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1. Transmitted is a revision to Veterans Health Administration Manual M-1, "Operations," Part I, "Medical Administration Activities," Chapter 19, "Outpatient Dental Treatment." Brackets have not been used to indicate the changes.

2. Principal changes are:

a. **Paragraph 19.03:** Deletes reference to the appointed Chief, Dental Service being a non-professional.

b. **Paragraph 19.04:** Amended to include circumstances under which an application is not required for treatment of a dental condition.

c. **Paragraph 19.05:** Amended to provide for dental services for patients participating in a Vocational Rehabilitation Program under 38 U.S.C. 15 for 3 years following termination of entitlement to pension.

d. **Paragraph 19.06:** Amended to provide for veterans who served in the Persian Gulf for a period of not less than 90 days; and to provide for dental services for those veterans scheduled for admission or receiving outpatient care when a dental condition is clinically determined to be complicating a medical condition under treatment.

e. **Paragraph 19.12:** Amended to require a second opinion when the cost of fee dental services exceeds \$1,000 per year.

### 3. Filing Instructions

#### Remove pages

19-i  
19-1 through 19A-1

#### Insert pages

19-i  
19-1 through 19A-1

4. **RESCISSIONS:** M-1, part I, chapter 19, dated October 3, 1990.

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Under Secretary for Health

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## RESCISSIONS

The following material is rescinded:

### 1. COMPLETE RESCISSIONS

#### a. Manuals

M-1, Part I, Chapter 19, change 4, dated September 10, 1987

M-1, Part I, Chapter 19, dated October 3, 1990

#### b. Interim Issues

II 10-70-3

II 10-73-7 and Erratum

II 10-85-26

II 10-87-10

II 10-88-14

#### c. VHA Directives

10-73-183

10-85-101

10-88-76

10-90-146

10-91-048

10-91-128

### 2. LIMITED RESCISSIONS

The following material is rescinded insofar as it pertains to chapter 19:

Interim Issues

II 10-68-19

II 10-73-8

II 10-85-29

**CHAPTER 19. OUTPATIENT DENTAL TREATMENT**

**SECTION I. GENERAL**

**19.01 AUTHORITY**

Title 38 U.S.C. (United States Code) 1712 is the statutory authority for the Secretary, VA (Department of Veterans Affairs,) to promulgate regulations concerning the delivery of dental services and treatment, and related dental appliances.

**19.02 POLICY**

a. Outpatient dental care will be furnished on a staff basis at the VA health care facility nearest the veteran's home whenever possible.

b. An eligible veteran may be authorized fee-basis dental care when it is determined that dental services are unavailable at a VA health care facility or cannot be economically provided due to geographical inaccessibility.

**19.03 DEFINITIONS**

a. **Chief Dental Service.** This term refers to the Chief, Dental Service or appointed designee at a VA facility.

b. **Fee Dentist.** This term includes any dentist licensed to practice by the appropriate State Board of Dental Examiners in the State where services are provided and who agrees to provide dental care at the rates specified by VA. (See MP-5, pt. II, ch. 2.)

c. **Geographically Inaccessible.** This term refers to a location of a veteran's permanent residence which is so remote from a VA facility having a Dental Service that can provide the required dental treatment that it would be uneconomical to transport the veteran to a VA facility for treatment to be provided by VA staff.

(1) The determination that a veteran resides in an area which is geographically inaccessible to a VA health care facility will be made by VA after consideration of all pertinent factors. Such factors may include:

(a) The existence of dental conditions which require treatment by specialists not available within VA,

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(b) The existence of any severe medically disabling conditions which make it necessary for the veteran to travel by ambulance at a combined higher overall cost to VA, and

(c) The patient's accessibility to reasonable public or private transportation.

(2) The distance of a veteran's permanent residence from a VA facility does not in itself constitute geographical inaccessibility.

**NOTE:** Arbitrary mileage boundaries will not be established to routinely authorize fee-basis dental outpatient care to those eligible veterans who reside beyond a specified number of miles from a VA facility.

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(3) The combined costs of travel and care at a VA facility as compared to fee-basis care will be the determining basis of whether the required dental services can be more economically provided by a VA facility or by a fee dentist.

d. **VA Facility.** For purposes of this chapter, this term refers to a VA medical center, VA medical and regional office center, VA outpatient clinic, or VA outpatient clinic-satellite. It includes another Federal medical facility with which VA has contracted to provide medical services to veterans.

e. **Chief, MAS (Medical Administration Service).** This term refers to the Chief, MAS of a VA medical center, or the Chief, Medical Administrative Officer at an independent outpatient clinic.

f. **Clinic/Facility of Jurisdiction.** This term refers to the VA health care facility assigned fee-basis outpatient jurisdiction over the geographical area in which the veteran has established permanent residence.

**19.04 APPLICATION FOR DENTAL CARE**

a. VA Form 10-10, Application for Medical Benefits, or a computer generated VA Form 10-10, will be used to apply for outpatient dental treatment.

(1) Verbal or written communications from the veteran or someone acting on the veteran's behalf are acceptable for the purpose of establishing a claim or applying for care.

(2) Entries on VA Form 10-10 will be made by pen or typewriter. Except for the admission date and/or authority for admission or treatment, no additional information will be entered on the application after it is signed by the applicant.

