procedures performed in the oral cavity or maxillofacial region.

Orthodontics - The supervision, guidance, and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex.

Oral surgeon (D.D.S. or D.M.D.) - A person who has received a degree in dentistry and who limits his or her practice to oral surgery, that is, that branch of the healing arts that deals with the diagnosis and the surgical correction and adjunctive treatment of diseases, injuries, and defects of the mouth, the jaws, and associated structures.

Participating Provider. A dentist or dental hygienist who has agreed to accept the contractor's reasonable fee allowances or other fee arrangements as the total charge (even though less than the actual billed amount).

Party to the Initial Determination - A member and/or a participating provider of services whose interests have been adjudicated by the initial determination.

Periodontics - The examination, diagnosis, and treatment of diseases affecting the supporting structures of the teeth.

Prevailing Charge - The charges submitted by certain dental providers which fall within the range of charges that are most frequently used in a state for a particular procedure or service. The top of the range establishes the maximum amount TRICARE will authorize for payments of a given procedure or service, except where unusual circumstances or dental complications warrant an additional charge.

Preventive Services - Traditional prophylaxis including scaling deposits from teeth, polishing teeth, and topical application of fluoride to teeth.

Prosthodontics - The diagnosis, planning, making, insertion, adjustment, refinement, and repair of artificial devices intended for the replacement of missing teeth and associated tissues.

Remote Active Duty Service Member – An active duty service member who works and lives more than 50 miles from a military Dental Treatment Facility. This also includes eligible members enrolled in TRICARE Prime Remote, uniformed members of NOAA, Early Activation reserve component members, Foreign Forces members, Line of Duty members, Wounded Warriors and certain Reserve component members under TAMP.

Restorative Services - Restoration of teeth including those procedures commonly described as amalgam restorations, resin restorations, pin retention, and stainless steel crowns for primary teeth.

Routine Care – Covered benefits for remote ADSMs that do not require DHA authorization which includes diagnostic (exams and X-rays), preventive (cleanings), routine restorations (amalgam or composite fillings), and single tooth extractions that does not exceed \$500 per appointment. It does not include crowns. All subsequent routine care will meet the routine care access standard of 21 days. All subsequent specialty care will meet the 28 day standard.

Sealants - A material designed for application on specified teeth to seal the surface irregularities to prevent ingress of oral fluids, food, and debris in order to prevent tooth decay.

Service Point of Contact (SPOC) - Serves as a centralized service point of contact and is the primary POC for respective service headquarters and commands. Review dental reimbursement for eligibility and appropriateness of care. Refer fitness for duty issues to the member's unit and/or MTF. Provides pre-authorization for dental care procedures over \$500.00 or cumulative total over 12 months that exceeds \$1,200.00 for active duty members in remote locations.

Specialty Care – Other dental care (prosthodontics, periodontics, oral surgery) not considered emergency or routine care and requires either a referral from a DTF or an authorization from the DSPOCs.

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Definitions

Telephonic Inquiry - A telephonic inquiry is processed to completion when the final reply is provided by either telephone or letter.

TRICARE Program - A DoD managed health care program operated under the authority of 32 CFR 199.17.

TRICARE Regulation at 32 CFR Part 199 - This regulation prescribes guidelines and policies for the administration of the TRICARE Program for the Army, Navy, Air Force, Marine Corps, Coast Guard, Commissioned Corps of the U.S. Public Health Service (USPHS) and the Commissioned Corps of the National Oceanic and Atmospheric Administration (NOAA). It includes the guidelines and policies for the administration of the TRICARE Program.

Attachment J-2 Benefits, Limitations and Exclusions

INTRODUCTION

Covered dental services must meet accepted standards of dental practice. All dental procedures in this document conform to the 2014 version of the American Dental Association (ADA) *Code on Dental Procedures and Nomenclature*, in the Current Dental Terminology (CDT). Treatment for the following services will be initiated within a 21-day access standard:

- Examination and Diagnosis
- Dental prophylaxis
- Preventive
- Routine Restorative

Specialty consultations will be provided within a 28-day access standard. Dental emergency treatment will be provided within a 24-hour access standard. If a Dental Treatment Facility (DTF) cannot provide a covered dental service within the access standard, the DTF may refer the ADSM for care if that treatment is available elsewhere within the access standard.

GENERAL POLICIES

Supplemental healthcare benefits are intended to be an adjunct, not a replacement for, active duty dental treatment facility (DTF) dental care. **Treatment and services not immediately required to establish or maintain dental health to meet dental readiness or world-wide deployability standards may be delayed until this treatment can be provided at an active duty DTF.** All treatment and procedures should be reported following the guidelines and definitions of the most current version of the ADA's CDT.

The following services, supplies, or charges are not covered for supplemental healthcare funding unless specifically authorized by the Services' Dental Corps Chief(s) or designated representative(s) (e.g., DSPOCs):

1. Any dental service or treatment not specifically listed as a Covered Service.
2. Any dental service or treatment determined to be unnecessary or which do not meet accepted standards of dental practice.
3. Those services 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, only those covered services provided by an authorized dental hygienist performing within the scope of his or her license and applicable state law will be eligible for payment or reimbursement.
4. Those services submitted by a dental provider that are for the same service(s) performed on the same date for the same member by another dental provider.
5. Those services which are experimental or investigative in nature.
6. Those services 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 member claims the benefits or compensation.
7. Those services which are later recovered in a lawsuit or in a compromise or settlement of any claim, except where prohibited by law.
8. Those services provided free of charge by any governmental unit, except where this exclusion is prohibited by law.
9. Those services for which the member would have no obligation to pay in the absence of this or any similar coverage.
10. Those services 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.
11. Those services performed prior to the member's effective coverage date. This includes any treatment for crowns, inlays, onlays, cast post and cores, or dentures/bridges initiated prior to the effective date of the member's eligibility.
12. Those services provided after the termination date of the member's eligibility for coverage unless otherwise indicated. This includes those prosthesis delivered after the termination date of active duty eligibility and any treatment for crowns, inlays, onlays, cast post and cores, or dentures/bridges delivered or inserted prior

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to the termination date of active duty eligibility. The date of service for prosthodontic services (crowns, inlays, onlays, cast post and core, dentures/bridges) is the date of preparation. That date of service should be used when billing.

13. Those services which are for unusual procedures and techniques.
14. Those services performed by a dental provider who is compensated by a facility for similar covered services performed for members.
15. Those services resulting from the patient's failure to comply with professionally prescribed treatment.
16. Telephone consultations.
17. Any charges for failure to keep a scheduled appointment.
18. Participating providers may not bill patients for the completion of claim forms.
19. Any services or restorations 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. Plaque control programs, oral hygiene instruction, home care items and dietary instructions.
22. Services including evaluations, which are routinely performed in conjunction with, or as part of, another service are considered integral and will not be paid or reimbursed as a separate charge.
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 mal-alignment of teeth.
24. Gold foil restorations.
25. Treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan.
26. Hospital costs or any additional fees that the dental provider or hospital charges for treatment at the hospital (inpatient or outpatient).
27. Medical procedures as well as procedures covered as adjunctive dental care under TRICARE/Medical or other medical benefit coverage.
28. Infection control procedures and fees associated with Occupational Safety and Health Administration (OSHA) and/or governmental agency compliance are considered integral to the dental service(s) provide and will not be paid or reimbursed as a separate charge.
29. Adjunctive dental benefits as defined by applicable federal regulations.
30. Any request for payment more than 12 months after the month in which a service is provided is not eligible for payment. A participating dentist may not bill the member for services that are denied for this reason

EMERGENCY CARE

Emergency care is care that is required to treat or control hemorrhage, infection, swelling and pain. This includes treatment necessary to relieve pain, treat infection, or control hemorrhage to include: temporary or permanent fillings, root canal treatment, single tooth extractions, incision and drainage or other immediate required treatment. Crowns, bridges and dentures are not considered emergency care and require authorization (see below). For example, root canal therapy required to relieve acute pain or treat an acute exacerbation of a periradicular infection can be completed without authorization even if this treatment requires more than one appointment. If a crown is indicated following the root canal therapy, the crown must have authorization before initiating the crown preparation.

COVERED SERVICES

To be considered a Covered Service a procedure or treatment must meet the requirement of being appropriate and necessary to establish and maintain dental health to meet military worldwide readiness/deployment status.

In addition, non-emergency covered services that exceed \$750 per procedure or appointment or \$1500 for any episode of treatment requires authorization to be considered for payment or reimbursement. (See definition of Emergency Care.) This includes appointments where routine care under \$750 may be combined with specialty care provided on the same date of service. In these cases, authorization for all care is required even if a portion of it has been previously approved. Certain procedures will always need an authorization regardless of the cost as indicated

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in this attachment. Authorization requirements may vary for each specific procedure but generally require the submission of a current diagnostic-quality periapical x-ray. A brief narrative report of the specific service(s) to be performed is recommended if there are any factors that may affect the care provided. **Initiating dental care requiring authorization without written authorization may result in the service member being responsible for part or all cost of treatment.** If the dental provider initiates this care without receiving written authorization, the provider has the responsibility to obtain written consent from the service member clearly explaining this financial responsibility and risk. Substitution of a non-covered service for a covered service is not allowed even if the fee for the non-covered service is less than or equal to the covered service. Therefore, obtaining a written authorization of benefit is highly recommended prior to initiating care.

For each CDT Code listed, there is a letter code define in the table below. All four codes are only applicable to remote ADDP utilization. The code 'N' is the only one that applies for DTF referred care.

Code	Description
E	Emergency Care – No authorization required
R	Routine Care - No authorization required (unless over \$750)
S	Specialty Care – Authorization is required
N or Not Listed	Non-covered procedure

D0100-D0999 I. DIAGNOSTIC

Benefits and Limitations for Diagnostic Services

1. For Remote ADSMs, two routine examinations per year are covered without obtaining authorization. Oral evaluations are considered integral when provided on the same date of service as palliative or surgical procedure(s) by the same dental provider. If a Remote ADSM desires a second opinion, he/she may obtain a third exam from a different performing provider without obtaining authorization. Radiographic images completed during the third exam on the same day, by the same provider, in support of a second opinion are covered for payment.
2. Only one limited oral evaluation, problem-focused (D0140) will be allowed per patient per dentist in a 12 consecutive month period.
3. For a limited oral evaluation - problem focused or palliative (emergency) treatment to be covered, it must involve a problem or symptom that occurred suddenly and unexpectedly and require immediate attention.
4. Re-evaluations are considered integral procedures.
5. Radiographic images which are not of diagnostic quality are not covered and may not be charged to the patient when provided by a participating dentist.
6. Unless approved by DSPOC, one complete series of radiographic images or one panoramic radiographic image is covered in a 36 month period for Remote ADSMs.
7. Unless approved by DSPOC, one set of bitewing radiographic images, consisting of up to four bitewing radiographic images per visit, is covered during a 12 consecutive month period for Remote ADSMs.
8. Vertical bitewings (D0277) will be paid at the same allowance as four bitewings and are subject to the same benefit limitations as four bitewing radiographic images.
9. Periapical radiographic images are covered, when necessary.
10. Radiographic images are not a covered benefit when taken by an x-ray laboratory, unless billed by a licensed dental provider.
11. If the total allowance for individually reported periapical and/or bitewing radiographic images equals or exceeds the allowance for a complete series, the individually reported radiographic images are paid as a complete series and are subject to the same benefit limitations as a complete series. Any difference in fees may not be charged to the member by a participating dentist.
12. Periapical and/or bitewing radiographic images are considered integral when performed on the same date of service, by the same dental provider, as a complete series of radiographic images.
13. Bitewing radiographic images are not considered integral when performed on the same date of service as a panoramic radiographic image; they may be paid as a separate service.
14. Pulp vitality tests are considered integral to all services.
15. Caries susceptibility tests are not payable unless specifically authorized in writing prior to initiating this service. This service will be considered only in conjunction with an intensive regimen of home preventive

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therapy (including prescription mouth rinses) to determine if the therapy should be continued. The test is payable once per regimen. The regimen must be initiated immediately following completion of restorative care for a recent episode of rampant caries.

16. Caries susceptibility tests are not payable on a routine basis, for patients with un-restored carious lesions, or when performed for patient education.
17. Diagnostic casts (study models) taken in conjunction with restorative procedures are considered integral to the restorative procedure. Diagnostic casts are not covered as independent procedures.
18. A panoramic radiograph (D0330) is covered when performed by an oral surgeon.
19. The Contractor may reimburse dental care not indicated on the DTF referral/authorization if the service provided is a panoramic radiograph (D0330) performed by an oral surgeon. For all provider specialties, the Contractor may issue reimbursement for up to two bitewing radiographs (D0270/D0272) or two periapical radiographs (D0220/D0230). Additionally, the Contractor may reimburse for a limited oral evaluation-problem focused (D0140).
20. Lab fees for biopsies are a covered benefit at 100% of charge. The contractor does not pay the lab directly but will reimburse the provider if a lab invoice is submitted with the claim. If the member has paid for the lab fee, the contractor will reimburse the member at 100% of charge.

CLINICAL ORAL EVALUATIONS

- D0120 R** periodic oral evaluation – established patient
- D0140 R** limited oral evaluation - problem focused
- D0150 R** comprehensive oral evaluation –new or established patient
- D0160 R** detailed and extensive oral evaluation - problem focused, by report
- D0170 R** re-evaluation-limited, problem focused (established patient, not post-operative visit)
- D0171 N** re-evaluation - post-operative office visit
- D0180 R** comprehensive periodontal evaluation – new or established patient

PRE-DIAGNOSTIC SERVICES

- D0190 N** screening of a patient
- D0191 N** assessment of a patient

DIAGNOSTIC IMAGING

- D0210 R** intraoral - complete series of radiographic images
- D0220 R** intraoral - periapical first radiographic image
- D0230 R** intraoral - periapical each additional radiographic image
- D0240 R** intraoral - occlusal radiographic image
- D0250 R** extraoral - first radiographic image
- D0260 R** extraoral - each additional radiographic image
- D0270 R** bitewing - single radiographic image
- D0272 R** bitewings - two radiographic images
- D0273 R** bitewings – three radiographic images
- D0274 R** bitewings - four radiographic images
- D0277 R** vertical bitewings - 7 to 8 radiographic images
- D0290 S** posterior-anterior or lateral skull and facial bone survey radiographic image
- D0310 R** sialography
- D0320 S** temporomandibular joint arthrogram, including injection
- D0321 S** other temporomandibular joint radiographic images, by report
- D0322 S** tomographic survey
- D0330 R** panoramic radiographic image
- D0340 S** cephalometric radiographic image
- D0364 S** cone beam CT capture and interpretation with limited field of view – less than one whole jaw
- D0365 S** cone beam CT capture and interpretation with field of view of one full dental arch – mandible
- D0366 S** cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium

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- D0367 S cone beam CT capture and interpretation with field of view of both jaws, with or without cranium
- D0368 S cone beam CT capture and interpretation for TMJ series including two or more exposures
- D0369 S maxillofacial MRI capture and interpretation
- D0370 S maxillofacial ultrasound capture and interpretation
- D0371 S sialoendoscopy capture and interpretation
- D0380 S cone beam CT image capture with limited field of view – less than one whole jaw
- D0381 S cone beam CT image capture with field of view of one full dental arch – mandible
- D0382 S cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium
- D0383 S cone beam CT image capture with field of view of both jaws, with or without cranium
- D0384 S cone beam CT image capture for TMJ series including two or more exposures
- D0385 S maxillofacial MRI image capture
- D0386 S maxillofacial ultrasound image capture
- D0391 S interpretation of diagnostic image by a practitioner not associated with capture of the image, including report
- D0393 S treatment simulation using 3D image volume
- D0394 S digital subtraction of two or more images or image volumes of the same modality
- D0395 S fusion of two or more 3D image volumes of one or more modalities

TESTS EXAMINATIONS

- D0415 S collection of microorganisms for culture and sensitivity
- D0416 S viral culture
- D0417 S collection and preparation of saliva sample for laboratory diagnostic testing
- D0418 S analysis of saliva sample
- D0421 S genetic test for susceptibility to oral diseases
- D0425 S caries susceptibility test
- D0431 N adjunctive pre-diagnostic test that aids in the detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures

ORAL PATHOLOGY LABORATORY (Use Codes D0472 – D0502)

- D0472 S accession of tissue, gross examination, preparation and transmission of written report
- D0473 S accession of tissue, gross and microscopic examination, preparation and transmission of written report
- D0474 S accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report
- D0475 S decalcification procedure
- D0476 S special stains for microorganisms
- D0477 S special stains, not for microorganisms
- D0478 S immunohistochemical stains
- D0479 S tissue in-situ hybridization, including interpretation
- D0480 S accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report
- D0481 S electron microscopy
- D0482 S direct immunofluorescence
- D0483 S indirect immunofluorescence
- D0484 S consultation on slides prepared elsewhere
- D0485 S consultation, including preparation of slides from biopsy material supplied by referring source
- D0486 S laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report
- D0502 S other oral pathology procedures, by report
- D0601 N caries risk assessment and documentation, with a finding of low risk
- D0602 N caries risk assessment and documentation, with a finding of moderate risk
- D0603 N caries risk assessment and documentation, with a finding of high risk

Attachment J-2
Benefits, Limitations and Exclusions

D0999 N unspecified diagnostic procedure, by report

D1000-D1999 II. PREVENTIVE

Benefits and Limitations for Preventive Services

1. Two routine prophylaxes are covered in a 12 consecutive month period. Additional prophylaxes in a 12-month period must be approved by the DSPOC.
2. Routine prophylaxes are considered integral when performed by the same dental provider/facility on the same day as scaling and root planing, periodontal surgery and periodontal maintenance procedures.
3. A routine prophylaxis is considered integral when performed in conjunction with, or as a finishing procedure to, periodontal scaling and root planing, periodontal maintenance, gingivectomies, gingival flap procedures, mucogingival surgery, osseous surgery or curettage.
4. A routine prophylaxis includes associated scaling and polishing procedures. There are no provisions for any additional allowance based on degree of difficulty.
5. Two topical fluoride applications are covered in a consecutive 12-month period when performed as independent procedures. Additional fluoride applications must be preauthorized. The use of a prophylaxis paste containing fluoride qualifies for payment only as a prophylaxis.
6. Topical fluoride applications (D1204) are covered when provided as part of an intensive regimen of home preventive therapy to treat rampant caries. This service is only covered if authorized in writing prior to initiating the service.

Benefits and Limitations for Sealants

1. Sealants for teeth other than permanent bicuspid and permanent molars are not covered.
2. Sealants provided on the same date of service and on the same tooth as a restoration involving the occlusal surface are considered integral procedures.

DENTAL PROPHYLAXIS

D1110 R prophylaxis – adult

TOPICAL FLUORIDE TREATMENT (Office Procedure)

D1206 R topical application of fluoride varnish

D1208 R topical application of fluoride – excluding varnish

OTHER PREVENTIVE SERVICES

D1351 S sealant – per tooth

D1352 S preventive resin restoration in a moderate to high caries risk patient – permanent tooth

D1353 S sealant repair – per tooth

D2000-D2999 III. RESTORATIVE

Benefits and Limitations for Restorative Services

1. Diagnostic casts (study models) taken in conjunction with restorative procedures are considered integral.
2. 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.
3. Pin retention is covered only when reported in conjunction with an eligible restoration.
4. An amalgam or resin restoration reported with a pin (D2951), in addition to a crown, is considered to be a pin-retained core buildup (D2950).
5. Preventive resin restorations or other restorations that do not extend into the dentin are considered sealants for purposes of determining benefits.
6. Restorative services are covered only when necessary due to decay or fracture. Restorative services are not benefits when performed for cosmetic purposes.

Attachment J-2 Benefits, Limitations and Exclusions

7. Restorative services that are needed due to attrition, erosion, abrasion, or congenital or developmental defects require authorization.
8. Multiple restorations performed on the same surface of a tooth, without involvement of a second surface, on the same date of service and by the same dental provider/facility, will be processed as a single surface restoration.
9. A restoration involving two or more surfaces should be reported using the appropriate multiple surface restoration code.
10. If multiple 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.
11. Repair or replacement of restorations by the same dentist and involving the same tooth surfaces, performed within 12 months of the original 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 or is required to restore the tooth following root canal therapy.
12. Restorations performed on the same tooth and by the same dentist/facility within twelve months following the placement of any type of crown or onlay are considered integral.
13. For reporting and benefit purposes, the completion date for crowns, onlays and buildups is the preparation date.
14. The charge for a crown or onlay should include all charges for work related to its placement and any follow-up care including, but not limited to, preparation of gingival tissue, tooth preparation, temporary crown, diagnostic casts (study models), impressions, try-in visits, limited occlusal adjustments and cementations of both temporary and permanent crowns.
15. Current military guidance requires that all ceramic crowns D2740 be either E.Max or Full Contour Zirconia (i.e., Bruxir, Lava Plus, ZirLux) whether they are placed in active duty treatment facilities or via purchased private sector care. Civilian dental providers are required to provide a copy of the lab bill, for nonDTF-referred care, with the dental claim providing evidence of the materials used for fabricating the crown. If the dental office has their own milling machine (Cerec, ProCad, Vitablocs, Paradigm) so indicate. All 2nd molars will require a D2790 or D2791 or D2792. No D2740 will be authorized for 2nd molars.
16. Prefabricated stainless steel crowns (with or without resin windows for anterior and premolar teeth) are covered only when authorized in writing prior to initiating the procedure.
17. Restorative and removable and fixed prostheses initiated prior to the effective date of coverage or inserted/cemented after the cancellation date of coverage are not eligible for payment or reimbursement.

AMALGAM RESTORATIONS (Including Polishing)

- D2140 R** amalgam - one surface, permanent or primary
- D2150 R** amalgam - two surfaces, permanent or primary
- D2160 R** amalgam - three surfaces, permanent or primary
- D2161 R** amalgam - four or more surfaces, permanent or primary

RESIN-BASED COMPOSITE RESTORATIONS - DIRECT

- D2330 R** resin-based composite - one surface, anterior
- D2331 R** resin-based composite - two surfaces, anterior
- D2332 R** resin-based composite - three surfaces, anterior
- D2335 R** resin-based composite - four or more surfaces or involving incisal angle (anterior)
- D2390 S** resin-based composite crown, anterior
- D2391 R** resin-based composite - one surface, posterior
- D2392 R** resin-based composite - two surfaces, posterior
- D2393 R** resin-based composite - three surfaces, posterior
- D2394 R** resin-based composite - four or more surfaces, posterior

GOLD FOIL RESTORATIONS

- D2410 N** gold foil - one surface
- D2420 N** gold foil - two surfaces

Attachment J-2 Benefits, Limitations and Exclusions

D2430 N gold foil – three surfaces

INLAY/ONLAY RESTORATIONS

D2510 N inlay – metallic – one surface
D2520 N inlay – metallic – two surfaces
D2530 N inlay – metallic – three or more surfaces
D2542 S onlay - metallic-two surfaces
D2543 S onlay - metallic-three surfaces
D2544 S onlay - metallic-four or more surfaces

CROWNS - SINGLE RESTORATIONS ONLY

D2710 N crown – resin-based composite (indirect)
D2712 N crown – $\frac{3}{4}$ resin-based composite (indirect)
D2740 S crown – porcelain/ceramic substrate
D2750 S crown - porcelain fused to high noble metal
D2751 N crown - porcelain fused to predominantly base metal
D2752 S crown - porcelain fused to noble metal
D2780 S crown - $\frac{3}{4}$ cast high noble metal
D2781 N crown - $\frac{3}{4}$ cast predominantly base metal
D2782 S crown - $\frac{3}{4}$ cast noble metal
D2790 S crown - full cast high noble metal
D2791 N crown - full cast predominantly base metal
D2792 S crown - full cast noble metal
D2794 S crown - titanium

OTHER RESTORATIVE SERVICES

Benefits and Limitations for Other Restorative Services

1. For Remote ADSMs, 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. Prostheses for Remote ADSMs prior to the five-year replacement period must be approved by a DSPOC. 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. The five year service date is measured based on the actual date (day and month) of the initial service versus the first day of the initial service month.
2. Inlays typically require greater reduction of sound natural tooth structure compared to restorations utilizing direct restorative materials and are therefore not as cost effective nor as conservative for restoring intracoronal defects.
3. Temporary crowns are usually preformed artificial crowns, which are fitted over a damaged tooth as an immediate protective device. This is not to be used as temporization during crown fabrication.
4. Recementation of prefabricated and cast crowns, bridges, onlays, inlays and posts within six months of placement by the same dental provider/facility is considered integral to the original procedure.
5. Onlays, crowns and posts and cores are payable only when necessary due to decay or fracture. If the tooth can be adequately restored with amalgam or composite (resin) filling material, then authorization for restoration of the tooth will be limited to the lesser restorative procedure. This payment cannot be applied toward other treatment.
6. Substitution of a non-covered service for a covered service is not allowed even if the fee for the non-covered service is less than or equal to the covered service.
7. Posts are only eligible when provided as part of a core buildup and are considered integral to the buildup procedure. A separate charge for a post as an independent procedure is not a covered benefit.
8. Porcelain ceramic and composite resin inlays are not covered benefits, unless approved by a DSPOC.
9. Glass ionomer restorations are not a covered benefit in load bearing areas. Payment for glass ionomer restorations in non-load bearing areas will be made based upon the fees for amalgam restorations for posterior teeth or resin restorations for anterior teeth.

Attachment J-2 Benefits, Limitations and Exclusions

10. Protective restorations are not a covered benefit. However, if a protective restoration is provided on an emergency basis, it may be considered for payment or reimbursement as palliative emergency treatment.

D2910	R	recement or rebond inlay, onlay, veneer or partial coverage restoration
D2915	S	recement or rebond indirectly fabricated or prefabricated post and core
D2920	R	recement or rebond crown
D2921	E	reattachment of tooth fragment, incisal edge or cusp
D2929	N	prefabricated porcelain/ceramic crown – primary tooth
D2931	S	prefabricated stainless steel crown - permanent tooth
D2932	N	prefabricated resin crown
D2933	N	prefabricated stainless steel crown with resin window
D2940	E	protective restoration
D2941	N	Interim therapeutic restoration-primary dentition
D2949	S	restorative foundation for an indirect restoration
D2950	S	core buildup, including any pins when required
D2951	R	pin retention - per tooth, in addition to restoration
D2952	S	post and core in addition to crown, indirectly fabricated
D2953	N	each additional indirectly fabricated post - same tooth
D2954	S	prefabricated post and core in addition to crown
D2955	S	post removal
D2957	N	each additional prefabricated post - same tooth
D2960	N	labial veneer (resin laminate) – chairside
D2970	S	temporary crown (fractured tooth)
D2971	S	additional procedures to construct new crown under existing partial denture framework
D2975	S	coping
D2980	R	crown repair, necessitated by restorative material failure
D2981	N	inlay repair necessitated by restorative material failure
D2982	N	onlay repair necessitated by restorative material failure
D2983	N	veneer repair necessitated by restorative material failure
D2990	S	resin infiltration of incipient smooth surface lesions
D2999	N	unspecified restorative procedure, by report

D3000-D3999 IV. ENDODONTICS

Benefits and Limitations for Endodontic Services

1. When endodontic services are performed by a general dentist, post treatment radiograph is required prior to approval of payment for services.
2. Direct pulp caps are considered an integral service when provided on the same date as a restoration.
3. Indirect pulp caps are considered integral to the restoration.
4. Pulpotomies are considered integral when performed by the same dentist who completes the root canal therapy.
5. 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.
6. Pulpal therapy (resorbable filling) is limited to primary teeth with unerupted succedaneous permanent teeth only and therefore not generally covered for active duty service members. If covered, it is a benefit 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 dental provider.
7. Gross pulpal debridement is considered integral to root canal therapy or palliative emergency treatment when provided on the same day by the same dental provider.
8. Treatment of a root canal obstruction is considered an integral procedure to the root canal therapy.
9. Incomplete endodontic therapy is not a covered benefit when due to the patient discontinuing treatment. All other circumstances require a report.

Attachment J-2 Benefits, Limitations and Exclusions

10. 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 procedure.
11. For reporting and benefit purposes, the completion date for endodontic therapy is the date the tooth is sealed.
12. Final restoration is covered separately and not part of endodontic therapy.
13. Simple incision and drainage reported without root canal therapy will be processed as palliative treatment.
14. Simple incision drainage reported with root canal therapy is considered integral to the root canal therapy.

PULPOTOMY

- D3220 R therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament
- D3221 R pulpal debridement, primary and permanent teeth

ENDODONTIC THERAPY (Including Treatment Plan, Clinical Procedures and Follow-Up Care)

- D3310 E endodontic therapy - anterior (excluding final restoration)
- D3320 E endodontic therapy - bicuspid (excluding final restoration)
- D3330 E endodontic therapy - molar (excluding final restoration)
- D3331 S treatment of root canal obstruction; non-surgical access
- D3332 S incomplete endodontic therapy; inoperable, unrestorable, or fractured tooth
- D3333 S internal root repair of perforation defects

ENDODONTIC RETREATMENT

- D3346 S retreatment of previous root canal therapy - anterior
- D3347 S retreatment of previous root canal therapy - bicuspid
- D3348 S retreatment of previous root canal therapy - molar

APEXIFICATION/RECALCIFICATION AND PULPAL REGENERATION PROCEDURES

- D3351 S apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
- D3352 S apexification/recalcification - interim medication replacement
- D3353 S apexification/recalcification - final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)
- D3355 S pulpal regeneration – initial visit
- D3356 S pulpal regeneration – interim medication replacement
- D3357 S pulpal regeneration – completion of treatment

APICOECTOMY/PERIRADICULAR SERVICES

- D3410 S apicoectomy - anterior
- D3421 S apicoectomy - bicuspid (first root)
- D3425 S apicoectomy - molar (first root)
- D3426 S apicoectomy (each additional root)
- D3427 S periradicular surgery without apicoectomy
- D3428 S bone graft in conjunction with periradicular surgery – per tooth, single site
- D3429 S bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site
- D3430 S retrograde filling - per root
- D3431 S biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery
- D3432 S guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery
- D3450 S root amputation - per root
- D3460 N endodontic endosseous implant
- D3470 S intentional reimplantation (including necessary splinting)

Attachment J-2 Benefits, Limitations and Exclusions

OTHER ENDODONTIC PROCEDURES

D3950 S canal preparation and fitting of preformed dowel or post

D3999 N unspecified endodontic procedure, by report

D4000-D4999 V. PERIODONTICS

Benefits and Limitations for Periodontal Services

1. All periodontal treatment requires written authorization prior to initiating treatment. The exception is emergency treatment required to repair defects caused by traumatic injury and is provided at the time of the initial treatment for that trauma.
2. Gingivectomies, gingival flap procedure, guided tissue regeneration and osseous surgery provided within 24 months of the same surgical periodontal procedure, in the same area of the mouth, are not covered.
3. Gingivectomies or gingivoplasties performed in conjunction with the placement of crowns, onlays, crown buildups, or posts and cores are considered integral to the restorative procedure.
4. Payment for gingivectomy/gingivoplasty will be made as follows:
 - a) one or two teeth will be paid at the per tooth allowance
 - b) three or four teeth will be paid at 50 percent of the full quadrant allowance.
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 are payable at the level of free soft tissue grafts.
7. A single site for reporting osseous 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.
8. Bone replacement grafts are eligible for payment or reimbursement when provided to treat periodontal defects. 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.
9. Periodontal bone grafts are subject to the same limitations and requirements as bone replacement grafts using natural bone
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 dental provider/facility and in the same area of the mouth, will be processed for payment as a crown lengthening.
12. One crown lengthening per tooth, per lifetime, is covered.
13. 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. If this information is not available, please provide an explanation regarding the need for periodontal care.
14. 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 requires authorization.
15. A routine prophylaxis is considered integral when performed in conjunction with or as a finishing procedure to periodontal scaling and root planing, periodontal maintenance, gingivectomies, gingival flap procedures, osseous surgery, or curettage.
16. Up to four periodontal maintenance procedures or any combination of routine prophylaxes and periodontal maintenance procedures totaling four may be paid within a 12 consecutive month period.
17. 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.
18. Full mouth debridement to enable comprehensive periodontal evaluation (D4355) is covered only once in a 24 month time frame and must be at least 2 years since the last dental prophylaxis. When full mouth debridement is performed on the same date of service as scaling and root planing, periodontal maintenance procedures, or a routine prophylaxis, it is considered integral to these services.

Attachment J-2
Benefits, Limitations and Exclusions

19. Implantology and related services are considered on a case-by case basis **and require authorization.** Implant services must meet all protocol(s) established by the service member's branch of Service Dental Corps Chief or designated representative.
20. When covered, all procedures related to the placement of an implant (e.g., bone re-contouring and excision of gingival tissue) are considered integral to the implant placement procedure.

SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)

- D4210 S gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant
- D4211 S gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant
- D4212 N gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth
- D4240 S gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant
- D4241 S gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant
- D4245 S apically positioned flap
- D4249 S clinical crown lengthening - hard tissue
- D4260 S osseous surgery (including elevation of a full thickness flap -and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant
- D4261 S osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant
- D4263 S bone replacement graft - first site in quadrant
- D4264 S bone replacement graft - each additional site in quadrant
- D4266 S guided tissue regeneration - resorbable barrier, per site
- D4267 S guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)
- D4268 S surgical revision procedure, per tooth
- D4270 S pedicle soft tissue graft procedure
- D4273 S subepithelial connective tissue graft procedures, per tooth
- D4274 S distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)
- D4275 N soft tissue allograft
- D4276 S combined connective tissue and double pedicle graft, per tooth
- D4277 S free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in a graft
- D4278 S free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site

NON-SURGICAL PERIODONTAL SERVICE

- D4320 S provisional splinting - intracoronal
- D4321 S provisional splinting - extracoronal
- D4341 S periodontal scaling and root planing – four or more teeth per quadrant
- D4342 S periodontal scaling and root planing – one to three teeth per quadrant
- D4355 R full mouth debridement to enable comprehensive evaluation and diagnosis
- D4381 N localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth

OTHER PERIODONTAL SERVICES

- D4910 R periodontal maintenance
- D4920 R unscheduled dressing change (by someone other than treating dentist or their staff)
- D4921 N gingival irrigation – per quadrant
- D4999 N unspecified periodontal procedure, by report

D5000-D5899 VI. PROSTHODONTICS (Removable)

Attachment J-2 Benefits, Limitations and Exclusions

Benefits and Limitations for Prosthodontic Services

1. All prosthodontic treatment requires written authorization prior to initiating treatment. The exception is emergency treatment required to repair defects caused by traumatic injury and is provided at the time of the initial treatment for that trauma.
2. For reporting and benefit purposes, the completion date for crowns and fixed partial dentures is the preparation date. The completion date for removable prosthodontic procedures is the insertion date.
3. 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 or reimbursement.
4. The fee for diagnostic casts (study models) fabricated in conjunction with prosthetic and restorative procedures is considered integral and is included in the fee for these procedures.
5. Tissue conditioning is considered integral when performed on the same day as the delivery of a denture or a reline/rebase.
6. Adjustments provided within six months of the insertion of an initial or replacement denture are integral to the denture.
7. The relining or rebasing of a denture is considered integral when performed within six months following the insertion of that denture.
8. A reline/rebase is covered once in any 36 months.
9. Payment for a denture or an overdenture made with precious metals is based on the allowance for a conventional denture
10. Specialized procedures performed in conjunction with an overdenture are not covered.
11. A fixed partial denture and removable partial denture are not covered benefits in the same arch. Payment will be made for a removable partial denture to replace all missing teeth in the arch.
12. Cast unilateral removable partial dentures are not covered benefits.
13. Precision attachments, personalization, precious metal bases and other specialized techniques are not covered benefits.
14. Temporary fixed partial dentures are not a covered service if provided independently and are considered integral to the allowance for the fixed partial denture procedure when provided in conjunction with a permanent fixed partial denture procedure. They will not be considered for payment or reimbursement.
15. Recementation of crowns, fixed partial dentures, inlays, onlays, or cast posts within six months of their placement by the same dental provider/facility is considered integral to the original procedure.
16. All placement/replacement of removable prostheses (D5110 through D5226, D5810 through D5821, and D5862 through D5875) and fixed prostheses (D6210 through D6792) requires approval by a DSPOC.
17. Implantology and related services **require authorization** for the complete procedure and are considered on a case by case basis. Implant services must meet all protocol(s) established by the service member's branch of Service Dental Corps Chief or designated representative.
18. Posts are only eligible when provided as part of a core buildup and are considered integral to the buildup procedure. A separate charge for a post as an independent procedure is not a covered benefit.

COMPLETE DENTURES (Including Routine Post-Deliver Care)

- D5110 S complete denture - maxillary**
- D5120 S complete denture - mandibular**
- D5130 S immediate denture - maxillary**
- D5140 S immediate denture - mandibular**

PARTIAL DENTURES (Including Routine Post-Delivery Care)

- D5211 S maxillary partial denture - resin base (including any conventional clasps, rests and teeth)**
- D5212 S mandibular partial denture - resin base (including any conventional clasps, rests and teeth)**
- D5213 S maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)**
- D5214 S mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)**
- D5225 S maxillary partial denture – flexible base (including any clasps, rests and teeth)**
- D5226 S mandibular partial denture – flexible base (including any clasps, rests and teeth)**
- D5281 N removable unilateral partial denture – one piece cast metal (including clasps and teeth)**

Attachment J-2
Benefits, Limitations and Exclusions

ADJUSTMENTS TO DENTURES

- D5410 R adjust complete denture - maxillary
- D5411 R adjust complete denture - mandibular
- D5421 R adjust partial denture - maxillary
- D5422 R adjust partial denture - mandibular

REPAIRS TO COMPLETE DENTURES

- D5510 R repair broken complete denture base
- D5520 R replace missing or broken teeth - complete denture (each tooth)

REPAIRS TO PARTIAL DENTURES

- D5610 R repair resin denture base
- D5620 R repair cast framework
- D5630 R repair or replace broken clasp
- D5640 R replace broken teeth - per tooth
- D5650 S add tooth to existing partial denture
- D5660 S add clasp to existing partial denture
- D5670 S replace all teeth and acrylic on cast metal framework (maxillary)
- D5671 S replace all teeth and acrylic on cast metal framework (mandibular)

DENTURE REBASE PROCEDURES

- D5710 S rebase complete maxillary denture
- D5711 S rebase complete mandibular denture
- D5720 S rebase maxillary partial denture
- D5721 S rebase mandibular partial denture

DENTURE RELINE PROCEDURES

- D5730 S reline complete maxillary denture (chairside)
- D5731 S reline complete mandibular denture (chairside)
- D5740 S reline maxillary partial denture (chairside)
- D5741 S reline mandibular partial denture (chairside)
- D5750 S reline complete maxillary denture (laboratory)
- D5751 S reline complete mandibular denture (laboratory)
- D5760 S reline maxillary partial denture (laboratory)
- D5761 S reline mandibular partial denture (laboratory)

INTERIM PROSTHESIS

- D5810 S interim complete denture (maxillary)
- D5811 S interim complete denture (mandibular)
- D5820 S interim partial denture (maxillary)
- D5821 S interim partial denture (mandibular)

OTHER REMOVABLE PROSTHETIC SERVICES

- D5850 R tissue conditioning, maxillary
- D5851 R tissue conditioning, mandibular
- D5862 S precision attachment, by report
- D5863 S overdenture – complete maxillary
- D5864 S overdenture – partial maxillary
- D5865 S overdenture – complete mandibular
- D5866 S overdenture – partial mandibular
- D5867 S replacement of replaceable part of semi-precision or precision attachment (male or female component)
- D5875 S modification of removable prosthesis following implant surgery
- D5899 N unspecified removable prosthodontics procedure, by report

**Attachment J-2
Benefits, Limitations and Exclusions**

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS

D5911	S	facial moulage (sectional)
D5912	S	facial moulage (complete)
D5913	S	nasal prosthesis
D5914	S	auricular prosthesis
D5915	S	orbital prosthesis
D5916	S	ocular prosthesis
D5919	S	facial prosthesis
D5922	S	nasal septal prosthesis
D5923	S	ocular prosthesis, interim
D5924	S	cranial prosthesis
D5925	S	facial augmentation implant prosthesis
D5926	S	nasal prosthesis, replacement
D5927	S	auricular prosthesis, replacement
D5928	S	orbital prosthesis, replacement
D5929	S	facial prosthesis, replacement
D5931	S	obturator prosthesis, surgical
D5932	S	obturator prosthesis, definitive
D5933	S	obturator prosthesis, modification
D5934	S	mandibular resection prosthesis with guide flange
D5935	S	mandibular resection prosthesis without guide flange
D5936	S	obturator prosthesis, interim
D5937	S	trismus appliance (not for TMD treatment)
D5953	S	speech aid prosthesis, adult
D5954	S	palatal augmentation prosthesis
D5955	S	palatal lift prosthesis, definitive
D5958	S	palatal lift prosthesis, interim
D5959	S	palatal lift prosthesis, modification
D5960	S	speech aid prosthesis, modification
D5982	S	surgical stent
D5983	S	radiation carrier
D5984	S	radiation shield
D5985	S	radiation cone locator
D5986	S	fluoride gel carrier
D5987	S	commissure splint
D5988	S	surgical splint
D5991	S	vesticulobullous disease medicament carrier
D5992	S	adjust maxillofacial prosthetic appliance, by report
D5993	S	maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report
D5994	N	periodontal medicament carrier with peripheral seal – laboratory processed
D5999	N	unspecified maxillofacial prosthesis, by report

D6200-D6999 IX. PROSTHODONTICS (FIXED)

FIXED PARTIAL DENTURE PONTICS

D6205	N	pontic – indirect resin based composite
D6210	S	pontic - cast high noble metal
D6211	N	pontic - cast predominantly base metal
D6212	S	pontic - cast noble metal
D6214	S	pontic - titanium

Attachment J-2
Benefits, Limitations and Exclusions

- D6240 S pontic - porcelain fused to high noble metal
- D6241 N pontic - porcelain fused to predominantly base metal
- D6242 S pontic - porcelain fused to noble metal
- D6245 N pontic - porcelain / ceramic
- D6250 N pontic - resin with high noble metal
- D6251 N pontic - resin with predominantly base metal
- D6252 N pontic - resin with noble metal
- D6253 N provisional pontic - further treatment or completion of diagnosis necessary prior to final impression

FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS

- D6545 S retainer - cast metal for resin bonded fixed prosthesis
- D6548 N retainer - porcelain / ceramic for resin bonded fixed prosthesis
- D6549 S resin retainer - for resin bonded fixed prosthesis
- D6600 N inlay - porcelain / ceramic, two surfaces
- D6601 N inlay - porcelain / ceramic, three or more surfaces
- D6602 N inlay - cast high noble metal, two surfaces
- D6603 N inlay - cast high noble metal, three or more surfaces
- D6604 N inlay - cast predominantly base metal, two surfaces
- D6605 N inlay - cast predominantly base metal, three or more surfaces
- D6606 N inlay - cast noble metal, two surfaces
- D6607 N cast noble metal, three or more surfaces
- D6608 N onlay - porcelain / ceramic, two surfaces
- D6609 N onlay - porcelain / ceramic, three or more surfaces
- D6610 N onlay - cast high noble metal, two surfaces
- D6611 N onlay - cast high noble metal, three or more surfaces
- D6612 N onlay - cast predominantly base metal, two surfaces
- D6613 N onlay - cast predominantly base metal, three or more surfaces
- D6614 N onlay - cast noble metal, two surfaces
- D6615 N onlay - cast noble metal, three or more surfaces
- D6624 N inlay - titanium
- D6634 N onlay - titanium

FIXED PARTIAL DENTURE RETAINERS - CROWNS

- D6710 N crown - indirect resin based composite
- D6720 N crown - resin with high noble metal
- D6721 N crown - resin with predominantly base metal
- D6722 N crown - resin with noble metal
- D6750 S crown - porcelain fused to high noble metal
- D6751 N crown - porcelain fused to predominantly base metal
- D6752 S crown - porcelain fused to noble metal
- D6780 S crown - 3/4 cast high noble metal
- D6781 N crown - 3/4 cast predominantly base metal
- D6782 S crown - 3/4 cast noble metal
- D6790 S crown - full cast high noble metal
- D6791 N crown - full cast predominantly base metal
- D6792 S crown - full cast noble metal
- D6794 S crown - titanium

OTHER FIXED PARTIAL DENTURE SERVICES

- D6920 S connector bar
- D6930 R recement or re-bond fixed partial denture
- D6940 S stress breaker
- D6950 S precision attachment
- D6980 S fixed partial denture repair, necessitated by restorative material failure

Attachment J-2
Benefits, Limitations and Exclusions

D6999 N unspecified fixed prosthodontics procedure, by report

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

Benefits and Limitations for Oral Surgery Services

1. All oral surgery procedures in excess of \$750 per procedure or \$1500 per treatment episode require written authorization prior to initiating treatment. The exception is emergency treatment required to repair defects caused by traumatic injury and is provided at the time of the initial treatment for that trauma or is required to control bleeding or infection or relieve pain.
2. Simple incision and drainage reported without root canal therapy will be processed as palliative treatment.
3. Simple incision drainage reported with root canal therapy is considered integral to the root canal therapy.
4. 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.
5. Biopsies are an eligible benefit when tissue is surgically removed for the specific purpose of histopathological examination and diagnosis.
6. Biopsies are considered integral when performed in conjunction with other surgical procedures on the same day in the same area of the mouth except in states that require separate payments for the accession of the tissue and the lab bill.
7. Charges for related services such as necessary wires and splints, adjustments and follow up visits are considered integral to the fee for reimplantation.
8. Routine postoperative care such as suture removal is considered integral to the fee for the surgery.
9. The removal of exposed roots (D7130) is included in the allowance for the extraction and will not be considered for payment or reimbursement as a separate procedure when performed by the same dental provider/facility. Payment may be allowed only if performed by a different dental provider/facility.

