

Part 199.13

TRICARE Dental Program

Revision:

Rule:

(a) General provisions--

- (1) Purpose.
- (2) Applicability.--
 - (i) Geographic scope.
 - (ii) Agency.
 - (iii) Exclusion of benefit services performed in military dental care facilities.
 - (iv) Exception to the exclusion of services performed in military dental care facilities.
- (3) Authority and responsibility.--
 - (i) Legislative authority.--
 - (A) Joint regulations.
 - (B) Administration.
 - (ii) Organizational delegations and assignments--
 - (A) Assistant Secretary of Defense (Health Affairs) (ASD(HA)).
 - (B) Evidence of eligibility.
- (4) Preemption of State and local laws.
- (5) Plan funds--
 - (i) Funding sources.
 - (ii) Disposition of funds.
 - (iii) Plan.
 - (iv) Contracting out.
- (6) Role of Health Benefits Advisor (HBA).
- (7) Right to information.
- (8) Utilization review and quality assurance.

(b) Definitions.

- (1) Assignment of benefits.
- (2) Authorized provider.
- (3) Beneficiary.
- (4) Beneficiary liability.
- (5) By report.
- (6) Contingency operation.
- (7) Cost-share.
- (8) Defense Enrollment Eligibility Reporting System (DEERS).
- (9) Dental hygienist.
- (10) Dentist.
- (11) Diagnostic services.
- (12) Endodontics.
- (13) Initial determination.
- (14) Nonparticipating provider.

- (15) Oral and maxillofacial surgery.
- (16) Orthodontics.
- (17) Participating provider.
- (18) Party to the initial determination.
- (19) Periodontics.
- (20) Preventive services.
- (21) Prosthodontics.
- (22) Provider.
- (23) Restorative services.

(c) Eligibility and enrollment--

- (1) General.
- (2) Eligibility--
 - (i) Persons eligible.
 - (ii) Determination of eligibility status and evidence of eligibility--
 - (A) Eligibility determination responsibility of the Uniformed Services.
 - (B) Procedures for determination of eligibility.
 - (C) Evidence of eligibility required.
- (3) Enrollment--
 - (i) Previous plans--
 - (A) Basic Active Duty Dependents Dental Benefit Plan.
 - (B) Expanded Active Duty Dependents Dental Benefit Plan.
 - (ii) TRICARE Dental Program (TDP)--
 - (A) Election of coverage.
 - (B) Premiums--
 - (C) Enrollment period--
 - (D) Beginning dates of eligibility.
 - (E) Changes in and termination of enrollment.

(d) Premium sharing--

- (1) General.
 - (i) Members required to pay a portion of the premium cost.
 - (ii) Members required to pay the full premium cost.
- (2) Proportion of premium share.
- (3) Provision for increases in active duty, Selected Reserve and Individual Ready Reserve member's premium share.
- (4) Reduction of premium share for enlisted members.
- (5) Reduction of cost-shares for enlisted members.
- (6) Premium payment method.
- (7) Annual notification of premium rates.

(e) Plan benefits--

- (1) General.--
 - (i) Scope of benefits.
 - (ii) Authority to act for the plan.
 - (iii) Dental benefits brochure.--
 - (A) Content.
 - (B) Distribution.
 - (iv) Alternative course of treatment policy.

- (2) Benefits.
 - (i) Diagnostic and preventive services.
 - (A) Diagnostic services.
 - (B) Preventive services.
 - (ii) General services and services "by report".
 - (iii) Restorative services.
 - (iv) Endodontic services.
 - (v) Periodontic services.
 - (vi) Prosthodontic services.
 - (vii) Orthodontic services.
 - (viii) Oral and maxillofacial surgery services.
 - (ix) Exclusion of adjunctive dental care.
 - (x) Benefit limitations and exclusions.
 - (xi) Limitation on reduction of benefits.
- (3) Cost-shares, liability and maximum coverage.--
 - (i) Cost-shares.
 - (ii) Dental plan contractor liability.
 - (iii) Maximum coverage amounts.

(f) Authorized providers--

- (1) General.
- (2) Authorized provider status does not guarantee payment of benefits.
- (3) Utilization review and quality assurance.
- (4) Provider required.
- (5) Participating provider.
- (6) Nonparticipating provider.
 - (i) Assignment of benefits.
 - (ii) No assignment of benefits.
- (7) Alternative delivery system--
 - (i) General.
 - (ii) Defined.
 - (iii) Elective or exclusive arrangement.
 - (iv) Provider election of participation.
 - (v) Limitation on authorized providers.
 - (vi) Charge agreements.

(g) Benefit payment--

- (1) General.
- (2) Benefit payment.
- (3) Fraud, abuse, and conflict of interest.

(h) Appeal and hearing procedures.

- (1) General.
 - (i) Initial determination--
 - (A) Notice of initial determination and right to appeal.
 - (B) Effect of initial determination.
 - (ii) Participation in an appeal.
 - (A) Parties to the initial determination.
 - (B) Representative.
 - (iii) Burden of proof.

- (iv) Evidence in appeal and hearing cases.
- (v) Late filing.
- (vi) Appealable issue.
- (vii) Amount in dispute--
 - (A) General.
 - (B) Calculated amount.
- (viii) Levels of appeal.
- (ix) Appeal decision.
- (2) Reconsideration.
- (3) Formal review.
- (4) Hearing--
 - (i) General.
 - (ii) Authority of the hearing officer.
- (5) Final decision.

(i) Implementing Instructions.