(3) The certificate of discharge or release from a branch of service is the preferred document to verify military enrollment; however, if information concerning type of military service, dates of service, and/or type of discharge or release is not known or not available at the VA health care facility, the veteran will be requested to submit FL (Form Letter) 10-408, Request for Military Service Information.

(4) Veterans with conditions which may be compensable should be advised of their right to apply for compensation, using VA Form 21-526, Veterans Application for Compensation or Pension.

b. The VA health care facility which has responsibility for the primary service area where the patient resides will be responsible for processing the application for care. Processing will include determining eligibility,

providing care, or arranging care to be provided by the nearest VA facility capable of providing needed care. Care may be provided on a fee basis to veterans consistent with the provisions of paragraph 19.03.

c. Preparation of a formal application for VA dental care is not necessary when the veteran is already on VA roles and under the following circumstances:

(1) When a dental condition has been determined to be complicating a medical condition currently under treatment;

(2) When a dental condition is complicating a condition for which a patient is scheduled for admission; and

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(3) When continued treatment has been recommended following a period of VA hospitalization.

d. Treatment will be furnished at the VA facility nearest the veteran's home. A patient will not be referred for outpatient dental treatment at another facility without advance agreement between facilities. If an agreement cannot be reached, outpatient dental treatment will be provided at the place of inpatient care. In such cases, the appropriate Regional Director will be advised and furnished copies of applicable documents and correspondence. When follow-up treatment is being provided at another VA facility, the CHR (Consolidated Health Record) will be transferred to the receiving health care facility prior to the first scheduled appointment.

e. Veterans who have been hospitalized in a VA facility within 90 days following discharge or release from service, and who are examined for dental disabilities in accordance with M-4, paragraph 1.03, will be considered to have applied for dental care and such application will be processed in accordance with 38 CFR (Code of Federal Regulations) 17.120 through 38 CFR 17.123a. If dental care for which the veteran was eligible has not been provided prior to the time the veteran is released from the facility, dental care will be authorized on an outpatient basis.

f. Within 10 days of receipt of application, veterans will be notified of their eligibility for dental care, or that an assessment of eligibility is being determined.

(1) Those veterans determined eligible for care will be scheduled for or authorized care within 5 working days following eligibility determination. If an application is being referred to another VA facility for action, the veteran will be notified.

(2) The provisions of paragraph 19.19 apply in those cases where care is denied.

**19.05 ELIGIBILITY FOR DENTAL CARE**

a. Eligibility for dental care will be made on the basis of information furnished on the application by the applicant or person acting for the applicant.

(1) The determination of eligibility requires use of reasonable judgment to reach a decision that the information supplied qualifies the applicant for treatment under the appropriate subparagraph of 38 CFR, see 19.06.

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(2) This judgment will be based on the premise that the information was given with full awareness on the part of the applicant of the penalties for making a fraudulent claim.

(3) When a detailed report of dental examination is essential for a determination of eligibility for benefits, a dental examination may be authorized for specific classes of claimants or beneficiaries as outlined in 38 CFR 17.123.

**NOTE:** An inquiry may be made to HINQ (Hospital Inquiry) for identification and file location when making eligibility determinations.)

b. When data cannot be verified from existing facility records or when the applicant's eligibility for dental care cannot be established by the DD (Department of Defense) Form 214, Certificate of Release or Discharge from Active Duty, or by HINQ,

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the information furnished by applicants will be verified by the transmittal or submission of VA Form 10-7131, Exchange of Beneficiary Information and Request for Administrative and Adjudicative Action, or via AMIE (Automated Medical Information Exchange), see M-1, part I, chapter 6.

c. If a veteran who is potentially eligible for class II treatment under 38 CFR 17.123a does not present evidence of qualifying service and type of discharge, this information will be requested by VA Form 10-7131, or AMIE. The following notation will be entered in Item 6, Remarks: "Dental Care 38 CFR 17.123a."

(1) Authorization of dental care will not be delayed pending a reply by the Adjudication Division if the veteran is eligible on the basis of information furnished.

(2) The assignment of a claim number is not required and will not be requested for veterans whose only eligibility for treatment is under authority of 38 CFR 17.123a.

d. Adjudicative action will be requested for all applicants who have a potential entitlement under authority of:

(1) Title 38 CFR 17.123 (a), (c), and (d).

(2) Title 38 CFR 17.123(b) in those rare instances when entitlement to replacement of missing teeth cannot be determined by clinical judgment in accordance with 38 CFR 17.123a.