EXTRACTIONS (Includes Local Anesthesia, Suturing and Routine Postoperative Care)

D7111 R extraction, coronal remnants – deciduous teeth

D7140 R extraction, erupted tooth or exposed root (elevation and/or forceps removal)

SURGICAL EXTRACTIONS (Includes Local Anesthesia, Suturing and Routine Postoperative Care)

D7210 R surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated

D7220 R removal of impacted tooth - soft tissue

D7230 R removal of impacted tooth - partially bony

D7240 R removal of impacted tooth - completely bony

D7241 R removal of impacted tooth - completely bony, with unusual surgical complications

D7250 R surgical removal of residual tooth roots (cutting procedure)

D7251 S coronectomy – intentional partial tooth removal

OTHER SURGICAL PROCEDURES

D7260 E oroantral fistula closure

D7261 E primary closure of a sinus perforation

D7270 E tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth

D7272 N tooth transplantation (includes reimplantation from one site to another and splinting and / or stabilization)

D7280 S surgical assess of an unerupted tooth

D7282 S mobilization of erupted or malpositioned tooth to aid eruption

D7283 S placement of device to facilitate eruption of impacted tooth

D7285 S incisional biopsy of oral tissue - hard (bone, tooth)

D7286 S incisional biopsy of oral tissue - soft

D7287 N exfoliative cytological sample collection

D7288 N brush biopsy – transepithelial sample collection

D7290 N surgical repositioning of teeth

D7291 S transseptal fiberotomy/supra crestal fiberotomy, by report

Attachment J-2
Benefits, Limitations and Exclusions

- D7292 N surgical placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal
- D7293 N surgical placement of temporary anchorage device requiring flap; includes device removal
- D7294 N surgical placement of temporary anchorage device without flap; includes device removal
- D7295 S harvest of bone for use in autogenous grafting procedure

ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE

- D7310 S alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces per quadrant
- D7311 N alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces per quadrant
- D7320 S alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces per quadrant
- D7321 N alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces per quadrant

VESTIBULOPLASTY

- D7340 S vestibuloplasty - ridge extension (secondary epithelialization)
- D7350 S vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)

SURGICAL EXCISION OF SOFT TISSUE LESIONS (Includes Non-Odontogenic Cysts)

- D7410 S excision of benign lesion up to 1.25 cm
- D7411 S excision of benign lesion greater than 1.25 cm
- D7412 S excision of benign lesion, complicated
- D7413 S excision of malignant lesion up to 1.25 cm
- D7414 S excision of malignant lesion greater than 1.25 cm
- D7415 S excision of malignant lesion, complicated
- D7465 S destruction of lesion(s) by physical or chemical method, by report

SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS

- D7440 S excision of malignant tumor - lesion diameter up to 1.25 cm
- D7441 S excision of malignant tumor - lesion diameter greater than 1.25 cm
- D7450 S removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm
- D7451 S removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm
- D7460 S removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm
- D7461 S removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm

EXCISION OF BONE TISSUE

- D7471 S removal of lateral exostosis (mandible or maxilla)
- D7472 S removal of torus palatinus
- D7473 S removal of torus mandibularis
- D7485 S surgical reduction of osseous tuberosity
- D7490 S radical resection of maxilla or mandible

SURGICAL INCISION

- D7510 R incision and drainage of abscess - intraoral soft tissue
- D7511 R incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)
- D7520 R incision and drainage of abscess - extraoral soft tissue
- D7521 R incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)
- D7530 R removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
- D7540 R removal of reaction producing foreign bodies, musculoskeletal system
- D7550 R partial ostectomy/sequestrectomy for removal of non-vital bone

Attachment J-2
Benefits, Limitations and Exclusions

D7560 R maxillary sinusotomy for removal of tooth fragment or foreign body

TREATMENT OF FRACTURES - SIMPLE

D7610 S maxilla - open reduction (teeth immobilized, if present)
D7620 S maxilla - closed reduction (teeth immobilized, if present)
D7630 S mandible - open reduction (teeth immobilized, if present)
D7640 S mandible - closed reduction (teeth immobilized, if present)
D7650 S malar and/or zygomatic arch - open reduction
D7660 S malar and/or zygomatic arch - closed reduction
D7670 S alveolus – closed reduction, may include stabilization of teeth
D7671 S alveolus – open reduction, may include stabilization of teeth
D7680 S facial bones - complicated reduction with fixation and multiple surgical approaches

TREATMENT OF FRACTURES - COMPOUND

D7710 S maxilla open reduction
D7720 S maxilla - closed reduction
D7730 S mandible – open reduction
D7740 S mandible - closed reduction
D7750 S malar and/or zygomatic arch - open reduction
D7760 S malar and/or zygomatic arch - closed reduction
D7770 S alveolus – open reduction stabilization of teeth
D7771 S alveolus – closed reduction stabilization of teeth
D7780 S facial bones - complicated reduction with fixation and multiple surgical approaches

REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS.

D7810 S open reduction of dislocation
D7820 S closed reduction of dislocation
D7830 S manipulation under anesthesia
D7840 S condylectomy
D7850 S surgical discectomy, with/without implant
D7852 S disc repair
D7854 S synovectomy
D7856 S myotomy
D7858 S joint reconstruction
D7860 S arthrotomy
D7865 S arthroplasty
D7870 S arthrocentesis
D7871 S non-arthroscopic lysis and lavage
D7872 S arthroscopy - diagnosis, with or without biopsy
D7873 S arthroscopy - surgical: lavage and lysis of adhesions
D7874 S arthroscopy - surgical: disc repositioning and stabilization
D7875 S arthroscopy - surgical: synovectomy
D7876 S arthroscopy - surgical: discectomy
D7877 S arthroscopy - surgical: debridement
D7880 S occlusal orthotic device, by report
D7899 N unspecified TMD therapy, by report

REPAIR OF TRAUMATIC WOUNDS (Excludes Closure of Surgical Incisions)

D7910 E suture of recent small wounds up to 5 cm

COMPLICATED SUTURING (RECONSTRUCTION REQUIRING DELICATE HANDLING OF TISSUES AND WIDE UNDERMINING FOR METICULOUS CLOSURE) (Excludes Closure of Surgical Incisions)

D7911 E complicated suture - up to 5 cm

Attachment J-2
Benefits, Limitations and Exclusions

D7912 E complicated suture - greater than 5 cm

OTHER REPAIR PROCEDURES

D7920 S skin graft (identify defect covered, location and type of graft)
D7921 S collection and application of autologous blood concentrate product
D7940 N osteoplasty – orthognathic deformities
D7941 N osteotomy – mandibular rami
D7943 N osteotomy – mandibular rami with bone graft; includes obtaining the graft
D7944 N osteotomy – segmented or subapical
D7945 N osteotomy – body of mandible
D7946 N LeFort I (maxilla – total)
D7947 N LeFort I (maxilla – segmented)
D7948 N LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft
D7949 N LeFort II or LeFort III – with bone graft
D7950 N osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report
D7951 S sinus augmentation with bone or bone substitutes via a lateral open approach
D7952 S sinus augmentation via a vertical approach – the augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary – this includes obtaining the bone or bone substitutes
D7953 S bone replacement graft for ridge preservation – per site
D7955 S repair of maxillofacial soft and/or hard tissue defect
D7960 S frenulectomy (also known as frenectomy or frenotomy) - separate procedure not incidental to another
D7963 N frenuloplasty
D7970 S excision of hyperplastic tissue - per arch
D7971 S excision of pericoronal gingiva
D7972 S surgical reduction of fibrous tuberosity
D7980 S sialolithotomy
D7981 S excision of salivary gland, by report
D7982 S sialodochoplasty
D7983 S closure of salivary fistula
D7990 E emergency tracheotomy
D7991 S coronoidectomy
D7995 S synthetic graft - mandible or facial bones, by report
D7996 S implant - mandible for augmentation purposes (excluding alveolar ridge), by report
D7997 S appliance removal (not by dentist who placed appliance), includes removal of archbar
D7998 N intraoral placement of a fixation device not in conjunction with a fracture
D7999 N unspecified oral surgery procedure, by report

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

Benefits and Limitations for General Services

1. General anesthesia is 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 where the service is rendered.
2. General anesthesia is covered only by report when determined to be medically or dentally necessary for documented uncontrollable patients or justifiable medical or dental conditions.
3. In order for general anesthesia to be covered, the procedure for which it was provided and the name of the dentist who provided the procedure must be submitted.
4. D9219 will be denied for coverage as integral to D9220 and D9221.
5. Intravenous (IV) sedation is covered only by report in conjunction with covered procedures for documented handicapped or uncontrollable patients or justifiable medical or dental conditions and if performed by a

Attachment J-2 Benefits, Limitations and Exclusions

qualified dentist recognized by the State or jurisdiction in which they practice as authorized to perform IV sedation/general anesthesia.

6. General anesthesia and intravenous sedation submitted without a report will be denied as a non-covered benefit.
7. For a limited oral evaluation - problem focused or palliative (emergency) treatment to be covered, it must involve a problem or symptom that occurred suddenly and unexpectedly and require immediate attention.
8. Palliative (emergency) treatment and limited oral evaluations - problem focused are covered only if no definitive treatment is provided. However, only one of these services may be allowed on the same date.
9. In order for palliative (emergency) treatment to be covered, 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.
10. Consultations are covered only when provided by a dentist other than the dental provider/facility providing the treatment.
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 injections 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, nitrous oxide, or premedication.
13. Preparations and appliances to be used at home, such as over-the-counter fluoride gels, special mouth rinses (including antimicrobials), electric toothbrushes, irrigation units, etc., are not covered benefits.
14. Occlusal guards require authorization regardless of cost and written authorization must be obtained prior to initiating treatment.
15. Athletic mouthguards are limited to one per 12 consecutive month period.
16. Bleaching of discolored teeth (D9974) is covered by report for endodontically treated anterior teeth. A current diagnostic-quality post-operative endodontic x-ray is required for consideration and written authorization must be obtained prior to initiating treatment. Bleaching of discolored teeth (D9974) is eligible once per tooth per three year period.
17. External bleaching of discolored teeth is not a covered benefit.

UNCLASSIFIED TREATMENT

- D9110 E palliative (emergency) treatment of dental pain - minor procedure**
D9120 N fixed partial denture sectioning

ANESTHESIA

- D9210 S local anesthesia not in conjunction with operative or surgical procedures**
D9219 N evaluation for deep sedation or general anesthesia
D9220 S deep sedation/general anesthesia - first 30 minutes
D9221 S deep sedation/general anesthesia - each additional 15 minutes
D9241 S intravenous moderate (conscious) sedation/analgesia - first 30 minutes
D9242 S intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes
D9248 S non-intravenous moderate (conscious) sedation

PROFESSIONAL CONSULTATION

- D9310 R consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician**

PROFESSIONAL VISITS

- D9410 N house / extended care facility call**
D9420 S hospital or ambulatory surgical center call
D9430 N office visit for observation (during regularly scheduled hours) - no other services performed
D9440 R office visit - after regularly scheduled hours
D9450 N case presentation, detailed and extensive treatment planning

DRUGS

- D9610 S therapeutic parenteral drug, single administration**
D9612 S therapeutic parenteral drugs, two or more administrations, different medications

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D9630 S other drugs and/or medicaments, by report

MISCELLANEOUS SERVICES

D9920 N behavior management, by report

D9930 S treatment of complications (post-surgical) - unusual circumstances, by report
D9931 N cleaning and inspection of a removable appliance

D9940 S occlusal guard, by report

D9941 R fabrication of athletic mouthguard

D9942 S repair and/or reline of occlusal guard

D9950 S occlusion analysis - mounted case

D9951 S occlusal adjustment – limited

D9952 S occlusal adjustment - complete

D9971 S odontoplasty 1 - 2 teeth; includes removal of enamel projections

D9974 S internal bleaching – per tooth

D9975 N external bleaching for home application, per arch; includes materials and fabrication of custom trays

D9985 N sales tax

D9986 N missed appointment

D9987 N cancelled appointment

D9999 N unspecified adjunctive procedure, by report

OTHER DENTAL SERVICES

ADSMs may be eligible for the following **Other Dental Services** (Other Diagnostic Services through Other Miscellaneous Services) if these procedures are available through their local Dental Treatment Facility and the dental condition meets accepted clinical diagnostic criteria. The Services' Dental Corps Chiefs or designated representatives will be solely responsible for determining the availability of "Other Dental Services". Some indications for these other services are:

- Adjunctive procedures to other medical or dental therapies
- Restoration of service-connected injuries
- Staff or Resident training
- Maintain clinical competency
- Occupational requirements
- Scientific research

"When other dental services are not available at the local Dental Treatment Facility, ADSMs should not be referred to have them accomplished through private sector care unless it is the most conservative or cost effective option available or provides for a predictable and significantly better prognosis (e.g. greater longevity). **Elective dental procedures will not be referred/outsourced to private sector care.**"

OTHER DIAGNOSTIC SERVICES

D0350 S 2D oral/facial photographic image obtained intraorally or extraorally

D0351 S 3D photographic image

D0460 N pulp vitality tests

D0470 N diagnostic casts

OTHER PREVENTIVE SERVICES

D1310 N nutritional counseling for control of dental disease

D1320 N tobacco counseling for the control and prevention of oral disease

D1330 N oral hygiene instructions

SPACE MAINTENANCE (PASSIVE APPLIANCES) SERVICES

D1510 N space maintainer – fixed – unilateral

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D1515 N space maintainer – fixed – bilateral
D1520 N space maintainer – removable – unilateral
D1525 N space maintainer – removable – bilateral
D1550 N re-cement or re-bond space maintainer
D1555 S removal of fixed space maintainer
D1999 N unspecified preventive procedure, by report

PORCELAIN/CERAMIC RESTORATIVE SERVICES

D2610 S inlay - porcelain/ceramic - one surface
D2620 S inlay - porcelain/ceramic - two surfaces
D2630 S inlay - porcelain/ceramic - three or more surfaces
D2642 S onlay - porcelain/ceramic - two surfaces
D2643 S onlay - porcelain/ceramic - three surfaces
D2644 S onlay - porcelain/ceramic - four or more surfaces

RESIN BASED RESTORATIVE SERVICES

D2650 S inlay - resin-based composite - one surface
D2651 S inlay - resin-based composite - two surfaces
D2652 S inlay - resin-based composite - three or more surfaces
D2662 S onlay - resin-based composite - two surfaces
D2663 S onlay - resin-based composite - three surfaces
D2664 S onlay - resin-based composite - four or more surfaces

CROWNS - SINGLE RESTORATIONS ONLY

D2720 N crown - resin with high noble metal
D2721 N crown - resin with predominantly base metal
D2722 N crown - resin with noble metal
D2783 N crown - ¾ porcelain/ceramic
D2799 S provisional crown – further treatment or completion of diagnosis necessary prior to final impression

OTHER RESTORATIVE SERVICES

D2961 N labial veneer (resin laminate) - laboratory
D2962 N labial veneer (porcelain laminate) - laboratory

PULP CAPPING

D3110 S pulp cap - direct (excluding final restoration)
D3120 N pulp cap - indirect (excluding final restoration)

OTHER ENDODONTIC PROCEDURES

D3910 S surgical procedure for isolation of tooth with rubber dam
D3920 S hemisection (including any root removal), not including root canal therapy

NON-SURGICAL PERIODONTAL SERVICE

D4230 S anatomical crown exposure – four or more contiguous teeth per quadrant
D4231 S anatomical crown exposure – one to three teeth per quadrant
D4265 S biologic materials to aid in soft and osseous tissue regeneration

D6000-D6199 VIII. IMPLANT SERVICES

Benefits and Limitations for Implantology Services

1. Implantology and related services **require authorization** for the complete procedure (placement of implant and the restoration) and are considered on a case by case basis. Implant services must meet all protocol(s) established by the service member's branch of Service Dental Corps Chief or designated representative.
2. All implants must be either Nobel Biocare or 3i or a compatible system.

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3. When covered, all procedures related to the placement of an implant (e.g., bone re-contouring (D4268) and excision of gingival tissue) are considered integral to the implant placement procedure.

PRE-SURGICAL SERVICES

D6190 S radiographic/surgical implant index, by report

SURGICAL SERVICES

D6010 S surgical placement of implant body: endosteal implant
D6011 S second stage implant surgery
D6012 S surgical placement of interim implant body for transitional prosthesis: endosteal implant
D6013 N surgical placement of mini implant
D6040 S surgical placement: eosteal implant
D6050 S surgical placement: transosteal implant
D6100 S implant removal, by report
D6101 N debridement of a periimplant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure
D6102 N debridement and osseous contouring of a periimplant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces including flap entry and closure
D6103 S bone graft for repair of periimplant defect – does not include flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately
D6104 S bone graft at time of implant placement

IMPLANT SUPPORTED PROSTHETICS - SUPPORTING STRUCTURES

D6051 N interim abutment
D6052 S semi-precision attachment abutment
D6055 S connecting bar – implant supported or abutment supported
D6056 S prefabricated abutment – includes modification and placement
D6057 S custom fabricated abutment – includes placement

IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURES
D6110 S implant /abutment supported removable denture for edentulous arch – maxillary

D6111 S implant /abutment supported removable denture for edentulous arch – mandibular
D6112 S implant /abutment supported removable denture for partially edentulous arch – maxillary
D6113 S implant /abutment supported removable denture for partially edentulous arch – mandibular
D6114 S implant /abutment supported fixed denture for edentulous arch – maxillary
D6115 S implant /abutment supported fixed denture for edentulous arch – mandibular
D6116 S implant /abutment supported fixed denture for partially edentulous arch – maxillary
D6117 S implant /abutment supported fixed denture for partially edentulous arch – mandibular

SINGLE CROWNS, ABUTMENT SUPPORTED

D6058 S abutment supported porcelain/ceramic crown
D6059 S abutment supported porcelain fused to metal crown (high noble metal)
D6060 N abutment supported porcelain fused to metal crown (predominantly base metal)
D6061 S abutment supported porcelain fused to metal crown (noble metal)
D6062 S abutment supported cast metal crown (high noble metal)
D6063 N abutment supported cast metal crown (predominantly base metal)
D6064 S abutment supported cast metal crown (noble metal)
D6094 S abutment supported crown - titanium

SINGLE CROWNS, IMPLANT SUPPORTED

D6065 S implant supported porcelain/ceramic crown

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- D6066 S implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
- D6067 S implant supported metal crown (titanium, titanium alloy, high noble metal)

FIXED PARTIAL DENTURE, ABUTMENT SUPPORTED

- D6068 S abutment supported retainer for porcelain/ceramic FPD
- D6069 S abutment supported retainer for porcelain fused to metal FPD (high noble metal)
- D6070 N abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
- D6071 S abutment supported retainer for porcelain fused to metal FPD (noble metal)
- D6072 S abutment supported retainer for cast metal FPD (high noble metal)
- D6073 N abutment supported retainer for cast metal FPD (predominantly base metal)
- D6074 S abutment supported retainer for cast metal FPD (noble metal)
- D6194 S abutment supported retainer crown for FPD - (titanium)

FIXED PARTIAL DENTURE, IMPLANT SUPPORTED

- D6075 S implant supported retainer for ceramic FPD
- D6076 S implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
- D6077 S implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)

OTHER IMPLANT SERVICES

- D6080 S implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments
- D6090 S repair implant supported prosthesis, by report
- D6091 S replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment
- D6092 S Recement or re-bond implant/abutment supported crown
- D6093 S Recement or re-bond implant/abutment supported fixed partial denture
- D6095 S repair implant abutment, by report
- D6199 N unspecified implant procedure, by report

OTHER PROSTHODONTICS - FIXED PARTIAL DENTURE RETAINERS - CROWNS

- D6740 N crown – porcelain / ceramic
- D6783 N crown - 3/4 porcelain/ceramic
- D6793 N provisional retainer crown – further treatment or completion of diagnosis necessary prior to final impression

D8000-D8999 XI. ORTHODONTIC SERVICES

Orthodontics is elective treatment unless required to correct recent trauma and/or in support of required oral/maxillofacial surgery or prosthodontic procedures.

Benefits and Limitations for Orthodontic Services

1. Orthodontic consultations will be processed as comprehensive or periodic evaluations and are subject to the same time limitations.
2. Orthodontic treatment provided in conjunction with orthognathic surgery must be coordinated through the Military Treatment Facility and the orthognathic surgery must be provided by an active duty military dental provider.
3. Orthodontics will not be approved for remote ADSMs. Eligible Active Duty Service Members must check with their unit commanders to ensure compliance with Service policies prior to receiving orthodontic treatment. Orthodontic treatment is not considered essential to military service and authorization for payment of orthodontic procedures is very limited. All authorization for payment of orthodontic treatment requires written authorization by the member's Service Dental Corps Chief or designated representative

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prior to initiating 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.

4. Orthodontic treatment (limited) in support of prosthodontic treatment must be in support of an active duty military prosthodontist or appropriately trained general dentist specialist. It is the responsibility of the restoring dentist to ensure adequate time on station remains for both patient and restoring dentist for completion of the restoration phase prior to initiation of orthodontic treatment.
5. When orthodontic treatment is initiated at an active duty dental treatment facility (DTF) with in-house orthodontic treatment capability, it is the responsibility of the DTF orthodontist to ensure sufficient time on station remains for both patient and DTF orthodontic support for completion of treatment prior to initiation of orthodontic treatment. If the DTF restricts, suspends or terminates orthodontic services at any installation or if the service member receives permanent change of station (PCS) orders to a location where military orthodontic treatment is not available, the service member assumes the financial responsibility for continuing or completing orthodontic treatment. In the case of limited orthodontic treatment, the military is not obligated to provide orthodontic care or restorative/prosthetic care at a later date.
6. If the service member separates from active duty before orthodontic treatment is complete, the service member may elect to maintain orthodontic appliances and continue treatment with a civilian orthodontist at their own expense. If orthodontic care was in support of orthognathic surgery, the military will in no way be responsible for payment of any care. If the member desires not to continue treatment with a civilian orthodontist after separating from the military or upon PCS to a location where military orthodontic treatment is not available, the service member may elect to have orthodontic appliances removed. The service member accepts responsibility for any relapse that may occur after this removal.
7. Diagnostic casts (D0470) are payable once per orthodontic treatment plan.
8. Initial payment for orthodontic services will not be made until a banding date has been submitted.
9. All retention and case-finishing procedures are integral to the total case fee.
10. Observations and adjustments are integral to the payment for retention appliances.
11. Repair of damaged orthodontic appliances is not covered as a separate charge.
12. Recementation of an orthodontic appliance by the same dental provider/facility who placed the appliance and/or who is responsible for the ongoing care of the patient is not covered. However, recementation or repair will be considered for payment as palliative emergency treatment if provided by other than the dental provider/facility rendering complete orthodontic treatment.
13. 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. ADA code D8670 should be used when submitting claims for periodic payments as part of the complete treatment plan payment.
14. It is the dental provider's and service member's shared responsibility to notify appropriate military units and government agencies if orthodontic treatment is discontinued or completed sooner than anticipated.
15. The replacement of a lost or missing appliance is not a covered benefit.
16. Myofunctional therapy is integral to orthodontic treatment and is not payable as a separate benefit.

LIMITED ORTHODONTIC TREATMENT

D8040 S limited orthodontic treatment of the adult dentition

COMPREHENSIVE ORTHODONTIC

D8090 S comprehensive orthodontic treatment of the adult dentition

OTHER ORTHODONTIC SERVICES

D8660 S pre-orthodontic treatment examination to monitor growth and development
D8670 S periodic orthodontic treatment visit
D8680 S orthodontic retention (removal of appliances, construction and placement of retainer(s))
D8691 S repair of orthodontic appliance.
D8692 S replacement of lost or broken retainer
D8693 S re-cement or re-bond fixed retainers
D8694 S repair of fixed retainers, includes reattachment
D8999 N unspecified orthodontic procedure, by report

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Benefits, Limitations and Exclusions

OTHER ANESTHESIA SERVICES

- D9211 S regional block anesthesia
- D9212 S trigeminal division block anesthesia
- D9215 N local anesthesia in conjunction with operative or surgical procedures
- D9230 N inhalation of nitrous oxide/analgesia, anxiolysis

OTHER MISCELLANEOUS SERVICES

- D9910 S application of desensitizing medicament
- D9911 S application of desensitizing resin for cervical and/or root surface, per tooth
- D9970 S enamel microabrasion
- D9972 N external bleaching - per arch - performed in office
- D9973 N external bleaching - per tooth

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Mission and Dental Benefits: Eligible active duty service members (ADSMs) living and working in remote locations more than 50 miles from a military dental treatment facility (DTF) have access to commercial dental providers to receive appropriate and needed dental care in order to maintain dental health to ensure world-wide deployability and maintainability. Service members on continuous active duty orders for more than 30 days, who have a duty location and residence greater than 50 miles from an active duty dental treatment facility (DTF), are automatically eligible for remote status. Appropriate treatment needed to establish or maintain dental health to meet worldwide readiness standards will be considered for authorization and processing for payment. Procedures or treatment that will impair worldwide readiness or deployability will be considered but are not likely to be authorized. Service standards of practice emphasize quality evidence-based dentistry principles as summarized in various Service Clinical Practice Guidelines. Due to high operational requirements, dental services must be prioritized to ensure that operational dental readiness needs are met first.

Remote Active Duty Service Member General Benefit Information:

Eligible remote members have access to a dental provider network of licensed dentists practicing in one of the fifty United States, District of Columbia, U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands. A list of participating dentists is available on the ADDP web site. Please note that all active-duty dental authorization requests and other inquiries should be sent to the contractor.

For all procedures appropriately authorized, there is no deductible or co-payment required of the service member. If the member has to use a non-participating dental provider, all care, regardless of cost or treatment category, must be authorized by the Dental Service Point of Contact (DSPOC). When using a non-network provider, the ADSM must ensure that the provider will complete and submit the request for dental reimbursement as payments are never made to the ADSM. Emergency care is the only exception to this requirement. If the ADSM is required to pay “up front” in order to receive care for an emergency, they must contract the ADDP contractor before seeking reimbursement. The U.S. Government reserves the right to establish a maximum allowance for any given procedure. Some procedures are not covered benefits (see sections on routine, specialty, and non-covered procedures). Therefore, authorization of treatment is highly recommended.

Failure to obtain authorization will result in the service member being financially responsible for payment of any non-covered service or care determined to be elective or otherwise not required to establish or maintain dental health status for worldwide deployability. When in doubt, service members should submit the request for care to the ADDP contractor for review prior to initiating treatment.

For extensive or questionable treatment plans, evaluation at an active duty dental treatment facility may be required before an authorization or denial for treatment is made. Every consideration is given to minimize travel and the service member’s time away from the unit. Service members and their units share responsibility with the active duty military dental facilities for maintaining dental readiness. Military exams and needed dental care are expected to be kept up-to-date as part of this requirement. Treatment to correct a pre-existing condition (such as a missing tooth or a malocclusion) that is not presenting as an acute condition, nor is likely to create an acute condition, or is not immediately needed to meet occupational requirements or world-wide dental readiness status may be recommended to be delayed until the service member is able to receive this care at an active duty dental treatment facility.

Contractor Approval of Specialty Care

The following procedures can be reviewed by the contractor for authorization for payment when submitted by an appropriate dental specialty with the required diagnostic materials:

- Occlusal Guards
- Periodontal Scaling and Root Planing
- Removal of Third Molars
- Crown – Porcelain/Ceramic Substrate (D2740) on Second Molars (Tooth Numbers 2, 15, 18, 31).

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- Implants submitted for Third Molars

When an Authorization Request is received, the contractor will review the criteria listed for each dental procedure. If all criteria have been met, the contractor can authorize and deny the dental procedure for payment without forwarding the Authorization Request to the Dental Service Point of Contact (DSPOC) for review.

In addition to the treatment authority listed below, the contractor may also approve routine care listed on the Authorization, up to \$750 of the provider's network allowed charge. If the Authorization Request includes routine care in excess of \$750 of the provider's network allowed charge or any other specialty treatment not listed below, the entire Authorization Request will be sent to the DSPOCs for review and determination.

Multiple Authorization Requests submitted by a single provider for a single member may be combined and reviewed as a single treatment plan and a single Authorization Request. The criteria listed below may be applied to the combined Authorization Request.

Contractor Review Process

The contractor will document each review by documenting all pertinent information from the inquiry and entering the Authorization Request in its electronic tracking system. The contractor will approve services only when all review criteria have been met.

When authorizing services for payment, the contractor will indicate 'Yes' in the 'Approved' column and change the Auth Status to 'Closed/Approved'. The contractor logon ID and the date of the approval will be systematically displayed in the Review ID-Date column in the contractor's electronic tracking system.

During DHA visits to the contractor, a listing of all Authorizations approved by the contractor will be provided for a predetermined date range. DHA staff will randomly select Authorization Approvals and will be provided with all review documentation, in order to audit approval accuracy.

If the required diagnostic materials have not been submitted with the Authorization Request, the inquiry will be closed and a letter will be sent to the provider advising them to resubmit their request with the appropriate diagnostics.

If the diagnostic material has been submitted and the review criteria have not been met, the Authorization Request will be forwarded to the DSPOCs for review and determination.

The contractor cannot authorize any care to a non-participating provider

Diagnostic and Preventive Services: Active duty members may expect a complete periodic dental examination which includes a clinical examination of oral-facial structures, health history review, risk assessments for tooth decay and gum disease, blood pressure and oral cancer screenings, and radiographs and/or other diagnostic services as indicated at a minimum of every 12 months.

Active-duty members may expect timely preventive services including dental cleanings at least once every year. For most patients, one dental cleaning per year is all that is required to maintain dental health. Fluoride treatments, pit and fissure sealants, and follow-up may be needed for those with higher risk of tooth decay or gum disease. However, authorization must be obtained prior to initiating this care.

Urgent and Emergent Care: Emergency care, which does not need authorization, includes any treatment necessary to:

- relieve pain*
- treat infection*

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- control hemorrhage
- repair broken fillings by placement of temporary or permanent fillings (not crowns)

*Root canal treatment and extractions may be needed to relieve the pain and infection noted above.

Crowns, bridges, and dentures **are not** considered emergency care and require authorization (see below).

For example, root canal therapy required to relieve pain or treat infection can be completed without authorization even if this treatment requires more than one appointment. If a crown is indicated following the root canal therapy, the crown must have authorization before initiating the crown preparation.

If a posterior (molar or premolar) tooth has had root canal therapy and a full coverage restoration (crown) is indicated, the tooth may be prepared for a crown and a temporary crown placed to stabilize the tooth while awaiting written authorization for the permanent crown. A separate charge will be paid for the temporary crown if the dentist (or dental facility) providing the permanent crown is not the same dentist (or dental facility) that provided the temporary crown. The type of temporary crown and cement used should be appropriate for the expected 3-4 weeks required for written authorization. Review the sections on routine, specialty and non-covered procedures prior to reduction of teeth for crowns.

Other examples: If an anterior tooth fractures or a posterior tooth suffers a cuspal fracture, the tooth should be restored with a direct filling material to cover any exposed dentin and provide temporary treatment while written authorization is obtained for a crown (if indicated).

If a posterior tooth suffers a central groove fracture, a temporary crown should be placed to stabilize the crack and allow follow-up evaluation for possible root canal therapy while awaiting written authorization for a crown. Again, a separate charge will be paid for the temporary crown if the dentist providing the permanent crown is not the same dentist (or dental facility) that provided the temporary crown.

Please note that if a service member has an acute condition involving one impacted tooth requiring a surgical extraction, extraction of that tooth can be completed without written authorization. With the exception of the removal of third molars, extraction of other non-emergent teeth requiring the same treatment should be delayed until written authorization is obtained (see Oral Surgery Services below).

Control of Active Disease (tooth decay, gum inflammation or other infections): To ensure dental operational readiness, active duty service members may expect timely access for procedures to control active decay, gum disease, or infection and limit further damage that might result. This includes fillings, root canals, and extractions of non-restorable or non-functional teeth. Routine dental procedures/ treatment can be completed without first obtaining authorization, as long as the treatment meets all of the following requirements and the dental provider is an ADDP participating provider:

1. Routine care includes diagnostic (exams and X-rays), preventive (cleanings), routine restorations (amalgam or composite fillings), and single tooth extractions. **Under no circumstances are crowns considered routine care.**
2. The routine care total cost or treatment appointment must be less than \$750 to be considered routine care. For example, two or three fillings or extraction of one or two teeth is considered routine care as long as the total cost is less than \$750 for that appointment.
3. Treatment plans that exceed a total of \$1,500 per episode of care require authorization, even if each of the procedures or treatment appointments is less than \$750 per procedure/appointment. The dollar thresholds are based on the provider's network fee allowance.
4. The procedures must be covered benefits. (See sections on routine, specialty and non-covered procedures.)

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5. Examples of procedures that require authorization:

- If the total cost of any non-emergency treatment for any one procedure or appointment will exceed \$750 (such as most multiple wisdom tooth extractions) you must have written authorization from the DSPOC before initiating the treatment. This includes appointments where routine care under \$750 may be combined with specialty care provided on the same date of service. In these cases, authorization for all care is required even if a portion of it has been previously approved.
- Scaling and root planing (deep cleaning)
- For early cases of tooth decay, procedures that prevent destruction of sound natural tooth structure, including active use of fluorides to reverse very early decay is usually preferred
- All prosthodontic procedures, including single unit crowns, require written authorization, regardless of cost
- Wisdom tooth extractions and other surgical services
- All non-emergency surgical procedures are considered specialty care and require authorization, regardless of cost

Reconstructive and Rehabilitative Services: Active-duty service members may receive crowns, bridges, partial dentures and implants, braces and jaw surgery to correct severe jaw-bone related occlusal or bite problems, and various surgical gum treatments when needed to restore health and function. Criteria for treatment are heavily based on clinical practice guidelines and the clinical presentation to ensure the most successful result with the lowest risk of complications. Active disease must be controlled before beginning any reconstructive treatment. In some cases, especially those treatment plans that require long healing times and post-treatment support, the time a member has left at the current duty station or on active duty service will be a major factor in recommending the best treatment. Some treatment can result in a member being in a temporary profile limiting deployment or permanent change of station (PCS) moves. In these cases, a member may need to obtain the commander's signed concurrence before beginning treatment. When long, complex treatment plans cannot be completed while in an eligible status, the member will be given alternate treatment recommendations to support the greatest probability for long-term health and future treatment options. Operational requirements may also limit the ability to provide indicated reconstructive services in a timely manner.

Specialty Dental Care:

All specialty care (prosthodontics, periodontics, multiple extractions or other oral surgery) and other dental treatment not considered emergency or routine care requires authorization. Initiating specialty care without written authorization from the DSPOC may result in the service member being responsible for part or all cost of treatment. If the dental provider initiates specialty care without receiving written authorization from the DSPOC, the provider has the responsibility to obtain written consent from the service member clearly explaining this financial responsibility and risk.

Crowns requested for root-canal treated teeth require the submission of a post-treatment periapical radiograph showing the completed root canal.

Covered Procedures (Routine and Specialty Care):

All procedures or treatments must meet the requirements of being appropriate and necessary to establish and maintain dental health to meet military worldwide readiness/deployment status.

Diagnostic Services:

Examinations and radiographs are covered as needed to effectively diagnosis and develop appropriate treatment plans. Two routine examinations per year are covered without obtaining authorization. Oral

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evaluations are considered integral when provided on the same date of service as palliative or surgical procedure(s) by the same dentist. Limited oral evaluations – problem focused, are only covered when performed on an emergency basis.

Additional examinations for specialty evaluations for covered procedures are authorized one per specialty per year. Note: Orthodontic and implant evaluations and related services require an authorization.

Preventive Services:

Two routine prophylaxes are covered per year to establish and maintain dental health. If additional prophylaxes are indicated to control periodontal disease, authorization is required. Note: Adult fluoride treatment is not covered unless authorized as part of a specific caries control program. Sealants also require authorization and the need must be provided in the request.

Restorative Services:

Covered restorations not requiring authorization are directly placed amalgam and composite resin restorations, provided they meet the financial limitations for routine care previously described. Multiple restorations performed on a single tooth will be paid as a single restoration reflecting the number of surfaces involved. Note: Following premolar or molar root canal therapy a cuspal coverage amalgam core build up can be placed without authorization (to provide both a core build-up for a future crown and protection from tooth fracture).

Covered materials/procedures also include preformed or cast metal posts (as appropriate), core build-ups (both with and without retention pins), cast gold crowns, and porcelain-fused-to-metal crowns. Cast posts are limited to root canal treated anterior/pre-molar teeth. Preformed metal posts may be used in both anterior and posterior root canal treated teeth. (All of these procedures require authorization.)

Substitution of a non-covered procedure for a covered procedure is not allowed. For instance: Authorization is granted for a porcelain-fused-to-metal (PFM) crown. An all-ceramic crown may not be substituted for the PFM even if the cost is equal to, or less than, the cost of the authorized PFM crown. An exception would be the substitution of a direct restorative material for an authorized indirect restoration, but the billing will reflect the procedure actually provided in procedure code, description of code, and fee.

Endodontic Services:

Covered procedures include: pulpotomy (for emergency treatment when provided by a dentist not completing the root canal therapy), root canal therapy and endodontic surgery. Non-emergency endodontic surgery requires authorization. Pulpotomies are considered integral when performed by the same dentist within 45 days prior to the completion of the root canal therapy.

Periodontal Services:

Covered services include: periodontal prophylaxis, scaling and root planning and periodontal surgery. Surgical procedures such as gingival curettage, gingivectomy or gingivoplasty, crown lengthening, grafting (both soft and hard tissue), and guided tissue regeneration require authorization. The contractor may authorize care for periodontal Scaling and Root Planing (D4341 and D4342) in accordance with the following criteria:

- Treatment can be provided by any dental specialty
- Limited to patients 26 years or older
- Periodontal charting must indicate pocket depths of 4-5 mm or more
- For pocketing less than 4-5 mm, cases can be approved when calculus is present radiographically

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- Periapical and/or bitewing radiographs must be submitted for limited sites of 1-3 teeth (D4342) and indicate pocket depths of 4 mm or more
- Full mouth radiograph or panoramic radiograph must be submitted for full quadrants (D4341) and indicate pocket depths of 4 mm or more
- Deny if Scaling and Root Planing has been paid in last 36 months
- Deny D4910 as integral G06
- Deny D1110 as integral G06
- Deny all D4381 with PE01, G03 codes
- Deny all D4921 with PE01, G03, and G10 codes. If only D4921 is being sent in, then use G03 and G10 codes.
- Deny all D9630 with G03 code
- Deny all D4999 with G03 code

Oral Surgery Services:

Covered procedures include: extractions (routine, surgical, and impacted), tooth reimplantation and/or stabilization, alveoloplasty, and surgical treatment of abscesses. Analgesia, sedation, and general anesthesia are covered when used in conjunction with surgical procedures but written authorization must be obtained unless the surgical procedure is for treatment of an emergent condition.

The removal of third molars may be reviewed by the contractor for authorization for payment when submitted by an oral surgeon with the required diagnostic materials. The \$750/\$1,500 authorization limits do not apply to this procedure (see Control of Active Disease section). When the Authorization Request is received, the contractor shall review the criteria listed for each dental procedure. If all criteria have been met, the contractor shall authorize the dental procedure for payment without forwarding the Authorization Request to the DSPOC for review. If an Authorization Request includes additional services other than those listed under the Review Criteria shown below, the entire Authorization Request shall be sent to the DSPOCs for review and determination. The Government will semi-annually review a sampling of these approvals at the contractor's site.

Review Criteria for Removal of Third Molars (Tooth Numbers 1, 16, 17, 32).

- The contractor shall approve authorization for procedure codes D7140, D7210, D7220, D7230, D7240 and D7241. When appropriate by commercial dental practice, the provider may substitute D7140 for D7210 without resubmitting the authorization request.
- The following services will be approved when submitted with the removal of third molars: D9220, D9221, D9241, D9242, and D9610.
- Treatment must be provided by an Oral Surgeon (specialty 032)
- Member receiving treatment must be age 35 or younger.
- Full mouth radiograph or panoramic radiograph must be submitted and will be reviewed to ensure the teeth reported for extraction are present.
- Requested procedure codes appear to be consistent with oral conditions as verified by the radiographs (meaning that a full bony extraction request is a full bony and not a fully erupted tooth.
- Can approve IV and General anesthesia
- Deny all D9230 with G03 code

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- Can approve D9610, D9612 and D9630

Review Criteria for Porcelain/Ceramic Substrate Crown on Second Molars (Tooth Numbers 2, 15, 18, 31).

- Deny all D2740 if submitted for second molars (Tooth Numbers 2, 15, 18, 32) with DSPOC Review Code CR12.
- If the office submits a second authorization request for a DCM denied D2740 on a second molar (Tooth Numbers 2, 15, 18, 31), send for DSPOC review determination.

Review Criteria for Implants on Third Molars (Tooth Number 01, 16, 17, 32):

- Deny all request for any type of implant procedure if submitted for a third molar (Tooth Numbers 01, 16, 17, 32) with DSPOC Review Codes IM01 and IM02

Removable and Fixed Prosthodontics:

Covered services include: repairs, relines and rebases to complete and partial dentures, complete and partial dentures, and fixed bridges. Cast gold and porcelain-fused-to-metal are the only materials/techniques currently authorized. All prosthodontic procedures require authorization (with the exception of repairs to, or recementation of, existing prosthesis).

Again, substitution of one procedure for another is not authorized. The one exception would be the substitution of an all gold crown for an authorized PFM crown (but not vice-versa). All metal restorations are recommended in areas that are not an esthetic concern or where conservation of sound natural tooth structure is indicated.

Crowns requested for root-canal treated teeth require the submission of a post-treatment periapical radiograph showing the completed root canal.

General Services:

An initial occlusal guard (D9940) may be authorized by the contractor under the following criteria:

- Treatment can be provided by any dental specialty
- Narrative must be submitted that indicates any of the following: bruxism, clenching, grinding, or TMJ
- If Occlusal Guard has been previously approved under the ADDP, the contractor shall forward any request for an additional/replacement occlusal guard to the DSPOCs for review.

What is not covered:

- Experimental drugs or procedures are not covered.
- Medications not prescribed in writing by an authorized health care provider are not covered. Over-the-counter prescriptions, even if prescribed in writing by an authorized health care provider, will not be authorized for payment or reimbursement.
- Supplies for home use (toothbrushes, mouth rinses, and other over-the-counter personal hygiene supplies), even if recommended by the dentist, are not authorized for payment or reimbursement. These are the personal responsibility of the service member.
- Plaque control program, oral hygiene, and dietary instructions are not covered.