**NOTE:** Treatment, which can be furnished under the provisions of 38 CFR 17.123a, will not be delayed pending adjudication action.

e. VA Form 10-7131, or AMIE equivalent, will be transmitted to the Adjudication Division with a copy of the examination report. If the veteran alleges service trauma or prisoner-of-war status, this information will be recorded in item 6 of VA Form 10-7131. When a veteran has been granted service-connection for a disease or injury of the mouth or jaw, or due to having been a prisoner-of-war, FL 10-263, Notice of Entitlement to Outpatient Dental Care, will be issued following termination of the initial episode of treatment.

f. Veterans are eligible to receive outpatient dental services and treatment for a nonservice-connected dental condition or disability when treatment was begun while the veteran was receiving inpatient care, and when such services and treatment are determined by the Chief, Dental Service, or professional designee, to be reasonably necessary to continue or complete such treatment. Care may be

provided for a period not to exceed 12 months after discharge from inpatient treatment, except where the treating dentist determines that a longer period is required by virtue of the disability being treated.

g. Inpatient and outpatient dental services, including drugs, medicines, and treatment may be provided to veterans who are participating in or who have participated in a vocational training program under 38 U.S.C. 15 for 3 years following termination of entitlement to pension. (See par. 19.06h.)

h. If the applicant is ineligible, FL 10-424, Denial Letter for Outpatient Dental Treatment, will be mailed to the veteran. A copy will be sent to the person who has power of attorney. This person will be the patients representative or the veteran's service representative.

i. Instructions for billing veterans and non-veterans who are determined to be ineligible for dental care and treatment are provided in paragraph 19.21 and in M-1, part I, chapter 15.

#### 19.06 CLASSES OF DENTAL BENEFICIARIES.

Outpatient dental benefits will be furnished veterans in accordance with the provisions of existing legislation and regulations promulgated by the Secretary. Those specified as eligible for dental care on an outpatient basis are defined, and their entitlements described in 38 CFR 17.123. Further vital references for the administration of the dental outpatient program are contained in 38 CFR 17.120, 17.123(a)(b)(c) and 17.124. The following definitions of classifications of eligible dental outpatients are not complete as to entitlements and restrictions. The actual statutes and VA regulations from which they are derived must be referenced in order to properly administer the program.

a. **Class I.** Those veterans having a service-connected compensable dental disability or condition are eligible for any needed dental care (38 U.S.C. 17.12(b)(1) as implemented by 38 CFR 17.123(a)).

b. **Class II.** Those veterans having service-connected noncompensable dental conditions or disability shown to have been in existence at the time of discharge or release from active duty (after September 30, 1981) may be authorized any treatment as reasonably necessary for the one-time correction of the service-connected noncompensable condition, but only if:

(1) They served on active duty during the Persian Gulf War and were discharged or released, under conditions other than dishonorable, from a period of active military, naval, or air service of not less than 90 days, or they were discharged or released under conditions other than dishonorable, from any other period of active military service of not less than 180 days. (This is an exception to minimum active duty requirement for medical/dental care.)

(2) Application for treatment is made within 90 days after such discharge or release.

(3) The certificate of discharge or release (DD 214) does not bear certification that the veteran was provided, within the 90-day period immediately before such discharge or release, a complete dental examination, dental X-rays, and all appropriate dental treatment indicated by the examination to be needed.

(4) Dental examination is completed within 6 months after discharge or release, unless delayed through no fault of the veteran.

(a) Veterans discharged from their final period of service after August 12, 1981, who had reentered active military service within 90 days after discharge or release from a prior period of active military service may apply for treatment of service-connected noncompensable dental conditions within 90 days from the date of their final discharge or release.

(b) If a disqualifying discharge or release (ones other than general to honorable) has been corrected, application may be made within 90 days after the date of upgrading. Since general discharges are not disqualifying for VA benefits, the 90 day time limitation on applications for class II dental care begins on the date of release from active duty.

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c. **Class II(a).** Those having a service-connected noncompensable dental condition or disability adjudicated as resulting from combat wounds or service trauma are eligible for repeat care for the service-connected condition(s).

d. **Class II(b).** Those having a service-connected noncompensable dental condition or disability and who were POWs (Prisoners of War) for not less than 90 days are eligible for repeat care for the service-connected condition(s).

e. **Class II(c).** Dental services and treatment and related dental appliances may be furnished for a nonservice-connected dental condition or disability of any veteran who was held as a prisoner of war for a period of not less than 90 days. Eligibility for former POWs may be verified through a HINQ request, submission or transmission of VA Form 7131, or transmittal of the AMIE exchange screen information to a Regional Office. This action does not apply to the provision of emergency treatment prior to an eligibility determination. Individuals who were interned for less than 90 days may be entitled to dental benefits under other eligibility authorities.

f. **Class III.** Those having a dental condition professionally determined by VA to be currently aggravating a service-connected medical condition are eligible for dental care to satisfactorily resolve the problem. Each episode of dental care will be based upon a clinical judgmental decision.

g. **Class IV.** Those whose service-connected disabilities have been rated at 100 percent or who are receiving the 100 percent rate by reason of individual unemployability are eligible for any needed dental care. A total disability which is defined as "temporary" does not entitle a beneficiary to dental care.

h. **Class V.** A veteran who is considered to be participating in a rehabilitation program under 38 U.S.C. 31 and who is medically determined to be in need of dental care may be provided dental care to:

- (1) Make it possible to enter the course of training.
- (2) Achieve the goals of the program.
- (3) Prevent interruption of the training.
- (4) Hasten the return to the program of a veteran placed in discontinued status because of dental condition.
- (5) Hasten the return to a rehabilitation program of a veteran in interrupted or leave status.

(6) Secure and adjust to employment during the period of employment assistance.