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- Sealants and fluoride treatment for adult patients are not covered unless authorized (see above).
- Cosmetic treatment (bleaching, bonding, porcelain veneers, etc.) is not covered.
- Porcelain or composite resin inlays/onlays, and gold foil restorations are not covered.
- Composite resin or all-porcelain full or partial coverage crowns are not covered.
- Duplicate or temporary devices, appliances, and services are not covered.
- Civilian orthodontic treatment (braces) is not normally authorized. Exceptions may be granted in unusual circumstances but a general guideline is that correction of previously existing malocclusions is not covered.
- Implants and related procedures and elective procedures such as replacement of serviceable crowns, bridges and other prosthesis may be delayed for evaluation and treatment at an active duty dental treatment facility (DTF). Replacement of missing teeth not causing an acute condition and not likely to result in a deterioration of the dentition during the service member's tour at that duty station may also be delayed for evaluation and treatment at a DTF. Exceptions may be granted in unusual circumstances but a guideline is replacement of serviceable prosthodontic restorations or non-essential missing teeth is not covered.
- Separate charges for local anesthesia, infection control, bases, liners, indirect pulp cap, diagnostic casts, temporary crowns, photographs, etc., are considered integral to the parent (original and main) procedure, and will not be paid or reimbursed as an additional fee. Nor will these be charged to the service member.
- Nitrous oxide analgesia, intravenous sedation, and general anesthesia are not covered in conjunction with routine operative or preventive procedures. Exceptions may be made in unusual circumstances but written authorization is required for payment or reimbursement. Authorization for payment or reimbursement of analgesia, etc., used in conjunction with routine operative or preventive procedures will not be granted after-the-fact.
- Charges for failure to keep a scheduled appointment, transportation costs related to outpatient treatment or charges for the completion of a dental claim form are not covered.
- Duplication of dental health records cannot be billed to the patient.

What requires authorization:

- Extensive routine dental care or any procedure that does not fit the definition of emergency or routine dental care as previously described to include:
- Surgical extractions of non-emergent impacted third molars (wisdom teeth) and any special surgery care to include non-emergent periodontal and endodontic surgery.
- All crowns, bridges, complete and partial dentures, and other prosthodontic procedures, including all partial coverage or full coverage gold and porcelain-fused-to-metal restorations.
- Nitrous oxide analgesia, intravenous sedation, and general anesthesia in conjunction with non-emergency dental treatment.
- Periodontal treatment and surgery to include scaling and root planing, gingival and osseous surgery, bone or soft tissue grafts, or other adjunctive periodontal care.

Procedure for Requesting Dental Authorization:

The following items are required in order for reviewers to process a request for authorization of dental care for remote ADSMs:

1. A **Command Memorandum for DSPOC Authorization Request** from the service member's unit signed by the unit commander or designated representative. The Memorandum is used for remote ADSM

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eligibility verification and time remaining on active duty at that location as well as an address for return correspondence.

2. A **Dentist's pre-treatment estimate** from the dental provider indicating (as appropriate): tooth number, ADA procedure code and description of procedure, and an itemized fee for each procedure.

3. Appropriate **current diagnostic-quality radiographs**. All requests for crowns should include both bitewing and periapical radiographs. All requests for bridges, partials and dentures should include current full mouth radiographs or panoramic x-ray documenting all missing and remaining teeth and appropriate diagnostic-quality periapical radiographs of the proposed abutment teeth identified in the treatment plan.

4. Requests for all periodontal care and any surgical care involving grafting procedures must include **current periodontal charting, current diagnostic-quality full mouth series x-rays including bitewings, information concerning tobacco use including smokeless tobacco**, and any pertinent unique clinical information to justify the need for care.

Please include any additional information (photographs, narrative justification, dates of previous placement of crowns, bridges, or other prosthesis if the request is for replacement of an existing prosthesis) that may be useful to justify the need for the requested treatment. If the need for the treatment is not readily evident on the radiographs a narrative justification should be included. Requests for non-covered procedures will be denied. The authorization decision will be made on the information supplied. The return correspondence will provide clear authorization or denial of the requested treatment with the authorized fee. All denials will be supplied a reason and possibly a recommended alternative treatment.

All of the information should be sent (not faxed, x-rays do not fax well) in a single package to:

<Insert E-mail address>

or

<Insert Contractor's mailing address>

Return correspondence will be sent to the dental provider and the unit address supplied on the Command Memorandum so be certain to provide complete correct mailing information. Dental x-rays (and photographs) will be returned to the address of the provider or military unit, whichever appears appropriate. Study models (if sent) will not be returned. Keep a copy of your request information.

Procedure for Requesting Dental Reimbursement:

General Policies for Submission of Request for Reimbursement of Dental Services:

- Procedures should be reported following the guidelines and definitions of the most current version of the American Dental Association (ADA) Code on Dental Procedures and Nomenclature. If a procedure code is not given, a complete description of the service performed, including applicable tooth numbers, should be provided.
- Reimbursement requests 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 member for services that are denied for this reason.
- 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/her liability prior to treatment and the patient chooses to receive the treatment. Participating dentists should document such notification in their records.
- For reporting and benefit purposes, the completion date for crowns, inlays, onlays, buildups, post and cores, or fixed prostheses is the cementation date.

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- For reporting and benefit purposes, the completion date for removable prostheses is the insertion date.
- For reporting and benefit purposes, the completion date for endodontic therapy is the date the tooth is sealed.
- Payment will not be made for crowns, inlays, onlays, cast post and cores, or dentures/bridges initiated prior to the effective date of the member's eligibility or for those prosthesis delivered after the date of active duty eligibility.

Requests for Reimbursement should be submitted within 90 days of date of service. Items required for processing a claim:

1. A completed standard American Dental Association (ADA) Dental Claim Form or UCCI designed claim form identifying (as appropriate) the tooth number, ADA procedure code and description of procedure, date of service, and itemized cost of each procedure performed by the dental provider.
2. A Command Memorandum for DSPOC Authorization Request from the service member's unit signed by the unit commander or designated representative is required. See the ADDP web site for a sample letter. The Memorandum is used for remote ADSM eligibility verification and time remaining on active duty at that location as well as an address for return correspondence.
Send this information to:

<Insert Contractor's E-mail address>

or

<Insert Contractor's mailing address>

Upon receipt of complete information on services provided, the contractor will process the request. If the service member has paid out-of-pocket expenses for emergency dental care, they must contact the ADDP contractor before seeking reimbursement. After contacting the ADDP contractor, a Claim for Reimbursement for Expenditures on Official Business (SF 1164) signed by the service member accompanied with appropriate proof of payment must be submitted with the forms described above.

The request for reimbursement will be paid usually within 30 days. A Dental Explanation of Benefit (EOB) will be sent to both dental provider and service member at the addresses indicated on the dental claim form.

The service member is responsible for notifying his/her command of all dental care received. The service member is also responsible for ensuring that the reimbursement request has been submitted with the required information and that the payment has been made for the services. Failure to ensure the reimbursement request has been submitted promptly and appropriately may result in credit problems or even personal financial liability to the service member. If a claim is denied because the contractor/DSPOC does not yet have eligibility verification or other information required to process the claim, it does not mean these services will not be covered. However, until the required information is supplied, the contractor will not be able to process the claim. To check on the status of a submitted claim or if assistance is required contact the contractor at <Insert Toll-Free Number>.

Appeal Process:

If the DSPOC and/or contractor denies a request for reimbursement of service or written request for authorization, the dental provider, ADSM, and ADSM's command will be notified in writing by the office that denied the appeal. The ADSM, ADSM's command, dental provider or the ADSMs authorized representative, may appeal the denial as long as they comply with the provision herein for appealing the denial.

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Remote Active Duty Service Members

First Level. Any appeal of a denial must be in writing and must be either emailed, faxed or otherwise delivered to the contractor within 90 calendar days of the ADSM, ADSM's command, or dental provider receiving notice of the denial. If the request is not received within the 90 calendar days the contractor shall notify the requestor within the timeframe specified for non-priority correspondence standards listed at C.18.4 of receiving the request that the appeal was not received timely and therefore denied. A copy will be provided to the DHA Dental Care Office. The contractor shall electronically forward the appeal to the DSPOC, within seven calendar days of receipt. The DSPOC shall issue a decision electronically to the contractor, within 10 calendar days of receipt, by either granting the appeal, denying the appeal or requesting additional information. The contractor shall notify the appealing party within 14 calendar days of receipt of the DSPOC's decision.

Second Level. In the event the DSPOC denies the appeal, then the ADSM, ADSM's command, dental provider or the ADSM's authorized representative may, within 30 calendar days of receipt of the denial, seek additional review of the DSPOC's decision. If the request is not received within the 30 calendar days the contractor shall notify the requestor within the timeframe specified for non-priority correspondence standards listed at C.18.4 of receiving the request that the appeal was not received timely and therefore denied. A copy will be provided to the DHA Dental Care Office. In order to obtain further review of the DSPOC's decision, the ADSM, ADSM's command, dental provider or the ADSM's authorized representative shall submit to the contractor their written request for review of the DSPOC's decision. The request for review must include a copy of the DSPOC's decision. The contractor shall electronically forward the request to the DSPOC within seven calendar days of receipt for a second and separate DSPOC review. The DSPOC shall issue a decision electronically to the contractor, within 15 calendar days of receipt, either affirming or reversing the initial DSPOC's first level decision. The decision may overrule the previous decision in whole or in part. The contractor shall notify the appealing party within 14 calendar days of receipt of the DSPOC's decision.

Final Level. In the event that the DSPOC affirms their first level decision, the ADSM, ADSM's command, dental provider or the ADSM's authorized representative may seek further review by submitting a written request to the contractor within 30 calendar days of receipt of the second decision. If the request is not received within the 30 calendar days the contractor shall notify the requestor within the timeframe specified for non-priority correspondence standards listed at C.18.4 of receiving the request that the appeal was not received timely and therefore denied. A copy will be provided to the DHA Dental Care Office. The written request must include copies of the First and Second level decisions. The contractor shall electronically forward the request to the DSPOC within seven calendar days of receipt. The DSPOC shall electronically forward the request to the Service Surgeon General or designee for the ADSM's Branch of Service, with a copy to the DHA Dental Care Office, within seven calendar days. The Surgeon General or designee for the ADSM's Branch of Service decision is final and not subject to further appeal. The contractor shall notify the appealing party within 14 calendar days of receipt of the final decision.

Any appealable issue may only be appealed through the above process one time. Once a final decision is rendered, the issue may not be appealed again.

Contact Information: Instructions and forms, as well as other information may be found on the contractor's Web site at<insert web site> The contractor may be contacted at <insert phone number> for general information or questions pertaining to claim processing or status of a claim.



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

JUN 4 2002

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)

SUBJECT: Policy on Standardization of Oral Health and Readiness Classifications

The Military Health System (MHS) is responsible for the assurance of the overall oral health of all uniformed Department of Defense personnel. The existing dental classification system has been revised to further emphasize the importance of oral health.

The standardization of these measures of oral health is vital to the force health protection of our service members. It is DoD policy to maintain uniformity of the nomenclature used throughout the MHS for Oral Health and Readiness Classifications. The Services shall document nomenclature and criteria as found in attachment (1) Oral Health and Readiness Classification System.

My point of contact is Colonel Mary Concilio, Senior Consultant for Dentistry, at (703) 681-0064.

William Winkenwerder, Jr.

William Winkenwerder, Jr., MD

Attachment (1)
As stated

cc:
Surgeons General
Military Departments

HA POLICY: 02-011

**Department of Defense
Oral Health and Readiness Classification System**

The oral health status of uniformed personnel shall be classified as follows:

a. **Class 1 (Oral Health):** Patients with a current dental examination, who do not require dental treatment or reevaluation. Class 1 patients are worldwide deployable.

b. **Class 2:** Patients with a current dental examination, who require non-urgent dental treatment or reevaluation for oral conditions, which are unlikely to result in dental emergencies within 12 months. Class 2 patients are worldwide deployable. Patients in dental class 2 may exhibit the following:

- (1) Treatment or follow-up indicated for dental caries or minor defective restorations that can be maintained by the patient.
- (2) Interim restorations or prostheses that can be maintained for a 12-month period. This includes teeth that have been restored with permanent restorative materials for which protective cuspal coverage is indicated.
- (3) Edentulous areas requiring prostheses but not on an immediate basis.
- (4) Periodontium that:
 - (a) requires oral prophylaxis.
 - (b) requires maintenance therapy.
 - (c) requires treatment for slight to moderate periodontitis and stable cases of more advanced periodontitis.
 - (d) requires removal of supragingival or mild to moderate subgingival calculus.
- (5) Unerupted, partially erupted, or malposed teeth that are without historical, clinical, or radiographic signs or symptoms of pathosis, but which are recommended for prophylactic removal.
- (6) Active orthodontic treatment. The provider should consider placing the patient in passive appliances for deployments up to six months. For longer periods of deployment, the provider should consider removing active appliances and placing the patient in passive retention.
- (7) Temporomandibular disorder patients in remission. The provider anticipates the

patient can perform duties while deployed without ongoing care and any medications or appliances required for maintenance will not interfere with duties.

c. **Class 3:** Patients who require urgent or emergent dental treatment. Class 3 patients normally are not considered to be worldwide deployable.

- (1) Treatment or follow-up indicated for dental caries, symptomatic tooth fracture or defective restorations that cannot be maintained by the patient.
- (2) Interim restorations or prostheses that cannot be maintained for a 12-month period.
- (3) Patients requiring treatment for the following periodontal conditions that may result in dental emergencies within the next 12 months.
 - (a) Acute gingivitis or pericoronitis.
 - (b) Active progressive moderate or advanced periodontitis.
 - (c) Periodontal abscess.
 - (d) Progressive mucogingival condition.
 - (e) Periodontal manifestations of systemic disease or hormonal disturbances.
 - (f) Heavy subgingival calculus.
- (4) Edentulous areas or teeth requiring immediate prosthodontic treatment for adequate mastication or communication, or acceptable esthetics.
- (5) Unerupted, partially erupted, or malposed teeth with historical, clinical, or radiographic signs or symptoms of pathosis that are recommended for removal.
- (6) Chronic oral infections or other pathologic lesions including:
 - (a) Pulpal, periapical, or resorptive pathology requiring treatment.
 - (b) Lesions requiring biopsy or awaiting biopsy report.
- (7) Emergency situations requiring therapy to relieve pain, treat trauma, treat acute oral infections, or provide timely follow-up care (e.g., drain or suture removal) until resolved.
- (8) Acute temporomandibular disorders requiring active treatment that may interfere with duties.

d. **Class 4:** Patients who require periodic dental examinations or patients with unknown dental classifications. Class 4 patients normally are not considered to be worldwide deployable.

Attachment J-5
Similar or Alternate Dental Procedure Codes Accepted for Referral/Authorization Claims

This document is not to be released in benefit publications.

The Contractor shall authorize the following dental procedures for referral/authorization claims:

- D0120, D0140, or D0150 may be provided for ADSMs once per course of treatment, per provider, if an examination is not prescribed on the referral.
- 1-2 bitewing radiographic images (D0270 or D0272) or 1-2 periapical radiographic images (D0220 and D0230) may be added without DTF referral modification.
- Oral Surgeons may perform a D0330 panoramic radiographic image without DTF referral modification.
- Amalgam may be substituted for composite resin in posterior restoration without DTF referral modification.
- One surface may be added or removed from a restoration without DTF referral modification; however, an alternate material (resin instead of amalgam) cannot be provided without DTF referral modification.
- D2750 may be performed as an adequate substitute for D2752.
- D2750 may be performed as an adequate substitute for D2790 on teeth #s 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, and 30.
- D2790 may be performed as an adequate substitute for D2792 on molars.
- A buildup (D2950) or a prefabricated post & core (D2954) may be placed if performed on the same date the RCT is completed by the same provider.
- D2952 (post & core-custom) and D2954 (post & core-prefab) may be performed as an adequate substitute for buildups D2950 (under single crown) if the tooth has been endodontically treated.
- D7140 may be performed as an adequate substitute for D7210.
- D7210 may be performed as an adequate substitute for D7140 when performed by an oral surgeon (IV Sedation may be added if this substitution has occurred).
- Oral surgery procedure codes D7220, D7230 and D7240 may all be adequately substituted for one another without DTF referral modification to allow for degree of difficulty fluctuations.
- Oral surgery procedure codes D7230, D7240, and D7241 may all be adequately substituted for one another without DTF referral modification to allow for degree of difficulty fluctuations.
- IV sedation and general anesthesia units may be added or deleted without DTF referral modification.

Attachment J-6
Sample Command Memorandum for Authorization Request

[COMMAND LETTERHEAD]

From: [Command name and mailing address for reply mail]

To: **Dental Service Officer in Charge, XXXXX, Attn: Dental Pre-Authorizations, PO Box xxxxx, City, State Full Zip Code**

Subj: REQUEST FOR AUTHORIZATION OF CIVILIAN DENTAL CARE
ICO [NAME, RANK, SERVICE, AND SSN OF SERVICE MEMBER].

Encl: (1) Copy of civilian dental treatment plan

(2) Dental x-rays and/or photographs

(3) Copy of dental record (SF 603's) [Only if the records are current (less than one year) or applicable to the request. Do not send old records.]

1. Authorization is requested for civilian dental care indicated by enclosures (1- 3). We understand that any authorization is for this request only, and may not apply if the information provided changes.

2. This service member is on Active Duty (or other DEERS eligible status). The following information is provided:

a. Total estimated cost of this treatment:

b. Date of last military dental exam:

c. Service member's duty location and work phone number:

d. Date assigned to a GSU (Geographically Separated Unit):

e. Projected Rotation Date:

f. Expiration of obligated service:

g. The nearest Federal / Military Dental Treatment Facility (DTF): [Name and distance – Include VA medical center with dental sharing agreement, if known]

3. My point of contact is: [Name, Rank, Telephone number of Command's Medical Representative, HBA, or Other knowledgeable person]

[Signed by Commander or Designated Representative]

Attachment J-7
Procedures for Additional Eligible Member Categories

ADDP Additional Eligible Member Categories Procedures

I. Early Activation Members

1. Eligibility.

Reserve Component (RC) members who are issued delayed-effective-date active duty orders for more than 30 days in support of a contingency operation become eligible for Active Duty Service Member (ADSM) dental services as defined in DoD Instruction 7730.54.

The DoDI 7730.54 defines early eligibility for TRICARE as the later of:

- Ninety days prior to the start of activation or the date of notification of the activation start date for delayed-effective-date active-duty orders issued from November 24, 2003, and before October 28, 2009.
- One hundred and eighty days prior to the start of activation or the date of notification of the activation start date for delayed-effective-date active-duty orders issued on or after October 28, 2009.

2. DEERS Eligibility.

DMDC will automatically enroll Early eligible RC members upon notification of their eligibility into Health Care Plan Code 234. Thus, DEERS dental eligibility will indicate remote status for the member relative to the ADPP.

3. Remote Status.

All RC members identified as Early Eligible members will have remote Active Duty Dental Program status.

4. Dental Services.

Dental Services for Early Eligible RC members shall be provided in accordance with Attachment J-3.

Attachment J-7
Procedures for Additional Eligible Member Categories

II. Foreign Forces Members Procedures

1. Eligibility.

Foreign Forces Members (FFMs) may be eligible for dental care under an approved agreement (e.g., reciprocal health care agreement, North Atlantic Treaty Organization (NATO) Status of Forces Agreement (SOFA), Partnership for Peace (PFP) SOFA). Refer to the DoD Dental Care for Foreign Force Members Quick Reference guide located at <https://private.fhp.osd.mil/portal/rhas.jsp>.

2. Eligibility Determination.

FFMs on assignment in the United States will be shown on DEERS with a Health Care Coverage Code of "T". FFMs that are in the United States on official business may be eligible for care, but may not be reflected in DEERS. When the FFM is not in DEERS, the FFM or referring Dental Treatment Facility (DTF) shall provide a copy of the FFM's invitational travel orders to the Contractor. The Contractor will fax the orders to the Dental Service Point of Contact (DSPOC) for determination of eligibility. The Contractor will inform the FFM and/or referring DTF of the eligibility determination.

3. Referrals and Authorization.

FFMs may be eligible for treatment within a Dental Treatment Facility (DTF) and/or referred civilian dental care, depending on their health care agreement. Prior to making an appointment, the DTF or Contractor shall refer to the DoD Dental Care for Foreign Force Members Quick Reference guide located at <https://private.fhp.osd.mil/portal/rhas.jsp> to determine what type of dental care the FFM is eligible for. The following is an explanation of the reference guide.

- The 'DoD DTF Care' column is used to determine if a FFM from that particular country is eligible for DTF care.
- The 'Non-DoD Dental Care' column is used to determine if the FFM is eligible for private sector dental care under the ADDP. If 'Yes' appears in this column, the FFM may be referred for private sector care under the ADDP.

4. Claims.

Any FFM's claim received without a referral shall be denied and must be resubmitted as an appeal for DSPOC authorization approval.

Attachment J-7
Procedures for Additional Eligible Member Categories

III. Line of Duty Procedures

A Line of Duty (LOD) investigation is for Reserve Component (RC) Service Members (SM) who incur or aggravate an injury, illness or disease while serving on active duty for 30 days or less as defined in DoD Instruction 1241.2.

US Code, Title 10, Section A, Part II, Chapter 55, 1074a. defines that each member of a uniformed service who incurs or aggravates an injury, illness, or disease in the line of duty while performing one of the following: (a) active duty for a period of 30 days or less, (b) inactive duty training or (c) service on funeral honors duty under section 12503 of this title or section 115 of title 32 are entitled to medical and dental care appropriate for the treatment of the injury, illness, or disease of that person until the resulting disability cannot be materially improved.

For the ADDP there will be two separate processes for LODs, depending on the SM's dental condition:

1. Urgent Care Conditions
2. Non-Urgent Care Conditions

The first LOD process will be for urgent care for these SMs training in locations without a military dental treatment facility. ***Urgent Care is defined as services required to prevent serious deterioration of health and oral health following the onset of an unforeseen condition*** (i.e., severe oral pain, bleeding, infection, unexplained swelling in the oral cavity or supporting structures, fever associated with a potential oral abscess, broken filling/restoration that will not allow the SM to perform the mission). Treatment for the urgent care condition must be completed while the SM is on active duty status.

Urgent care conditions covered by the ADDP are limited to the minimum treatment required to alleviate the immediate urgent dental condition and return the SM to duty. Examples of care authorized under this process include extraction of a single tooth; placement of a restoration; incision and drainage; or pulpectomy. However, this process is not authorized to provide payment for routine dental care.

Urgent care claims can be paid with expedited LOD documentation as long as the urgent care is provided while the SM is in an active duty status and information documenting the SM's active duty status is provided from the military unit. Full LOD documentation is required to allow authorization for payment of claims when the SM is no longer in an active duty status or additional follow-up care is required.

The second LOD process is for Non-Urgent Care conditions. This process is followed for those dental conditions in which the course of treatment is not limited, returning the SM to a 'whole' condition, is expected to be lengthy, and the treatment may be completed while the SM is no longer on active duty status.

1. LOD Process for Urgent Care Conditions - The ADDP will use an expedited process for approval of urgent care LOD conditions.

- a. The SM is entitled to urgent care from a civilian provider during the period of active duty status limited to care to the definitions of urgent care above. The SM may also receive any care that can be provided by an active duty DTF during the time of active duty status.
- b. It is the SM's responsibility to report the injury, illness or disease to their unit chain of command/ medical authority. The SM's unit/ medical authority is responsible for initiating the urgent care LOD documentation.
- c. No follow-up dental treatment resulting from an urgent care LOD encounter will be authorized. Eligibility will not likely be reflected in DEERS for the date of LOD injury if the SM was on active duty status for 30 days or less.

Attachment J-7
Procedures for Additional Eligible Member Categories

d. The SM's civilian provider will return the ADDP claim form to the SM's military unit. The SM's unit/medical authority will submit the ADDP claim form and a Memorandum detailing the request for urgent care (Sample Memorandum Provided).

e. Only care directly related to the aforementioned illness /disease as documented in the urgent care LOD documentation/Memorandum will be authorized for payment through the Contractor/ADDP/military Dental Service Point of Contact (DSPOC) process.

NOTE -- The U.S. Army Selected Reserve Dental Readiness System (ASDRS) provides Class 3 dental care to U.S. Army Reserve Component Soldiers. If the urgent condition results in a Class 3 condition, Army Soldiers should request a DD2813 (or a copy of the ADDP Claim form) that documents the Class 3 condition. The Soldier can then use the ASDRS program to remedy the Class 3 condition.

Army Guard Soldiers should contact LHI at 888-901-6609 for their Class 3 care.

2. LOD Process for Non-Urgent Care Conditions – Non-Urgent care conditions include injuries/diseases in which the course of treatment is expected to be longer in duration and for dental care provided when the SM is no longer in an active duty status.

a. It is the SM's responsibility to report the injury, illness or disease to their military unit chain of command. The SM's unit is responsible for initiating the LOD report.

Each branch of Service reports LOD incidents differently. The Marines use a database named McMEDS; the Navy uses an official notification letter on letterhead from the Dept of Navy personnel center at Millington, Tennessee; the Army uses a database called MODS and also prepares a hard copy DD Form 2173; and the Air Force uses a database called ILOD and AF Form 348 or AFRC Form 348. Access to the various Service databases is not well implemented outside of each Service so it is doubtful DHA or the Contractor will have access to these databases.

b. All follow-up dental treatment resulting from an LOD that will be provided via private sector care requires substantiating paperwork from the Service indicating the date, time, and nature of the injury, illness or disease. Eligibility will not likely be reflected in DEERS for the date of LOD injury if the SM was on active duty status for 30 days or less.

c. Non-Urgent dental treatment, resulting from an LOD, should not be rendered until authorization has been obtained.

d. The SM's unit/medical authority should submit the completed LOD documentation to the ADDP as soon as possible.

e. The SM's civilian provider will request treatment approval via submission of an Authorization Request Form along with appropriate diagnostic materials to the ADDP Contractor.

f. Requested treatment must be the result of and directly related to an injury incurred or illness or disease aggravated as a result of a period of active duty, per DoDI 1241.2. It is the SM's responsibility to demonstrate and document that these conditions have been met in each case.

g. Only care directly related to the aforementioned illness/injury/disease as documented in the LOD/ Notification of Eligibility (NOE) will be authorized for payment through the Contractor/ADDP/DSPOC process.

h. Once all appropriate materials have been received, the Contractor will forward the LOD documentation, Authorization Request Form and diagnostic materials, in scanned PDF format, to the DSPOCs for review and approval/denial.

Attachment J-7
Procedures for Additional Eligible Member Categories

i. The DSPOCs will determine the appropriate and necessary treatment for the specific illness/injury. This determination is made through reviewing submitted documentation and consulting with DTF dentists and treating civilian dentists as needed.

1. The DSPOCs will request that the Contractor contact the SM's military unit regarding submitted cases not meeting those requirements.

2. Appeals of DSPOC denials for payment of dental treatment can be forwarded to the respective Service Dental Consultant for final determination.

j. Examples of dental conditions typically presented as a Non-Urgent Care LOD include:

1. Repair of tooth fractured as a result of trauma sustained during eligible active training periods.

2. Bridge placement to replace tooth lost due to injury / trauma during the active duty status.

3. Follow-up treatment for acute exacerbations of chronic conditions.

k. Dental conditions not typically appropriate for LOD treatment include:

1. Pre-existing chronic dental disease

2. Dental treatment needs not completed while on active duty

3. Cleanings

4. Wisdom tooth extraction

Attachment J-7
Procedures for Additional Eligible Member Categories

**Sample Urgent Care LOD Memorandum for
Active Duty Dental Program
[COMMAND LETTERHEAD]**

From: [Command name and mailing address for reply mail]

To: [Contractor's Company Name]
[Contractor's Address]

Signed copy may also be emailed to [Contractor's E-mail address]

SUBJECT: Active Duty Dental Program – Urgent Dental Care Request for Reserve Component Service Member on Active Duty Status for 30 days or Less

1. Authorization is requested for civilian dental care that qualifies as LOD urgent dental care. Urgent care is defined as services required to prevent serious deterioration of health and oral health following the onset of an unforeseen condition (i.e., severe oral pain, bleeding, infection, unexplained swelling in the oral cavity or supporting structures, fever associated with a potential oral abscess, broken filling/restoration that will not allow the service member to perform the mission). Treatment for the urgent care condition must be completed while the service member is on active duty status.

2. (Service Member's Rank and Full Name) had an urgent dental condition during active duty status of 30 days or less which required dental treatment.

3. Following is (Service Member's Name) Information:

- a. Branch of Service: (USAR, ARNG, USNR, USMCR, USAFR, ANG, USCGR)
- b. Rank/Grade:
- c. SSN:
- d. Home Address:
- e. Phone (cell number is preferable):
- f. Date of Birth:
- g. Date of Dental Illness:
- h. Date of Dental Treatment:
- i. Date(s) of Active Duty Status: (From: To:)
- j. Service Member's Military Unit Assignment

4. [Service Member's Rank/Name] and description of dental urgent care condition and treatment provided.

5. My point of contact is: [Name, Rank, and Telephone Number of Command's Medical Representative]

[Signed by Commander or Designated Representative]

Attachment J-7
Procedures for Additional Eligible Member Categories

IV. Wounded Warrior Procedures

Wounded Warriors are soldiers or veterans who have a disability that either resulted from injury or disease received in the line of duty as a direct result of armed conflict, or was caused by an instrumentality of war and was incurred in the line of duty during a period of war as defined in section 101(11) of title 38, U. S. C.

For ADDP there will be two separate processes for the Active Duty Service Member (ADSM) receiving treatment from the Veterans Affairs (VA) Hospital depending on the Service Member's (SM's) designation:

1. ADSM Receiving Inpatient Care at VA Hospital.
2. ADSM is Identified as a Wounded Warrior.

1. ADSM Receiving Inpatient Care at VA Hospital. If contact is received regarding the need for dental care for an ADSM that is being treated inpatient at a VA Hospital, the following steps must be taken by an ADDP Representative:

a. Reference Defense Enrollment Eligibility Reporting System (DEERS) in order to validate that the ADSM is showing in an Active Duty Status.

1. If the ADSM is not on Active Duty, then determine if the ADSM should receive care through Line of Duty (LOD). If the ADSM is not eligible for LOD then access to ADDP will be denied.

2. If the ADSM is not showing a Remote status, then ADDP will update to a 233 Remote Status.

b. Speak with an administrator of the VA Hospital in order to validate that the ADSM is currently being treated as an inpatient and to collect additional information regarding the dental treatment planned.

1. If the ADSM is not inpatient, advise them to follow the existing ADDP Procedures based upon eligibility [Dental Treatment Facility (DTF) Referred or Remote].

c. Create a new Authorization with an automatically 'Approved' status for all planned treatment.

d. Pay all dental claims submitted for the ADSM.

2. ADSM is Identified as a Wounded Warrior. If contact is received regarding the need for dental care for an ADSM that is identified as a Wounded Warrior, the following steps must be taken by an ADDP Representative:

a. Reference DEERS in order to validate that the ADSM is showing in an Active Duty Status and is identified as a Wounded Warrior.

1. If the ADSM is not on Active Duty, then determine if the ADSM should receive care through LOD. If the ADSM is not eligible for LOD then access to ADDP will be denied.

2. If the Wounded Warrior is showing a Direct Care status in DEERS then inquire if the ADSM is able and willing to seek treatment at a DTF. If the ADSM is unable to seek care at a DTF, then ADDP will update DEERS to a 233 Remote Status.

b. If the Wounded Warrior is being treated inpatient at a VA Hospital, follow the specific procedures pertaining to all ADSMs treated inpatient at VA Hospitals.

Attachment J-7
Procedures for Additional Eligible Member Categories

c. If the Wounded Warrior is being treated outpatient at a VA Hospital, contact the VA Hospital and create an Authorization with an automatically 'Approved' status for all planned treatment.

d. If the Wounded Warrior is not being treated by a civilian dental provider, then normal Authorization Requirements and Procedures will apply for all Specialty Treatment or Treatment in excess of the \$750/\$1500 limits.

ADDP Dental Service Points of Contact (DSPOC) Review Codes

	The following codes are used to approve/deny authorization for payment of dental care under the Active Duty Dental Program (ADDP). Private practice dentists should be informed that supplemental dental care benefits are intended to be an adjunct to dental care provided by military dental treatment facilities (DTFs). All pre-treatment requests for dental care are reviewed by military dentists and/or their designated staff and treatment authorization is determined in accordance with military guidance for the dental readiness mission of the Services and to support world-wide deployability standards.
AI00	ADDITIONAL INFORMATION REQUESTED
AI01	For further consideration for authorization of payment for the requested procedure, submit current diagnostic-quality bitewing radiographs.
AI02	For further consideration for authorization of payment for the requested procedure, submit current diagnostic-quality periapical and bitewing radiographs.
AI03	For further consideration for authorization of payment for the requested procedure, submit current diagnostic-quality full mouth series (FMS) radiographs.
AI04	For further consideration for authorization of payment for the requested procedure, submit current diagnostic-quality full mouth series (FMS) or panoramic radiograph documenting all missing and remaining teeth.
AI05	For further consideration for authorization of payment for the requested procedure, submit a post-RCT periapical radiograph with a request for an appropriate core build up and full coverage restoration.
AI06	For further consideration for authorization of payment for the requested procedure, re-submit with narrative explanation and current diagnostic-quality radiographs (periapical and bitewings for single-unit crowns; FMS for bridges, partial dentures, and periodontal surgery).
AI07	For further consideration for authorization of payment for the requested procedure, please submit a revised treatment plan considering the previous ADDP DSPOC review comments and treatment recommendation(s); include appropriate current diagnostic-quality radiographs and narrative explanation (if applicable).
AI08	The information submitted does not provide sufficient information for authorization of payment for the requested procedure(s). For further consideration of authorization for payment, please provide a narrative explanation.
AI09	For further consideration of authorization of payment for the requested procedure, please submit a narrative advising how long this tooth has been missing, what (if anything) is currently replacing this tooth and radiographic documentation of continued tooth movement over the past several years.
AI10	For further consideration of authorization of payment for dental care, the service member is requested to provide (via UCCI) the last 5 years of their military dental record.
AI11	For further consideration for authorization of payment for the requested procedure, submit a current diagnostic-quality periapical radiograph.
AI12	For further consideration for authorization of payment for the requested procedure, submit a current diagnostic-quality color photograph.
AN00	ANESTHESIA / IV SEDATION / ANALGESIA COMMENTS
AN01	General anesthesia, IV sedation, conscious sedation, or analgesia IS authorized for payment in conjunction with surgical procedures.
AN02	General anesthesia, IV sedation, oral sedation and/or analgesia is NOT authorized for payment or reimbursement when provided in conjunction with a non-covered service.
AN03	The requested general anesthesia, sedation and/or analgesia is not authorized for payment for the requested procedure(s). If there is a special need for the sedation procedure, resubmit a narrative detailing the relevant circumstances for reconsideration.
BR00	BRIDGEWORK / FIXED PROSTHODONTICS COMMENTS
BR01	The requested abutment procedure is denied; a single unit crown procedure is authorized for payment. (specified below)
BR02	Based on the information provided, there appears to be insufficient space for the requested pontic/restoration.
BR03	Based on the information provided, the requested procedure appears to have a poor long term prognosis due to inadequate abutment/retainer support.
BR04	Based on the information provided, the long-term prognosis for the requested procedure appears unfavorable due to the existing periodontal condition.

**ADDP Dental Service Points of Contact
(DSPOC) Review Codes**

BR05	Based on the information provided, the requested retention wing will not significantly improve the long-term prognosis of the requested procedure.
BR06	Based on the information provided, the requested double abutment will not significantly improve the long-term prognosis of the restoration.
BR07	The radiograph(s) suggests the tooth has been missing for a considerable time and the occlusion is stable. Current Military guidelines for the ADDP do not recommend authorization of payment for the procedure in this circumstance.
BR08	The radiograph(s) suggests the tooth has been missing for a considerable time and the occlusion is stable. Current Military guidelines for the ADDP do not recommend authorization of payment for the procedure in this circumstance. For further consideration of authorization for payment of the procedure, provide documentation of continued tooth movement over the past several years.
BR09	The information submitted (radiographs and/or other information) suggests a high caries rate. Current Military guidelines for the ADDP do not recommend authorization of payment for fixed prosthodontics in a high caries risk environment.
BR10	The radiographs suggest the abutment teeth have conservative or no existing restorations or defects. Consider evaluating for an implant if replacing the missing tooth is deemed necessary.
BR11	Authorization for payment of the requested procedure is granted. Current Military guidelines require the service member be informed replacement of the missing tooth is elective and the need for reduction of sound natural tooth structure required in preparing the supporting teeth for the bridge can cause irreversible damage to the supporting teeth as well as adjacent teeth.
BR12	For further consideration for authorization of payment for the requested procedure, please submit a narrative that includes how long the tooth/teeth have been missing, what if anything is currently replacing the missing tooth/teeth and do you have radiographs documenting additional tooth movement of adjacent teeth during the past five years (if available)?
BR13	Current Military guidelines for the ADDP do not recommend authorization of payment for cantilever bridges.
BU00	BUILD-UPS / POSTS / CORES
BU01	The radiograph(s) do not suggest the need for a core build-up.
BU02	The radiograph(s) do not suggest a need for a core build-up. For further consideration of authorization for payment, please provide a narrative explanation.
BU03	The radiograph suggests that the existing pin-retained restoration will be the most stable core build-up option.
BU04	The radiograph(s) suggest a need for a post and core build-up. For further consideration of authorization for payment, please provide a narrative explanation.
CR00	CROWNS / ONLAYS / INLAYS
CR01	The radiographs suggest the tooth can be restored more conservatively with a direct restorative material. Current Military guidelines for the ADDP do not recommend authorization of payment for a full or partial coverage restoration in this circumstance.
CR02	The radiographs suggest the access opening can be restored more conservatively with a direct restorative material. Current Military guidelines for the ADDP do not recommend authorization of payment for a full or partial coverage restoration in this circumstance.
CR03	The endodontic access opening appears to be very conservative. Current Military guidelines for the ADDP recommend authorization of payment for restoration of the access opening with direct restorative material such as amalgam or composite resin. No further treatment is recommended.
CR04	The submitted radiograph(s) do not suggest the need for crown replacement. For further consideration of authorization for payment, please provide a narrative explanation and diagnostic-quality radiographs.
CR05	Based on the information provided, there is insufficient justification for authorization for payment of the requested procedure. Current Military guidelines for the ADDP recommend authorization of payment for a full-cuspal coverage crown when the tooth is extensively decayed and/or has a cusp fracture (not craze lines), and cannot be restored by an amalgam or a composite resin restoration. Authorization of payment for a crown is not routinely granted based upon a potential for future restoration failure or tooth fracture.
CR06	Current Military guidelines for the ADDP recommend use of high noble metal in contact with opposing natural dentition.

**ADDP Dental Service Points of Contact
(DSPOC) Review Codes**

CR07	The request for an anterior gold crown is denied for payment, a PFM crown (D2750) is recommended and authorized. The service member must be informed in writing that gold crowns on anterior teeth may not be in compliance with Military policies and directives concerning military dress and appearance. If current or future local command or Military policies prohibit gold crowns on anterior teeth, it will be the financial responsibility of the service member to replace the gold crown to become compliant with local command or Military service policies or regulations.
CR08	Current Military guidelines for the ADDP do not recommend authorization of payment for an all-porcelain/ceramic crown in this circumstance.
CR09	Current Military guidelines for the ADDP recommend that base metal crowns/restorations only be used in extremely rare circumstances.
CR10	Current military guidance for the ADDP recommends authorization of payment for a full coverage crown with a high-noble metal occlusal/lingual surface to allow future endodontic access without the need for replacement of the existing crown.
CR11	Current military guidance requires that all ceramic crowns D2740 be either E.Max or Full Contour Zirconia (i.e., Bruxir, Lava Plus, Zirlux) whether they are placed in active duty treatment facilities or via purchased private sector care. Civilian dental providers are required to provide a copy of the lab bill with the dental claim providing evidence of the materials used for fabricating the crown. If the dental office has their own milling machine (Cerec, ProCad, Vitablocs, Paradigm) so indicate. All 2 nd molars will require a D2790 or D2792. No D2740 will be authorized for 2 nd molars.
CR12	No D2740 will be authorized for 2nd molars, per current military guidance.
CR13	The information submitted (radiographs and/or other information) suggests a high caries rate. Current military guidelines for the ADDP do not recommend authorization of payment for crowns in a high caries risk environment. Military guidelines define high caries risk as three or more new incipient or cavitated carious lesions within the last 12 months.
CR14	Crown lengthening is authorized for payment if provided as a separate procedure from restorative procedures and sufficient time (at least 8 weeks) from date of crown lengthening to initiation of restorative procedures to allow tissue healing and maturation of attachment. Under the ADDP, crown lengthening provided at the same time as restorative procedures is considered integral to the restorative procedure.
EL00	ELIGIBILITY STATEMENTS
EL01	DEERS (the military database for dental benefits eligibility) indicates the member's eligibility for the ADDP will end shortly. In accordance with federal fiscal law, only procedures that are completed in their entirety while the member is in an eligible status can be authorized for payment under the ADDP.
EL02	DEERS (the military database for eligibility) indicates the member's eligibility for the ADDP benefits ends before the requested treatment can be completed. In accordance with federal fiscal law, only procedures that are totally completed while the member is in an eligible status can be authorized for payment under the ADDP.
EL03	Per DEERS (the military database for eligibility), the service member was not in an ADDP eligible status at the time of the dental treatment and is therefore not eligible for authorization for payment of care. If the DEERS information is inaccurate, the Service Member must work with his/her unit to correct the information in DEERS.
EL04	There is no documentation the dental condition incurred during, or was aggravated by, the active duty service. Therefore, the member is not eligible for authorization of payment for dental care related to active duty service under the provisions of the ADDP.
EL05	Follow-up treatment may be available through Veterans Administration (VA) benefits if the service member meets appropriate eligibility criteria. The service member should contact the nearest VA facility as soon as possible for further benefit information or use on-line services to help access VA care.
EL08	Per DEERS (the military database for eligibility), the service member is/was not in an ADDP eligible status and is therefore not eligible for authorization for payment of care. If the DEERS information is inaccurate, the Service Member must work with his/her unit to correct the information in DEERS.
EN00	ENDODONTIC COMMENTS

**ADDP Dental Service Points of Contact
(DSPOC) Review Codes**

EN01	Direct and indirect pulp caps are considered integral to the restorative procedure and are not payable as a separate charge.
EN02	The information provided suggests periapical pathology exists on the tooth to be restored.
EN03	The information provided suggests that periapical pathology exists. This potential emergency condition has priority for care over the requested procedure.
EN04	Based on the information provided, the root canal obturation material appears to be inadequately condensed.
EN05	Based on the information provided, the root canal obturation appears to be short of the apex.
EN06	Based on the information provided, the root canal filling material appears to extend beyond the apex.
EN07	Based on the information provided, the long-term prognosis for the requested procedure is marginal to poor because the tooth appears to have a broken instrument in the canal.
EN08	Based on the information provided, Military guidelines recommend that because of the complexity of this particular case, it is recommended that root canal therapy (RCT) be evaluated by an endodontic specialist if one is available. Consideration of payment for non-surgical RCT treatment/retreatment can be reviewed if an authorization request is submitted by an ADDP participating endodontic specialist.
EN09	Based on the information provided, a periapical radiolucency exists. The patient should receive non-surgical RCT treatment/retreatment. Following RCT treatment/retreatment, the restorative dentist should submit a post-RCT radiograph and a treatment plan requesting a post/core (as appropriate) and crown.
EN10	The information provided indicates elective RCT will reduce the remaining sound natural tooth structure that is required to support the post/core/crown complex, increasing the potential for tooth fracture and/or restoration failure.
EN11	For endodontically treated anterior teeth, it is the remaining sound natural tooth structure, not a crown, that provides resistance to fracture. If a crown is needed to replace significantly missing coronal tooth structure, a post is recommended to minimize potential of catastrophic tooth fracture following reduction of remaining sound natural tooth structure for the crown. This guideline is consistent with the restorative guidelines recommended by the American Association of Endodontists.
EN12	The information provided suggests pulpal pathosis exists on the tooth to be restored.
EN13	The periapical radiograph indicates encroachment on the pulp chamber and/or periapical radiolucencies may exist. The service member should be referred to an endodontist for evaluation and non-surgical RCT if indicated. Non-surgical RCT is authorized for payment only if provided by the endodontist. The provider and/or the service member will be contacted to receive an appointment control number for the endodontic evaluation by the endodontist. If RCT is not indicated, include a copy of the endodontist's report with the request for a core build-up and crown. If RCT is indicated, the endodontist should submit a treatment plan for DSPOC review. The authorization request may be resubmitted with a diagnostic quality radiograph of the completed RCT for consideration of the build-up and crown following completed endodontic treatment.
G00	GENERAL COMMENTS
G01	The information provided does not indicate the need for the requested procedure.
G02	The tooth number requested does not appear to be present on the radiograph submitted.
G03	The requested procedure is not authorized for payment under the current Military guidelines for the ADDP.
G04	Based on the information provided, the requested procedure does not appear to meet the ADA CDT procedure code definition under which it was submitted. Therefore, no authorization for payment can be made.
G05	The tooth number and/or ADA procedure code number and/or description do not match. Please correct the discrepancy and resubmit request. If resubmitted for review, include current diagnostic-quality periapical and bitewing radiographs.
G06	Per contract guidelines for the ADDP, the requested procedure is considered integral to the parent procedure and is not authorized for payment as a separate charge.

**ADDP Dental Service Points of Contact
(DSPOC) Review Codes**

G07	Oral hygiene instructions, over-the-counter (OTC) products and other products available without a prescription are not authorized for payment or reimbursement under the Service guidelines for the Active Duty Dental Program (ADDP).
G08	The radiograph(s) suggest a low caries rate. Current Military guidelines indicate a fluoride treatment will not provide a significant benefit and is therefore not authorized for payment under the ADDP.
G09	The information submitted does not provide sufficient documentation/justification for authorization for payment of the requested procedure.
G10	The requested procedure is not a covered benefit. Before initiating any non-covered service, the provider has a responsibility to obtain written consent and advise the member they will be financially responsible for payment of any non-covered service.
G11	Based upon the information provided and Service guidelines for the ADDP, this service does not meet the requirement of dental care that is necessary to meet military dental readiness guidelines and/or provide adequate dental function for world-wide deployability.
G12	The purpose of the ADDP is to provide eligible service members a uniform dental benefit to meet Military requirements for dental health and world-wide deployability.
G13	Veneers, bleaching and other cosmetic procedures are elective and do not meet current Military guidance for authorization for funding under the ADDP.
G14	The requested procedure has been denied. An alternate procedure code has been authorized. Substitution of a procedure other than the authorized procedure is not allowed for payment under the guidelines for the ADDP.
G15	An ADA procedure code/description has been entered by the DSPOC to clarify the procedure authorized for payment to meet Military requirements. Substitution of a procedure other than the authorized procedure code is not allowed for payment under the guidelines for the ADDP.
G16	The request for authorization for payment of this procedure has been forwarded to the appropriate Department of Defense (DoD) Service Dental Consultant for review. The ADDP Dental Service Point of Contact (DSPOC) will relay the Consultant's decision as soon as it is received.
G17	Payment for this procedure has been authorized by the appropriate Department of Defense (DoD) Service Dental Consultant. Authorization of payment for this procedure does not grant coverage or authorization of payment for any follow-up care. Any future care should be requested following appropriate Active Duty Dental Program (ADDP) guidelines for pre-determination of benefits.
G18	Authorization of payment for this procedure has been denied by the appropriate Department of Defense (DoD) Service Dental Consultant. Any future care should be requested following appropriate ADDP guidelines for pre-determination of benefits.
G19	This procedure has been authorized for payment. Authorization of payment for this procedure does not grant coverage or authorization for any follow-up care. Any future care should be requested following appropriate ADDP guidelines for pre-determination of benefits.
G20	Authorization of payment for this procedure is granted with the understanding that all costs associated with this treatment (including follow-up care) are included in this fee. If not, a new pre-treatment estimate should be submitted for review prior to initiating any care. Authorization of payment for this procedure does not grant authorization of payment for any follow-up care.
G21	This procedure was authorized on a previous ADDP Dental Service Point of Contact (DSPOC) review. It is not a new authorization for this procedure.
G22	The ADDP is intended to be an adjunct, not a replacement for, active duty dental treatment facility (DTF) dental care. Current military guidance for the ADDP recommends treatment and services not immediately required to establish or maintain dental health to meet dental readiness or world-wide deployability standards be delayed until this treatment can be provided at an active duty military DTF.
G23	Current Military guidelines for the ADDP recommend the procedure, and/or evaluation for the procedure, be deferred until the service member is collocated with an active duty military Dental Treatment Facility (DTF).
G24	The requested procedure has been denied as a duplicate (data) entry.
G25	The requested procedure has been denied as an incorrect code (data) entry. A correct CDT code is authorized for payment. Substitution of a procedure other than the authorized procedure is not allowed for payment under current military guidelines for the Active Duty Dental Program (ADDP).

**ADDP Dental Service Points of Contact
(DSPOC) Review Codes**

G26	The ADDP pre-treatment review provided by the active duty military dentist DSPOCs does not dictate treatment recommendations; however, it does indicate what procedures are authorized for payment under the ADDP. Authorization of payment is based on US Government fiscal regulations and Military dental treatment guidelines to ensure active duty service members meet dental readiness requirements for world-wide deployability. Specific dental services to be provided and financial responsibility is ultimately for the service member and provider to discuss and determine. However, the US Government financial responsibility will be limited to procedures appropriately authorized for payment under the provisions of the ADDP contract.
G27	To be considered a covered service a procedure or treatment must meet the requirement of being appropriate and necessary to establish and maintain dental health to meet military worldwide readiness/deployment status. Based upon the information provided, this service does not meet that requirement. If the service member authorizes the dental provider to provide care without pre-authorization payment approval, the service member is responsible for payment of any care deemed elective or non-covered.
G28	Please refer to additional ADDP guidance in "Note(s)" section.
G29	Active duty service members are required to use ADDP network providers for dental treatment. Further use of non-network provider may result in claims being denied and the service member held personally responsible for payment of non-DSPOC approved treatment.
G30	The provider and service member are informed this procedure requires pre-authorization prior to initiation of treatment. Further initiation of treatment prior to receiving pre-authorization may result in claims being denied.
G31	The provider and service member are informed the procedure has been denied for payment by the active duty military DSPOC reviewer. Furthermore, this procedure is not billable to the service member under the "Hold Harmless" clause of the contractor's ADDP-network dentist contract.
HY00	HYGIENE COMMENTS
HY01	The ADDP allows payment for two dental cleanings per year. Current Military guidance for the ADDP recommends authorization of payment for two professional dental prophylaxis per year combined with thorough daily oral hygiene to be adequate and appropriate treatment.
IM00	IMPLANT COMMENTS
IM01	Based on the information provided, the proposed implant/restoration does not meet current Military's dental function requirements to justify authorization of payment.
IM02	Current Military guidelines for dental implants do not authorize immediate implant loading following fixture placement. Therefore the phasing will need to allow sufficient time for adequate bone graft healing and replacement with natural bone prior to implant fixture placement and sufficient time for osseointegration prior to the prosthetic phase. Military guidelines require that the service member have a minimum of 12 months active duty time remaining. Authorization of payment for implant services by civilian dentists will not be granted if these conditions are not followed.
IM03	In order to standardize the implant process from initial placement through long-term follow-up care, current Military guidance requires all dental implants, whether placed in active duty dental treatment facilities or via purchased private sector care, to use one of two possible implant abutment connection systems: the Nobel Biocare and 3i external hex, Nobel Biocare tri-lobe, and 3i Certain. Service guidelines require 100% compatibility of the proposed implant system with these abutment configuration & screw thread designs, regardless of the manufacturer. Members electing to use an implant system that is not compatible with these requirements must sign a Written Consent Form prior to initiating treatment, in which they agree to pay all expenses incurred for the placement, restoration, follow-up and maintenance of the implant. Civilian dental providers are requested to provide a letter or a copy of their dental record that documents the implant fixture specifications and abutment connection systems utilized. Additionally a post-treatment panorex shall be taken and a copy provided to the member for inclusion into their military dental record.
IM04	Current military funding and dental restorative guidance for the ADDP does not allow for replacement of second molars in an otherwise intact, stable and functional occlusion.
OR00	ORTHODONTIC COMMENTS
OR01	Current Military guidance for the Active Duty Dental Program limits authorization for payment of civilian orthodontic treatment to correct recent trauma and/or in support of required oral maxillofacial surgery provided by active duty military oral surgeons or prosthodontic procedures. Based on the information provided, the requested service does not meet these requirements.
OR02	Repair of damaged orthodontic appliances is not covered as a separate charge.

**ADDP Dental Service Points of Contact
(DSPOC) Review Codes**

OR03	The replacement of a lost or missing appliance is not a covered benefit.
OR04	The request for orthodontic treatment does not meet current Military guidelines and policies for authorization of payment under the ADDP.
OS00	ORAL SURGERY / THIRD MOLAR COMMENTS
OS01	The tooth appears to be non-restorable; consider extraction for authorization of payment as ADDP covered dental treatment.
OS02	If third molars are causing an occlusal interference, consider extraction for authorization for payment of dental treatment.
OS03	Restoration of third molars is authorized for payment only when the third molar is in an ideal occlusal relationship with an opposing tooth and oral hygiene is adequate to prevent caries on the third molar as well as adjacent teeth.
OS04	Current Military guidelines for the ADDP do not recommend authorization of payment for placement of graft material during extraction of third molars in this scenario.
OS05	Biopsy procedures authorized for payment under current Military guidelines for the ADDP do not include brush biopsy or light-assisted diagnostic biopsy adjunctive procedures. Biopsy procedures authorized for payment include incisional or excisional surgical biopsy that has been indicated following appropriate clinical evaluation and differential diagnosis to support a surgical biopsy procedure.
OS06	The x-rays indicate a retained/impacted third molar. A retained or impacted third molar has the potential to cause a significant infection in a deployed environment. This situation is a military dental readiness issue and evaluation for possible extraction of the tooth is indicated.
OS07	The x-rays indicate a retained/impacted tooth. If an impacted tooth space is in communication with the oral cavity, a potential for significant infection exists. This situation is a military dental readiness issue and evaluation and possible extraction of the tooth is indicated.
OS08	Based on the information provided, current Military guidelines recommend that because of the complexity of this particular case, the service member should be evaluated by an oral and maxillofacial surgeon. The service member should contact the ADDP to obtain an appointment control number and assistance with locating a participating oral and maxillofacial surgeon.
OS09	The service member should be referred to an oral surgeon for evaluation and extraction of retained third molars. From a military readiness perspective, the retained third molars present a significant risk for the service member's health and compromise for worldwide deployability.
PE00	PERIODONTAL TREATMENT COMMENTS
PE01	Current Military guidance for the Active Duty Dental Program (ADDP) considers local antibiotic treatment and/or irrigation to be adjuncts to primary periodontal therapy. Scaling and root planing is the recommended primary therapy.
PE02	The radiographs indicate significant periodontal disease exists. Untreated/uncontrolled periodontal disease is a military world-wide deployability readiness concern. The member should be referred to a periodontist for full mouth series radiographs and a periodontal evaluation.
PE03	The information provided does not indicate guided tissue regeneration would result in a significantly improved healing outcome.
PE04	Based on the information provided, the outcome of the requested procedure has a questionable prognosis due to the existing periodontal condition. Military guidelines for the Active Duty Dental Program (ADDP) do not recommend authorization for payment of the procedure under these circumstances.
PE05	Based on the information provided, the existing periodontal condition is not severe enough to justify authorization for payment of the requested procedure. Military guidelines for the Active Duty Dental Program (ADDP) do not recommend the procedure be provided under these circumstances.
PE08	Based on the information provided, current Military guidelines recommend that because of the complexity of this particular case, the service member should be evaluated by a periodontist, if one is available.
PE09	Based on the information provided, the requested gingivectomy/gingivoplasty performed in conjunction with prosthodontic treatment is not justified to be chargeable as a separate procedure.

**ADDP Dental Service Points of Contact
(DSPOC) Review Codes**

PE10	Based on the information provided, appropriate periodontal therapy should include periodontal scaling and root planing. For further consideration for authorization of payment, please provide a narrative explanation and/or diagnostic radiographs documenting initial mouth preparation.
PE12	The procedure is authorized to allow open flap debridement of root surfaces and periodontal tissues. The need for osseous recontouring is not evident on the radiographs and/or information provided.
PE13	The requested procedure is authorized for payment. However, the service member shall be informed of alternate therapies including those that may be less invasive. This will ensure the service member has been informed of all risks and benefits of the proposed treatment and other realistic alternatives and that informed consent has been fully obtained.
PE14	Color photographs, in addition to current diagnostic quality radiographs, would be helpful in documenting justification for authorization of payment for subepithelial and other soft tissue graft procedures.
PE15	The photographs indicate the recession has existed for a considerable time and there is no indication the recession will continue or be a compromise to the service member's dental health in the future.
PE16	Current military guidance for the ADDP limits authorization for periodontal scaling and root planing to once every two years as clinically indicated and supported by periodontal charting, FMX, BWX, or PAX of treatment area. If patient requires periodontal scaling and root planing within two years, the service member should be evaluated and treated, as indicated, by a periodontist.
PE17	Military guidelines recommend that the military member be a non-smoker and a non-user of smokeless tobacco products before periodontal surgery may be initiated. Please provide a narrative on member's use/non-use of these items.
PE18	The chief complaint appears to be temperature sensitivity. There is no guarantee grafting will be effective or provide a long-term stable root coverage in this scenario. There are non-surgical/non-restoration treatment options that may address the chief complaint without the need for surgery or restorations. Current military guidelines for the ADDP recommend use of non-surgical and non-restorative options for treatment of sensitive exposed root surfaces in this scenario.
PR00	PROSTHODONTIC COMMENTS
PR01	Special procedures used in constructing dental prosthetics are not authorized for payment as a separate charge under the Active Duty Dental Program.
PR02	Current Military guidelines recommend porcelain fused to metal crowns, instead of all ceramic crowns, as abutments for an RPD.
PR03	Current Military guidance and funding for the Active Duty Dental Program does not allow for implants or fixed partial dentures to restore every edentulous space. If multiple missing teeth are to be replaced, an RPD is an acceptable treatment option. If potential RPD abutment teeth have large existing restorations, crowns will be considered for authorization for payment.
PR04	A removable partial denture may allow better access for daily oral hygiene as well as periodic professional maintenance and improve the long-term prognosis for abutment teeth as well as the overall dentition.
PR05	A cast base RPD would appear to provide greater stability and longevity than the requested flexible base RPD. A flexible base RPD would be considered for authorization for payment with the informed consent that the provider and patient understand a replacement metal base RPD will not be authorized for payment if the flexible base RPD does not provide satisfactory fit, function and/or stability.
PR06	Current Military guidance for treatment of grinding and bruxism recommends authorization of payment for a hard acrylic night guard, not a soft mouth guard, in this scenario. If a soft mouth guard is to be made/delivered, the appropriate ADA code is D9941.
PR07	Active duty service members that have been diagnosed with sleep apnea based upon completion of a sleep study by appropriate referral from their TRICARE (medical) Primary Care Manager (PCM) shall use the TRICARE medical program to obtain medically necessary and properly prescribed items; i.e. CPAP and FDA approved intraoral devices. Current military guidelines do not allow authorization of payment for intraoral sleep apnea devices under the ADDP.
PR08	Based on the information provided, current Military guidelines recommend that because of the complexity of this particular case, the service member should be evaluated by a prosthodontist. The service member should contact the ADDP to obtain an appointment control number and assistance with locating a participating prosthodontist.
PR09	Based on the information provided, current Service guidelines recommend prosthetic care be delayed until the completion of periodontal treatment. At that time, resubmit a restorative treatment plan with a narrative assessment of periodontal health and prognosis of additional dental treatment.

**ADDP Dental Service Points of Contact
(DSPOC) Review Codes**

RA00	RADIOLOGY COMMENTS
RA01	No x-rays or other appropriate information was submitted for review to document justification for authorization of payment for the requested dental procedures.
RA02	The radiograph(s) submitted are not of sufficient diagnostic quality to assess the current dental condition/status and document justification for authorization of payment for the requested procedure(s).
RA03	Current Military and ADA guidance for radiation exposure limits use of 3-D imagery to cases where 3-D information would influence the surgical procedure to decrease risk or significantly improve treatment outcome for the patient. The information submitted does not indicate 3-D imagery would significantly influence the proposed procedure or end result to justify authorization of payment for the 3-D radiation exposure.
RA04	The radiograph(s) submitted are not current to assess the existing condition of the dentition / supporting tissues to document justification for authorization of payment for the requested procedure.
RA05	The radiograph(s) submitted are not dated or date is illegible and therefore cannot be used to document justification for authorization of payment for the requested procedure(s). Submit current diagnostic-quality radiographs (with date of radiograph) for further consideration for authorization of payment for the requested procedure.
RE00	RESTORATIVE COMMENTS
RE01	Based on the information provided, authorization of payment for the requested procedure is not justified due to the poor long-term restorative prognosis.
RE02	Multiple restorations on the same tooth should be charged as a single multi-surface restoration reflecting the number of surfaces involved.
RE04	The information submitted is not adequate to determine the necessity of the requested procedure. However, authorization of payment for the requested procedure is granted if it meets current ADDP contract guidelines for restoration of carious teeth with composite resin or amalgam restorations.
RE05	Elective replacement of serviceable restorations is not authorized for payment under the Active Duty Dental Program (ADDP). For example, replacement of existing amalgam restorations with composite resin restorations is only authorized for payment when clinically indicated due to recurrent caries or existing amalgam restoration failure.
RE06	The information submitted does not indicate decay has penetrated into the dentin and placement of a restoration is not indicated at this time. Current Military guidelines recommend appropriate therapy to remineralize the incipient lesion and/or arrest non-cavitated carious lesions.
RE07	The requested procedure is authorized for payment if provided in accordance with current ADDP contract provisions for covered routine dental care.
RE08	Based on the information provided, due to the complexity of the proposed treatment plan current Military guidelines recommend the service member have a second opinion by a different dental provider. The service member should contact the ADDP to obtain an appointment control number and assistance with locating a participating provider.
RE09	The information submitted indicates a high caries risk. Current Military guidance for the ADDP recommends authorization of payment for restoration of teeth with defective restorations and/or recurrent caries with direct restorative material until the caries risk is documented as controlled (in accordance with current Military guidelines for evaluation of caries risk).
RE10	Current military guidance for the ADDP recommends authorization of payment for restoration of teeth with deep caries with direct restorative material and evaluation of pulpal response following restoration.
RE11	Current military guidance for the ADDP does not recommend authorization of payment for significant restoration of third molars unless they are fully erupted, oral hygiene is impeccable and retention of the third molar is essential to maintain adequate occlusal function. Please provide a FMS or panorex to allow assessment of occlusion.
RE12	Current military guidance for the ADDP recommends authorization of payment for an amalgam restoration in this scenario.
RE13	If the dentist/dental office does not provide amalgam restorations, please notify UCCI so the patient can be scheduled with a dentist who does provide amalgam restorations.
RE14	The radiographs/information submitted indicates very few existing restorations suggesting a low caries risk history. Current military guidance for the ADDP does not recommend authorization of payment for a restoration in this scenario.

**ADDP Dental Service Points of Contact
(DSPOC) Review Codes**

RE15	The information submitted (radiographs and/or other information) suggests a high caries rate. Current military guidelines for the ADDP do not recommend authorization of payment for posterior composite resins in a high caries risk environment. Military guidelines define high caries risk as three or more new incipient or cavitated carious lesions with the last 12 months.
RE16	Crown lengthening is authorized for payment if provided as a separate procedure from restorative procedures and sufficient time (at least 8 weeks) from date of crown lengthening to initiation of restorative procedures to allow tissue healing and maturation of attachment. Under the ADDP, crown lengthening provided at the same time as restorative procedures is considered integral to the restorative procedure.
S00	SEALANT COMMENTS
S01	Sealants provided on teeth other than permanent molars and bicuspid are not covered.
S02	Sealants provided on the same date of service and on the same tooth surface as a definitive restoration are considered integral to the restoration and are not chargeable as a separate procedure.
S03	Current Military guidelines for the ADDP allow authorization of payment for sealants when appropriately pre-authorized and there is evidence of high caries risk and deep developmental grooves susceptible to decay.

Attachment J-10
HT9402-14-D-0001
Active Duty Dental Program

**Military Dental Service Points of Contacts (DSPOCs)
Material Checklist**

The purpose of the Active Duty Dental Program (ADDP) is to ensure military members are world-wide deployable. It is not a dental insurance plan to provide for all dental care that could be provided.

The following is a list of materials needed for the Military Dental Service Points of Contacts (DSPOCs) to review cases submitted under the ADDP for Service Members living in remote areas. Please note that these materials are only requested when the case must be reviewed by a DSPOC per ADDP contractual guidelines. Additionally, there are specific materials requested when the DSPOCs are reviewing appeals.

Routine care (R), that does not exceed \$750 in charges per procedure or appointment or \$1,500 for a complete treatment plan, does not need to be pre-authorized

The documentation materials indicated below by CDT code are considered a minimum requirement for review and pre-authorization by the DSPOCs. Under certain circumstances the DSPOCs may request additional documentation material to clarify the requested treatment or prior treatment before rendering a decision for pre-authorization. All documentation material submitted for review must be of a diagnostic quality. Perio charting and narratives must be legible and the print dark enough to be read. Less than 6 point perio charting is not acceptable. Original or duplicate radiographic images must be of an overall acceptable diagnostic quality, density and contrast. Periapical radiographs must show the entire apex or apices, the periradicular area, and the clinical crown of the subject tooth/teeth being reviewed.

Narrative Requirements: The goal is for the approved treatment plan to meet the needs of all involved. When a narrative is indicated or requested, the provider should provide all pertinent clinical information that is not apparent on the other documentation provided, i.e. radiographs and/or photographs. The total package should paint a complete picture that allows the military dentist reviewers to mesh the proposed dental treatment with Service guidelines and military readiness requirements. If the information submitted is not adequate to make a determination of the appropriateness of the dental service, the ADDP reserves the right to request additional information prior to final authorization or denial for payment of a procedure.

Code Description	
R	Routine Care - No authorization required (unless over \$750)

D0120	R	periodic oral evaluation – established patient	Narrative/ Reason for Appeal
D0140	R	limited oral evaluation - problem focused	Narrative/ Reason for Appeal

Attachment J-10
HT9402-14-D-0001
Active Duty Dental Program

**Military Dental Service Points of Contacts (DSPOCs)
Material Checklist**

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D0150	R	comprehensive oral evaluation –new or established patient		Narrative/ Reason for Appeal
D0160	R	detailed and extensive oral evaluation - problem focused, by report		Narrative/ Reason for Appeal
D0170	R	Re-evaluation-limited, problem focused (not post-operative visit, established patient)		Narrative/ Reason for Appeal
D0171	N	Re-evaluation – post-operative office visit		Narrative/ Reason for Appeal
D0180	R	comprehensive periodontal evaluation – new or established patient		Narrative/ Reason for Appeal
D0210	R	intraoral - complete series of radiographic images		Narrative/ Reason for Appeal
D0220	R	intraoral - periapical first radiographic image		Narrative/ Reason for Appeal
D0230	R	intraoral - periapical each additional radiographic image		Narrative/ Reason for Appeal
D0240	R	intraoral - occlusal radiographic image		Narrative/ Reason for Appeal
D0250	R	extraoral - first radiographic image		Narrative/ Reason for Appeal
D0260	R	extraoral - each additional radiographic image		Narrative/ Reason for Appeal
D0270	R	bitewing - single radiographic image		Narrative/ Reason for Appeal
D0272	R	bitewings - two radiographic images		Narrative/ Reason for Appeal
D0273	R	bitewings – three radiographic images		Narrative/ Reason for Appeal
D0274	R	bitewings - four radiographic images		Narrative/ Reason for Appeal
D0277	R	vertical bitewings - 7 to 8 radiographic images		Narrative/ Reason for Appeal
D0310	R	sialography		Narrative/ Reason for Appeal
D0330	R	panoramic radiographic image		Narrative/ Reason for Appeal

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**Military Dental Service Points of Contacts (DSPOCs)
Material Checklist**

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D1525				
D2140	R	Amalgam one surface, permanent or primary	BWX	Narrative/ Reason for Appeal BWX
D2150	R	Amalgam two surfaces, permanent or primary	BWX	Narrative/ Reason for Appeal BWX
D2160	R	Amalgam three surfaces, permanent or primary	BWX	Narrative/ Reason for Appeal BWX
D2161	R	Amalgam four or more surfaces, permanent or primary	BWX	Narrative/ Reason for Appeal BWX
D2330	R	Resin based composite one surface, anterior	PA	Narrative/ Reason for Appeal PA
D2331	R	Resin based composite two surfaces, anterior	PA	Narrative/ Reason for Appeal PA
D2332	R	Resin based composite three surfaces, anterior	PA	Narrative/ Reason for Appeal PA
D2335	R	Resin based composite four or more surfaces or involving incisal angle (anterior)	PA	Narrative/ Reason for Appeal PA
D2391	R	Resin based composite one surface, posterior	BWX	Narrative/ Reason for Appeal BWX
D2392	R	Resin based composite two surfaces, posterior	BWX	Narrative/ Reason for Appeal BWX
D2393	R	Resin based composite three surfaces, posterior	BWX	Narrative/ Reason for Appeal BWX
D2394	R	Resin based composite – four or more surfaces, posterior	BWX	Narrative/ Reason for Appeal BWX

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**Military Dental Service Points of Contacts (DSPOCs)
 Material Checklist**

CDT Code		Description	Materials Needed for Preauthorization Review	Additional Materials Needed for Appeals Review
D3220	R	therapeutic pulpotomy (excluding final restoration)	PA	Narrative/ Reason for Appeal PA
D3221	R	gross pulpal debridement, primary and permanent teeth	PA	Narrative/ Reason for Appeal PA

Attachment J-11
Uniformed Services Dental Treatment Facilities and DMIS IDs

STATE OR COUNTRY	BRANCH OF SERVICE	ADDRESS	DMIS ID
AK	U.S. ARMY	USADC FT. RICHARDSON FT. RICHARDSON, AK 99505-7510	6027
AK	U.S. AIR FORCE	3 MEDICAL G/SGD (1) ELMENDORF AFB ANCHORAGE, AK 99506-3700	1792
AK	U.S. COAST GUARD	USCG CLINIC KODIAK KODIAK, AK 99619-5012	0130
AK	U.S. AIR FORCE	354 MEDICAL GP/SGOD EIELSON AFB, AK 99702-2397	1793
AK	U.S. ARMY	USADC FT. WAINWRIGHT FT. WAINWRIGHT, AK 99703-7500	6026
AK	U.S. ARMY	USADC FT. WAINWRIGHT KAMISH FT. WAINWRIGHT, AK 99703-7500	7241
AK	U.S. COAST GUARD	USCG CLINIC JUNEAU JUNEAU, AK 99802-5517	7044
AK	U.S. COAST GUARD	USCG CLINIC SITKA SITKA, AK 99835-6500	7047
AK	U.S. COAST GUARD	USCG CLINIC ISC KETCHIKAN KETCHIKAN, AK 99901-6698	0417
AL	U.S. ARMY	USADC-1 REDSTONE ARSENAL HUNTSVILLE, AL 35809-7000	1238
AL	U.S. AIR FORCE	42 DENTAL SQ/SGD MAXWELL AFB MONTGOMERY, AL 36112-6219	1774
AL	U.S. ARMY	USADC FT. RUCKER BROWN FT. RUCKER, AL 36362-5350	1870
AL	U.S. COAST GUARD	USCG CLINIC MOBILE MOBILE, AL 36608-8322	0416
AR	U.S. AIR FORCE	19 DENTAL SQ/SGD LITTLE ROCK AFB, AR 72099-5057	7264
AZ	U.S. AIR FORCE	56 DENTAL SQ/SGD LUKE AFB PHOENIX, AZ 85309-1525	7065
AZ	U.S. NAVY	BDC MCAS YUMA YUMA, AZ 85369-9116	1697
AZ	U.S. ARMY	USADC FT. HUACHUCA RUNION FT. HUACHUCA, AZ 85613-7040	1836
AZ	U.S. AIR FORCE	355 DENTAL SQ/SGD DAVIS MONTHAN AFB TUCSON, AZ 85707-4405	7064
CA	U.S. ARMY	USADC #1 FT. IRWIN, CA 92310-5076	7329
CA	U.S. ARMY	SHUTTLEWORTH DENTAL CLINIC FT. IRWIN, CA 92310-5076	6032
CA	U.S. ARMY	USADC-PRESIDIO OF MONTEREY DENTAL CLINIC MONTEREY, CA 93944-5810	7328
CA	U.S. AIR FORCE	61 ST MEDICAL GROUP LOS ANGELES AFB, CA 90009	0248
CA	U.S. COAST GUARD	USCG CLINIC SAN PEDRO ISC SAN PEDRO, CA 90731-0208	7046
CA	U.S. NAVY	NDC CAMP PENDLETON CAMP PENDLETON OCEANSIDE, CA 92055	0457
CA	U.S. NAVY	BDC SUBASE SAN DIEGO 140 SYLVESTER RD, SAN DIEGO, CA 92106	1432
CA	U.S. NAVY	NH CAMP PENDLETON BOX 555191 CAMP PENDLETON OCEANSIDE, CA 92055-5191	0024
CA	U.S. NAVY	NDC CAMP PENDLETON BOX 555221 CAMP PENDLETON OCEANSIDE, CA 92055-5221	0457

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CA	U.S. NAVY	NMC SAN DIEGO 3480 BOB WILSON DRIVE SAN DIEGO, CA 92134-5000	0029
CA	U.S. NAVY	NBHC MCRD SAN DIEGO SAN DIEGO, CA 92140	0230
CA	U.S. NAVY	NBHC NAS NORTH ISLAND, BOX 357037, SAN DIEGO, 92135-7035	0231
CA	U.S. NAVY	NBDC SAN DIEGO NAVSTA 2310 CRAVEN ST, SAN DIEGO, CA 92136-5596	0485
CA	U.S. NAVY	BDC NAS MIRAMAR P.O. BOX 452202 SAN DIEGO, CA 92145-2002	1658
CA	U.S. NAVY	NBHC NTC SAN DIEGO SAN DIEGO, CA 92106	0407
CA	U.S. NAVY	NBHC CORODANDO 3538 BOUGANVILLE RD, SAN DIEGO, CA 92155-5491	0233
CA	U.S. NAVY	BDC TWENTYNINE PALMS BOX 788280, 29 PALMS, CA 92278-8280	1676
CA	U.S. NAVY	BDC BARSTOW PO BOX 110194, BARSTOW, CA 92311-5009	1677
CA	U.S. NAVY	NBHC NAS POINT MUGU POINT MUGU NAWC, CA 93042-5000	0217
CA	U.S. NAVY	NBHC PORT HUENEME 720 23D AVE, PORT HUENEME, CA 93043-4312	0026
CA	U.S. NAVY	NH LEMOORE 926 FRANKLIN AVE, LEMOORE, CA 93246-5005	0028
CA	U.S. NAVY	NBHC EL CENTRO EL CENTRO, CA 92243	0239
CA	U.S. AIR FORCE	30 DS/SGD VANDENBERG AFB, CA 93437-6317	7275
CA	U.S. NAVY	BDC MCMWTC BRIDGEPORT OCEANSIDE, CA 92055	1426
CA	U.S. AIR FORCE	412 MEDICAL GP/SGD EDWARDS AFB EDWARDS, CA 93523	1752
CA	U.S. NAVY	BDC NAVWPNCEN CHINA LAKE RIDGECREST, CA 93556-6001	1385
CA	U.S. NAVY	BDC NAVPGSCOL MONTEREY MONTEREY, CA 93943-5100	1675
CA	U.S. NAVY	BDC DELMAR CAMP PENDLETON BLDG 210735, CAMP PENDLETON OCEANSIDE, CA 92055	1419
CA	U.S. NAVY	BDC EDSON RANGE ANNEX MCB BLDG 31515, CAMP PENDLETON OCEANSIDE, CA 92055	1418
CA	U.S. NAVY	BDA HORNO CAMP PENDLETON OCEANSIDE, CA 92055	1421
CA	U.S. NAVY	1 ST DENTAL CO DET LAS FLORES CAMP PENDLETON OCEANSIDE, CA 92055	1424
CA	U.S. NAVY	1 ST DENTAL CO DET LAS PULGAS, CAMP PENDLETON OCEANSIDE, CA 92055	1423
CA	U.S. NAVY	1 ST DENTAL CO DET MARGARITA CAMP PENDLETON OCEANSIDE, CA 92055	1425
CA	U.S. NAVY	1 ST DENTAL CO DET SAN MATEO CAMP PENDLETON OCEANSIDE, CA 92055	1422
CA	U.S. NAVY	BDC CAMP SAN ONOFRE MCB	1420

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CA	U.S. NAVY	CAMP PENDLETON OCEANSIDE, CA 92055 BDC CHAPPO MCB CAMP PENDLETON OCEANSIDE, CA 92055	1417
CA	U.S. COAST GUARD	USCG CLINIC ALEMEDA ISC ALAMEDA, CA 94501-5100	0418
CA	U.S. AIR FORCE	60 DENTAL SQ/SGD (1) TRAVIS AFB FAIRFIELD, CA 94535	1355
CA	U.S. AIR FORCE	60 DENTAL SQ/SGD (2) TRAVIS AFB FAIRFIELD, CA 94535-1800	1750
CA	U.S. COAST GUARD	USCG CLINIC TRAINING CENTER PETALUMA, CA 94952-5000	0419
CA	U.S. AIR FORCE	9 TH DENTAL FLT/SGOD BEALE AFB MARYSVILLE, CA 95903-1907	7247
CO	U.S. ARMY	USADC-1 FT. CARSON COLORADO SPRINGS, CO 80913-5000	1827
CO	U.S. ARMY	USADC-2 FT. CARSON COLORADO SPRINGS, CO 80913-5000	7340
CO	U.S. ARMY	USADC-HOSPITAL DENTAL CLINIC (EVANS) FT. CARSON, CO 80913-5000	7311
CO	U.S. ARMY	USADC LARSON FT. CARSON COLORADO SPRINGS, CO 80913-5000	1825
CO	U.S. ARMY	USADC SMITH FT. CARSON COLORADO SPRINGS, CO 80913-5000	1826
CO	U.S. AIR FORCE	10 TH MEDICAL GRP-AREA DENTAL LABORATORY USAF ACADEMY COLORADO SPRINGS, CO 80840	1498
CO	U.S. AIR FORCE	10 MEDICAL GP/SGD(1) USAF ACADEMY COLORADO SPRINGS, CO 80840-8200	1755
CO	U.S. AIR FORCE	10 MEDICAL GP/SGD(2) USAF ACADEMY COLORADO SPRINGS, CO 80840	1756
CO	USAF	21 DS/SGD PETERSON AFB COLORADO SPRINGS, CO 80914-1540	7269
DC	U.S. NAVY	PENTAGON TRI-SERVICE DENTAL CLINIC, WASHINGTON D.C. 20310-5802	1482
DC	U.S. NAVY	NBHC WASHINGTON NAVY YARD, 901 M STREET - BLDG. 166, WASHINGTON DC 20374-5022	0703
DC	US AIR FORCE	A579 TH MEDICAL GP/SGD BOLLING AFB, DC 20032-0701	7069
DC	US COAST GUARD	USCG CLINIC DISTRICT OF COLUMBIA WASHINGTON, DC 20593	0420
DE	U.S. AIR FORCE	436 DENTAL SQ/SGD DOVER AFB, DE 19902-7260	1785
FL	U.S. NAVY	NAVAL HOSPITAL JACKSONVILLE 2080 CHILD STREET JACKSONVILLE, FL 32214-5000	0039
FL	U.S. NAVY	NBHC NAS JACKSONVILLE, PO BOX 74, JACKSONVILLE FL 32212-0074	0266
FL	U.S. NAVY	NBHC MAYPORT, P.O. BOX 280104, MAYPORT NAVAL STATION FL 32228	0405
FL	U.S. AIR FORCE	325 DENTAL SQ/SGD TYNDALL AFB PANAMA CITY, FL 32403-5612	7273
FL	U.S. NAVY	NAVAL HOSPITAL PENSACOLA	0038

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FL	U.S. NAVY	765 SIXTH ST. PENSACOLA, FL 32512 -0003 NBHC NAVCOASTSYSC PANAMA CITY 6703 WEST HIGHWAY 98 SUITE 148B PANAMA CITY BEACH, FL 32407	0265
FL	U.S. NAVY	BMC NAVAL TTC CORRY STATION-DUPID 0513 450 TURNER ST SUITE A, PENSACOLA, FL 32508-5214	0264
FL	U.S. NAVY	NBHC NATTC PENSACOLA 760 E AVE SUITE B, PENSACOLA, FL 32508-5214	0262
FL	U.S. AIR FORCE	96 MEDICAL GP/SGD EGLIN AFB VALPARAISO, FL 32542-1282	7251
FL	U.S. AIR FORCE	1 SPECIAL OPERATIONS DENTAL SQUADRON HURLBURT FIELD, FL 32544-5600	7258
FL	U.S. NAVY	NBHC MILTON WHITING FIELD 7119 LANGLEY ST SUITE 102 MILTON, FL 32570	0261
FL	U.S. AIR FORCE	45 DS/SGD PATRICK AFB COCOA BEACH, FL 32925-3607	1776
FL	U.S. NAVY	BRANCH DENTAL CLINIC NAS KEY WEST, P.O. BOX 9012, KEY WEST FL 33040-9012	1711
FL	U.S. COAST GUARD	USCG CLINIC AIR STATION MIAMI OPA LOCKA, FL 33054-2397	0421
FL	U.S. COAST GUARD	USCG CLINIC BASE MIAMI MIAMI BEACH, FL 33139-5101	7048
FL	U.S. COAST GUARD	USCG CLINIC CLEARWATER CLEARWATER, FL 33762	0422
FL	U.S. AIR FORCE	6 DENTAL SQUADRON MACDILL AFB TAMPA, FL 33621-1067	7165
GA	U.S. ARMY	U.S. ARMY DENTAL CLINIC FT. MCPHERSON ATLANTA, GA 30330-5000	1877
GA	U.S. ARMY	USADC FT. BENNING HARMONY CHURCH FT. BENNING, GA 31905	1331
GA	U.S. ARMY	USADC-RECEPTION STATION FT. BENNING, GA 31905	7315
GA	U.S. ARMY	USADC-HUNTER ARMY AIRFIELD TAHC HUNTER ARMY AIRFIELD SAVANNAH, GA 31409-4419	7317
GA	U.S. ARMY	USADC FT. GORDON ORAL HEALTH CENTER FT. GORDON, GA 30905-5650	1875
GA	U.S. ARMY	USADC FT. GORDON TINGAY FT. GORDON, GA 30905-5650	1879
GA	U.S. ARMY	USADC FT. GORDON SNYDER FT. GORDON, GA 30905-5650	1880
GA	U.S. AIR FORCE	78 MEDICAL GP/SGD ROBINS AFB MACON, GA 31098-2227	7072
GA	U.S. ARMY	USADC-1 FT. STEWART FT. STEWART HINESVILLE, GA 31313	1886
GA	U.S. ARMY	USADC-2 FT. STEWART FT. STEWART HINESVILLE, GA 31313-4704	1887
GA	U.S. ARMY	USADC-4 FT. STEWART FT. STEWART, GA 31314-4704	1888
GA	U.S. ARMY	USA DC WELCOME CENTER FT. STEWART, GA 31314-4704	7205
GA	U.S. ARMY	USADC-6 FT. STEWART FT. STEWART, GA 31314-4704	7334
GA	U.S. NAVY	NBHC KINGS BAY 781 USS JAMES MADISON RD. KINGS BAY, GA 31547-2531	0337
GA	U.S. AIR FORCE	78 MEDICAL GP/SGD	7072

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		ROBINS AFB	
		MACON, GA 31098	
GA	U.S. AIR FORCE	23 RD DENTAL SQ/SGD	7267
		MOODY AFB, GA 31699-1500	
GA	U.S. NAVY	NBHC ALBANY	
		814 RADFORD BLVD,	0275
		ALBANY GA 31704-1128	
GA	U.S. ARMY	USADC FT. BENNING LOVE	1883
		FT. BENNING, GA 31905-6100	
GA	U.S. ARMY	USADC FT. BENNING BERNHEIM	1881
		FT. BENNING, GA 31905-6100	
GA	U.S. ARMY	USADC FT. BENNING SALOMON	1882
		FT. BENNING, GA 31905-6100	
GA	U.S. ARMY	USADC FT. BENNING MARTIN ACH	1956
		FT. BENNING, GA 31905-6100	
GA	U.S. ARMY	USADC-SOLDIERS PLAZA FT. BENNING	1884
		FT. BENNING, GA 31905-6100	
HI	U.S. COAST GUARD	USCG CLINIC HONOLULU	
		ISC HONOLULU, HI 96819-4398	7043
HI	U.S. AIR FORCE	15 MEDICAL SQ/SGD	
		HONOLULU, HI 96853-5399	7256
HI	U.S. ARMY	USADC HAWAII TRIPLER	
		HONOLULU, HI 96859	7041
HI	U.S. NAVY	NHC HAWAII	
		1253 MAKALAPA GATE ROAD,	0280
		PEARL HARBOR HI 96860-4479	
HI	U.S. NAVY	NBHC MCB CAMP H.M. SMITH	
		CAMP H.M. SMITH HI 96861	1987
HI	U.S. NAVY	NBHC NAVCAMS EASTPAC	
		WAHIAWA HI 96786	0284
HI	U.S. NAVY	BDC KANEOHE BAY	
		BOX 63037,	1741
		KANEOHE BAY HI 96863-3037	
HI	U.S. ARMY	USADC-NA KOA	
		SCHOFIELD BARRACKS, HI 96859-0000	7339
HI	U.S. ARMY	USADC SCHOFIELD BARRACKS	
		SCHOFIELD BARRACKS 96859-0000	1921
ID	U.S. AIR FORCE	366 DENTAL SQ/SGD	
		MOUNTAIN HOME AFB	1747
		MOUNTAIN HOME, ID 83648-1000	
IN	U.S. ARMY	USADC CAMP ATTERBURY	
		EDINBURGH, IN 46124-1096	1483
IL	U.S. NAVY	JAMES A LOVELL FED HEALTH CARE CENTER	
		NORTH CHICAGO, IL 60064	0056
IL	U.S. NAVY	NBHC NCTC GREAT LAKES	
		GREAT LAKES IL 60088-5258	0518
IL	U.S. NAVY	NBHC NCTC INPR GREAT LAKES	
		GREAT LAKES IL 60088-5258	1660
IL	U.S. AIR FORCE	375 DENTAL SQ/SGD	
		SCOTT AFB	1772
		BELLEVILLE, IL 62225-5252	
KS	U.S. ARMY	USADC SMITH	
		FT. LEAVENWORTH, KS 66027-2332	1833
KS	U.S. ARMY	USADC DISCIPLINY BKS	
		FT. LEAVENWORTH, KS 66027-2332	1835
KS	U.S. ARMY	USADC FT. RILEY IRWIN ACH	
		FT. RILEY, KS 66442-5043	1246
KS	U.S. ARMY	USADC FT. RILEY 2	
		FT. RILEY, KS 66442	1828
KS	U.S. ARMY	USADC FT. RILEY 3	
		FT. RILEY, KS 66442-5043	1829
KS	U.S. ARMY	USADC WHITSIDE	
		FT. RILEY, KS 66442-5043	1830
KS	U.S. AIR FORCE	22 AEROMEDICAL DENTAL SQ/SGG	
		MCCONNELL AFB	1758
		WICHITA, KS 67221-3506	
KY	U.S. ARMY	USADC ADKINS	
		FT. CAMPBELL, KY 42223	7342