(7) Enable the veteran to achieve maximum independence in daily living.

i. **Class VI.** Any veteran scheduled for admission or receiving outpatient care under 38 U.S.C. may receive dental care if the dental condition is clinically determined to be complicating a medical condition currently under treatment. Each episode of dental care will be predicated on referral and consultation, followed by a clinical judgmental decision.

j. **Military Retirees.** Retired members of the uniformed services will not be provided outpatient dental care unless such treatment is specifically authorized by DOD (Department of Defense) on an individual case by case basis. When approved, authorization will be documented on DD Form 2161, Referral for Civilian Medical Care. Therefore, any military retiree who applies for outpatient dental care will meet VA eligibility criteria to receive outpatient dental benefits as a veteran unless specifically authorized treatment as a military retiree on DD Form 2161. Dental care may be provided to military retirees in accordance with a jointly approved sharing agreement between a VA facility and a DOD military organizational unit.

k. **Armed Forces Personnel on Active Duty.** Emergency dental treatment for members of the Armed Forces on active duty will be rendered upon authority from the Commanding Officer of the military installation. This authorization will be executed in writing and signed by the Commanding Officer. However, if extenuating circumstances are present, treatment of an emergent dental condition may be accomplished prior to the receipt of authority. Emergency dental treatment will be limited to such treatment as is found necessary for the relief of pain, and control of acute infection, trauma or hemorrhage.

l. **Allied Beneficiaries.** Dental care may be provided for persons who are pensioners of nations allied with the United States in World War I and World War II when they are properly referred by authorized officials under the conditions stipulated by the Secretary and defined in M-1, part I, chapter 24.

m. **VA Employees.** Emergency dental treatment for VA employees may be provided only to the extent necessary to permit employees to remain on duty. Employees who incur injuries in performance of duty will receive necessary emergency treatment. Employees with emergency conditions for which follow-up care or complications would be anticipated will be advised to seek private care.

n. **Beneficiaries of Sharing Agreements.** Sharing resources with community facilities and other Federal, State or local governmental agencies can enhance mutual efficiency and economy of operations. The basic authority for sharing specialized medical resources is provided in Public Law 89-785; for VA/DOD agreements, see Public Law 97-174. A number of VA and VHA (Veterans Health Administration) directives provide guidance for implementation. Agreements are generally initiated and developed at VA facility level, but are subject to VA Central Office review and approval. In those instances where VA is providing services for a non-VA agency, the beneficiaries of the care are considered legitimate workload for VA, but such care will not reduce or otherwise compromise the treatment services to eligible veterans. The Chief, Dental Service, or designee, should be involved in the negotiations when dental care is part of a proposed sharing agreement.

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o. **Outpatient emergency dental care.** Applications will be processed according to the following:

(1) All applicants will be triaged and directed to MAS personnel before referral to Dental Service. The medical disability of potential class III referrals will be certified by a VA physician.

(2) MAS personnel will determine the applicant's eligibility for outpatient dental treatment prior to the referral of the patient to the Dental Service for clinical evaluation.

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(3) Patients with no eligibility or limited eligibility for outpatient dental care (classes IIa, IIb or potential class III), will be billed for the treatment at the current rate for a dental outpatient visit. A statement of charges will not be prepared for diagnostic procedures (i.e., emergency examination, required radiographs or biopsies).

(4) Each patient will be informed that VA is limited regarding the extent of emergency treatment that can be provided on a humanitarian basis and that follow-up or further remedial care should be obtained from the private sector providers. This information will be provided so the applicant seeking emergency dental care can make a judgment, prior to referral to Dental Service, whether to seek emergency treatment from VA.

(5) The eligibility clerk will sign the statement of ineligibility in section 1a or limited eligibility in section 1b on VA Form 10-2570g, Dental Outpatient Emergency Referral and Treatment Record. The applicant will complete the information requested in section 1c and sign the statement of understanding about emergency dental care and billing.

(6) The patient seeking VA emergency dental care will be referred to Dental Service for clinical evaluation with section I of VA Form 10-2570g completed. Dental Service will examine the patient to determine the appropriate action to be taken. The emergency treatment provided will be documented in Section IIc of VA Form 10-2570g. The form will be signed by the treating dentist and returned to the appropriate organizational element for billing purposes.

#### **19.07 ADMINISTRATIVE CONTROLS**

a. Dental administrative activities, other than those requiring a clinical opinion, will be organizationally aligned under the Chief, MAS, who will be responsible for the quality and timeliness of administrative services, records, and reports.

b. Controls will be established to ensure that statements of charges are prepared for all ineligible individuals who receive emergency dental treatment on a humanitarian basis. The completed copies of VA Form 10-2570g and the UB 82 (Uniform Bill 82) will be filed in both the administrative and medical portions of the CHR (Consolidated Health Record).

c. The Chief, Dental Service, or designee, will review all completed staff and fee examinations, evaluate the diagnostic findings and treatment plan, and approve (or amend if indicated) the treatment plan by signing the authorization section on VA Form 10-2570 (staff), VA Staff Dental Outpatient Record, or VA Form 10-2570d, Dental Record Authorization and Invoice for Outpatient Services.

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d. Fee budget management, including the development, planning and execution of budget requirements, will be accomplished by the Chief, MAS, in collaboration with the Chief, Dental Service, facility Director and other affected elements.