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KY	U.S. ARMY	USADC FT. KNOX IRELAND ACH FT. KNOX, KY 40121-5520	7318
KY	U.S. ARMY	USADC FT. KNOX JORDAN FT. KNOX, KY 40121-5520	1951
KY	U.S. ARMY	USADC FT. CAMPBELL TAYLOR FT. CAMPBELL, KY 42223-5369	1891
KY	U.S. ARMY	USADC 4 FT. CAMPBELL FT. CAMPBELL, KY 42223-5369	7338
KY	U.S. ARMY	USADC FT. CAMPBELL BACH FT. CAMPBELL, KY 42223-5369	1965
KY	U.S. ARMY	USADC FT. CAMPBELL KUHN FT. CAMPBELL, KY 42223-5369	1890
KY	U.S. ARMY	USADC FT. CAMPBELL EPPERLY FT. CAMPBELL, KY 42223-5369	1889
LA	U.S. COAST GUARD	USCG CLINIC NEW ORLEANS, LA 70117-4698	0423
LA	U.S. NAVY	NACC NEW ORLEANS (BC) BLDG H100 ACT 2300 GENERAL MEYER AVE NEW ORLEANS, LA, 70152-5300	0297
LA	U.S. NAVY	NBHC NAS BELLE CHASSE 400 RUSSELL AVE, NEW ORLEANS, LA 70146	0436
LA	U.S. AIR FORCE	2 ND DENTAL SQ/SGD BARKSDALE AFB, LA 71110-2414	1763
LA	U.S. ARMY	USADC FT. POLK CHESSER FT. POLK, LA 71459-5110	1843
LA	U.S. ARMY	USADC FT. POLK SHIRA FT. POLK, LA 71459-5110	6028
LA	U.S. ARMY	USADC FT. POLK 3 FT. POLK, LA 71459-5110	1844
MA	U.S. AIR FORCE	66 MEDICAL GP/SGOD HANSCOM AFB, MA 01731-2139	1786
MA	U.S. COAST GUARD	USCG CLINIC BOSTON, MA 02109-1027	0426
MA	U.S. COAST GUARD	USCG CLINIC CAPE COD AIR STATION CAPE COD BUZZARDS BAY, MA 02542-5024	0425
MD	U.S. NAVY	NHC PATUXENT RIVER BLDG. 1370, PATUXENT RIVER MD 20670-5370	0068
MD	U.S. NAVY	WALTER REED NATIONAL MILITARY MEDICAL CNTR 8901 WISCONSIN AVE, BETHESDA, MD 20889-5602	0067
MD	U.S. ARMY	USADC FT MEADE 3 FT. MEADE, MD 20755-5700	1909
MD	U.S. ARMY	USADC FT MEADE EPES FT. GEORGE MEADE, MD 20755-5700	1907
MD	U.S. AIR FORCE	779 TH DENTAL SQ\SGD ANDREWS AFB, MD 20762-6600	1787
MD	U.S. ARMY	USADC ABERDEEN PROVING GROUND, MD 21005-5131	1906
MD	U.S. ARMY	USADC EDGEWOOD ARSENAL APG EDGEWOOD AREA GUNPOWDER, MD 21010	1902
MD	U.S. NAVY	NHC ANAPPOLIS 101 SANDS RD, ANNAPOLIS MD 21402-9908	0306
MD	U.S. ARMY	USADC FT. DETRICK FT. DETRICK, MD 21702	7319
MD	U.S. COAST GUARD	USCG CLINIC BALTIMORE BALTIMORE, MD 21226-5000	0424
MD	U.S. NAVY	NBHC ANDREWS AFB ANDREWS AFB, MD 20762-6600	0522
MD	U.S. NAVY	BDC NAVORDSTA INDIAN HEAD 1600 WEST WILSON RD. INDIAN HEAD, MD 20640	1734
ME	U.S. NAVY	NBHC NAS BUNSWICK 650 SEWALL ST,	0299

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ME	U.S. NAVY RESERVE/NG DENTAL CLINIC	BRUNSWICK ME 04011-5000 THE ADJUTANT GENERAL-MAINE CAMP KEYES AUGUSTA , ME 04333-0033	5236
MI	U.S. ARMY	USCG CLINIC DETROIT 43401 N. JEFFERSON, BLDG 825 SELFREDGE, MI 48045-5011	5195
MO	U.S. NAVY	BDC MARFINCEN KANSAS CITY 15431 ANDREWS RD., KANSAS CITY MO 64147-1221	1398
MO	U.S. AIR FORCE	509 AEROMEDICAL-DENTAL SQ/SGD WHITEMAN AFB, MO 65305-5001	7276
MO	U.S. ARMY	USADC FT. LEONARD WOOD HARPER FT. LEONARD WOOD, MO 65473-5775	1952
MO	U.S. ARMY	USADCFT. LEONARD WOOD ACH FT. LEONARD WOOD, MO 65473-5775	7320
MO	U.S. ARMY	USADC FT. LEONARD WOOD ROLL FT. LEONARD WOOD, MO 65473-5775	1866
MS	U.S. NAVY	NBHC MERIDIAN 1801 FULLER RD SUITE D 18 MERIDIAN, MS 39309	0317
MS	U.S. NAVY	NBHC GULFPORT 5503 MARVIN SHIELD BLVD GULFPORT, MS 39501-5006	0316
MS	U.S. AIR FORCE	81 DENTAL SQ/SGD KEESLER AFB BILOXI, MS 39534-2567	1777
MS	U.S. ARMY	USADC CAMP SHELBY CAMP SHELBY HATTIESBURG, MS	7310
MS	U.S. AIR FORCE	14 DENTAL FLIGHT COLUMBUS COLUMBUS AFB COLUMBUS, MS 39710-5301	0445
MT	U.S. AIR FORCE	341 DS/SGD MALMSTROM AFB GREAT FALLS, MT 59402-6780	1748
NC	U.S. AIR FORCE	4 DENTAL SQ/SGG SEYMOUR JOHNSON AFB GOLDSBORO, NC 27531-2311	1778
NC	U.S. COAST GUARD	USCG CLINIC SUPPORT CENTER ELIZABETH CITY, NC 27909-5006	0430
NC	U.S. ARMY	USADC DAVIS FT. BRAGG, NC 28307-5000	1892
NC	U.S. ARMY	USADC FT. BRAGG JOEL FT. BRAGG, NC 28310-7302	7291
NC	U.S. ARMY	USADC FT. BRAGG LAFLAMME FT. BRAGG, NC 28310-7302	1893
NC	U.S. ARMY	USADC FT. BRAGG ROHDE FT. BRAGG, NC 28310-7302	1894
NC	U.S. ARMY	USADC FT. BRAGG SMOKE BOMB HILL FT. BRAGG, NC 28310-7302	1895
NC	U.S. ARMY	USADC FT. BRAGG WOMACK FT. BRAGG, NC 28310-7302	7290
NC	U.S. ARMY	USADC FT. BRAGG/POPE POPE AFB FAYETTEVILLE, NC 28308-2320	6035
NC	U.S. AIR FORCE	43 MEDICAL OPS SQ/SGOD POPE AFB FAYETTEVILLE, NC 28308-2323	1779
NC	U.S. NAVY	BDC MCAS CHERRY POINT PSC BOX 8080, HAVELOCK, NC 28532-0800	0455
NC	U.S. NAVY	22 ND DENTAL COMPANY FRENCH CREEK PSC BOX 20130, CAMP LEJEUNE NC 28542-0130	7096
NC	U.S. NAVY	BDC NAVFAC BUXTON BUXTON, NC 27920	1717
NC	U.S. NAVY	BDC MCAS H NEW RIVER MARINE CORPS AIR STATION NEW RIVER, JACKSONVILLE NC 28545-5009	1718
NC	U.S. NAVY	2 ND DENTAL BN B 460	7095

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NC	U.S. NAVY	PSC BOX 20130, CAMP LEJEUNE NC 28542-0130 NDC CAMP LEJEUNE 315 MAIN SERVICE ROAD, ROOM 5A, CAMP LEJEUNE NC 28547-2508	0492
NC	U.S. NAVY	BDC CAMP GEIGER MCB, CAMP LEJEUNE NC 28542-0130	1438
NC	U.S. NAVY	BDC CAMP JOHNSON MCB CAMP LEJEUNE NC 28542-0130	1439
NC	U.S. NAVY	BDC 2 ND BN CAMP LEJEUNE PSC 20130, CAMP LEJEUNE, NC 28542-0130	7305
NC	U.S. ARMY	USADC FT. BRAGG ONE STOP FT. BRAGG, NC 28310-7302	7308
NC	U.S. NAVY	BDC COURHOUSE BAY MCB CAMP LEJEUNE, NC 28542-0130	1440
NC	U.S. NAVY	NBDC HADNOT POINT 2D DENTAL BATTALION/NAVAL DENTAL CENTER PSC 20130 CAMP LEJEUNE, NC 28542-0130	1719
NC	U.S. NAVY	NH CAMP LEJEUNE 100 BREWSTER BOULEVARD CAMP LEJEUNE, NC 28547-2538	0091
ND	U.S. AIR FORCE	319 DENTAL SQ/SGD GRAND FORKS AFB, ND 58205-6332	0093
ND	U.S. AIR FORCE	5 DENTAL SQ/SGGD MINOT AFB, ND 58705-5024	1759
NE	U.S. AIR FORCE	55 DENTAL SQ/SGD OFFUTT AFB OMAHA, NE 68113-2160	7076
NH	U.S. NAVY	NBHC PORTSMOUTH, PORTSMOUTH NAVAL SHIPYARD BLDG H-10, PORTSMOUTH NH 03804-5000	0321
NJ	U.S. NAVY	BMC COLTS NECK EARLE, 201 HIGHWAY 34S, COLTS NECK NJ 07722-5037	0322
NJ	U.S. COAST GUARD	USCG CLINIC CAPE MAY, NJ 08204-5002	0428
NJ	U.S. AIR FORCE	87 DENTAL SQ/SGD MCGUIRE AFB, NJ 08641-5188	1789
NJ	U.S. NAVY	BMC LAKEHURST, NAVAL AIR ENGINEERING STATION LAKEHURST HIGHWAY 547, LAKEHURST NJ 08733-5007	0401
NJ	U.S. ARMY	USADC WEST POINT MILLS FT. DIX, NJ 08640	1912
NM	U.S. AIR FORCE	377 TH DENTAL SQ/SGD KIRTLAND AFB ALBUQUERQUE, NM 87117-5559	7261
NM	U.S. ARMY	USADC-WHITE SANDS WHITE SANDS MISSILE RANGE, NM 88002-1141	1250
NM	U.S. AIR FORCE	27 AEROMEDICAL-DEN SQ/SGGD CANNON AFB CLOVIS, NM 88103-5014	7249
NM	U.S. AIR FORCE	49 DENTAL SQ/SGD HOLLOMAN AFB ALAMOGORDO, NM 88330-8005	1761
NV	U.S. AIR FORCE	99 DENTAL SQ/SGD NELLIS AFB LAS VEGAS, NV 89191-6601	7078
NV	U.S. NAVY	NBHC FALLON 4755 PASTURE RD, FALLON, NV 89406-5000	0319
NY	U.S. ARMY	USADC WEST POINT SAUNDERS WEST POINT, NY 10996-1782	1914
NY	U.S. ARMY	USADC WEST POINT USMA 3 WEST POINT, NY 10996-1782	1916
NY	U.S. NAVY	NBHC SARATOGA SPRINGS,	0328

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NY	U.S. ARMY	ONE WEST AVE., SUITE 230, SARATOGA SPRINGS, NY 12866-6054	7115
NY	U.S. ARMY	USADC FT. DRUMMARSHALL FT. DRUM, NY 13602-5005	7116
OH	U.S. AIR FORCE	88 DENTAL SQ/SGD WRIGHT PATTERSON AFB DAYTON, OH 45433-5529	7277
OK	U.S. AIR FORCE	72 MEDICAL GP/SGD TINKER AFB OKLAHOMA CITY, OK 73145-8102	7080
OK	U.S. ARMY	USADC FT. SILL 2 FT. SILL, OK 73503-6300	1968
OK	U.S. ARMY	USADC FT. SILLCOWAN FT. SILL, OK 73503-6300	1954
OK	U.S. ARMY	USADC FT. SILL ALLEN FT. SILL, OK 73503-6300	1953
OK	U.S. ARMY	USADC FT. SILL WEEKS FT. SILL, OK 73503-6300	7343
OK	U.S. AIR FORCE	97 ADOS/SGGD ALTUS AFB ALTUS, OK 73523-5005	1764
OK	U.S. AIR FORCE	71 MEDICAL OPS SQ/SGOD VANCE AFB ENID, OK 73705-5105	7274
OR	U.S. COAST GUARD	USCG CLINIC ASTORIA WARRENTON, OR 97146-9693	0431
OR	U.S. COAST GUARD	USCG CLINIC NORTH BEND NORTH BEND, OR 97459-2399	7045
PA	U.S. ARMY	USADC CARLISLE BARRACKS CARLISLE BARRACKS CARLISLE, PA 17013-5003	1917
PR	U.S. COAST GUARD	USCG CLINIC BORINQUEN AQUADILLA, PR 00604-9999	7042
RI	U.S. NAVY	NAVAL HLTH CLINIC NEW ENGLAND NEWPORT RI 02841-1006	0100
SC	U.S. AIR FORCE	20 AEROMEDICAL DEN SQ/SGGD SHAW AFB SUMTER, SC 29152-5120	1780
SC	U.S. ARMY	USADC CALDWELL FT. JACKSON COLUMBIA, SC 29207-5780	1897
SC	U.S. ARMY	USADC HAGEN FT. JACKSON COLUMBIA, SC 29207-5780	1898
SC	U.S. ARMY	USADC OLIVER BLDG #4323 HILL STREET FORT JACKSON COLUMBIA, SC 29227	1899
SC	U.S. ARMY	USADC FT. JACKSON MONCRIEF ACH FT. JACKSON COLUMBIA, SC 29207-5780	7296
SC	U.S. ARMY	USADC FT. JACKSON PHYSICAL EXAM STATION FT. JACKSON COLUMBIA, SC 29207-5780	7295
SC	U.S. AIR FORCE	628 DENTAL SQ/SGGD CHARLESTON AFB CHARLESTON, SC 29404-4704	1782
SC	U.S. NAVY	NH BEAUFORT 1 PINCKNEY BLVD. BEAUFORT, SC 29902-6148	0104
SC	U.S. NAVY	NBHC MCAS DEAFORT PO BOX 55001, BEAUFORT SC 29904-5001	0360
SC	U.S. NAVY	NBHC MCRD PARRIS ISLAND, BOX 19701, PARRIS ISLAND SC 29905-9701	0358
SC	U.S. NAVY	NAVAL HEALTH CLINIC, CHARLESTON 3600 RIVERS AVENUE	0103

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SD	U.S. AIR FORCE	GOOSE CREEK, SC 29405-7769 28 DENTAL SQ/SGD ELLSWORTH AFB	1760
TN	U.S. NAVY	RAPID CITY, SD 57706-4821 NBHC NSA MID-SOUTH 7800 THIRD AVE MILLINGTON, TN 38054	0107
TX	U.S. COAST GUARD	USCG CLINIC HOUSTON/GALVESTON HOUSTON, TX 77034-5514	7082
TX	U.S. NAVY	NBHC FORT WORTH DALLAS, TX 76127	0370
TX	U.S. AIR FORCE	82 DENTAL SQ/CC SHEPPARD AFB WHICHITA FALLS, TX 76311-3481	7089
TX	U.S. ARMY	USADC FT. BLISS 3 EL PASO, TX 79920	1841
TX	U.S. ARMY	USADC FT. HOOD DACH FT. HOOD, TX 76544	1848
TX	U.S. ARMY	USADC FT. HOOD 3 FT. HOOD, TX 76544	1851
TX	U.S. ARMY	USADC FT. HOOD FAIRBANK FT. HOOD, TX 76544	1852
TX	U.S. ARMY	USADC FT. HOOD PERKINS FT. HOOD, TX 76544	1850
TX	U.S. ARMY	USADC FT. HOOD BILLY JOHNSON FT. HOOD, TX 76544	1853
TX	U.S. ARMY	USADC FT. HOOD INPROCESSING CENTER FT. HOOD, TX 76544	1854
TX	U.S. AIR FORCE	17 MDOS/SGOD GOODFELLOW AFB SAN ANGELO, TX 76908-4902	7210
TX	U.S. AIR FORCE	359 DENTAL SQ/CC RANDOLPH AFB UNIVERSAL CITY, TX 78150-4801	1770
TX	U.S. ARMY	US AMEDD CENTER AND SCHOOL FT. SAM HOUSTON SAN ANTONIO, TX 78234-6200	7399
TX	U.S. ARMY	USADC SAMMC BUDGE FT. SAM HOUSTON SAN ANTONIO, TX 78234-6200	7135
TX	U.S. ARMY	USADC SAMMC ORAL SURGERY FT. SAM HOUSTON, TX 78234-6200	7323
TX	U.S. ARMY	USADC SAMMC RHOADES FT. SAM HOUSTON SAN ANTONIO, TX 78234-6200	7136
TX	U.S. AIR FORCE	59 MEDICAL WING/SGD (OFCR TNG ANNEX) LACKLAND AFB SAN ANTONIO, TX 78236-5551	1971
TX	U.S. NAVY	NBHC KINGSVILLE 730 FORRESTAL ST BLDG 3775 SUITE 102 KINGSVILLE, TX 78363	0369
TX	U.S. NAVY	NHC CORPUS CHRISTI 10651 E ST CORPUS CHRISTI, TX 78419	0118
TX	U.S. NAVY	NBHC FORT WORTH 1711 DOOLITTLE AVENUE FORT WORTH, TX 76127	0370
TX	U.S. AIR FORCE	47 DENTAL FLT/SGOD LAUGHLIN AFB DELRIO, TX 78843-5244	7263
TX	U.S. AIR FORCE	7 AEROMEDICAL DENTAL SQUADRON-DYESS DYESS AFB ABILENE, TX 79607-1455	1765
TX	U.S. AIR FORCE	59 MEDICAL WING\SGD (LACKLAND 1) SAN ANTONIO, TX 78236	1767
TX	U.S. ARMY	USADC FT. BLISS BIGGS EL PASO, TX 79916	1258
TX	U.S. AIR FORCE	59 MEDICAL WING\SGD (MACKOWEN) SAN ANTONIO, TX 78236	1351
TX	U.S. AIR FORCE	59 MEDICAL SING\SGD (DUNN)	1354

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TX	U.S. ARMY	SAN ANTONIO, TX 78236 USADC FT. BLISS WBAMC FT. BLISS	1249
UT	U.S. AIR FORCE	EL PASO, TX 79920-5001 75 MEDICAL GP/SGD HILL AFB	7255
VA	U.S. NAVY	OGDEN, UT 84056-5012 NHC QUANTICO 2004 BARNETT AVE, SUITE 27, MCCDC, QUANTICO VA 22134-5008	0385
VA	U.S. ARMY	USADC FT. BELOIR LOGAN FORT BELVOIR, VA 22060-5529	1918
VA	U.S. NAVY	NMC PORTSMOUTH 620 JOHN PAUL JONES CIRCLE PORTSMOUTH, VA 23708	0124
VA	U.S. NAVY	NBHC DAHLGREN BLDG. 192 NAVAL SURFACE WARFARE CENTER, CAFFEE RD, DAHLGREN VA 22448-5000	0386
VA	U.S. NAVY	NBHC CHESAPEAKE, SECGRUACT NW, 1317 BALLAHACK RD, SUITE 101 CHESAPEAKE, VA 23322	0519
VA	U.S. NAVY	NBHC DAM NECK, VIRGINIA BEACH VA 23461-2098	0382
VA	U.S. NAVY	NBDC NORFOLK NAVSTA NORFOLK VA 23511-6259	0456
VA	U.S. NAVY	NBHC LITTLE CREEK, 1035 NELDER BLVD SUITE 200, NORFOLK VA 23521-2731	0378
VA	U.S. AIR FORCE	633 DENTAL SQ/SGD LANGLEY AFB HAMPTON, VA 23665-2080	1783
VA	U.S. COAST GUARD	USCG CLINIC YORKTOWN, VA 23690-5000	0433
VA	U.S. NAVY	NBHC YORKTOWN P. O. BOX 0090, YORKTOWN NAVAL WEAPONS STATION, YORKTOWN VA 23691-0090	0381
VA	U.S. NAVY	NBHC NSY NORFOLK BUILDING 277 NORFOLK NAVAL SHIPYARD, PORTSMOUTH VA 23709-5000	0380
VA	U.S. NAVY	NBHC OCEANA VIRGINIA BEACH VA 23460-2188	0387
VA	U.S. ARMY	USADC FT MEYER ANDREW RADER 410 CARPENTER RD. FT. MYER, VA 22211-5050	7313
VA	U.S. ARMY	USADC FORT STORY FT. STORY, VA 23459	1252
VA	U.S. ARMY	USADC FT. LEE MOSIER FT. LEE, VA 23801-1760	1254
VA	U.S. ARMY	USADC COL BULL FT. LEE, VA 23801	1901
VA	U.S. COAST GUARD	USCG CLINIC PORTSMOUTH, VA 27303-2199	0432
VA	U.S. ARMY	FT. BELVOIR COMMUNITY HOSPITAL FORT BELVOIR, VA 22060	0123
VA	U.S. ARMY	USADC LANGLEY-EUSTIS TIGNOR FT. EUSTIS, VA 23604-5311	1900
VA	U.S. ARMY	USADC FT. BELVOIR COMMUNITY HOSP FORT BELVOIR, VA 22060	7325
WA	U.S. COAST GUARD	USCG CLINIC SEATTLE, WA 98134-1192	0435
WA	U.S. NAVY	NH BREMERTON ONE BOONE ROAD BREMERTON, WA 98312-1898	0126
WA	U.S. NAVY	NHCL EVERETT, NAVAL STATION EVERETT, 2000 W. MARINE VIEW DR, EVERETT WA 98207	7138

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WA	U.S. NAVY	NH OAK HARBOR 3475 N. SARATOGA ST, OAK HARBOR WA 98278-8900	0127
WA	U.S. NAVY	NBHC PUGET SOUND 2240 DECATUR AVE, BREMERTON WA 98314-5245	0398
WA	U.S. NAVY	NBHC SUBBASE BANGOR 2050 BARB ST. SUITE B, SILVERDALE WA 98315	1656
WA	U.S. COAST GUARD	USCG CLINIC PORT ANGELES, WA 98362-0159	0434
WA	U.S. ARMY	USADC FT. LEWIS 2 JOINT BASE LEWIS MCCHORD, WA 98431	1817
WA	U.S. ARMY	USADC FT. LEWIS 3 JOINT BASE LEWIS MCCHORD, WA 98431	1818
WA	U.S. ARMY	USADC FT. LEWIS FULTON JOINT BASE LEWIS MCCHORD, WA 98431	1948
WA	U.S. ARMY	USADC FT. LEWIS OKUBO JOINT BASE LEWIS MCCHORD, WA 98431	7333
WA	U.S. ARMY	USADC FT. LEWIS MADIGAN AMC JOINT BASE LEWIS MCCHORD, WA 98431	7327
WA	U.S. ARMY	USADC FT. LEWIS CDI JOINT BASE LEWIS MCCHORD, WA 98433-5000	7326
WA	U.S. AIR FORCE	USADC FT. LEWIS MCCHORD MCCHORD AFB TACOMA, WA 98438-1130	1484
WA	U.S. AIR FORCE	92 AEROMEDICAL DEN SQ/SGGD FAIRCHILD AFB SPOKANE, WA 99011-8701	1924
WY	U.S. AIR FORCE	90 DS/SGD F E WARREN AFB CHEYENNE, WY 82005-3914	7252
GUAM	U.S. NAVY	US NAVAL HOSPITAL GUAM PSC 495 BOX 7747 FPO, AP 96538-1649	0620
GUAM	U.S. NAVY	GUAM BRANCH DENTAL CLINIC GUAM PSC 455 BOX 171 FPO AP 96540-1674	0803
GUAM	U.S. AIR FORCE	36 MEDICAL OPERATIONS SQUADRON/SGOD GUAM	0802
UNDESIGNATED RESERVE/ GUARD DENTAL CLINIC		UNDESIGNTD RSRV/ GRD DENTAL CLN	5536

THE FOLLOWING 12 "CLINICS" ARE SHIP-BASED CLINICS

SHIP	U.S. NAVY	USS ABRAHAM LINCOLN CVN-72	CV72
SHIP	U.S. NAVY	USS CARL VINSON CVN-70	CV70
SHIP	U.S. NAVY	USS DWIGHT D EISENHOWER CVN-69	CV69
SHIP	U.S. NAVY	USS ENTERPRISE CVN-65	CV65
SHIP	U.S. NAVY	USS GEORGE H W BUSH CVN-77	CV77
SHIP	U.S. NAVY	USS GEORGE WASHINGTON CVN-73	CV73 *
SHIP	U.S. NAVY	USS HARRY S TRUMAN CVN-75	CV75
SHIP	U.S. NAVY	USS JOHN C STENNIS CVN-74	CV74
SHIP	U.S. NAVY	USS NIMITZ CVN-68	CV68
SHIP	U.S. NAVY	USS RONALD REAGAN CVN-76	CV76
SHIP	U.S. NAVY	USS THEODORE ROOSEVELT CVN-71	CV71
SHIP	U.S. NAVY	USS FRANK CABLE	AS40

* NOT LISTED IN DART

ALL CLINICS BELOW HERE ARE OCONUS AND WILL NOT HAVE DTF REFERRALS FOR THE ADDP

AZORES	U.S. AIR FORCE	65 MEDICAL OPERATIONS SQUADRON/SGOD LAJES APO AE 09720-5300
BAHRAIN	U.S. NAVY	BRANCH DENTAL CLINIC BAHRAIN, PSC 451, DENTAL CLINIC, FPO AE 09834-2800
BELGIUM	U.S. ARMY	SHAPE DENTAL CLINIC

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BRUSSELS	U.S. ARMY	APO AE 09705 NATO DENTAL CLINIC
CUBA	U.S. NAVY	APO AE 09724 OFFICER IN CHARGE, DENTAL DEPARTMENT GITMO, US NAVAL HOSPITAL GITMO
DIEGO GARCIA	U.S. NAVY	FPO AE 09593-1000 OFFICER IN CHARGE DENTAL DEPARTMENT DIEGO GARCIA, HSD/NSF BOX3, PSC 466, FPO AP 96464-0003
GERMANY	U.S. ARMY	SCHWEINFURT DENTAL CLINIC APO AE 09033
GERMANY	U.S. ARMY	BAUMHOLDER DENTAL CLINIC APO AE 09034
GERMANY	U.S. ARMY	U.S. ARMY EUROPE REGIONAL DENTAL COMMAND APO AE 09042
GERMANY	U.S. AIR FORCE	469 ABG/SGD RHEIN MAIN APO AE 09050-8490
GERMANY	U.S. AIR FORCE	86 DENTAL SQUADRON/CC RAMSTEIN APO AE 09094-3215
GERMANY	U.S. ARMY	WIESBADEN DENTAL CLINIC APO AE 09096
GERMANY	U.S. ARMY	HEIDELBERG DENTAL ACTIVITY APO AE 09102
GERMANY	U.S. AIR FORCE	470 MEDICAL FLIGHT/SGD GEILENKIRCHEN APO AE 09104-8030
GERMANY	U.S. ARMY	VILSECK DENTAL CLINIC APO AE 09112
GERMANY	U.S. ARMY	GRAFENWOEHR DENTAL CLINIC APO AE 09114
GERMANY	U.S. AIR FORCE	52 DENTAL SQUADRON/CC BITBURG/SPANGDAHLEM APO AE 09126-3690
GERMANY	U.S. ARMY	STUTTGART DENTAL CLINIC APO AE 09131
GERMANY	U.S. AIR FORCE	86 DENTAL SQUADRON/SGD SEMBACH APO AE 09136-4095
GERMANY	U.S. ARMY	BAMBURG DENTAL CLINIC APO AE 09139
GERMANY	U.S. ARMY	ILLESHEIM DENTAL CLINIC APO AE 09140
GERMANY	U.S. ARMY	HOHENFELS DENTAL CLINIC APO AE 09173
GERMANY	U.S. ARMY	LANDSTUHL HOSPITAL DENTAL CLINIC APO AE 09180
GERMANY	U.S. ARMY	KATTERBACH DENTAL CLINIC APO AE 09250
GERMANY	U.S. ARMY	ORAL SURGERY CLINIC, LANDSTUHL AMC APO AE, 09131-0000
GERMANY	U.S. ARMY	USADC PATCH BKS (VAIHINGEN) APO AE, 09131-0000
GERMANY	U.S. ARMY	USADC-BEN FRANKLIN VILLAGE (MANNHEIM-KAEFERTAL) APO AE, 09086-0000
GERMANY	U.S. ARMY	USADC COLEMAN BARRACKS (MANNHEIM) APO AE, 09166-0000
GERMANY	U.S. ARMY	USADC PULASKI BARRACKS (VOGELWEH-KAISERSLAUTRN) APO AE, 09180-0000
GERMANY	U.S. ARMY	USADC KLEBER (KAISERSLAUTERN) APO AE, 09180-0000
GERMANY	U.S. ARMY	LANDSTUHL DENTAL CLINIC APO AE, 09180-0000
GERMANY	U.S. ARMY	PATRICK HENRY VILLAGE DENTAL CLINIC (HEIDELBERG) APO AE, 09102
GERMANY	U.S. ARMY	HOSPITAL DENTAL CLINIC (HEIDELBERG) APO AE, 09102
ITALY	U.S. ARMY	USADC VICENZA APO AE, 09630-0000

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ITALY	U.S. AIR FORCE	31 DENTAL SQUADRON/SGD AVIANO APO AE 09604-0245
ITALY	U.S. NAVY	OFFICER IN CHARGE BRANCH DENTAL CLINIC GAETA, PSC 811, BOX 13, FPO AE 09612-1001
ITALY		BRANCH DENTAL CLINIC NAPLES, PSC 810, BOX 21, FPO AE 09619-0800
ITALY	U.S. NAVY	OFFICER IN CHARGE BRANCH DENTAL CLINIC CAPODICHINO ANNEX NAPLES, PSC 810, BOX 21, FPO AE 09619-0800
ITALY	U.S. ARMY	LIVORNO DENTAL CLINIC APO AE 09630
ITALY	U.S. NAVY	BRANCH DENTAL CLINIC SIGONELLA (NAS I), PSC 836, BOX BDC, FPO AE 09636-2670
ITALY	U.S. NAVY	BRANCH DENTAL CLINIC SIGONELLA (NAS II), PSC 836, BOX BDC, FPO AE 09636-2670
JAPAN	U.S. NAVY	BRANCH DENTAL CLINIC ATSUGI, PSC 477 BOX 2, FPO AP 96306-1602
JAPAN	U.S. NAVY	FLIGHT LINE DENTAL ANNEX BRANCH DENTAL CLINIC ATSUGI, PSC 477 BOX 2, FPO AP 96306-1602
JAPAN	U.S. NAVY	11TH DENCO DET, PSC 561 BOX 1864, FPO AP 96310-1864
JAPAN	U.S. AIR FORCE	35 MEDICAL GROUP/SGD MISAWA APO AP 96319-5024
JAPAN	U.S. NAVY	BRANCH DENTAL CLINIC SASEBO, PSC 476 BOX 26, FPO AP 96322-1650
JAPAN	U.S. NAVY	HARIO DENTAL ANNEX BRANCH DENTAL CLINIC SASEBO, PSC 476 BOX 26, FPO AP 96322-1650
JAPAN	U.S. AIR FORCE	374 MEDICAL GROUP/SGD YOKOTA APO AP 96328-5071
JAPAN	U.S. ARMY	CAMP ZAMA DENTAL CLINIC APO AP 96338-5011
JAPAN	U.S. ARMY	TORI STATION DENTAL CLINIC (OKINAWA,JAPAN) APO AP
JAPAN	U.S. NAVY	YOKOHAMA DENTAL ANNEX, BRANCH DENTAL CLINIC, YOKOSUKA FLEET, PSC 472 BOX 7, FPO AP 96348-2900
JAPAN	U.S. NAVY	BRANCH DENTAL CLINIC YOKOSUKA, PSC 475 BOX 2, FPO AP 96350-1605
JAPAN	U.S. NAVY	BRANCH DENTAL CLINIC YOKOSUKA, YOKOSUKA FLEET, PSC 475 BOX 2, FPO AP 96350-1605
JAPAN	U.S. NAVY	BAYSIDE DENTAL ANNEX, BRANCH DENTAL CLINIC YOKOSUKA, YOKOSUKA FLEET, PSC 475 BOX 2, FPO AP 96350-1605
JAPAN	U.S. AIR FORCE	18 MEDICAL GROUP/SGD KADENA APO AP 96368-5270
KOREA	U.S. ARMY	USADC CAMP WALKER (TAEGU) APO AP, 96218-0659
KOREA	U.S. ARMY	KOREA 18 TH MEDICAL COMMAND APO AP 96205-0651
KOREA	U.S. ARMY	CAMP CASEY DENTAL CLINIC APO AP 96224-0658

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KOREA	U.S. ARMY	CAMP STANLEY DENTAL CLINIC APO AP 96257-0623
KOREA	U.S. ARMY	CAMP RED CLOUD DENTAL CLINIC APO AP 96258-0653
KOREA	U.S. AIR FORCE	8 MEDICAL GROUP/SGOD KUNSAN APO AP 96264-2022
KOREA	U.S. AIR FORCE	51 MEDICAL GROUP/SGOD OSAN APO AP 96278-2060
KOREA	U.S. ARMY	USADC CAMP CARROLL (WAEGWAN) WAEGWAN, 96260-0662
KOREA	U.S. ARMY	USADC CAMP HUMPHREYS (PYONGTAEK) PYONGTAEK, 96271-0660
KOREA	U.S. ARMY	USADC CAMP LONG (WONJU) WONJU, 96297-0663
KOREA	U.S. ARMY	USADC#2 (SEOUL) APO AP, 96205-0000
KOREA	U.S. ARMY	USADC CARIUS (SEOUL) APO AP 96205-0000
KOREA	U.S. ARMY	USADC-3- SOUTH POST (SEOUL) APO AP 96205-0000
KOREA	U.S. ARMY	USADC 121 HOSP/ORAL SURGERY APO AE 96205-0000
OKINAWA	U.S. NAVY	H&S COMPANY, 3D DEN BN/USNDC, UNIT 38450, FPO AP 96604-8450
OKINAWA	U.S. NAVY	3D DENCO, 3D DENBN, 3D FSSG, DET COURTNEY, UNIT 38452, FPO AP 96604-8452
OKINAWA	U.S. NAVY	3D DENCO, 3D DENBN, 3D FSSG, DET HANSEN, UNIT 38452, BOX 259 FPO AP 96604-0259
OKINAWA	U.S. NAVY	EVANS DENTAL CLINIC, 3D DENBN/USNDC UNIT 38450 FPO AP 96604-8450
OKINAWA	U.S. NAVY	11TH DENCO, 3D DENBN, 3D FSSG, DET FUTENMA , UNIT 38453 FPO AP 96604-8453
OKINAWA	U.S. NAVY	KADENA DENTAL CLINIC, 3D DENBN/USNDC UNIT 38450 FPO AP 96604-8450
OKINAWA	U.S. NAVY	11TH DENCO, 3D DENBN, 3D FSSG, DET KINSER, UNIT 38454, FPO AP 96604-8454
OKINAWA	U.S. NAVY	3D DENCO, 3D DENBN, 3D FSSG, DET SCHWAB, UNIT 38452, BOX 260 FPO AP 96604-0260
PORTUGAL	U.S. NAVY	BRANCH DENTAL CLINIC LISBON, PSC 83, BOX 82, APO AE 09726-5000
SINGAPORE	U.S. NAVY	COMLOG WESTPAC DENTAL CLINIC, PSC 470 BOX 2400, FPO AP 96534-2400
SPAIN	U.S. NAVY	BRANCH DENTAL CLINIC ROTA PSC 819, BOX 67, FPO AE 09645-2400
TURKEY	U.S. AIR FORCE	39 MEDICAL OPERATIONS SQUADRON/SGOD INCIRLIK APO AE 09824-5185
UNITED KINGDOM	U.S. AIR FORCE	48 DENTAL SQUADRON/CC LAKENHEATH APO AE 09464-0230
UNITED KINGDOM	U.S. AIR FORCE	423 MEDICAL FLIGHT/SGD ALCONBURY APO AE 09470-5610
UNITED KINGDOM	U.S. AIR FORCE	RAF MENWITH HILL APO AE 09468
UNITED KINGDOM	U.S. AIR FORCE	422 MEDICAL FLIGHT/SGD CROUGHTON APO AE 09494-5855

ZIP Code	City Name	State Code
00601	ADJUNTAS	PR
00602	AGUADA	PR
00603	AGUADILLA	PR
00604	AGUADILLA	PR
00605	AGUADILLA	PR
00606	MARICAO	PR
00610	ANASCO	PR
00611	ANGELES	PR
00612	ARECIBO	PR
00613	ARECIBO	PR
00614	ARECIBO	PR
00616	BAJADERO	PR
00617	BARCELONETA	PR
00622	BOQUERON	PR
00623	CABO ROJO	PR
00624	PENUELAS	PR
00627	CAMUY	PR
00631	CASTANER	PR
00636	ROSARIO	PR
00637	SABANA GRANDE	PR
00638	CIALES	PR
00641	UTUADO	PR
00646	DORADO	PR
00647	ENSENADA	PR
00650	FLORIDA	PR
00652	GARROCHALES	PR
00653	GUANICA	PR
00656	GUAYANILLA	PR
00659	HATILLO	PR
00660	HORMIGUEROS	PR
00662	ISABELA	PR
00664	JAYUYA	PR
00667	LAJAS	PR
00669	LARES	PR
00670	LAS MARIAS	PR
00674	MANATI	PR
00676	MOCA	PR
00677	RINCON	PR
00678	QUEBRADILLAS	PR
00680	MAYAGUEZ	PR
00681	MAYAGUEZ	PR
00682	MAYAGUEZ	PR
00683	SAN GERMAN	PR
00685	SAN SEBASTIAN	PR
00687	MOROVIS	PR
00688	SABANA HOYOS	PR
00690	SAN ANTONIO	PR
00692	VEGA ALTA	PR
00693	VEGA BAJA	PR
00694	VEGA BAJA	PR
00698	YAUCO	PR
00703	AGUAS BUENAS	PR
00704	AGUIRRE	PR
00705	AIBONITO	PR

ZIP Code	City Name	State Code
00707	MAUNABO	PR
00714	ARROYO	PR
00715	MERCEDITA	PR
00716	PONCE	PR
00717	PONCE	PR
00718	NAGUABO	PR
00719	NARANJITO	PR
00720	OROCOVIS	PR
00721	PALMER	PR
00723	PATILLAS	PR
00725	CAGUAS	PR
00726	CAGUAS	PR
00727	CAGUAS	PR
00728	PONCE	PR
00729	CANOVANAS	PR
00730	PONCE	PR
00731	PONCE	PR
00732	PONCE	PR
00733	PONCE	PR
00734	PONCE	PR
00735	CEIBA	PR
00736	CAYEY	PR
00737	CAYEY	PR
00738	FAJARDO	PR
00739	CIDRA	PR
00740	PUERTO REAL	PR
00741	PUNTA SANTIAGO	PR
00742	ROOSEVELT ROADS	PR
00744	RIO BLANCO	PR
00745	RIO GRANDE	PR
00751	SALINAS	PR
00754	SAN LORENZO	PR
00757	SANTA ISABEL	PR
00765	VIEQUES	PR
00766	VILLALBA	PR
00767	YABUCOA	PR
00769	COAMO	PR
00771	LAS PIEDRAS	PR
00772	LOIZA	PR
00773	LUQUILLO	PR
00775	CULEBRA	PR
00777	JUNCOS	PR
00778	GURABO	PR
00780	COTO LAUREL	PR
00782	COMERIO	PR
00783	COROZAL	PR
00784	GUAYAMA	PR
00785	GUAYAMA	PR
00786	LA PLATA	PR
00791	HUMACAO	PR
00792	HUMACAO	PR
00794	BARRANQUITAS	PR
00795	JUANA DIAZ	PR
00801	ST THOMAS	VI

ZIP Code	City Name	State Code
00802	ST THOMAS	VI
00803	ST THOMAS	VI
00804	ST THOMAS	VI
00805	ST THOMAS	VI
00820	CHRISTIANSTED	VI
00821	CHRISTIANSTED	VI
00822	CHRISTIANSTED	VI
00823	CHRISTIANSTED	VI
00824	CHRISTIANSTED	VI
00830	ST JOHN	VI
00831	ST JOHN	VI
00840	FREDERIKSTED	VI
00841	FREDERIKSTED	VI
00850	KINGSHILL	VI
00851	KINGSHILL	VI
00901	SAN JUAN	PR
00902	SAN JUAN	PR
00906	SAN JUAN	PR
00907	SAN JUAN	PR
00908	SAN JUAN	PR
00909	SAN JUAN	PR
00910	SAN JUAN	PR
00911	SAN JUAN	PR
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00914	SAN JUAN	PR
00915	SAN JUAN	PR
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00917	SAN JUAN	PR
00918	SAN JUAN	PR
00919	SAN JUAN	PR
00920	SAN JUAN	PR
00921	SAN JUAN	PR
00922	SAN JUAN	PR
00923	SAN JUAN	PR
00924	SAN JUAN	PR
00925	SAN JUAN	PR
00926	SAN JUAN	PR
00927	SAN JUAN	PR
00928	SAN JUAN	PR
00929	SAN JUAN	PR
00930	SAN JUAN	PR
00931	SAN JUAN	PR
00933	SAN JUAN	PR
00934	FORT BUCHANAN	PR
00935	SAN JUAN	PR
00936	SAN JUAN	PR
00937	SAN JUAN	PR
00939	SAN JUAN	PR
00940	SAN JUAN	PR
00949	TOA BAJA	PR
00950	TOA BAJA	PR
00951	TOA BAJA	PR
00952	SABANA SECA	PR

ZIP Code	City Name	State Code
00953	TOA ALTA	PR
00954	TOA ALTA	PR
00955	SAN JUAN	PR
00956	BAYAMON	PR
00957	BAYAMON	PR
00958	BAYAMON	PR
00959	BAYAMON	PR
00960	BAYAMON	PR
00961	BAYAMON	PR
00962	CATANO	PR
00963	CATANO	PR
00965	GUAYNABO	PR
00966	GUAYNABO	PR
00968	GUAYNABO	PR
00969	GUAYNABO	PR
00970	GUAYNABO	PR
00971	GUAYNABO	PR
00975	SAN JUAN	PR
00976	TRUJILLO ALTO	PR
00977	TRUJILLO ALTO	PR
00978	SAINT JUST	PR
00979	CAROLINA	PR
00981	CAROLINA	PR
00982	CAROLINA	PR
00983	CAROLINA	PR
00984	CAROLINA	PR
00985	CAROLINA	PR
00986	CAROLINA	PR
00987	CAROLINA	PR
00988	CAROLINA	PR
02345	MANOMET	MA
02360	PLYMOUTH	MA
02532	BUZZARDS BAY	MA
02534	CATAUMET	MA
02536	EAST FALMOUTH	MA
02537	EAST SANDWICH	MA
02538	EAST WAREHAM	MA
02540	FALMOUTH	MA
02542	BUZZARDS BAY	MA
02543	WOODS HOLE	MA
02556	NORTH FALMOUTH	MA
02559	POCASSET	MA
02561	SAGAMORE	MA
02562	SAGAMORE BEACH	MA
02563	SANDWICH	MA
02571	WAREHAM	MA
02574	WEST FALMOUTH	MA
02576	WEST WAREHAM	MA
02601	HYANNIS	MA
02635	COTUIT	MA
02636	CENTERVILLE	MA
02637	CUMMAQUID	MA
02638	DENNIS	MA
02639	DENNIS PORT	MA

ZIP Code	City Name	State Code
02641	EAST DENNIS	MA
02642	EASTHAM	MA
02643	EAST ORLEANS	MA
02644	FORESTDALE	MA
02645	HARWICH	MA
02646	HARWICH PORT	MA
02647	HYANNIS PORT	MA
02648	MARSTONS MILLS	MA
02649	MASHPEE	MA
02650	NORTH CHATHAM	MA
02651	NORTH EASTHAM	MA
02652	NORTH TRURO	MA
02653	ORLEANS	MA
02655	OSTERVILLE	MA
02657	PROVINCETOWN	MA
02659	SOUTH CHATHAM	MA
02660	SOUTH DENNIS	MA
02661	SOUTH HARWICH	MA
02662	SOUTH ORLEANS	MA
02663	SOUTH WELLFLEET	MA
02664	SOUTH YARMOUTH	MA
02666	TRURO	MA
02667	WELLFLEET	MA
02668	WEST BARNSTABLE	MA
02669	WEST CHATHAM	MA
02670	WEST DENNIS	MA
02671	WEST HARWICH	MA
02672	WEST HYANNISPORT	MA
02673	WEST YARMOUTH	MA
02675	YARMOUTH PORT	MA
02714	DARTMOUTH	MA
02717	EAST FREETOWN	MA
02719	FAIRHAVEN	MA
02720	FALL RIVER	MA
02721	FALL RIVER	MA
02722	FALL RIVER	MA
02723	FALL RIVER	MA
02724	FALL RIVER	MA
02725	SOMERSET	MA
02738	MARION	MA
02739	MATTAPOISETT	MA
02740	NEW BEDFORD	MA
02741	NEW BEDFORD	MA
02742	NEW BEDFORD	MA
02743	ACUSHNET	MA
02744	NEW BEDFORD	MA
02745	NEW BEDFORD	MA
02746	NEW BEDFORD	MA
02747	NORTH DARTMOUTH	MA
02748	SOUTH DARTMOUTH	MA
02790	WESTPORT	MA
02791	WESTPORT POINT	MA
02801	ADAMSVILLE	RI
03285	THORNTON	NH

ZIP Code	City Name	State Code
04937	FAIRFIELD	ME
07013	CLIFTON	NJ
07015	CLIFTON	NJ
07026	GARFIELD	NJ
07055	PASSAIC	NJ
07075	WOOD RIDGE	NJ
07395	JERSEY CITY	NJ
07405	BUTLER	NJ
07424	LITTLE FALLS	NJ
07440	PEQUANNOCK	NJ
07452	GLEN ROCK	NJ
07457	RIVERDALE	NJ
07501	PATERSON	NJ
07503	PATERSON	NJ
07504	PATERSON	NJ
07505	PATERSON	NJ
07506	HAWTHORNE	NJ
07507	HAWTHORNE	NJ
07508	HALEDON	NJ
07509	PATERSON	NJ
07510	PATERSON	NJ
07511	TOTOWA	NJ
07512	TOTOWA	NJ
07513	PATERSON	NJ
07514	PATERSON	NJ
07524	PATERSON	NJ
07533	PATERSON	NJ
07538	HALEDON	NJ
07543	PATERSON	NJ
07544	PATERSON	NJ
07602	HACKENSACK	NJ
07603	BOGOTA	NJ
07605	LEONIA	NJ
07621	BERGENFIELD	NJ
07643	LITTLE FERRY	NJ
07644	LODI	NJ
07901	SUMMIT	NJ
07920	BASKING RIDGE	NJ
07938	LIBERTY CORNER	NJ
07978	PLUCKEMIN	NJ
07999	WHIPPANY	NJ
08001	ALLOWAY	NJ
08020	CLARKSBORO	NJ
08025	EWAN	NJ
08026	GIBBSBORO	NJ
08032	GRENLOCH	NJ
08038	HANCOCKS BRIDGE	NJ
08072	QUINTON	NJ
08074	RICHWOOD	NJ
08079	SALEM	NJ
08084	STRATFORD	NJ
08087	TUCKERTON	NJ
08090	WENONAH	NJ
08092	WEST CREEK	NJ

ZIP Code	City Name	State Code
08101	CAMDEN	NJ
08102	CAMDEN	NJ
08103	CAMDEN	NJ
08105	CAMDEN	NJ
08108	COLLINGSWOOD	NJ
08213	COLOGNE	NJ
08215	EGG HARBOR CITY	NJ
08224	NEW GRETNA	NJ
08226	OCEAN CITY	NJ
08240	POMONA	NJ
08241	PORT REPUBLIC	NJ
08319	ESTELL MANOR	NJ
08323	GREENWICH	NJ
08342	MIZPAH	NJ
08353	SHILOH	NJ
08401	ATLANTIC CITY	NJ
08405	ATLANTIC CITY	NJ
08502	BELLE MEAD	NJ
08525	HOPEWELL	NJ
08530	LAMBERTVILLE	NJ
08551	RINGOES	NJ
08801	ANNANDALE	NJ
08808	BROADWAY	NJ
08821	FLAGTOWN	NJ
08822	FLEMINGTON	NJ
08834	LITTLE YORK	NJ
08853	NESHANIC STATION	NJ
08858	OLDWICK	NJ
08867	PITTSTOWN	NJ
08868	QUAKERTOWN	NJ
08870	READINGTON	NJ
08885	STANTON	NJ
08887	THREE BRIDGES	NJ
08888	WHITEHOUSE	NJ
08889	WHITEHOUSE STATION	NJ
10075	NEW YORK	NY
10305	STATEN ISLAND	NY
10583	SCARSDALE	NY
10606	WHITE PLAINS	NY
15289	PITTSBURGH	PA
18901	DOYLESTOWN	PA
18902	DOYLESTOWN	PA
18910	BEDMINSTER	PA
18911	BLOOMING GLEN	PA
18929	JAMISON	PA
18936	MONTGOMERYVILLE	PA
18940	NEWTOWN	PA
18942	OTTSVILLE	PA
18943	PENNS PARK	PA
18944	PERKASIE	PA
18946	PINEVILLE	PA
18951	QUAKERTOWN	PA
18954	RICHBORO	PA
18956	RUSHLAND	PA

ZIP Code	City Name	State Code
18966	SOUTHAMPTON	PA
18970	TRUMBAUERSVILLE	PA
18971	TYLERSPORT	PA
18972	UPPER BLACK EDDY	PA
18974	WARMINSTER	PA
18976	WARRINGTON	PA
18977	WASHINGTON CROSSIN	PA
18980	WYCOMBE	PA
18991	WARMINSTER	PA
19001	ABINGTON	PA
19002	AMBLER	PA
19006	HUNTINGDON VALLEY	PA
19007	BRISTOL	PA
19009	BRYN ATHYN	PA
19012	CHELTENHAM	PA
19013	CHESTER	PA
19018	CLIFTON HEIGHTS	PA
19019	PHILADELPHIA	PA
19020	BENSALEM	PA
19021	CROYDON	PA
19023	DARBY	PA
19025	DRESHER	PA
19027	ELKINS PARK	PA
19030	FAIRLESS HILLS	PA
19031	FLOURTOWN	PA
19034	FORT WASHINGTON	PA
19038	GLENSIDE	PA
19040	HATBORO	PA
19041	HAVERFORD	PA
19044	HORSHAM	PA
19046	JENKINTOWN	PA
19047	LANGHORNE	PA
19048	FORT WASHINGTON	PA
19049	FORT WASHINGTON	PA
19053	FEASTERVILLE TREVO	PA
19054	LEVITTOWN	PA
19055	LEVITTOWN	PA
19056	LEVITTOWN	PA
19057	LEVITTOWN	PA
19058	LEVITTOWN	PA
19060	GARNET VALLEY	PA
19067	MORRISVILLE	PA
19075	ORELAND	PA
19090	WILLOW GROVE	PA
19092	PHILADELPHIA	PA
19093	PHILADELPHIA	PA
19095	WYNCOTE	PA
19099	PHILADELPHIA	PA
19101	PHILADELPHIA	PA
19102	PHILADELPHIA	PA
19103	PHILADELPHIA	PA
19104	PHILADELPHIA	PA
19105	PHILADELPHIA	PA
19106	PHILADELPHIA	PA

ZIP Code	City Name	State Code
19107	PHILADELPHIA	PA
19108	PHILADELPHIA	PA
19109	PHILADELPHIA	PA
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19118	PHILADELPHIA	PA
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19147	PHILADELPHIA	PA
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19149	PHILADELPHIA	PA
19150	PHILADELPHIA	PA
19152	PHILADELPHIA	PA
19153	PHILADELPHIA	PA
19154	PHILADELPHIA	PA
19155	PHILADELPHIA	PA
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19161	PHILADELPHIA	PA
19162	PHILADELPHIA	PA
19170	PHILADELPHIA	PA
19171	PHILADELPHIA	PA
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19178	PHILADELPHIA	PA

ZIP Code	City Name	State Code
19179	PHILADELPHIA	PA
19181	PHILADELPHIA	PA
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19190	PHILADELPHIA	PA
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19195	PHILADELPHIA	PA
19196	PHILADELPHIA	PA
19197	PHILADELPHIA	PA
19244	PHILADELPHIA	PA
19255	PHILADELPHIA	PA
19311	AVONDALE	PA
19317	CHADDS FORD	PA
19318	CHATHAM	PA
19374	TOUGHKENAMON	PA
19388	WEST CHESTER	PA
19436	GWYNEDD	PA
19437	GWYNEDD VALLEY	PA
19460	PHOENIXVILLE	PA
19462	PLYMOUTH MEETING	PA
19473	SCHWENKSVILLE	PA
19477	SPRING HOUSE	PA
19493	VALLEY FORGE	PA
19494	VALLEY FORGE	PA
19495	VALLEY FORGE	PA
22803	HARRISONBURG	VA
22843	MOUNT SOLON	VA
24205	BRISTOL	VA
28263	CHARLOTTE	NC
28319	BARNESVILLE	NC
28362	MARIETTA	NC
28594	EMERALD ISLE	NC
28759	MILLS RIVER	NC
29395	JONESVILLE	SC
30109	BOWDON JUNCTION	GA
30112	CARROLLTON	GA
30219	GLENN	GA
30297	FOREST PARK	GA
30310	ATLANTA	GA
30330	ATLANTA	GA
32163	THE VILLAGES	FL
32635	GAINESVILLE	FL
32753	DEBARY	FL
32885	ORLANDO	FL
32896	ORLANDO	FL
33002	HIALEAH	FL
33004	DANIA	FL

ZIP Code	City Name	State Code
33008	HALLANDALE	FL
33009	HALLANDALE	FL
33010	HIALEAH	FL
33011	HIALEAH	FL
33012	HIALEAH	FL
33013	HIALEAH	FL
33014	HIALEAH	FL
33015	HIALEAH	FL
33016	HIALEAH	FL
33017	HIALEAH	FL
33018	HIALEAH	FL
33019	HOLLYWOOD	FL
33020	HOLLYWOOD	FL
33021	HOLLYWOOD	FL
33022	HOLLYWOOD	FL
33023	HOLLYWOOD	FL
33024	HOLLYWOOD	FL
33025	HOLLYWOOD	FL
33026	HOLLYWOOD	FL
33027	HOLLYWOOD	FL
33028	HOLLYWOOD	FL
33029	HOLLYWOOD	FL
33032	HOMESTEAD	FL
33040	KEY WEST	FL
33041	KEY WEST	FL
33042	SUMMERLAND KEY	FL
33043	BIG PINE KEY	FL
33045	KEY WEST	FL
33054	OPA LOCKA	FL
33055	OPA LOCKA	FL
33056	OPA LOCKA	FL
33060	POMPANO BEACH	FL
33061	POMPANO BEACH	FL
33062	POMPANO BEACH	FL
33063	POMPANO BEACH	FL
33064	POMPANO BEACH	FL
33065	POMPANO BEACH	FL
33066	POMPANO BEACH	FL
33068	POMPANO BEACH	FL
33069	POMPANO BEACH	FL
33071	POMPANO BEACH	FL
33072	POMPANO BEACH	FL
33074	POMPANO BEACH	FL
33075	POMPANO BEACH	FL
33076	POMPANO BEACH	FL
33077	POMPANO BEACH	FL
33081	HOLLYWOOD	FL
33082	PEMBROKE PINES	FL
33083	HOLLYWOOD	FL
33084	HOLLYWOOD	FL
33093	POMPANO BEACH	FL
33097	POMPANO BEACH	FL
33101	MIAMI	FL
33102	MIAMI	FL

ZIP Code	City Name	State Code
33109	MIAMI BEACH	FL
33111	MIAMI	FL
33112	MIAMI	FL
33114	MIAMI	FL
33116	MIAMI	FL
33119	MIAMI BEACH	FL
33122	MIAMI	FL
33124	MIAMI	FL
33125	MIAMI	FL
33126	MIAMI	FL
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33137	MIAMI	FL
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33139	MIAMI BEACH	FL
33140	MIAMI BEACH	FL
33141	MIAMI BEACH	FL
33142	MIAMI	FL
33143	MIAMI	FL
33144	MIAMI	FL
33145	MIAMI	FL
33146	MIAMI	FL
33147	MIAMI	FL
33149	KEY BISCAYNE	FL
33150	MIAMI	FL
33151	MIAMI	FL
33152	MIAMI	FL
33153	MIAMI	FL
33154	MIAMI BEACH	FL
33155	MIAMI	FL
33156	MIAMI	FL
33157	MIAMI	FL
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33159	MIAMI	FL
33160	NORTH MIAMI BEACH	FL
33161	MIAMI	FL
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ZIP Code	City Name	State Code
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33199	MIAMI	FL
33222	MIAMI	FL
33231	MIAMI	FL
33233	MIAMI	FL
33234	MIAMI	FL
33238	MIAMI	FL
33239	MIAMI BEACH	FL
33242	MIAMI	FL
33243	MIAMI	FL
33245	MIAMI	FL
33247	MIAMI	FL
33255	MIAMI	FL
33256	MIAMI	FL
33257	MIAMI	FL
33261	MIAMI	FL
33265	MIAMI	FL
33266	MIAMI	FL
33269	MIAMI	FL
33280	MIAMI	FL
33283	MIAMI	FL
33296	MIAMI	FL
33299	MIAMI	FL
33301	FORT LAUDERDALE	FL
33302	FORT LAUDERDALE	FL
33303	FORT LAUDERDALE	FL
33304	FORT LAUDERDALE	FL
33305	FORT LAUDERDALE	FL
33306	FORT LAUDERDALE	FL
33307	FORT LAUDERDALE	FL
33308	FORT LAUDERDALE	FL
33309	FORT LAUDERDALE	FL
33310	FORT LAUDERDALE	FL

ZIP Code	City Name	State Code
33311	FORT LAUDERDALE	FL
33312	FORT LAUDERDALE	FL
33313	FORT LAUDERDALE	FL
33314	FORT LAUDERDALE	FL
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33316	FORT LAUDERDALE	FL
33317	FORT LAUDERDALE	FL
33318	FORT LAUDERDALE	FL
33319	FORT LAUDERDALE	FL
33320	FORT LAUDERDALE	FL
33321	FORT LAUDERDALE	FL
33322	FORT LAUDERDALE	FL
33323	FORT LAUDERDALE	FL
33324	FORT LAUDERDALE	FL
33325	FORT LAUDERDALE	FL
33326	FORT LAUDERDALE	FL
33327	FORT LAUDERDALE	FL
33328	FORT LAUDERDALE	FL
33329	FORT LAUDERDALE	FL
33330	FORT LAUDERDALE	FL
33331	FORT LAUDERDALE	FL
33332	FORT LAUDERDALE	FL
33334	FORT LAUDERDALE	FL
33335	FORT LAUDERDALE	FL
33336	FORT LAUDERDALE	FL
33337	FORT LAUDERDALE	FL
33338	FORT LAUDERDALE	FL
33339	FORT LAUDERDALE	FL
33340	FORT LAUDERDALE	FL
33345	FORT LAUDERDALE	FL
33346	FORT LAUDERDALE	FL
33348	FORT LAUDERDALE	FL
33349	FORT LAUDERDALE	FL
33351	FORT LAUDERDALE	FL
33355	FORT LAUDERDALE	FL
33359	FORT LAUDERDALE	FL
33388	FORT LAUDERDALE	FL
33394	FORT LAUDERDALE	FL
33424	BOYNTON BEACH	FL
33425	BOYNTON BEACH	FL
33441	DEERFIELD BEACH	FL
33443	DEERFIELD BEACH	FL
33448	DELRAY BEACH	FL
33449	LAKE WORTH	FL
33472	BOYNTON BEACH	FL
33473	BOYNTON BEACH	FL
33474	BOYNTON BEACH	FL
33483	DELRAY BEACH	FL
33900	FORT MYERS	FL
33929	ESTERO	FL
33974	LEHIGH ACRES	FL
33976	LEHIGH ACRES	FL
34290	NORTH PORT	FL
34291	NORTH PORT	FL

ZIP Code	City Name	State Code
34715	CLERMONT	FL
36210	ANNISTON	AL
37322	DECATUR	TN
39829	CALVARY	GA
39852	FOWLSTOWN	GA
43069	REYNOLDSBURG	OH
43194	LOCKBOURNE	OH
48033	SOUTHFIELD	MI
48168	NORTHVILLE	MI
48480	GRAND BLANC	MI
49528	GRAND RAPIDS	MI
49684	TRAVERSE CITY	MI
49685	TRAVERSE CITY	MI
49686	TRAVERSE CITY	MI
49696	TRAVERSE CITY	MI
50099	BOONE	IA
52037	DELMAR	IA
52216	CLARENCE	IA
52254	LOST NATION	IA
52255	LOWDEN	IA
52323	OXFORD JUNCTION	IA
52358	WEST BRANCH	IA
52646	OAKVILLE	IA
52653	WAPELLO	IA
52701	ANDOVER	IA
52720	ATALISSA	IA
52721	BENNETT	IA
52722	BETTENDORF	IA
52726	BLUE GRASS	IA
52727	BRYANT	IA
52728	BUFFALO	IA
52729	CALAMUS	IA
52730	CAMANCHE	IA
52731	CHARLOTTE	IA
52732	CLINTON	IA
52733	CLINTON	IA
52734	CLINTON	IA
52736	CLINTON	IA
52742	DE WITT	IA
52745	DIXON	IA
52746	DONAHUE	IA
52747	DURANT	IA
52748	ELDRIDGE	IA
52749	FRUITLAND	IA
52750	GOOSE LAKE	IA
52751	GRAND MOUND	IA
52752	GRANDVIEW	IA
52753	LE CLAIRE	IA
52754	LETTS	IA
52756	LONG GROVE	IA
52757	LOW MOOR	IA
52758	MC CAUSLAND	IA
52759	MONTPELIER	IA
52760	MOSCOW	IA

ZIP Code	City Name	State Code
52761	MUSCATINE	IA
52765	NEW LIBERTY	IA
52766	NICHOLS	IA
52767	PLEASANT VALLEY	IA
52768	PRINCETON	IA
52769	STOCKTON	IA
52772	TIPTON	IA
52773	WALCOTT	IA
52774	WELTON	IA
52776	WEST LIBERTY	IA
52777	WHEATLAND	IA
52778	WILTON	IA
52801	DAVENPORT	IA
52802	DAVENPORT	IA
52803	DAVENPORT	IA
52804	DAVENPORT	IA
52805	DAVENPORT	IA
52806	DAVENPORT	IA
52807	DAVENPORT	IA
52808	DAVENPORT	IA
52809	DAVENPORT	IA
55130	SAINT PAUL	MN
55467	MINNEAPOLIS	MN
60404	SHOREWOOD	IL
60487	TINLEY PARK	IL
61201	ROCK ISLAND	IL
61204	ROCK ISLAND	IL
61230	ALBANY	IL
61231	ALEDO	IL
61232	ANDALUSIA	IL
61233	ANDOVER	IL
61234	ANNAWAN	IL
61235	ATKINSON	IL
61236	BARSTOW	IL
61237	BUFFALO PRAIRIE	IL
61238	CAMBRIDGE	IL
61239	CARBON CLIFF	IL
61240	COAL VALLEY	IL
61241	COLONA	IL
61242	CORDOVA	IL
61244	EAST MOLINE	IL
61250	ERIE	IL
61251	FENTON	IL
61252	FULTON	IL
61254	GENESEO	IL
61256	HAMPTON	IL
61257	HILLSDALE	IL
61258	HOOPPOLE	IL
61259	ILLINOIS CITY	IL
61260	JOY	IL
61261	LYNDON	IL
61262	LYNN CENTER	IL
61263	MATHERVILLE	IL
61264	MILAN	IL

ZIP Code	City Name	State Code
61265	MOLINE	IL
61266	MOLINE	IL
61270	MORRISON	IL
61272	NEW BOSTON	IL
61273	ORION	IL
61274	OSCO	IL
61275	PORT BYRON	IL
61276	PREEMPTION	IL
61277	PROPHETSTOWN	IL
61278	RAPIDS CITY	IL
61279	REYNOLDS	IL
61281	SHERRARD	IL
61282	SILVIS	IL
61284	TAYLOR RIDGE	IL
61299	ROCK ISLAND	IL
61401	GALESBURG	IL
61402	GALESBURG	IL
61412	ALEXIS	IL
61413	ALPHA	IL
61414	ALTONA	IL
61419	BISHOP HILL	IL
61434	GALVA	IL
61435	GERLAW	IL
61439	HENDERSON	IL
61442	KEITHSBURG	IL
61443	KEWANEE	IL
61453	LITTLE YORK	IL
61465	NEW WINDSOR	IL
61466	NORTH HENDERSON	IL
61467	ONEIDA	IL
61468	OPHIEM	IL
61472	RIO	IL
61476	SEATON	IL
61486	VIOLA	IL
61488	WATAGA	IL
61490	WOODHULL	IL
65897	SPRINGFIELD	MO
67843	FORT DODGE	KS
70402	HAMMOND	LA
70500	LAFAYETTE	LA
70595	LAFAYETTE	LA
70873	BATON ROUGE	LA
70891	BATON ROUGE	LA
71217	MONROE	LA
72812	RUSSELLVILLE	AR
72919	FORT SMITH	AR
73039	DAVIS	OK
73425	COUNTYLINE	OK
74439	BRAGGS	OK
75156	MABANK	TX
76644	LAGUNA PARK	TX
77246	HOUSTON	TX
77247	HOUSTON	TX
77250	HOUSTON	TX

ZIP Code	City Name	State Code
77260	HOUSTON	TX
77276	HOUSTON	TX
77278	HOUSTON	TX
77285	HOUSTON	TX
77286	HOUSTON	TX
77294	HOUSTON	TX
77296	HOUSTON	TX
77353	MAGNOLIA	TX
77399	LIVINGSTON	TX
77410	CYPRESS	TX
77496	SUGAR LAND	TX
78049	LAREDO	TX
78799	AUSTIN	TX
78837	COMSTOCK	TX
79491	LUBBOCK	TX
80001	ARVADA	CO
80002	ARVADA	CO
80003	ARVADA	CO
80004	ARVADA	CO
80005	ARVADA	CO
80006	ARVADA	CO
80007	ARVADA	CO
80010	AURORA	CO
80011	AURORA	CO
80012	AURORA	CO
80013	AURORA	CO
80014	AURORA	CO
80015	AURORA	CO
80016	AURORA	CO
80017	AURORA	CO
80018	AURORA	CO
80019	AURORA	CO
80021	BROOMFIELD	CO
80022	COMMERCE CITY	CO
80023	BROOMFIELD	CO
80024	DUPONT	CO
80025	ELDORADO SPRINGS	CO
80026	LAFAYETTE	CO
80027	LOUISVILLE	CO
80030	WESTMINSTER	CO
80031	WESTMINSTER	CO
80033	WHEAT RIDGE	CO
80034	WHEAT RIDGE	CO
80035	WESTMINSTER	CO
80036	WESTMINSTER	CO
80037	COMMERCE CITY	CO
80038	BROOMFIELD	CO
80040	AURORA	CO
80041	AURORA	CO
80042	AURORA	CO
80044	AURORA	CO
80045	AURORA	CO

ZIP Code	City Name	State Code
80047	AURORA	CO
80102	BENNETT	CO
80103	BYERS	CO
80104	CASTLE ROCK	CO
80107	ELIZABETH	CO
80108	CASTLE ROCK	CO
80109	CASTLE ROCK	CO
80110	ENGLEWOOD	CO
80111	ENGLEWOOD	CO
80112	ENGLEWOOD	CO
80113	ENGLEWOOD	CO
80116	FRANKTOWN	CO
80120	LITTLETON	CO
80121	LITTLETON	CO
80122	LITTLETON	CO
80123	LITTLETON	CO
80124	LONE TREE	CO
80125	LITTLETON	CO
80127	LITTLETON	CO
80128	LITTLETON	CO
80129	LITTLETON	CO
80130	LITTLETON	CO
80131	LOUVIERS	CO
80134	PARKER	CO
80136	STRASBURG	CO
80137	WATKINS	CO
80138	PARKER	CO
80150	ENGLEWOOD	CO
80151	ENGLEWOOD	CO
80155	ENGLEWOOD	CO
80160	LITTLETON	CO
80162	LITTLETON	CO
80163	LITTLETON	CO
80165	LITTLETON	CO
80166	LITTLETON	CO
80201	DENVER	CO
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80212	DENVER	CO
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80220	DENVER	CO

ZIP Code	City Name	State Code
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80291	DENVER	CO
80293	DENVER	CO
80294	DENVER	CO
80295	DENVER	CO
80299	DENVER	CO
80303	BOULDER	CO
80310	BOULDER	CO
80314	BOULDER	CO
80321	BOULDER	CO

ZIP Code	City Name	State Code
80322	BOULDER	CO
80323	BOULDER	CO
80328	BOULDER	CO
80329	BOULDER	CO
80402	GOLDEN	CO
80419	GOLDEN	CO
80422	BLACK HAWK	CO
80427	CENTRAL CITY	CO
80436	DUMONT	CO
80437	EVERGREEN	CO
80438	EMPIRE	CO
80444	GEORGETOWN	CO
80453	IDLEDALE	CO
80454	INDIAN HILLS	CO
80457	KITTREDGE	CO
80471	PINECLIFFE	CO
80474	ROLLINSVILLE	CO
80514	DACONO	CO
80516	ERIE	CO
80520	FIRESTONE	CO
80530	FREDERICK	CO
80533	HYGIENE	CO
80544	NIWOT	CO
80601	BRIGHTON	CO
80602	BRIGHTON	CO
80603	BRIGHTON	CO
80614	EASTLAKE	CO
80621	FORT LUPTON	CO
80640	HENDERSON	CO
80642	HUDSON	CO
81403	MONTROSE	CO
81507	GRAND JUNCTION	CO
83414	ALTA	WY
85240	QUEEN CREEK	AZ
85293	CASA GRANDE	AZ
85294	CASA GRANDE	AZ
85392	AVONDALE	AZ
86315	PRESCOTT VALLEY	AZ
89034	MESQUITE	NV
89441	SPARKS	NV
89519	RENO	NV
92227	BRAWLEY	CA
92231	CALEXICO	CA
92233	CALIPATRIA	CA
92243	EL CENTRO	CA
92244	EL CENTRO	CA
92251	IMPERIAL	CA
92273	SEELEY	CA
92331	FONTANA	CA
93201	ALPAUGH	CA
93202	ARMONA	CA
93204	AVENAL	CA
93210	COALINGA	CA
93227	GOSHEN	CA

ZIP Code	City Name	State Code
93230	HANFORD	CA
93232	HANFORD	CA
93234	HURON	CA
93239	KETTLEMAN CITY	CA
93242	LATON	CA
93245	LEMOORE	CA
93246	LEMOORE	CA
93258	PORTERVILLE	CA
93266	STRATFORD	CA
93275	TULARE	CA
93277	VISALIA	CA
93278	VISALIA	CA
93279	VISALIA	CA
93282	WAUKENA	CA
93290	VISALIA	CA
93291	VISALIA	CA
93314	BAKERSFIELD	CA
93606	BIOLA	CA
93607	BURREL	CA
93609	CARUTHERS	CA
93624	FIVE POINTS	CA
93625	FOWLER	CA
93631	KINGSBURG	CA
93636	MADERA	CA
93652	RAISIN CITY	CA
93656	RIVERDALE	CA
93662	SELMA	CA
93666	SULTANA	CA
93670	YETTEM	CA
93673	TRAVER	CA
93701	FRESNO	CA
93702	FRESNO	CA
93706	FRESNO	CA
93707	FRESNO	CA
93708	FRESNO	CA
93709	FRESNO	CA
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93730	FRESNO	CA
93741	FRESNO	CA
93744	FRESNO	CA
93745	FRESNO	CA
93750	FRESNO	CA
93755	FRESNO	CA
93760	FRESNO	CA

ZIP Code	City Name	State Code
93761	FRESNO	CA
93764	FRESNO	CA
93771	FRESNO	CA
93772	FRESNO	CA
93773	FRESNO	CA
93774	FRESNO	CA
93775	FRESNO	CA
93776	FRESNO	CA
93777	FRESNO	CA
93778	FRESNO	CA
93779	FRESNO	CA
93786	FRESNO	CA
93790	FRESNO	CA
93791	FRESNO	CA
93792	FRESNO	CA
93793	FRESNO	CA
93794	FRESNO	CA
93844	FRESNO	CA
93888	FRESNO	CA
94203	SACRAMENTO	CA
94204	SACRAMENTO	CA
94205	SACRAMENTO	CA
94206	SACRAMENTO	CA
94207	SACRAMENTO	CA
94208	SACRAMENTO	CA
94209	SACRAMENTO	CA
94211	SACRAMENTO	CA
94229	SACRAMENTO	CA
94230	SACRAMENTO	CA
94232	SACRAMENTO	CA
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94256	SACRAMENTO	CA
94257	SACRAMENTO	CA
94258	SACRAMENTO	CA
94259	SACRAMENTO	CA
94261	SACRAMENTO	CA
94262	SACRAMENTO	CA
94263	SACRAMENTO	CA
94267	SACRAMENTO	CA
94268	SACRAMENTO	CA

ZIP Code	City Name	State Code
94269	SACRAMENTO	CA
94271	SACRAMENTO	CA
94273	SACRAMENTO	CA
94274	SACRAMENTO	CA
94277	SACRAMENTO	CA
94278	SACRAMENTO	CA
94279	SACRAMENTO	CA
94280	SACRAMENTO	CA
94282	SACRAMENTO	CA
94283	SACRAMENTO	CA
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94285	SACRAMENTO	CA
94286	SACRAMENTO	CA
94287	SACRAMENTO	CA
94288	SACRAMENTO	CA
94289	SACRAMENTO	CA
94290	SACRAMENTO	CA
94291	SACRAMENTO	CA
94293	SACRAMENTO	CA
94294	SACRAMENTO	CA
94295	SACRAMENTO	CA
94296	SACRAMENTO	CA
94297	SACRAMENTO	CA
94298	SACRAMENTO	CA
94299	SACRAMENTO	CA
95225	BURSON	CA
95226	CAMPO SECO	CA
95227	CLEMENTS	CA
95241	LODI	CA
95242	LODI	CA
95253	VICTOR	CA
95254	WALLACE	CA
95258	WOODBIDGE	CA
95501	EUREKA	CA
95502	EUREKA	CA
95519	MCKINLEYVILLE	CA
95521	ARCATA	CA
95551	LOLETA	CA
95564	SAMOA	CA
95601	AMADOR CITY	CA
95604	AUBURN	CA
95605	WEST SACRAMENTO	CA
95608	CARMICHAEL	CA
95609	CARMICHAEL	CA
95612	CLARKSBURG	CA
95613	COLOMA	CA
95614	COOL	CA
95615	COURTLAND	CA
95624	ELK GROVE	CA
95626	ELVERTA	CA
95628	FAIR OAKS	CA
95630	FOLSOM	CA
95632	GALT	CA
95635	GREENWOOD	CA

ZIP Code	City Name	State Code
95639	HOOD	CA
95645	KNIGHTS LANDING	CA
95651	LOTUS	CA
95652	MCCLELLAN	CA
95654	MARTELL	CA
95655	MATHER	CA
95656	MOUNT AUKUM	CA
95660	NORTH HIGHLANDS	CA
95664	PILOT HILL	CA
95668	PLEASANT GROVE	CA
95670	RANCHO CORDOVA	CA
95671	REPRESA	CA
95672	RESCUE	CA
95673	RIO LINDA	CA
95675	RIVER PINES	CA
95680	RYDE	CA
95682	SHINGLE SPRINGS	CA
95683	SLOUGHHOUSE	CA
95686	THORNTON	CA
95690	WALNUT GROVE	CA
95691	WEST SACRAMENTO	CA
95693	WILTON	CA
95695	WOODLAND	CA
95697	YOLO	CA
95698	ZAMORA	CA
95699	DRYTOWN	CA
95703	APPLEGATE	CA
95722	MEADOW VISTA	CA
95736	WEIMAR	CA
95741	RANCHO CORDOVA	CA
95742	RANCHO CORDOVA	CA
95757	ELK GROVE	CA
95758	ELK GROVE	CA
95759	ELK GROVE	CA
95762	EL DORADO HILLS	CA
95763	FOLSOM	CA
95776	WOODLAND	CA
95798	WEST SACRAMENTO	CA
95799	WEST SACRAMENTO	CA
95811	SACRAMENTO	CA
95812	SACRAMENTO	CA
95813	SACRAMENTO	CA
95814	SACRAMENTO	CA
95815	SACRAMENTO	CA
95816	SACRAMENTO	CA
95817	SACRAMENTO	CA
95818	SACRAMENTO	CA
95819	SACRAMENTO	CA
95820	SACRAMENTO	CA
95821	SACRAMENTO	CA
95822	SACRAMENTO	CA
95823	SACRAMENTO	CA
95824	SACRAMENTO	CA
95825	SACRAMENTO	CA

ZIP Code	City Name	State Code
95826	SACRAMENTO	CA
95827	SACRAMENTO	CA
95828	SACRAMENTO	CA
95829	SACRAMENTO	CA
95830	SACRAMENTO	CA
95832	SACRAMENTO	CA
95833	SACRAMENTO	CA
95834	SACRAMENTO	CA
95835	SACRAMENTO	CA
95836	SACRAMENTO	CA
95837	SACRAMENTO	CA
95838	SACRAMENTO	CA
95840	SACRAMENTO	CA
95851	SACRAMENTO	CA
95852	SACRAMENTO	CA
95853	SACRAMENTO	CA
95860	SACRAMENTO	CA
95864	SACRAMENTO	CA
95865	SACRAMENTO	CA
95866	SACRAMENTO	CA
95867	SACRAMENTO	CA
95887	SACRAMENTO	CA
95894	SACRAMENTO	CA
95899	SACRAMENTO	CA
96127	SUSANVILLE	CA
96146	OLYMPIC VALLEY	CA
96799	PAGO PAGO	AS
96898	WAKE ISLAND	WQ
96950	SAIPAN	MP
96951	ROTA	MP
96952	TINIAN	MP
97086	HAPPY VALLEY	OR
97089	DAMASCUS	OR
97317	SALEM	OR
97322	ALBANY	OR
97471	ROSEBURG	OR
98221	ANACORTES	WA
98297	WALDRON	WA
99545	KONGIGANAK	AK
99812	JUNEAU	AK

**Attachment J-13
ADDP Data Elements File**

Data File Requirements:

1. File Content: Monthly data feeds, reflecting previous month's claim activity and provider data feeds.
2. Format: Fixed Length and in order listed below for claims and providers.
3. Contractor will submit the data the 1st and 15th of each month.
4. Method of Delivery to Government: ADDP files will be sent to the MHS Data Repository (MDR) via Secure File Transfer Protocol (SFTP), to a fixed IP address provided by the Government, in accordance with the Interface Control Document (ICD) (see C.21.3).

Description of ADDP Claims Data File Elements:

Field Name					
ADSM Last Name	35	1-35	Alphabetic	None	Last name of Active Duty Service Member
ADSM First Name	25	36-60	Alphabetic	None	First name of Active Duty Service Member
ADSM Middle Name	25	61-85	Alphabetic	None	Middle name of Active Duty Service Member
ADSM Social Security Number	9	86-94	Alpha-numeric	None	Social Security Number (SSN) of Active Duty Service Member
ADSM Gender	1	95	Alphabetic	F, M, X	Service member's sex code. Coded as follows: F Female M Male X Unknown
ADSM Birth Date	8	96-103	Date	None	Service member's birth date. Format YYYYMMDD.
DEERS ID	14	104-117	Alpha-numeric	None	The identifier assigned by Defense Enrollment Eligibility Reporting System (DEERS) that is used to represent a patient within a Department of Defense Electronic Data Interchange (DoD EDI_PN).
ADSM Branch of Service	1	118	Alphabetic	A, C, F, H, M, N, O, 1, 2, 3, 4, 6	A code that represents the branch of service with which the Active Duty Service Member is affiliated. A Army C Coast Guard F Air Force H Commissioned Corps of the Public Health Service M Marine Corps N Navy O Commissioned Corps of the National Oceanographic and Atmospheric Administration (NOAA) 1, 2, 3, 4, 6 Foreign Services
Component	1	119	Alphabetic	D, R	A code that represents if the ADSM is within reach of a DTF or is in a remote location (not within reach of a DTF). D DTF area R Remote
ADSM Phone Number	14	120-133	Alpha-numeric	None	The home telephone number of the Active Duty Service Member.
Performing Provider Number	9	134-142	Alpha-numeric	None	A unique number assigned to an individual or organization which performs health care services.
Provider Tax ID	9	143-151	Alpha-numeric	None	The Taxpayer Identification Number (TIN) of the provider.
National Provider ID (NPI) – Individual	14	152-165	Alpha-numeric	None	National Provider ID (NPI) number of the provider rendering dental services.
National Provider ID (NPI) – Group	14	166-179	Alpha-numeric	None	National Provider ID (NPI) number of the provider rendering dental services.

**Attachment J-13
ADDP Data Elements File**

Field Name					
Performing Provider Zip	5	180-184	Alpha-numeric	None	The business address Zip code of the provider.
Performing Provider Specialty	3	185-187	Alpha-numeric	None	Code describing the provider's specialty.
Performing Provider Specialty – HIPAA Taxonomy	10	188-197	Alpha-numeric	None	A unique alphanumeric code structured into three distinct levels including provider type, classification, and area of specialization.
Provider Network Status	1	198	Alpha-numeric	1, 2, 3	Indicates whether or not the provider is a network or non-network provider. 1 Network provider 2 Non-network provider 3 Not eligible
Provider Suffix	3	199-201	Alphabetic	None	The Professional Degree which a doctor receives upon graduation from a college or university (ex: DDS, DMD).
Claim Number	13	202-214	Alpha-numeric	None	The unique number for the claim.
Claim Line-Item Number	4	215-218	Numeric	0000 - 9999	The line number of a particular service on the bill.
Claim Rejection Reason	5	219-223	Alpha-numeric	None	The reason for the rejection of the claim.
Line-Item Rejection Reason	5	224-228	Alpha-numeric	None	The reason for the rejection of the line-item within the claim.
Benefit Category	6	229-234	Alpha-numeric	A SURG ANES CIO CONSUL D DIAG D GENL D ORAL D PREV D PROS M ORAL M REST ORTHO PERIO SURG	Identifies the general benefit category of the service provided. A SURG Assistant surgery ANES Anesthesia CIO Crowns, Inlays, and Onlays CONSUL Consultation D DIAG Dental Diagnostic D GENL Dental General Services D ORAL Dental Oral Surgery D PREV Dental Preventive D PROS Dental Prosthetic M ORAL Medical/Surgical Oral Surgery M REST Minor Restorative ORTHO Orthodontic PERIO Periodontic SURG Surgery
Date of Service	8	235-242	Date	None	The date that dental services were first provided for this claim. Format: YYYYMMDD.
End Date of Service	8	243-250	Date	None	The last date that dental services were provided for this claim. Format: YYYYMMDD.
Claim Receipt Date	8	251-258	Date	None	The date that the claim was received for payment. Format: YYYYMMDD.
Claim Paid Date	8	259-266	Date	None	The date that the claim was paid. Format: YYYYMMDD.
Claim Finalized Date	8	267-274	Date	None	The date that the claim was adjudicated and payment decisions made. Format: YYYYMMDD.
Date of Last Exam	8	275-282	Date	None	The date of the patient's last dental examination. Format: YYYYMMDD.
CDT Procedure Code	5	283-287	Alpha-numeric	None	Current Dental Terminology (CDT) procedure code for the service.
CDT Version	2	288-289	Alpha-numeric	None	The CDT version that was used to determine the procedure code.
Adjustment Reason	2	290-291	Alpha-numeric	None	Code identifying the reason for non-payment of services or adjustment of the detail line item.