**19.08 QUALITY CONTROLS--SPOT CHECK PROGRAM**

a. To assure entitled beneficiaries receive dental treatment as authorized, and which meets acceptable clinical standards, a percentage of fee patients will be re-examined at

each authorizing facility, clinic of jurisdiction, or at a satellite outpatient clinic at the request of the authorizing facility following completion of their fee treatment. A percentage of those beneficiaries treated by VA staff will also be examined by the Chief, Dental Service.

b. Projected fiscal year workloads of dental fee cases to be completed will determine the percentage of post-treatment examinations to be conducted. Authorizing facilities or fee jurisdictional facilities with projected workloads in excess of 200 cases will accomplish post-treatment examinations for 5 percent of the cases actually completed during the fiscal year. Facilities with projected fiscal year workloads of 200 cases or less will accomplish post-treatment examinations for 10 percent of the cases actually completed during the fiscal year. Insofar as possible, these examinations will be conducted when patients are visiting the health care facility for other purposes. Patients so selected will be furnished travel at VA expense. Five percent of all class I through VI cases treated by VA staff will be examined by the Chief, Dental Service. Additional travel should not be necessary since this evaluation should be coordinated at the time of completion of treatment.

c. FL 10-436, Notification Regarding Examination by Dental Staff to evaluate Fee Dental Treatment, will be used to request patients to report for re-examination.

## SECTION II. STAFF CARE

### 19.09 GENERAL

a. Outpatient dental care will be provided at the VA health care facility nearest the veteran's home. Where staff care cannot be furnished, the application will be forwarded, with prior agreement, to the VA health care facility nearest the veteran's residence that is capable of providing the needed care. Each VA health care facility will maintain current information regarding dental resources available at adjacent VA health care facilities.

b. An appointment plan will be utilized for each dentist and hygienist. Dental appointments will be scheduled through use of the DHCP (Decentralized Hospital Computer Program) scheduling package. This scheduling package is designed to assist in the scheduling of patients for clinic appointments, and the collection of related workload data for reporting purposes. Specific instructions regarding use of the scheduling package are contained in the MAS DHCP User Manual.

### 19.10 PROCEDURES

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a. Applications for dental care will be completed in accordance with guidelines contained in subparagraph 19.04a. Every effort will be made to obtain complete information so that establishment of eligibility and subsequent authorization can be expedited.

b. VA Form 10-2570 will be used to record all examination findings, treatment recommendations and treatments provided by VA staff personnel for all dental outpatients, except those in OPT-NSC (Outpatient treatment - nonservice-connected) status.

c. Personnel assigned in MAS will review VA Form 10-2570 for completeness and will enter a statement of exhaustion of class II benefits following satisfactory completion of the authorized care.

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- d. VA Form 10-2570 will be filed in the CHR.

### SECTION III. FEE-BASIS CARE

#### 19.11 AUTHORIZATION

a. A VA Form 10-2570d, will be used to authorize fee dental services. A specific validity period for each authorization will be estimated by the Chief, Dental Service. This validity period will be based on each veteran's eligibility status and on the nature of the condition(s) which are to be provided treatment. The validity period will be recorded on the VA Form 10-2570d. Instructions for the preparation of this form are found in M-1, part I, appendix 19A.

b. A dental examination will be authorized by the Chief, MAS, when that examination is essential for a determination of eligibility for benefits. (See 38 CFR 17.120 and 17.123a.) If assistance is needed to determine eligibility, the case will be discussed with the Chief, Dental Service (or dentist designee). The authorization (VA Form 10-2570d), with VA Form 10-2570a, Health Questionnaire for Dental Outpatients, and VA Form 10-2570b, Examination Procedure Instructions for Participating Fee Dentists, will be mailed to the veteran with FL 10-423, Transmittal Letter--Authorization for Fee Dental Examinations.

c. Upon receipt of a treatment plan from the fee dentist, the Chief, Dental Service, or designee, will assess the services recommended; line out those services disapproved or make other appropriate annotations to VA Form 10-2570d. When appropriate, the Chief, Dental Service will approve any remaining recommended treatment. This approval will be made by signature. The Chief, MAS, or designee, will authorize treatment on VA Form 10-2570d. FL 10-425, Notice of Authorization of Outpatient Dental Treatment or FL 10-425a, Letter Informing Veteran That Dental Treatment Has Been Authorized, Other Than Class II, will be used to notify a veteran that an authorization for treatment has been issued.

**NOTE:** The total cost for fee services will not exceed \$1,000 per patient per 12 month period unless prior authorized.

d. An authorization for dental services will be issued for an eligible beneficiary when services are approved in advance. When dental care is obtained without prior authorization due to need for prompt services, an authority may be approved for the 15-day period preceding that date of receipt of notification by VA.

e. Fee-basis care will be authorized by the VA health care facility of jurisdiction of the veteran's home address, not the address of the fee dentist. Fees authorized will be in accordance with the maximum allowable dental schedule of fees applicable to the area in which the services are to be provided. When such fees are not known, the appropriate field health care facility of jurisdiction will be contacted for this information.

#### 19.12 SECOND OPINIONS

a. A "second opinion," by means of clinical reexamination of the veteran, will be obtained in all cases where the total fee dental expenditures during a 12 month period exceeds \$1000. MAS and Dental Service will collaborate in fulfilling the following procedures, as follows:

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(1) The authorizing facility, having received a treatment plan which exceeds \$1000, or which costs will exceed \$1,000 (the total amount which is allocated for a patient during a 12 month period), will determine if there are any VA health care facilities (having a Dental Service capable of providing needed dental care) within a 150-mile radius of the veteran's residence. The 150-mile radius may be exceeded if the Chief, Dental Service, at the authorizing facility, determines that the extent or character of the treatment plan warrants clinical review by VA. Also, the distance may be increased if the veteran's ability to travel and transportation conditions have been considered.

(2) MAS will contact and inform the veteran that a second examination is necessary because the costs for the services required exceed that allocated for the fiscal year. If this second examination is scheduled to be completed at a VA facility, the dental radiographs and patient's identified VA Form 10-2570 (excluding the fee dentist's treatment plan) will be forwarded to a specified VA health care facility, which in turn, will establish a date and time for the examination with the veteran. Beneficiary travel will be provided by the facility conducting the second examination, as applicable.

(3) A VA dentist will examine the veteran to determine the dental needs and establish an independent treatment plan which, in the opinion of the dentist, will provide reasonable and satisfactory resolution. This treatment plan will be recorded on a new VA Form 10-2570 and, with the radiographs, will be returned to the Chief, Dental Service, at the authorizing facility. The two treatment plans and radiographs will be reviewed there by the Chief, Dental Service, or professional designee, and a judgment made as to which plan is most reasonable and satisfactory. If the VA plan is selected, the following procedures will apply:

(a) If the veteran is geographically accessible to a VA facility for multiple visits, the veteran will be treated at that facility if treatment can be initiated in a timely fashion.

(b) If the veteran cannot be provided timely care by VA or if the veteran is not geographically accessible to a VA facility, the authorizing dentist will contact the fee dentist and state that a second opinion has determined that optional treatment would be satisfactory and more reasonable. If the fee dentist agrees to provide dental care according to the altered treatment plan (assuming fees are compatible with the VA fee schedule), then authorization can be made. If not, the veteran will be instructed and authorized to seek another dentist.

b. If a VA health care facility, capable of conducting the required second-opinion examination, is not available within a 150-mile radius of the veteran's place of residence to conduct the dental examination, the Chief, Dental Service,

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or professional designee, of the VA authorizing facility will contact a second fee dentist in the practice of general dentistry who is in the same locality (or the closest to the veteran's residence). The VA dentist will explain the legal need for a second dental examination. The veteran's radiographs (received from the first fee dentist and remounted by VA for anonymity) will be forwarded to the second dentist with a VA Form 10-2570d containing authorization for examination only. The veteran will be informed by a MAS employee that contact will be made by Dr. \_\_\_\_\_ for a second examination. Travel will be paid, if applicable, by the fee authorizing facility. Additional radiographs will be authorized when professionally determined to be unavoidable. The second fee dentist will conduct a dental examination and generate an independent treatment plan, and submit it along with all radiographs to VA facility requesting the examination.

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c. If the veteran refuses to participate in the second examination effort or to accept a treatment plan determined by VA to be satisfactory, the case will be closed and the veteran so informed.

d. The Chief, Dental Service, at the authorizing facility will review both fee treatment plans with the X-rays.

(1) If both plans are satisfactory and there are no distinguishable advantages of one over the other and if the fees of each dentist are within the VA Schedule of Maximum Allowances for Fee Dental Services, the first fee dentist (the one selected by the veteran) should be authorized to provide the dental care.

(2) If both plans are satisfactory but the first fee dentist's fees exceed VA maximum allowances and the fees of the second dentist are within the schedule, the Chief, Dental Service, will contact the first fee dentist to determine willingness to provide the treatment for fees within VA schedule. If not, the second fee dentist will be authorized to provide the treatment and the veteran will be so informed.

(3) If both plans are satisfactory but both dentists' fees exceed VA maximum allowances, the first dentist will be contacted, to attempt satisfactory negotiation over the fees. If unsuccessful, negotiation will be instituted with the second fee dentist.

(4) If both negotiations fail and the Chief, Dental Service, does not feel optimistic that an additional authorization for a third fee dentist's examination would be productive of lower fees, the fee dentist with the less costly plan will be authorized the treatment. Whenever negotiations with the first fee dentist fail, VA is obligated to communicate with the veteran explaining why VA will be making referral to the second fee dentist for treatment.

**NOTE:** All of the foregoing in this paragraph is based on the reviewing dentist's satisfaction that both treatment regimens would provide dental care of adequate quality and extent to resolve the dental problems for which VA has responsibility.

(5) If there are significant differences in the type of treatment to be provided in the two plans, the VA reviewing dentist must determine which plan will provide satisfactory resolution of the veteran's needs.

(6) When the decision is in favor of the second fee dentist's submission, communication with the first fee dentist must take place, tactfully, and with adequate explanation to avoid any complication of personal bias.

e. When the first fee dentist (who provided the dental radiographs) is not the one authorized to provide the treatment and desires that the radiographs be returned for the record, VA will duplicate the radiographs and return the originals to the dentist, as requested.

f. If there is no VA health care facility nor a second fee dentist within a 150-mile radius of the veteran's residence to give a second opinion, then the Chief, Dental Service, will review the radiographs, examination findings and treatment plan to determine if the treatment plan is satisfactory and compatible with the VA fee schedule. If not, the fee dentist will be contacted and negotiated with until a satisfactory resolution is attained.