**Attachment J-13
ADDP Data Elements File**

Field Name					
Adjustment Code	1	292	Alphabetic	A, B, C, D, E, F, G, H, I, J	Indicates the adjustment made to claim. A Additional payment B History change C Refund reprocess D Cancel refund E Transfer funds F Utilization transfer/original (intraplan) G Utilization transfer/secondary (intraplan) H Administrative I Refund J Product line transfer (interface claim).
Tooth Number	2	293-294	Alpha-numeric	None	The tooth entered on the pricing grid on the Claim Adjudication screen.
Anterior/Posterior Indicator	1	295	Alpha-numeric		Indicates anterior or posterior location.
Buccal Surface Indicator	1	296	Alphabetic	N, Y	Indicates buccal surface. Coded as follows: N No Y Yes
Distal Surface	1	297	Alphabetic	N, Y	Indicates distal surface. Coded as follows: N No Y Yes
Facial Surface Indicator	1	298	Alphabetic	N, Y	Indicates facial surface. Coded as follows: N No Y Yes
Incisal Surface Indicator	1	299	Alphabetic	N, Y	Indicates incisal surface. Coded as follows: N No Y Yes
Lingual Surface Indicator	1	300	Alphabetic	N, Y	Indicates lingual surface. Coded as follows: N No Y Yes
Mesial Surface	1	301	Alphabetic	N, Y	Indicates mesial surface. Coded as follows: N No Y Yes
Occlusal Surface Indicator	1	302	Alphabetic	N, Y	Indicates occlusal surface. Coded as follows: N No Y Yes
Quadrant (Mouth Area Code)	2	303-304	Alpha-numeric	None	Identifies the quadrant of dental care.
Provider Charge	9 (6,2)	305-313	Numeric	None	The amount charged by the provider for services, by line item. Format: "dddddd.cc"
Allowed Amount	9 (6,2)	314-322	Numeric	None	The amount allowed under the plan for the specified services, by line item. Format: "dddddd.cc"
Approved Amount	9 (6,2)	323-331	Numeric	None	The approved amount that the plan would pay towards the dental services, by line item. Format: "dddddd.cc"
Other Carrier Payment	9 (6,2)	332-340	Numeric	None	Payments made by Other Health Insurance (OHI) towards the Provider Charges, by line item. Format: "dddddd.cc"
Third Party Liability (TPL)	9 (6,2)	341-349	Numeric	None	The amount paid by Third Party Liability (TPL) plan carriers towards the Provider Charges, by line item. Format: "dddddd.cc"
Prior Placement Date	8	350-357	Date	None	The date of prior placement. Format: YYYYMMDD.
Replacement Reason	1	358	Alpha-numeric	1, 2, 3, 4	The replacement code representing the reason a specific crown, prosthesis, inlay or onlay is to be replaced. 1 Lost 2 Broken 3 Accident 4 No longer serviceable

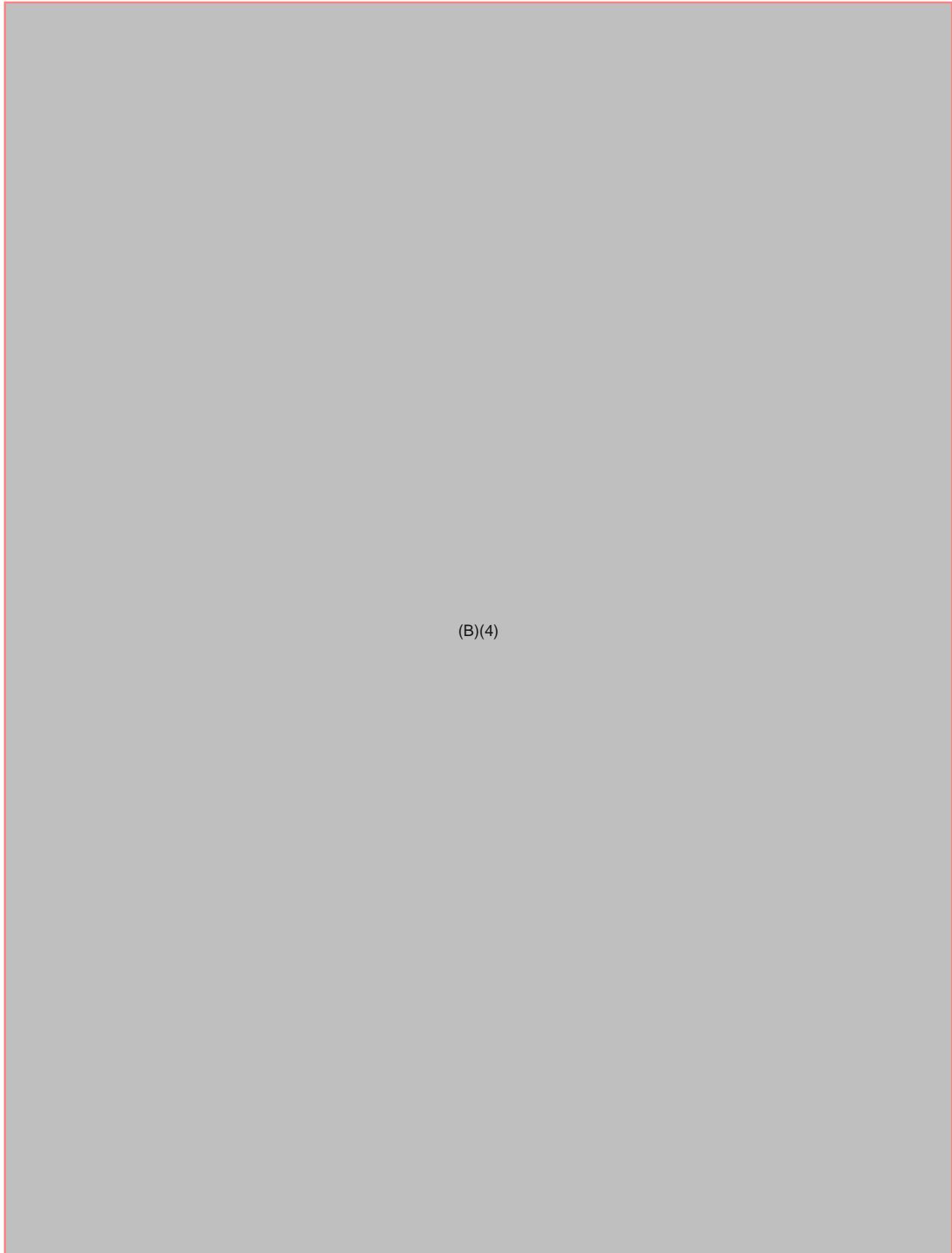
**Attachment J-13
ADDP Data Elements File**

Field Name					
Oral Health Initiative Indicator	1	359	Alpha-numeric	N, Y	A code indicating if this service is part of an Oral Health Initiative. N No Y Yes
Dental Readiness Classification	1	360	Alpha-numeric	1, 2, 3	A code representing the ADSM's dental readiness by claim. 1 No dental treatment needed 2 Minor dental treatment needed 3 Urgent or emergent dental care required
Referral Number	16	361-376	Alpha-numeric		A unique referral number associated with the claim.
Authorization Number	16	377-392	Alpha-numeric		A unique authorization number associated with the claim.
DMIS Code	4	393-396	Numeric		A code representing a particular Dental Treatment Facility.
MMSO Residual Claims Indicator	1	397	Alpha-numeric		Indicates that this is a residual claim.
Special Processing Arrangement (SPA) Code	2	398-399	Alpha	AT, RT	A code that represents if the claim was processed as a DTF Referred or Remote ADSM, AT DTF Referred RT Remote ADSM
Government Charged Amount	9 (6,2)	400-408	Numeric	None	The allowed amount paid by the Government to the Contractor for the specified services, by line item. Format: "dddddd.cc".
Diabetic Indicator	3	409-411	Numeric	250	The claim form will report if the ADSM is diabetic.
Pregnancy Indicator	3	412-414	Alpha-numeric	V22	The claim form will report if the ADSM is pregnant.
Health Care Delivery Program (HCDP) Plan Coverage Code	3	415-417	Numeric	025 026 232 233 234	The code that represents the plan coverage a sponsor has within a HCDP type. 025 – Direct Care Dental for Active Duty Sponsors 026 – Direct Care Dental for Active Duty Foreign Military 232 – Remote ADDP for sponsors enrolled in TRICARE Prime Remote 233 – Remote ADDP for sponsors not eligible for TRICARE Prime Remote 234 – Remote ADDP – Automatic Enrollment
Health Care Coverage (HCC) Member Category Code	1	418	Alpha	A, G, J, P, S, T	The member category code during the HCC period. A – Active Duty G – National Guard member (mobilized or on active duty for 31 days or more) Early ID Alert Status. J – Academy student (does not include Officer Candidate School or Merchant Marine Academy) P – Transitional Assistance Management Program member S – Reserve member (mobilized or on active duty for 31 days or more) Early ID Alert Status T – Foreign military member
Remote Authorization	1	419	Alpha-numeric	1, 2, 3	A code representing remote authorizations by line item: 1 Approved 2 Disapproved 3 Authorized care not completed

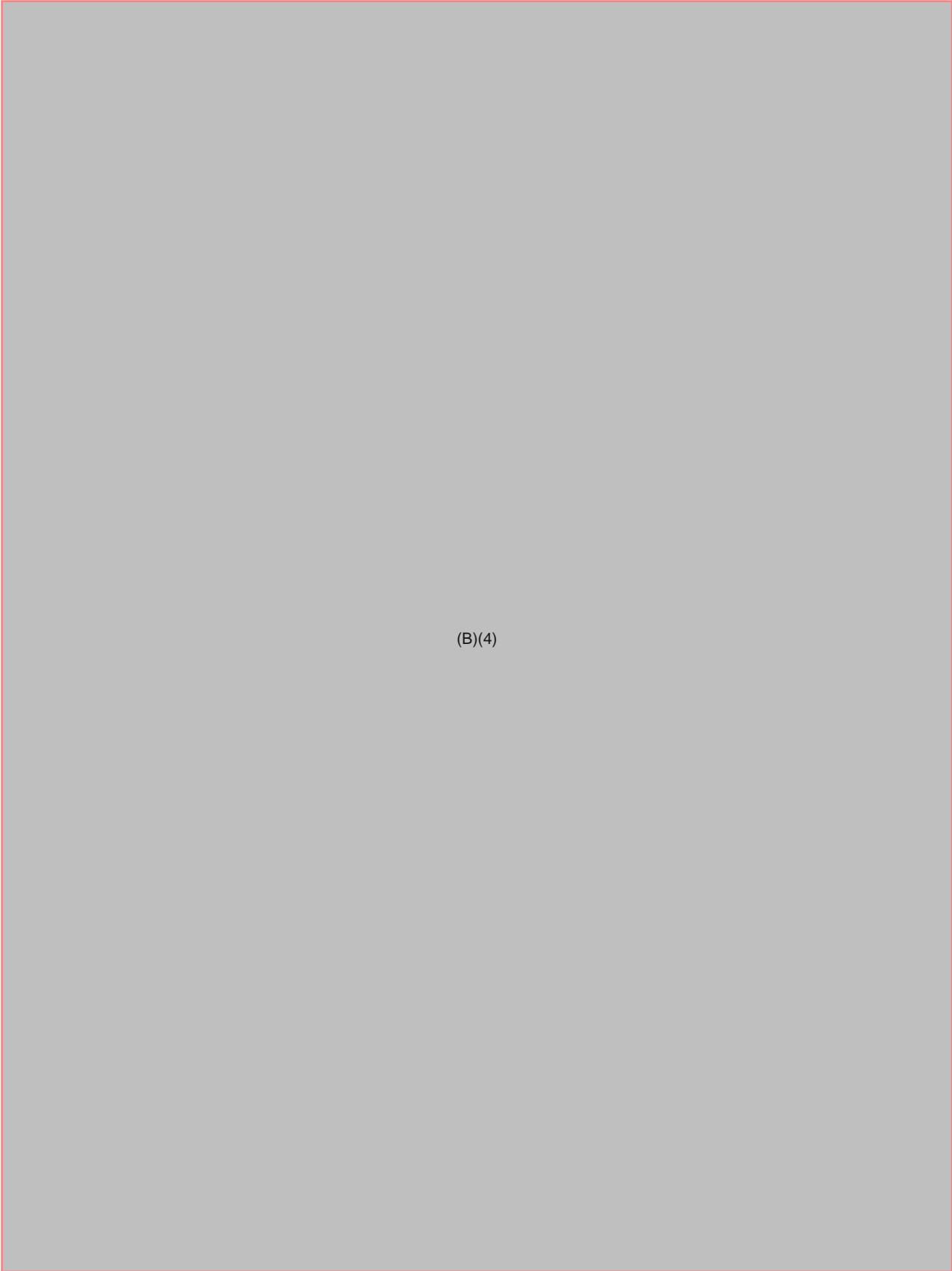
**Attachment J-13
ADDP Data Elements File**

Description of AD DP Provider Data File Elements:

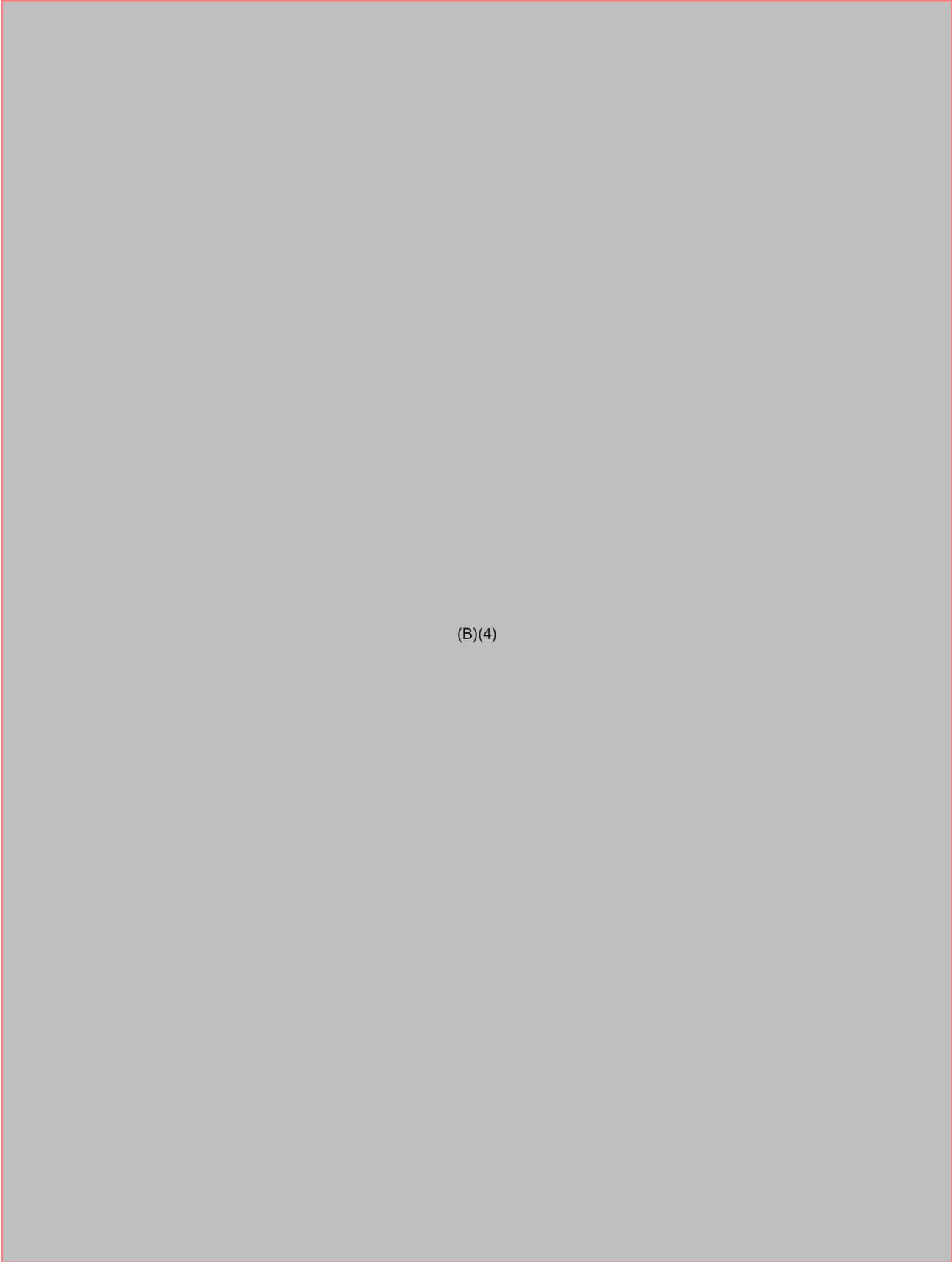
Field Name					
Provider Tax Identifier	9	1-9	Alpha-numeric	None	The Taxpayer Identification Number (TIN) of the provider.
Provider Identifier	9	10-18	Alpha-numeric	None	A unique number assigned to an individual or organization which performs health care services.
Individual Provider Name	53	19-71	Alpha-numeric	None	The text name of the individual provider.
Group Name	53	72-124	Alpha-numeric	None	The text name of the dental group (if service was performed by a provider who is part of a group).
Provider Specialty	3	125-127	Alpha-numeric	None	Code describing the provider's specialty.
HIPAA Provider Taxonomy	10	128-137	Alpha-numeric	None	A unique alphanumeric code structured into three distinct levels including provider type, classification, and area of specialization.
Provider SSN	9	138-146	Alpha-numeric	None	Social Security Number (SSN) of the dental provider.
Provider Network Status	1	147	Alpha-numeric	1, 2	Indicates whether or not the provider is a network or non-network provider (at the date of service). 1 Network provider 2 Non-network provider
Provider Telephone Number	10	148-157	Alpha-numeric	None	Business telephone number of the provider.
Provider Street Address Line 1	36	158-193	Alpha-numeric	None	Provider's business street address line 1.
Provider Street Address Line 2	36	194-229	Alpha-numeric	None	Provider's business street address line 2.
State	2	230-231	Alpha-numeric	None	Provider's business state code.
Provider Zip Code	9	232-240	Alpha-numeric	None	Provider's business zip code.
Country Code	3	241-243	Alpha-numeric	None	Provider's business country code.
National Provider Identifier (NPI) Individual	14	244-257	Alpha-numeric	None	National Provider ID (NPI) number of the provider.
National Provider Identifier (NPI) Group	14	258-271	Alpha-numeric	None	National Provider ID (NPI) number of the provider.
Reserved For Future Use	11	272-282	Alpha-numeric	None	Placeholder for future requirements.



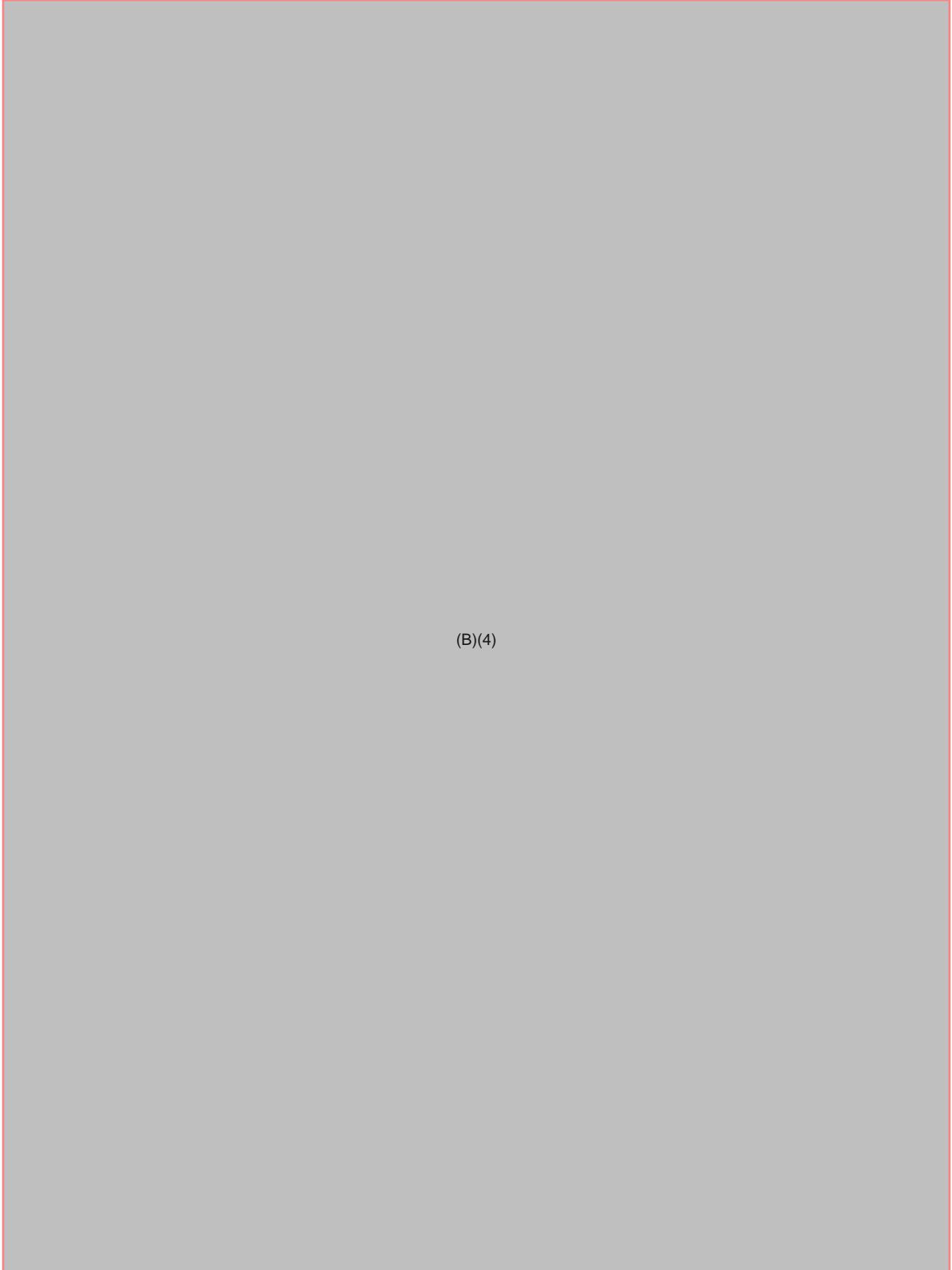
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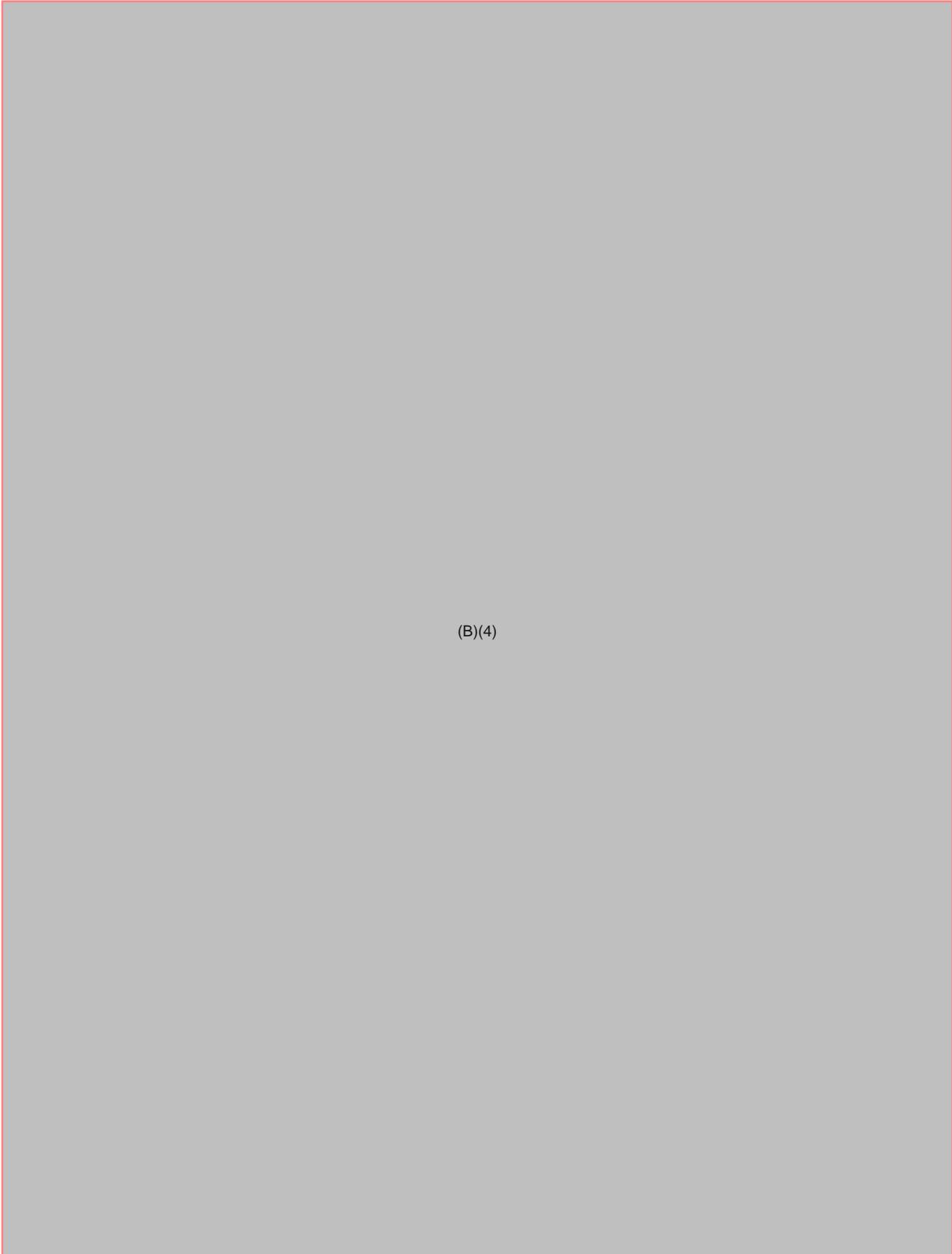
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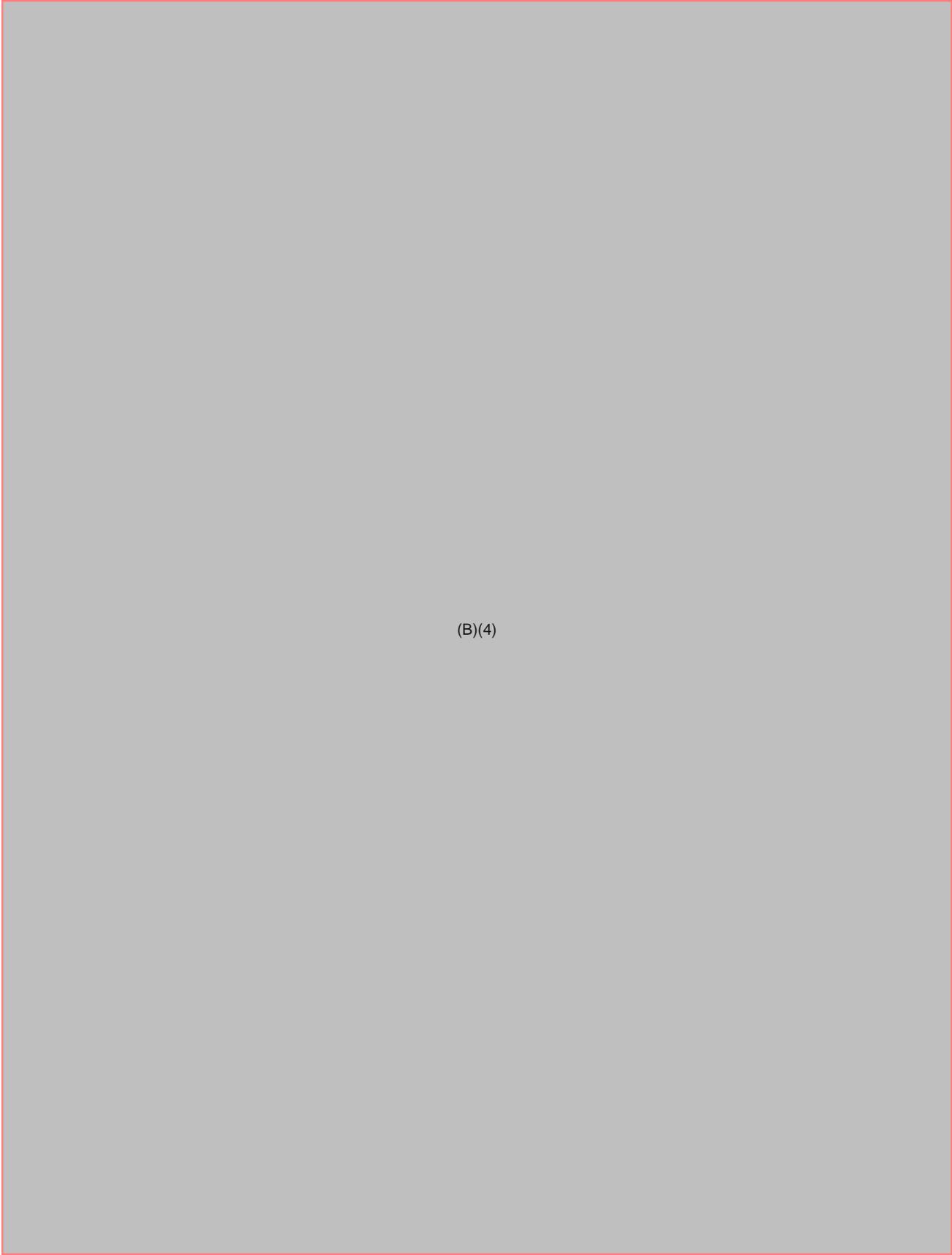
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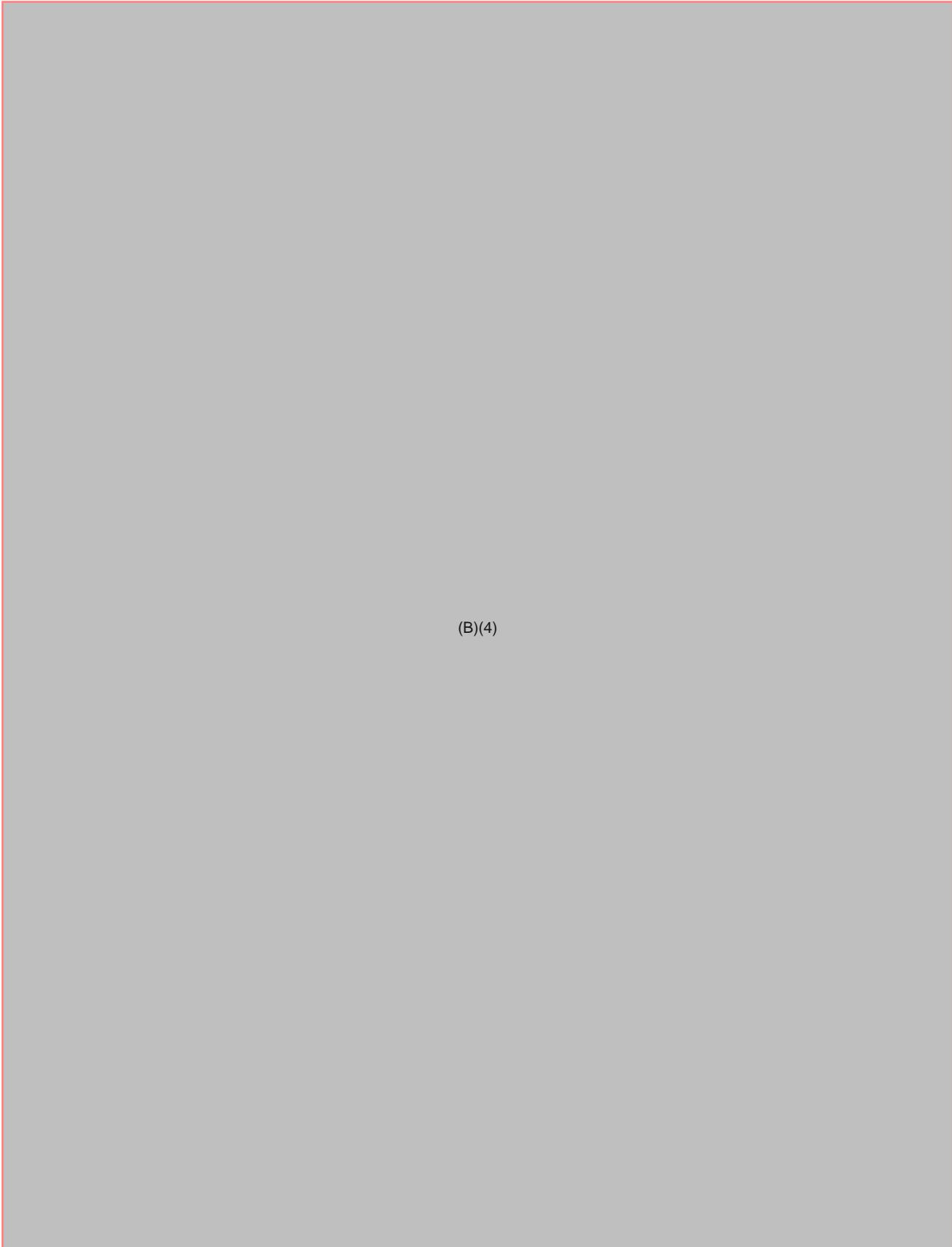
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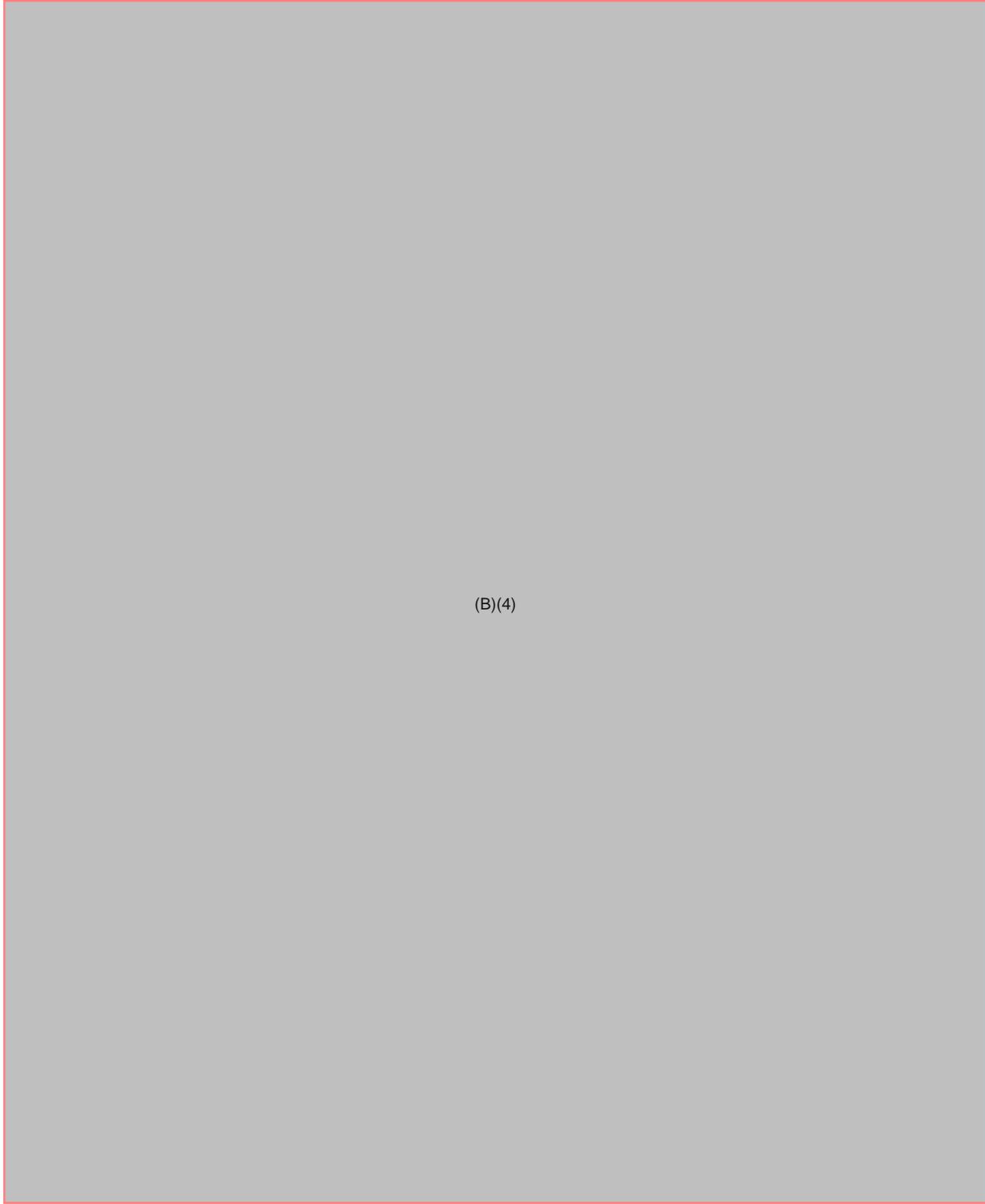
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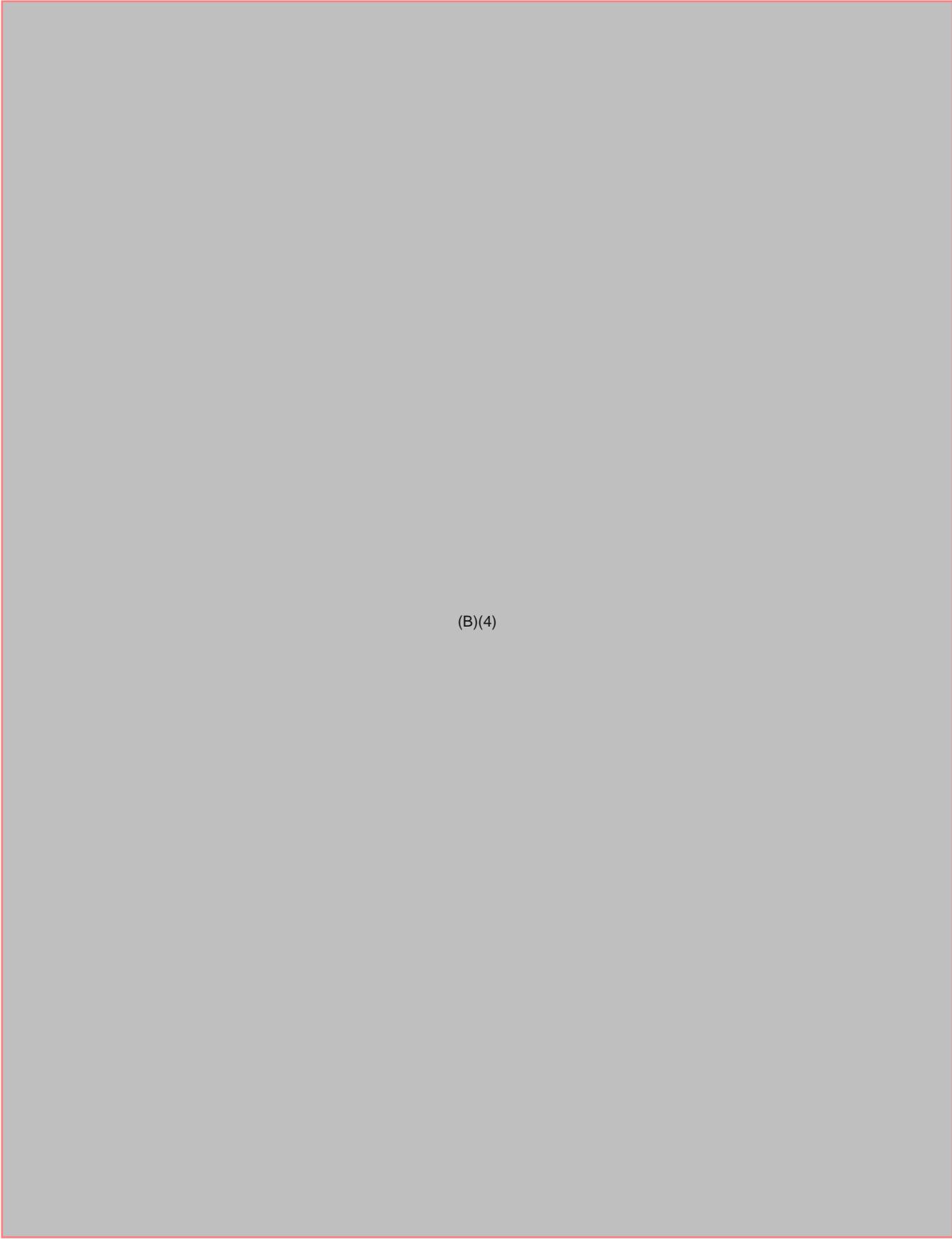
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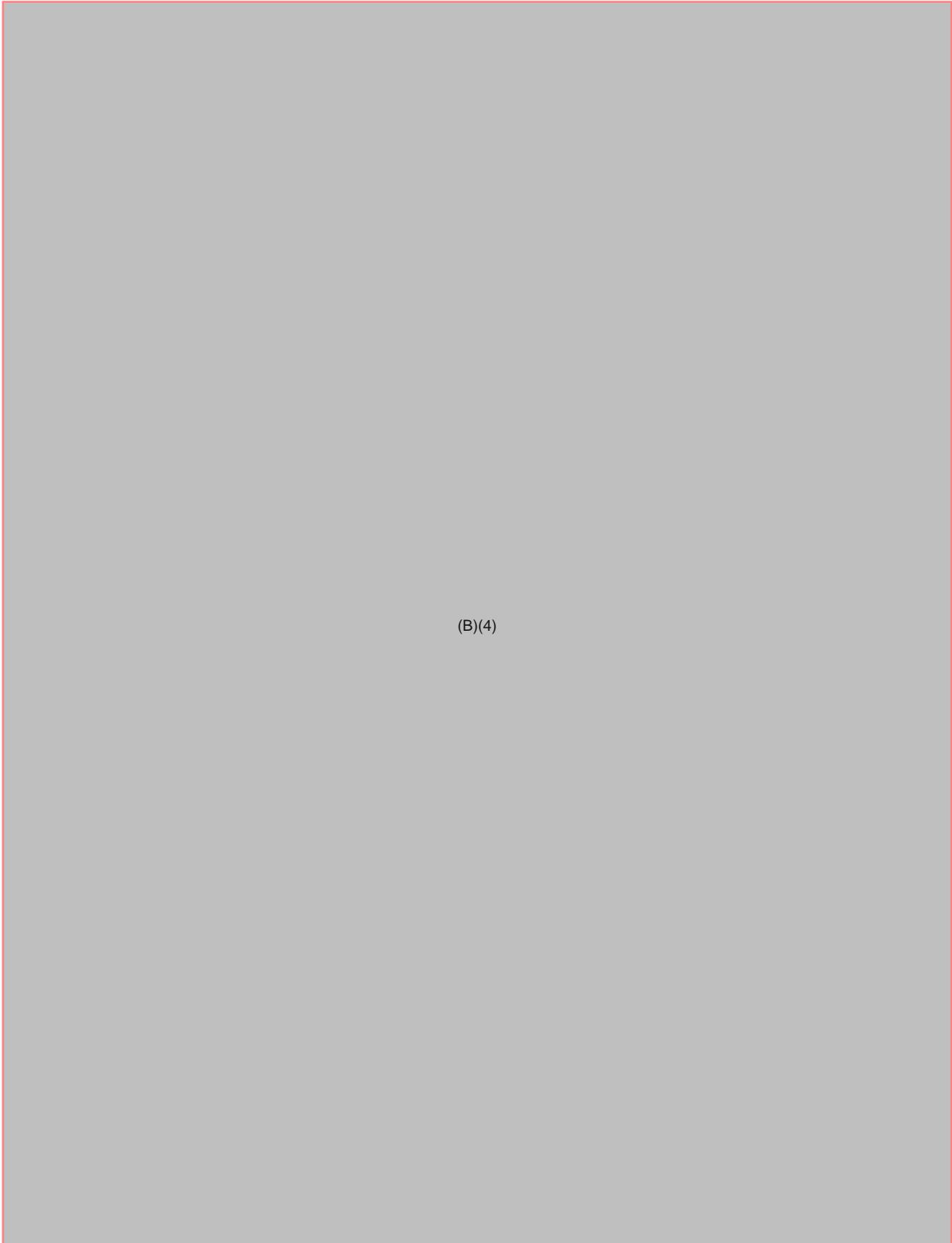
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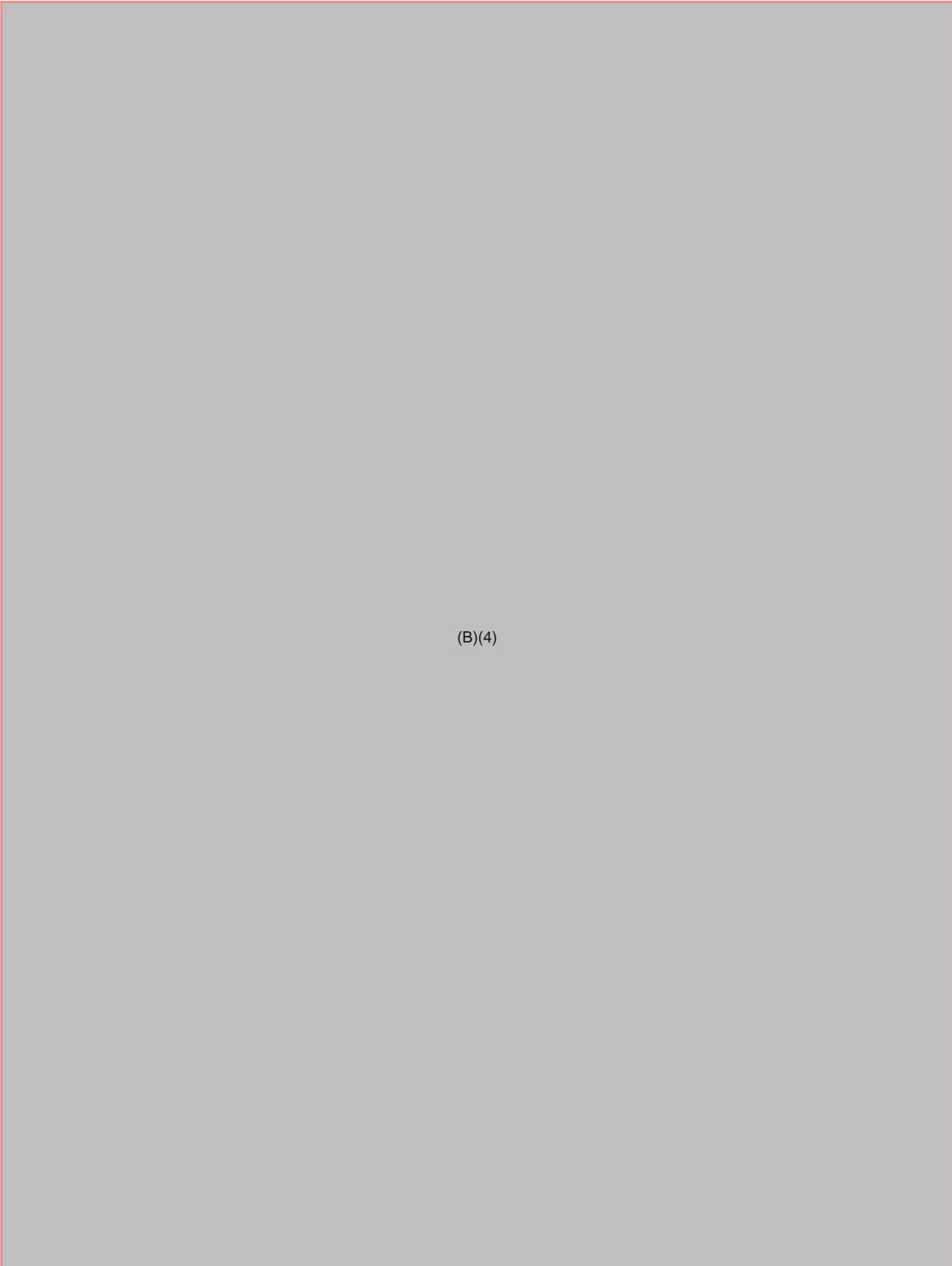
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(B)(4)



(B)(4)

(B)(4)

4.0 PLACE OF PERFORMANCE (L.5.4)

United Concordia Companies, Inc. (UCCI) does not intend to perform any part of the Active Duty Dental Program (ADDP) outside of the United States and Canada.