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**19.13 FEES**

a. The dental fee schedule governs maximum allowances for fee dental services. General guidelines, including authority to approve fees in excess of those listed for specified services, are in M-4, chapter 3. The Chief, Dental Service, having the responsibility for revisions to the schedule of maximum allowance, will, at least annually, review the schedule for any deficiencies or inequities. Reporting requirements are in M-4, chapter 3.

b. Fees that appear to be excessive and cannot be resolved between the Chief, Dental Service, and the fee dentist will be documented and forwarded to the ACMD (Assistant Chief Medical Director) for Dentistry. The ACMD for Dentistry may approve such fees when, in the ACMD's judgment, the interests of the veteran and VA will be served.

c. The authorization will show the fees to be allowed for accomplishing the examination or treatment. When fees requested by an individual fee dentist are less than those shown in the dental schedule of fees, fees paid will be those requested by the fee dentist. Fees in excess of those shown in the dental schedule of fees will not be authorized, except as provided in paragraph 19.13b.

d. Fees for services not included in the dental schedule of fees may be authorized by the Chief, Dental Service. Such fees will be reasonable and not in excess of those normally charged the general public.

**19.14 INVOICES FOR DENTAL SERVICES**

a. All invoices for fee-basis dental services will be processed on a first-received, first-processed basis. Invoices in letters opened in the mail room, because they were not addressed to a particular unit, will be date stamped in the Fee Services Unit on date of receipt. Invoices in letters addressed to a particular unit, such as the Fee Services Section, will be opened and date stamped on the date of receipt in that unit.

b. In accordance with the provisions of Public Law 97-177, Prompt Payment Act, as amended, bills must be "proper invoices" and must pertain to a veteran whose eligibility to receive the dental services involved has been definitely determined. Specifically, a proper invoice is one which includes the following information:

- (1) Name and address of the business concern,
- (2) SSN (Social Security Number) or employer ID of the dentist,
- (3) Invoice date,

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- (4) Treatment dates,
- (5) The veteran's name and SSN,
- (6) The medical condition being treated,
- (7) A description of services rendered,
- (8) The appropriate CPT (Current Procedural Terminology) code(s), and
- (9) The fee being charged.

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c. Unless fully automated, MAS personnel will enter on each invoice the payment due date which is 30 calendar days after determination that the invoice is legitimate. When appropriate, Fee Services Unit personnel will also annotate on the invoice the date VA accepted the services as a valid obligation of VA. The bills will be forwarded to Fiscal Service within 5 workdays after acceptance as a valid invoice.

d. An invoice received after the expiration of the validity date but prior to actual cancellation may be approved for payment if otherwise in order. The invoice will be endorsed by a statement, "validity period extended" and signed by the Chief, MAS, or designee.

e. The Chief, MAS, or designee, will review and approve invoices for services provided at or below the authorized cost, or within \$100 of the authorized cost. An invoice with a total cost in excess of \$100 over the authorized cost will be reviewed and justified by the Chief, Dental Service, or designee. The justification will be documented in the remarks section of the VA Form 10-2570d.

f. Although the accomplishment of outpatient fee dental services is based upon pre-authorization for both examination and treatment phases, the deviation by a dentist from the kind and/or extent of dental services authorized will not in itself be a basis for denial of payment for such services. However, if the services are considered appropriate and the veteran is otherwise entitled to such dental services, the services provided will be approved for payment by the Chief of Dental Service, or designee.

**NOTE:** A distinction should be made between dental services not covered by an existing authorization under this paragraph and dental services obtained without any type of prior authorization as described in paragraph 19.11d.

g. If payment of dental costs was denied because eligibility had not yet been determined and service connection is established retroactive to the date dental services were provided, the claim may be authorized for payment.

h. If an invoice is not received within 45 days following expiration of the validity period, the authorization will be canceled and Fiscal Service notified. This 45 days is the maximum period of time and does not mean that an authorization may not be canceled prior to that date. Consistent with good fund management, authorizations should be canceled as soon as it can be determined that authorized services have not or will not be rendered within the validity period. If an invoice for services rendered is received and approved subsequent to cancellation, it will be endorsed "Reinstate." The appropriate obligation and decimal suffix will be placed on the invoice and processed for payment.

i. If the bill received does not contain the items required as identified in subparagraph 19.13b, it is not considered a proper invoice and will be returned to the fee dentist within 7 calendar days. The return letter will indicate that payment cannot be processed until a proper invoice has been submitted. This notification will stop the count of days allowed to process the bill on time. Failure to notify the practitioner concerned within 7 calendar days that an invoice is improper will result in the payment of an interest penalty. VA will consider as valid obligations only those bills for dental services for which a veteran applied in advance.

j. Bills for dental services to veterans for whom eligibility has not yet been established will not be considered valid VA obligations until eligibility for dental services has been established.

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(1) In these cases, the dentist will be advised within 7 calendar days that the bill is not proper until eligibility can be established.

(2) Approved bills which will not be paid before the payment due date shall be included in a separately marked batch and forwarded to Fiscal Service for computation of interest penalties.

k. Invoices received showing "Services rendered as authorized" or "Services rendered as authorized except (listing or exceptions)" will be approved if otherwise in order.

l. The following certification will be placed on all invoices approved for payment:

"The services and fees listed hereon are approved except as provided below.