5.0 SERVICE CONTRACT ACT

5.1 Wage Determinations or CBAs

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REGISTER OF WAGE DETERMINATIONS UNDER | U.S. DEPARTMENT OF LABOR
THE SERVICE CONTRACT ACT | EMPLOYMENT STANDARDS ADMINISTRATION
By direction of the Secretary of Labor | WAGE AND HOUR DIVISION
| WASHINGTON D.C. 20210
|
|
| Wage Determination No.: 2005-2447
Diane C. Koplewski Division of | Revision No.: 13
Director Wage Determinations | Date Of Revision: 06/13/2012
-----|-----
State: Pennsylvania

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Area: Pennsylvania Counties of Berks, Cumberland, Dauphin, Juniata, Lancaster, Lebanon, Mifflin, Montour, Northumberland, Perry, Snyder, Union

Fringe Benefits Required Follow the Occupational Listing

OCCUPATION CODE - TITLE	FOOTNOTE	RATE
01000 - Administrative Support And Clerical Occupations		
01011 - Accounting Clerk I		14.81
01012 - Accounting Clerk II		16.64
01013 - Accounting Clerk III		18.60
01020 - Administrative Assistant		21.90
01040 - Court Reporter		22.23
01051 - Data Entry Operator I		12.14
01052 - Data Entry Operator II		13.24
01060 - Dispatcher, Motor Vehicle		18.09
01070 - Document Preparation Clerk		13.74
01090 - Duplicating Machine Operator		13.91
01111 - General Clerk I		11.55
01112 - General Clerk II		12.62
01113 - General Clerk III		14.16
01120 - Housing Referral Assistant		19.71
01141 - Messenger Courier		11.60
01191 - Order Clerk I		12.19
01192 - Order Clerk II		14.87
01261 - Personnel Assistant (Employment) I		16.27
01262 - Personnel Assistant (Employment) II		18.20
01263 - Personnel Assistant (Employment) III		20.29
01270 - Production Control Clerk		19.92
01280 - Receptionist		12.17
01290 - Rental Clerk		12.94
01300 - Scheduler, Maintenance		15.61
01311 - Secretary I		15.61
01312 - Secretary II		17.68
01313 - Secretary III		19.71
01320 - Service Order Dispatcher		16.83

01410 - Supply Technician	21.90
01420 - Survey Worker	14.90
01531 - Travel Clerk I	12.01
01532 - Travel Clerk II	12.88
01533 - Travel Clerk III	13.80
01611 - Word Processor I	14.25
01612 - Word Processor II	15.84
01613 - Word Processor III	17.68
05000 - Automotive Service Occupations	
05005 - Automobile Body Repairer, Fiberglass	19.95
05010 - Automotive Electrician	18.12
05040 - Automotive Glass Installer	17.37
05070 - Automotive Worker	17.37
05110 - Mobile Equipment Servicer	15.88
05130 - Motor Equipment Metal Mechanic	18.68
05160 - Motor Equipment Metal Worker	17.37
05190 - Motor Vehicle Mechanic	18.68
05220 - Motor Vehicle Mechanic Helper	15.12
05250 - Motor Vehicle Upholstery Worker	16.62
05280 - Motor Vehicle Wrecker	17.37
05310 - Painter, Automotive	18.12
05340 - Radiator Repair Specialist	17.37
05370 - Tire Repairer	14.53
05400 - Transmission Repair Specialist	18.68
07000 - Food Preparation And Service Occupations	
07010 - Baker	12.53
07041 - Cook I	11.49
07042 - Cook II	12.85
07070 - Dishwasher	8.54
07130 - Food Service Worker	9.61
07210 - Meat Cutter	15.48
07260 - Waiter/Waitress	8.87
09000 - Furniture Maintenance And Repair Occupations	
09010 - Electrostatic Spray Painter	18.88
09040 - Furniture Handler	14.47
09080 - Furniture Refinisher	18.88
09090 - Furniture Refinisher Helper	15.75
09110 - Furniture Repairer, Minor	17.31
09130 - Upholsterer	19.54
11000 - General Services And Support Occupations	
11030 - Cleaner, Vehicles	11.05
11060 - Elevator Operator	11.05
11090 - Gardener	14.73
11122 - Housekeeping Aide	12.29
11150 - Janitor	12.29
11210 - Laborer, Grounds Maintenance	12.18
11240 - Maid or Houseman	9.52
11260 - Pruner	11.32
11270 - Tractor Operator	13.89
11330 - Trail Maintenance Worker	12.18
11360 - Window Cleaner	12.61
12000 - Health Occupations	
12010 - Ambulance Driver	13.73
12011 - Breath Alcohol Technician	17.37
12012 - Certified Occupational Therapist Assistant	21.31
12015 - Certified Physical Therapist Assistant	20.19

12020 - Dental Assistant	15.04
12025 - Dental Hygienist	27.49
12030 - EKG Technician	22.45
12035 - Electroneurodiagnostic Technologist	22.45
12040 - Emergency Medical Technician	13.73
12071 - Licensed Practical Nurse I	15.53
12072 - Licensed Practical Nurse II	17.37
12073 - Licensed Practical Nurse III	19.38
12100 - Medical Assistant	13.30
12130 - Medical Laboratory Technician	15.26
12160 - Medical Record Clerk	13.99
12190 - Medical Record Technician	14.00
12195 - Medical Transcriptionist	14.74
12210 - Nuclear Medicine Technologist	29.16
12221 - Nursing Assistant I	10.02
12222 - Nursing Assistant II	11.26
12223 - Nursing Assistant III	12.29
12224 - Nursing Assistant IV	13.79
12235 - Optical Dispenser	18.11
12236 - Optical Technician	15.63
12250 - Pharmacy Technician	13.18
12280 - Phlebotomist	13.79
12305 - Radiologic Technologist	24.57
12311 - Registered Nurse I	22.75
12312 - Registered Nurse II	27.84
12313 - Registered Nurse II, Specialist	27.84
12314 - Registered Nurse III	33.68
12315 - Registered Nurse III, Anesthetist	33.68
12316 - Registered Nurse IV	40.36
12317 - Scheduler (Drug and Alcohol Testing)	20.76
13000 - Information And Arts Occupations	
13011 - Exhibits Specialist I	19.05
13012 - Exhibits Specialist II	23.61
13013 - Exhibits Specialist III	28.89
13041 - Illustrator I	18.66
13042 - Illustrator II	23.13
13043 - Illustrator III	28.30
13047 - Librarian	25.61
13050 - Library Aide/Clerk	10.60
13054 - Library Information Technology Systems Administrator	23.13
13058 - Library Technician	14.66
13061 - Media Specialist I	16.68
13062 - Media Specialist II	18.66
13063 - Media Specialist III	20.82
13071 - Photographer I	17.17
13072 - Photographer II	19.67
13073 - Photographer III	23.69
13074 - Photographer IV	28.98
13075 - Photographer V	35.06
13110 - Video Teleconference Technician	19.28
14000 - Information Technology Occupations	
14041 - Computer Operator I	16.25
14042 - Computer Operator II	18.18
14043 - Computer Operator III	20.28
14044 - Computer Operator IV	22.53

14045 - Computer Operator V	24.94
14071 - Computer Programmer I	21.66
14072 - Computer Programmer II	(see 1)
14073 - Computer Programmer III	(see 1)
14074 - Computer Programmer IV	(see 1)
14101 - Computer Systems Analyst I	(see 1)
14102 - Computer Systems Analyst II	(see 1)
14103 - Computer Systems Analyst III	(see 1)
14150 - Peripheral Equipment Operator	16.25
14160 - Personal Computer Support Technician	22.53
15000 - Instructional Occupations	
15010 - Aircrew Training Devices Instructor (Non-Rated)	28.57
15020 - Aircrew Training Devices Instructor (Rated)	34.57
15030 - Air Crew Training Devices Instructor (Pilot)	41.43
15050 - Computer Based Training Specialist / Instructor	28.57
15060 - Educational Technologist	27.95
15070 - Flight Instructor (Pilot)	41.43
15080 - Graphic Artist	20.05
15090 - Technical Instructor	23.54
15095 - Technical Instructor/Course Developer	28.80
15110 - Test Proctor	19.00
15120 - Tutor	19.90
16000 - Laundry, Dry-Cleaning, Pressing And Related Occupations	
16010 - Assembler	9.39
16030 - Counter Attendant	9.39
16040 - Dry Cleaner	12.07
16070 - Finisher, Flatwork, Machine	9.39
16090 - Presser, Hand	9.39
16110 - Presser, Machine, Drycleaning	9.39
16130 - Presser, Machine, Shirts	9.39
16160 - Presser, Machine, Wearing Apparel, Laundry	9.39
16190 - Sewing Machine Operator	12.84
16220 - Tailor	13.56
16250 - Washer, Machine	10.27
19000 - Machine Tool Operation And Repair Occupations	
19010 - Machine-Tool Operator (Tool Room)	18.47
19040 - Tool And Die Maker	21.57
21000 - Materials Handling And Packing Occupations	
21020 - Forklift Operator	15.01
21030 - Material Coordinator	20.74
21040 - Material Expediter	20.74
21050 - Material Handling Laborer	15.53
21071 - Order Filler	11.42
21080 - Production Line Worker (Food Processing)	15.01
21110 - Shipping Packer	13.40
21130 - Shipping/Receiving Clerk	13.40
21140 - Store Worker I	12.78
21150 - Stock Clerk	15.99
21210 - Tools And Parts Attendant	15.01
21410 - Warehouse Specialist	15.01
23000 - Mechanics And Maintenance And Repair Occupations	
23010 - Aerospace Structural Welder	23.48
23021 - Aircraft Mechanic I	22.26
23022 - Aircraft Mechanic II	23.48
23023 - Aircraft Mechanic III	24.38
23040 - Aircraft Mechanic Helper	18.02

23050 - Aircraft, Painter	21.21
23060 - Aircraft Servicer	19.81
23080 - Aircraft Worker	20.71
23110 - Appliance Mechanic	21.05
23120 - Bicycle Repairer	14.53
23125 - Cable Splicer	28.34
23130 - Carpenter, Maintenance	19.67
23140 - Carpet Layer	17.11
23160 - Electrician, Maintenance	23.72
23181 - Electronics Technician Maintenance I	20.65
23182 - Electronics Technician Maintenance II	22.01
23183 - Electronics Technician Maintenance III	26.64
23260 - Fabric Worker	18.94
23290 - Fire Alarm System Mechanic	21.92
23310 - Fire Extinguisher Repairer	17.88
23311 - Fuel Distribution System Mechanic	23.48
23312 - Fuel Distribution System Operator	19.02
23370 - General Maintenance Worker	17.30
23380 - Ground Support Equipment Mechanic	22.26
23381 - Ground Support Equipment Servicer	19.81
23382 - Ground Support Equipment Worker	20.71
23391 - Gunsmith I	17.88
23392 - Gunsmith II	19.99
23393 - Gunsmith III	22.07
23410 - Heating, Ventilation And Air-Conditioning Mechanic	19.52
23411 - Heating, Ventilation And Air Conditioning Mechanic (Research Facility)	21.24
23430 - Heavy Equipment Mechanic	22.88
23440 - Heavy Equipment Operator	21.41
23460 - Instrument Mechanic	21.92
23465 - Laboratory/Shelter Mechanic	21.05
23470 - Laborer	14.89
23510 - Locksmith	18.32
23530 - Machinery Maintenance Mechanic	20.20
23550 - Machinist, Maintenance	20.59
23580 - Maintenance Trades Helper	14.97
23591 - Metrology Technician I	21.92
23592 - Metrology Technician II	22.95
23593 - Metrology Technician III	24.00
23640 - Millwright	24.50
23710 - Office Appliance Repairer	21.44
23760 - Painter, Maintenance	20.88
23790 - Pipefitter, Maintenance	23.41
23810 - Plumber, Maintenance	22.03
23820 - Pneudraulic Systems Mechanic	22.07
23850 - Rigger	22.07
23870 - Scale Mechanic	19.99
23890 - Sheet-Metal Worker, Maintenance	22.36
23910 - Small Engine Mechanic	18.10
23931 - Telecommunications Mechanic I	26.92
23932 - Telecommunications Mechanic II	27.98
23950 - Telephone Lineman	23.48
23960 - Welder, Combination, Maintenance	19.46
23965 - Well Driller	22.07
23970 - Woodcraft Worker	22.07

United Concordia Companies Inc.

Active Duty Dental Program (ADDP) Services

RFP HT9402-13-R-0002

23980 - Woodworker	16.54
24000 - Personal Needs Occupations	
24570 - Child Care Attendant	11.43
24580 - Child Care Center Clerk	16.23
24610 - Chore Aide	11.03
24620 - Family Readiness And Support Services Coordinator	17.23
24630 - Homemaker	16.73
25000 - Plant And System Operations Occupations	
25010 - Boiler Tender	22.00
25040 - Sewage Plant Operator	19.78
25070 - Stationary Engineer	22.00
25190 - Ventilation Equipment Tender	16.76
25210 - Water Treatment Plant Operator	19.78
27000 - Protective Service Occupations	
27004 - Alarm Monitor	16.47
27007 - Baggage Inspector	12.52
27008 - Corrections Officer	22.18
27010 - Court Security Officer	22.18
27030 - Detection Dog Handler	16.29
27040 - Detention Officer	22.18
27070 - Firefighter	20.45
27101 - Guard I	12.52
27102 - Guard II	16.29
27131 - Police Officer I	26.75
27132 - Police Officer II	29.73
28000 - Recreation Occupations	
28041 - Carnival Equipment Operator	10.50
28042 - Carnival Equipment Repairer	11.56
28043 - Carnival Equipment Worker	8.96
28210 - Gate Attendant/Gate Tender	14.00
28310 - Lifeguard	11.03
28350 - Park Attendant (Aide)	15.57
28510 - Recreation Aide/Health Facility Attendant	11.37
28515 - Recreation Specialist	13.83
28630 - Sports Official	11.65
28690 - Swimming Pool Operator	18.30
29000 - Stevedoring/Longshoremen Occupational Services	
29010 - Blocker And Bracer	18.86
29020 - Hatch Tender	18.86
29030 - Line Handler	18.86
29041 - Stevedore I	17.87
29042 - Stevedore II	19.86
30000 - Technical Occupations	
30010 - Air Traffic Control Specialist, Center (HFO) (see 2)	35.77
30011 - Air Traffic Control Specialist, Station (HFO) (see 2)	24.66
30012 - Air Traffic Control Specialist, Terminal (HFO) (see 2)	27.16
30021 - Archeological Technician I	16.75
30022 - Archeological Technician II	19.39
30023 - Archeological Technician III	23.05
30030 - Cartographic Technician	23.05
30040 - Civil Engineering Technician	22.90
30061 - Drafter/CAD Operator I	16.63
30062 - Drafter/CAD Operator II	18.82
30063 - Drafter/CAD Operator III	20.75
30064 - Drafter/CAD Operator IV	25.52

30081 - Engineering Technician I	14.87
30082 - Engineering Technician II	16.68
30083 - Engineering Technician III	18.66
30084 - Engineering Technician IV	23.17
30085 - Engineering Technician V	28.33
30086 - Engineering Technician VI	34.27
30090 - Environmental Technician	24.75
30210 - Laboratory Technician	21.22
30240 - Mathematical Technician	23.05
30361 - Paralegal/Legal Assistant I	17.56
30362 - Paralegal/Legal Assistant II	23.32
30363 - Paralegal/Legal Assistant III	28.53
30364 - Paralegal/Legal Assistant IV	34.52
30390 - Photo-Optics Technician	23.05
30461 - Technical Writer I	19.51
30462 - Technical Writer II	23.85
30463 - Technical Writer III	28.88
30491 - Unexploded Ordnance (UXO) Technician I	22.74
30492 - Unexploded Ordnance (UXO) Technician II	27.51
30493 - Unexploded Ordnance (UXO) Technician III	32.97
30494 - Unexploded (UXO) Safety Escort	22.74
30495 - Unexploded (UXO) Sweep Personnel	22.74
30620 - Weather Observer, Combined Upper Air Or Surface Programs	(see 2) 20.75
30621 - Weather Observer, Senior	(see 2) 23.05
31000 - Transportation/Mobile Equipment Operation Occupations	
31020 - Bus Aide	11.83
31030 - Bus Driver	15.21
31043 - Driver Courier	14.56
31260 - Parking and Lot Attendant	9.56
31290 - Shuttle Bus Driver	15.49
31310 - Taxi Driver	9.90
31361 - Truckdriver, Light	15.49
31362 - Truckdriver, Medium	18.05
31363 - Truckdriver, Heavy	20.41
31364 - Truckdriver, Tractor-Trailer	20.41
99000 - Miscellaneous Occupations	
99030 - Cashier	8.64
99050 - Desk Clerk	10.46
99095 - Embalmer	27.90
99251 - Laboratory Animal Caretaker I	10.41
99252 - Laboratory Animal Caretaker II	11.04
99310 - Mortician	29.93
99410 - Pest Controller	14.50
99510 - Photofinishing Worker	10.53
99710 - Recycling Laborer	13.41
99711 - Recycling Specialist	15.28
99730 - Refuse Collector	12.45
99810 - Sales Clerk	12.47
99820 - School Crossing Guard	10.31
99830 - Survey Party Chief	20.86
99831 - Surveying Aide	14.29
99832 - Surveying Technician	18.40
99840 - Vending Machine Attendant	13.35
99841 - Vending Machine Repairer	15.35
99842 - Vending Machine Repairer Helper	13.35

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$3.71 per hour or \$148.40 per week or \$643.07 per month

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; and 3 weeks after 8 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year, New Year's Day, Martin Luther King Jr's Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4174)

THE OCCUPATIONS WHICH HAVE NUMBERED FOOTNOTES IN PARENTHESES RECEIVE THE FOLLOWING:

1) COMPUTER EMPLOYEES: Under the SCA at section 8(b), this wage determination does not apply to any employee who individually qualifies as a bona fide executive, administrative, or professional employee as defined in 29 C.F.R. Part 541. Because most Computer System Analysts and Computer Programmers who are compensated at a rate not less than \$27.63 (or on a salary or fee basis at a rate not less than \$455 per week) an hour would likely qualify as exempt computer professionals, (29 C.F.R. 541 400) wage rates may not be listed on this wage determination for all occupations within those job families. In addition, because this wage determination may not list a wage rate for some or all occupations within those job families if the survey data indicates that the prevailing wage rate for the occupation equals or exceeds \$27.63 per hour conformances may be necessary for certain nonexempt employees. For example, if an individual employee is nonexempt but nevertheless performs duties within the scope of one of the Computer Systems Analyst or Computer Programmer occupations for which this wage determination does not specify an SCA wage rate, then the wage rate for that employee must be conformed in accordance with the conformance procedures described in the conformance note included on this wage determination.

Additionally, because job titles vary widely and change quickly in the computer industry, job titles are not determinative of the application of the computer professional exemption. Therefore, the exemption applies only to computer employees who satisfy the compensation requirements and whose primary duty consists of:

- (1) The application of systems analysis techniques and procedures, including consulting with users, to determine hardware, software or system functional specifications;
- (2) The design, development, documentation, analysis, creation, testing or modification of computer systems or programs, including prototypes, based on and related to user or system design specifications;
- (3) The design, documentation, testing, creation or modification of computer programs related to machine operating systems; or
- (4) A combination of the aforementioned duties, the performance of which

requires the same level of skills. (29 C.F.R. 541.400).

2) AIR TRAFFIC CONTROLLERS AND WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

HAZARDOUS PAY DIFFERENTIAL: An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance, explosives, and incendiary materials. This includes work such as screening, blending, dying, mixing, and pressing of sensitive ordnance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All operations involving regrading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordnance, (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordnance, explosive, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance, explosives, and incendiary material differential pay.

** UNIFORM ALLOWANCE **

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in

order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations", Fifth Edition, April 2006, unless otherwise indicated. Copies of the Directory are available on the Internet. A links to the Directory may be found on the WHD home page at <http://www.dol.gov/esa/whd/> or through the Wage Determinations On-Line (WDOL) Web site at <http://wdol.gov/>.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE
{Standard Form 1444 (SF 1444)}

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C) (vi)}

When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation(s) and computes a proposed rate(s).
- 2) After contract award, the contractor prepares a written report listing in order proposed classification title(s), a Federal grade equivalency (FGE) for each proposed classification(s), job description(s), and rationale for proposed wage rate(s), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b) (2) of Regulations 29 CFR Part 4).

4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.

5) The contracting officer transmits the Wage and Hour decision to the contractor.

6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.

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Transition Requirements

1.0 CONTRACT TRANSITION-IN

1.1. Transition-In Requirements. The incoming contractor will have many time-critical tasks to perform during the ten month transition-in period that must be accomplished before the contractor can begin providing required ADDP services on the first day of Option Period One (It was mutually agreed upon between the contractor and the Government that two months of the transition-in period will overlap the beginning of Option Period One.). Some of these tasks can be accomplished concurrently with others; however, certain tasks must be accomplished, and certified as complete, before the contractor can proceed. These critical sequential tasks include:

- **Safeguarding Unclassified Sensitive DoD Information Certification**

The incoming contractor shall obtain certification of acceptable security risk for their system infrastructure via completion of the NIST Certification Process (see Section C.22 and TSM Chap 1, Section 1.1) and fulfill all system access requirements prior to accessing DoD data or interconnectivity with the Government system and/or initiation of integration testing.

- **Military Health System (MHS) B2B Gateway**

After the contractor has obtained certification of acceptable security risk for the system infrastructure, the contractor will work with the Government to establish the B2B gateway required to interface with the MHS Data Repository (reference Section J Attachment J-13), and DMDC. The MHS B2B Gateway must be established and tested before the contractor can begin testing the MHS Data Repository and DMDC interfaces

- **Defense Manpower Data Center (DMDC) Interface**

Once the MHS B2B Gateway is operational, the contractor can begin interface testing with Government IT systems required to verify eligibility (reference C.4.3.), submit provider and member utilization data reports, etc.

1.2. Transition-In Plan. The incoming contractor shall submit a comprehensive Transition-In Plan to the Contracting Officer no later than 10 calendar days following contract award. The plan shall address all events and milestones that need to occur for each functional area described in this contract to enable the start of dental service delivery under this contract. This plan shall include a timeline and key positions responsible for such areas as resource acquisition, staff training, file conversion and testing, eligibility verification, enrollment, interface with the Defense Manpower Data Center (DMDC), education and public relations, support services, benefit policy and claims processing systems.

1.3. Post-Award Conference. Within 10 calendar days following contract award, the incoming Contractor shall attend a post-award conference with the Contracting Officer and other DHA representatives in a location determined by DHA. The Contracting Officer will notify all parties of the conference date.

1.4. Transition Specifications Meeting. Within 30 calendar days following contract award, the incoming contractor shall attend a three day meeting with DHA at a location designated by DHA. Contractor representatives attending this meeting shall have the experience, expertise, and authority to provide approvals and establish project commitments on behalf of their organization. The purpose of this meeting is to finalize the schedule of events associated with the incoming contractor's assumption of responsibilities and receipt of files from the Government and outgoing contractor and also the outgoing contractor's phase-out of activities and workload. DHA and the contractor will also agree on the format and submission dates for all recurring management reports. DHA will notify all parties of the meeting dates and provide a draft transition schedule to all parties prior to the meeting followed by a revised schedule within 10 calendar days after the meeting. The incoming contractor shall incorporate all specifications of the final transition schedule into its Transition-In Plan and submit the revised plan within 15 calendar days or as agreed to by DHA. The final plan will be incorporated into the contract at no cost.

1.5. DMDC Interface Meeting. Within 60 calendar days following contract award, the incoming contractor shall attend a three-day meeting with representatives of DMDC, and DHA in a location determined by DHA. DHA will notify all parties of the meeting dates. The purpose of this meeting is to discuss the implementation and testing of the DMDC interface applications. The incoming contractor and the Government shall identify functions, technical details, other areas of the interface application, and telecommunications needs that require clarification. This meeting will also be used to determine a schedule of activities for a timely and successful implementation of the

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Transition Requirements

interfaces. Prior to the meeting, the incoming contractor and the Government may participate in technical interchange discussions as needed. The incoming contractor shall submit an agenda and list of questions to be addressed to DHA no later than five working days prior to the meeting. Within three working days following the meeting, the incoming contractor shall submit minutes of the meeting to DHA for approval. The incoming contractor shall incorporate all events and milestones established for the DMDC interfaces into its Transition-In Plan.

1.6. DHA Finance Interface Meeting. Within 10 calendar days following the DMDC Interface Meeting, the incoming contractor shall submit suggested dates for the Finance Interface Meeting. For this meeting the incoming contractor shall attend a meeting with representatives of DHA in a method determined by DHA. The meeting time and frequency will be mutually agreed upon by all parties. DHA will notify all parties of the meeting times. Participation at the meeting may be conducted telephonically. The purpose of this meeting is to discuss the method in which the contractor shall interface with DHA for submission of the contractor's invoices. The incoming contractor and the Government shall identify functions, technical details, other areas of the interface application, and telecommunications needs that require clarification. The incoming contractor shall submit an agenda and list of questions to be addressed to DHA no later than five working days prior to the initial meeting. Within three working days following each meeting, the incoming contractor shall submit minutes of the meeting to DHA for approval. The incoming contractor shall incorporate all events and milestones established for the finance interfaces into its Transition-In Plan.

1.7. Outgoing/Incoming Transition Meeting. The incoming contractor shall attend a meeting with DHA and the outgoing contractor within 90 calendar days following contract award. Contractor representatives attending this meeting shall have the experience, expertise, and authority to provide approvals and establish project commitments on behalf of their organization. The purpose of this meeting is to finalize the schedule of events associated with the transfer of responsibilities and information to the incoming contractor and the phase-out of activities and workload under the ending contract. DHA will notify all parties of the meeting date and provide a draft transition schedule to all parties prior to the meeting followed by a revised schedule within 10 calendar days after the meeting. The outgoing contractor will incorporate the applicable specifications of the final transition schedule into its Phase-Out Plan.

1.8. Travel costs. All transition related contractor travel costs shall be at the expense of the contractor.

2.0. START-UP REQUIREMENTS

Note: Time periods referenced in the remainder of this attachment are placeholders only. Dates to be determined during the Transition Specifications Meeting and will be dependent on the Government's acceptance of the contractor's security assessment plan and report for safeguarding unclassified sensitive DoD information and the establishment of the B2B Gateway.

2.1. Contractor Weekly Status Reporting. Beginning the first month following contract award and continuing through the completion of the transition period, the incoming contractor shall submit weekly status reports of transition-in and operational activities to DHA. The Contracting Officer may revise this reporting schedule based on the status of the transition and other operational factors. These reports shall cover the status of all activities and milestones in the incoming contractor's Transition-In Plan and the performance and inventory information required in the Weekly Management Reports described in Section J Attachment J-15.

2.2. Receipt of Files. The incoming Contractor will receive the files and information as indicated in the table below entitled, "Transition-In/Information Files Transfers" and complete any necessary conversion and testing as necessary to meet the schedule requirements established in the Transition Specifications, DMDC Interface, and Outgoing/Incoming Transition meetings, and the incoming contractor's Transition-In plan as approved by DHA. The listing in the table below is not all-inclusive or absolute. It is provided here as a guideline and may be revised by mutual agreement of the involved parties at the Transition Specifications Meeting. The details of the information and data to be transferred to the incoming contractor will be determined at that meeting. To the extent possible, these files will be transmitted via electronic file transfer methods.

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Transition Requirements**

Transition-In/Information Files Transfers

File/ Information Type	Source	On or About Receipt Date	General Description
Eligibility Education and Communication Listing	DMDC	Thirty days post certification of meeting IA security requirements and at the beginning of each option period	Name and address information on each remote member eligible for the ADDP, to supply the incoming contractor with sufficient data for direct-mail educational activities.
Enrolled (Remote ADSMs) Population (Gold File)	DMDC	NLT 45 days prior to start of dental care delivery	Information on each remote enrollee in the ADDP to supply the incoming contractor with sufficient data for continuity of enrollment and benefits.
Enrollments (Remote ADSMs) 2 nd Gold File	DMDC	10 days prior to start of dental care delivery	DMDC will provide an enrollment (Remote ADSMs) 2 nd Gold File to the incoming contractor.
Processed Orthodontic Claims Histories	Outgoing Contractor	TBD at the Outgoing/Incoming Transition Meeting	Individual records of processed orthodontic claims, both paid & denied, with enrollee and dental service detail.
Information on Ongoing Cases	Outgoing Contractor	TBD at the Outgoing/Incoming Transition Meeting	Outstanding authorizations and known DTF referrals; copies of relevant correspondence on ongoing cases.

2.3 Transfer of Automated Data Processing (ADP) Files. The outgoing contractor will prepare in non-proprietary electronic format and transfer to the incoming contractor, by the 60th calendar day following the Outgoing/Incoming Transition Meeting unless, otherwise negotiated by the incoming and outgoing contractors, all specified ADP files, in accordance with specifications in the official transition schedule and will continue to participate in preparation and testing of these files until they are fully readable by the incoming contractor or DHA.

2.3.1. Contractor File Conversions and Testing. The incoming contractor shall perform initial conversion and testing of all ADP files NLT 30 calendar days following receipt of the files from the outgoing contractor. ADP file conversions testing shall be fully tested, loaded and operational prior to the start of dental care delivery. Integration testing will be conducted to validate the contractor's internal interfaces. This testing will verify the contractor's system integration, functionality, and implementation process. DHA Test Managers will work with the contractor to plan, execute and evaluate the Integration Testing efforts. The contractor shall identify a primary and a back-up Testing Coordinator to work with the DHA Test Managers. The Testing Coordinator is responsible for contractor testing preparations, coordination of tests, identification of issues and their resolution, and verification of test results. A web application will be available for use by contractor Test Coordinators to report and track issues and problems identified during integration testing.

2.4. Systems Development. Approximately 60 calendar days prior to the initiation of dental care delivery, the non-claims processing systems and the telecommunications interconnections between these systems shall be reviewed by DHA or its designees, to include a demonstration by the contractor of the system(s) capabilities, to determine whether the systems satisfy the contract requirements. This includes the telecommunications links with DHA and Defense Enrollment Eligibility Reporting System (DEERS). The contractor shall make any modifications required by DHA prior to the initiation of services.

2.5. Execution of Agreements with Contract Providers.

2.5.1. All contract provider agreements shall be executed, and loaded to the contractor's system, 60 calendar days prior to the start of dental care delivery date, or at such other time as is mutually agreed between the contractor and DHA.

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2.5.2. The contractor shall begin reporting on network adequacy with a one-time report due 45 calendar days prior to dental care delivery and then on a monthly basis after the start of dental care delivery.

2.6. Memorandum Of Understanding (MOU) with DHA Beneficiary Education and Support (BE&S) Directorate. The contractor shall meet with the DHA BE&S Directorate within 60 calendar days after dental care contract award to develop a MOU, including deliverables and schedules. The MOU shall be executed within 90 days of the MOU meeting with the BE&S. The contractor shall provide copies of the executed MOU to the Contracting Officer and the Contracting Officer Representative within 10 calendar days following the execution of the MOU.

2.7. Transition-In of Remote ADDP Enrollment.

2.7.1. No later than 45 calendar days prior to the start of dental care delivery, DMDC will provide the Gold File to the incoming contractor identifying ADSMs who are newly eligible for remote care by virtue of moving into an area that has an MTF but no DTF. No later than 10 calendar days prior to the start of dental care delivery, DMDC will provide any updates to the file. The timing of this file transfer may be modified as needed during the Outgoing/Incoming Transition Meeting.

2.7.2. No later than 30 days prior to the start of dental care delivery, the incoming contractor shall contact all current remote ADDP enrollees by mail to inform them of the new contractor's assumption of the ADDP contract, its effective date, enrollment and transition provisions. This requirement is optional if the incumbent contractor is the incoming contractor.

2.8 Outgoing Contractor's Weekly Shipment of History Updates and Dual Operations.

2.8.1. Ongoing Transfer of Orthodontic Claims History Updates. The outgoing contractor will transfer to the incoming contractor, in a mutually agreed format, all processed orthodontic claims history in accordance with the specifications in the final transition schedule. The transfer will occur at least weekly, or in accordance with the specifications in the final transition schedule, until such time that all orthodontic claim-related processing is completed by the outgoing contractor.

2.8.2. Claims Processing Dual Operations. During the period in which both the incoming contractor and the outgoing contractor are processing claims (365 calendar days after the start of dental care delivery under this contract), the outgoing contractor will transfer to the incoming contractor processed orthodontic claims files following each processing cycle or according to a schedule determined during the Outgoing/Incoming Transition Meeting. The incoming contractor shall utilize the processed orthodontic claim history files received from the outgoing contractor for orthodontic claim adjudication beginning with the first claims processing cycle.

2.8.3. Transition-In Requirements Related To Transitional Cases. In notifying beneficiaries of the transition to another contractor, the incoming and outgoing contractors shall include instructions on how the beneficiary may obtain assistance with transitional care. If the outgoing contractor succeeds itself, costs related to each contract will be kept separate for purposes of contract accountability.

2.8.4. Health Insurance Portability and Accountability Act of 1996 (HIPAA). The incoming contractor, as a covered entity under HIPAA, may honor an authorization or other express legal document obtained from an individual permitting the use and disclosure of protected health information prior to the start of dental care delivery date (HHS Privacy Regulation, §164.532).

2.8.5. Residual Processing. The filing deadline for residual claims is one year from the date of service. The outgoing contractor will process all residual claims with dates of service prior to the start of dental care delivery of the succeeding contract and received up to 365 days after the date of service. The outgoing contractor will also complete the processing of written and telephonic inquiries, appeals and grievances (that are timely filed), and adjustments related to timely filed claims for dental care provided prior to the start of dental care delivery of the succeeding contract, until they are fully completed even if it is past the 365 days after the start of dental care delivery. For example: A claim is filed 364 days after care and denied five days later. The beneficiary appeals within the contractual time limits and the claim is adjusted 30 days later.

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2.9. Web-Based Services And Applications. NLT 60 days prior to the start of dental care delivery, the incoming contractor shall demonstrate to DHA successful implementation of all web-based capabilities as described in the contract.

3.0. CONTRACT PHASE-OUT.

Note: The contract phase-out requirements listed below are for this contract in the future, and therefore do not necessarily match the requirements of the outgoing contractor for the previous contract.

3.1. If the contractor is not the successful offeror for the successor contract, the outgoing contractor shall work to achieve a smooth and efficient transition of activities to the incoming contractor and to facilitate minimal disruption of services to enrollees and providers. The services required by the Phase-out CLINS will only be exercised in the event of a transition; therefore, the Government will only exercise this CLIN once if and when a transition occurs. If the contractor succeeds itself in successor contract, no phase-out will occur, thus the CLIN will not be exercised.

3.2. Phase-Out Plan. The outgoing contractor shall provide to DHA a proposed Phase-Out Plan within 60 calendar days following award of a successor contract. This plan shall include a timeline of major events and provide names of key individuals responsible for each of the functional areas involved in the phase-out of inventories, staffing and other resources, and activities under this contract, e.g., claims processing, appeals, grievances, support services, finance.

3.3. Outgoing/Incoming Transition Meeting. The outgoing contractor shall attend a meeting with DHA and the incoming contractor within 90 calendar days following award of a successor contract. Contractor representatives attending this meeting shall have the experience, expertise, and authority to provide approvals and establish project commitments on behalf of their organization. The purpose of this meeting is to finalize the schedule of events associated with the transfer of responsibilities and information to the incoming contractor and the phase-out of activities and workload from the outgoing contractor. DHA will notify all parties of the meeting date and location, and provide a draft transition schedule to all parties prior to the meeting followed by a revised schedule within 10 calendar days after the meeting. The outgoing contractor shall incorporate the applicable specifications of the final transition schedule into its Phase-Out Plan and submit the revised plan within 15 calendar days or as agreed to by DHA.

3.4. Travel costs. All transition related contractor travel costs shall be at the expense of the contractor.

3.5. Transfer of Information. The outgoing contractor shall provide to DHA (or, at the option of DHA, to the incoming contractor) any information as DHA shall require to facilitate transition from the outgoing contractor's operations to operations under the incoming contract. Such information may include, but is not limited to, the following: enrollment information, orthodontic claims processing history, active cases, active third-party liability cases, and information about the management of the outgoing contract that is not considered, under applicable Federal Law, to be proprietary to the contractor. The outgoing contractor shall provide samples and descriptions of applicable files at the Outgoing/Incoming Transition Meeting and, subsequently, any documentation (e.g., record layouts with specifications, formats, definitions of fields and data elements, access keys, etc.) necessary for read capability and conversion of any electronic files that may be transferred as determined at that meeting. In addition, the table below is provided as a guideline and is not all inclusive or absolute. It may be revised by mutual agreement of the involved parties at the Outgoing/Incoming Transition Meeting.

Information Files Transfers

**Attachment J-16
Transition Requirements**

File/ Information Type	Source	On or About Receipt Date	General Description
Processed Orthodontic Claims Histories	Outgoing Contractor	TBD at the Outgoing/Incoming Transition Meeting	Individual records of processed orthodontic claims, both paid & denied, with enrollee and dental service detail.
Information on Ongoing Cases	Outgoing Contractor	TBD at the Outgoing/Incoming Transition Meeting	Outstanding authorizations and known DTF referrals; copies of relevant correspondence on ongoing cases.

3.6. Transfer Of ADP Files (Electronic). The outgoing contractor shall prepare in non-proprietary electronic format and transfer to the incoming contractor or DHA, by the 60th calendar day following the Outgoing/Incoming Transition Meeting unless, otherwise negotiated by the incoming and outgoing contractors, all specified ADP files, in accordance with specifications in the official transition schedule and will continue to participate in preparation and testing of these files until they are fully readable by the incoming contractor or DHA.

3.7. Ongoing Transfer of Orthodontic Claims History Updates. The outgoing contractor shall transfer to the incoming contractor, or other party as directed by the Contracting Officer, in a mutually agreed format all processed and ongoing orthodontic claims history in accordance with the specifications in the final transition schedule. The transfer shall occur at least weekly, or in accordance with the specifications in the final transition schedule, until such time that all claim-related processing is completed by the outgoing contractor.

3.8. Outgoing Contractor Monthly Status Reporting. Until all inventories have been processed, the outgoing contractor shall submit a monthly status report of inventories and phase-out activities to DHA beginning the 10th calendar day of the second month following the end of the contract period, until otherwise notified by the Contracting Officer to discontinue. This shall be done in accordance with specifications of the final transition schedule.

3.9. Final Processing Of Outgoing Contractor. The outgoing contractor shall complete processing of its claims, adjustments, telephone inquiries, written correspondence, appeals, and grievances related to services under this contract within the contractually established standards until the start of dental care delivery. The outgoing contractor is not required to comply with the contract standards after the start of dental care delivery by the incoming contractor (i.e. beginning the day after the end of the last option period).

3.9.1. Residual Processing. The filing deadline for residual claims is one year from the date of service. The outgoing contractor shall process all residual claims with dates of service prior to the start of dental care delivery of the succeeding contract and received up to 365 days after the date of service. The outgoing contractor shall also complete the processing of written and telephonic inquiries, appeals and grievances (that are timely filed), and adjustments related to timely filed claims for dental care provided during the period of this contract until they are fully completed even if it is past the 365 days after the start of dental care delivery. For example: A claim is filed 364 days after care and denied five days later. The beneficiary appeals within the contractual time limits and the claim is adjusted 30 days later. In addition, the outgoing contractor will include with any correspondence information on how to contact them in regards to their inquiry.

3.10. Subcontractor Services. The Contractor shall be liable, after the termination of services under this contract, for any payments to subcontractors of the Contractor arising from events that took place during the period of this contract.

3.11. Phase-Out Requirements Related to Transitional Cases. In notifying beneficiaries of the transition to another contractor, both the incoming and outgoing contractors shall include instructions on how the beneficiary may obtain assistance with transitional care. The instructions must include at a minimum the date and amount the care is paid up to and the incoming contractor's contact information. If the outgoing contractor succeeds itself, costs related to each contract will be kept separate for purposes of contract accountability.

Attachment J-16
Transition Requirements

3.12. The outgoing contractor shall maintain reduced toll-free lines and web-based customer service capabilities, accessible to the public during the 365 calendar days (Monday – Friday, 8 hours per day) following the expiration of the contract in order to properly respond to inquiries related to claims processed for services incurred during the period of their respective liability. Beneficiary inquiry lines will continue to be staffed in order to provide adequate customer service. The outgoing contractor shall maintain their IVR for beneficiary calls for the 365-day period and it will include information on how to contact the incoming contractor. The outgoing contractor is not required to comply with the contractually established telephone standards during this 365-day period.

3.13. Cost Accounting. If the outgoing contractor succeeds itself, costs related to each contract shall be kept separate for purposes of contract accountability, according to the above guidelines.

3.14 Records Disposition. The outgoing contractor shall comply with the provisions of TOM Chapter 2 in final disposition of all files and documentation. The contractor shall include a records disposition plan as part of their Phase-Out Plan.

Attachment J-17

GUARANTY AGREEMENT FOR CORPORATE GUARANTOR
(Applicable to One or More Government Contracts)

The undersigned Highmark Inc.
(Insert Guarantor's Name)

120 Fifth Avenue, Pittsburgh, Pennsylvania
(Insert Guarantor's Address)

for itself, its successors and assigns, hereinafter referred to as the Guarantor, requests the United States of America (Department of Defense) hereinafter called the Government, to award contract or contracts to

United Concordia Companies, Inc. a corporation
(Insert Contractor's Name)

organized under the laws of the State of Pennsylvania having its principal place of business
at 4401 Deer Path Road
(Street Address)

in the City of Harrisburg in the State of Pennsylvania,
herein after called the Contractor. The undersigned Guarantor agrees to guarantee absolutely to the Government the full, complete and faithful performance of the Contractor of any and all contracts, hereinafter referred to as such contract, according to the terms and conditions thereof and at the time and in the manner provided therein.

In consideration of the award of any and all contracts to the Contractor, the undersigned Guarantor agrees as follows:

1. *Guaranty.* The Guarantor absolutely guarantees the full, complete and faithful performance by the Contractor of such contract, as such contract may be from time to time amended as authorized by its terms, according to the terms and conditions of such contract as so amended, and at the time and in the manner provided therein. The Guarantor agrees to provide the Contractor all necessary and required resources including financing, which are necessary to assure the full, complete and satisfactory performance of such contract.
2. *Extension of Time of Performance.* Any extension of the time of performance of such contract as so amended shall not release the undersigned Guarantor from liability hereon.
3. *Assignment.* This instrument shall bind the undersigned Guarantor, its successors and assigns. If any person, firm, corporation or entity other than the Contractor becomes obligated to perform the contract or any part thereof, whether by operation of law or otherwise, any and all rights of the Government against the Guarantor shall remain in full force.
4. *Default.* In the event of termination for default under the terms of such contract, or in the event of failure, insolvency, default, bankruptcy, arrangement, appointment of receiver of the Contractor or other liquidation of the Contractor, the Guaranty herein shall become absolute.
5. *Waiver of Notice.* The Guarantor waives notice of default on the part of the Contractor and agrees that its Guaranty shall become absolute without necessity for the giving of such notice.
6. *Continuation of Guaranty.* The Guaranty herein shall continue until full, complete and faithful performance of such contract as it may be from time to time amended as authorized by its terms.
7. *Default Liability.* In addition to all other guarantees contained in this Agreement, in the event that the Government terminates such contract for default and awards the uncompleted portion of such contract to another source at a fair and reasonable price, the Guarantor shall be liable for any excess costs incurred by the Government as a result of such reprocurement and for the repayment of any unrecouped payments (e.g., partial payments, Progress Payments, or Advance Payments) paid to the Contractor by the Government. In addition, the Guarantor shall be liable for all costs and expenses paid or incurred by the Government in enforcing this Guaranty. The Contracting Officer representing the Government in connection with such contract shall determine the total costs and expenses, if any, incurred by the Government.
8. *Enforcement.* This Guaranty Agreement shall inure to the benefit of and may be enforced by the Government.
9. *Construction.* Nothing in this Guaranty Agreement shall be construed to obligate the Government to award a contract to the Contractor.

10. Coverage, Termination, Waiver, and Expiration.

a. Except as otherwise provided herein, this Guaranty Agreement refers to and shall be effective with respect to any and all contracts for supplies or services entered into, on or after the date of this Agreement between the Government and the Contractor. Unless otherwise indicated by the context the singular of the word "contract" as used in this Agreement shall mean the plural term "contracts" whenever this Agreement shall become effective with respect to more than one contract between the Government and the Contractor. For the purpose of any additional procurement of supplies or services called for by any agreement supplemental to a contract between the Government and the Contractor, the term "contract" shall refer to such supplemental agreement.

Additionally, this Agreement will include the contracts already in existence between the Contractor and the Government before the Agreement date, as specified here:

b. The Guaranty Agreement is a continuing guaranty and shall remain in full force and effect until the later of (1) the performance in full of the guaranteed obligations, or under the guaranteed contracts. (2) the termination of all continuing obligations and commitments of the Contractor under the guaranteed contracts. In the case of termination of the continuing commitments of the Contractor on any guaranteed contract, the termination notices must be given in writing citing the affected contracts.

c. When the Government Contracting Officer determines that it is in the best interest of the Government to do so, the Contracting Officer may, by written notice addressed to the Guarantor at the Guarantor's address shown herein, waive the effect of this Agreement with respect to any specifically identified individual contract between the Government and the Contractor entered into after the date of such written notice. A separate written notice shall be given with respect to each contract that the Contracting Officer determines shall not be subject to the effect of this Agreement.

d. In the event that all of the contracts covered by this Guaranty Agreement have been satisfactorily completed by the Contractor including all continuing commitment of the Contractor under the contracts, the Guarantor may request the cognizant Government Contracting Officer for this Guaranty Agreement to issue a written notice which states that this Guaranty Agreement is considered to have expired.

Executed the 27th day of March year of 2013.

Highmark Inc.
(Guarantor)

By William Winkenwerder, Jr.
(Title) President and Chief Executive Officer

120 Fifth Avenue, Pittsburgh, Pennsylvania 15222
(Business Address)

Witness Catherine S. Droke

Witness Paul J. [Signature]

I, Thomas L. Vankirk, certify that I am the duly elected Secretary of the Corporation named as Guarantor herein; that William Winkenwerder, Jr, MD, MBA who signed this Agreement on behalf of the Guarantor, was then President and CEO of said Corporation, that said Agreement was duly signed for and in behalf of said Corporation by authority of its governing body, and is within the scope of its corporate powers.

Thomas Vankirk Corporate Seal:
(Secretary)

Receipt of a copy of the above Guaranty Agreement is acknowledged.
THE UNITED STATES OF AMERICA

By _____
(Contracting Officer) (Contracting Officer Address)