Exceptions:

Signature	Title	Date
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**NOTE:** If no exceptions, write none:

**19.15 FUND CONTROL**

a. VA Form 4-1358, Estimated Miscellaneous Obligation or Change in Obligation, will be initiated in accordance with MP-4, part V, at the beginning of each month and adjusted as necessary throughout the month and again at the end of the month. All examination and treatment authorizations noted on the VA Form 4-1358 will be entered into DHCP through the Fund Control menu.

b. Fund control point 941 will be used to record obligations associated with the treatment of fee dental Desert Storm veterans. The obligations for all other veterans will be charged to the locally assigned fund control point provided for the fee dental program. This latter control point is usually .28.

c. One or more copies of VA Form 10-2570a may be retained for information and/or control purposes.

**19.16 FEE SERVICES PERFORMED IN A VA FACILITY**

a. If necessary outpatient dental treatment cannot be provided by full-or part-time VA personnel, such services may be provided on a fee basis at the

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medical center. Oral examinations will be performed by full- or part-time VA staff dentists.

b. Authorization for each patient will be issued on VA Form 10-2570d, in the same manner as described in paragraph 19.11, except for the following:

(1) Authorization will be issued to the fee dentist by name. If the name of the fee dentist to provide treatment is unknown, the authorization may be issued to "any on-facility outpatient fee dentist."

(2) The authorization will be issued at 55 percent of the appropriate fee schedule for the service listed on the patient's approved VA Form 10-2570.

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(3) The participant will submit an invoice upon completion of the authorized treatment. The invoice will be processed as provided in paragraph 19.14.

#### SECTION IV. RECORDS

##### 19.17 CLASS II RECORDS

a. Class II records are records pertaining to the completed one-time treatment episode (inpatient or outpatient) for which the veteran is eligible under the provisions of 38 CFR 17.123(b) and 17.123a. Correction of service-incurred dental disabilities during a period of VA hospitalization will terminate class II eligibility.

b. Class II records will be considered active until one-time treatment has been completed or considered abandoned by the veteran under 38 CFR 17.123b.

c. The Chief, MAS, or designee, will carefully review active class II treatment provided in accordance with approved VA Form 10-2570 or 10-2570d. The application for dental care and VA Form 10-2570 or 10-2570d will be certified that eligibility for class II treatment has been exhausted or, when applicable, that the claim has been abandoned. The Chief, Dental Service, will review all other class II treatment records and certify, as applicable.

##### 19.18 FILING OF RECORDS

a. Dental outpatient records will be filed in the veteran's CHR.

b. VA Form 10-2688, Dental Master Card (usage optional), and applications of veterans determined to be ineligible for dental services will be disposed of in accordance with VHA RCS (Records Control Schedule) 10-1.

c. X-rays will be filed alphabetically and disposed of in accordance with VHA RCS 10-1.

#### SECTION V. APPEALS

##### 19.19 GENERAL

a. All questions on claims involving benefits under the laws administered by VA are subject to review on appeal to the Secretary of Veterans Affairs. Decisions in such cases will be made by the Board of Veterans Appeals. In its decisions, the Board is bound by the regulations of VA, instructions of the Secretary, and precedent opinions of the General Counsel. The Board may

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exercise the same authority as the Agency having original jurisdictional responsibility.

b. The appellate jurisdiction of the Board extends to questions of eligibility for hospitalization, outpatient treatment including staff and fee dental care. In all cases where care is denied, the responsible facility will notify and provide the veteran of the reasons for denial of care and the right to appeal the decision.

c. Responsible personnel will exercise caution to prevent the premature submission of appeals to the Board of Veterans Appeals. An appeal will not be processed until after all other possible entitlements to such requested benefits have been exhausted.

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**19.20 PROCESSING OF APPEALS**

a. The VHA health care facility having original jurisdiction over the determination of the claim for outpatient treatment or the payment or reimbursement for unauthorized dental expenses will process appeals in accordance with 38 CFR 19.1-19.156 when the appeal is based on a determination made in accordance with 38 CFR 17.123(b),(e),(f), or (g), 17.123a (except replacement of missing teeth) or 17.123b.

b. Following preparation of the Statement of the Case, and receipt of VA Form 1-9, Appeal to Board of Veterans Appeals, from the veteran or the veteran's representative, the records will be referred to the Adjudication Division of the appropriate regional office. Adjudication will then forward appropriate documentation to the Board of Veterans Appeals.

**SECTION VI. BILLING**

**19.21 BILLING**

a. Bills of collection will not be used to offset fee provider bills.

b. The fee dentist's bill will be paid in accordance with the fee schedule. (See M-4, ch. 3.) A UB 82 will be issued to the veteran for the copayment.

c. Veterans determined to be in the mandatory category are exempt from billing.

d. Veterans determined to be in the discretionary category will be billed at 20 percent of the current rate for a dental OPC (Outpatient Clinic) visit.

e. Emergency care for all categories of veterans not eligible for outpatient dental care under 38 CFR 17.123 will be billed in accordance with the provisions of M-1, part I, chapter 15.

(1) The evaluation portion of the bill includes examination (including radiographs and biopsies) by the physician and dentist to determine need for treatment. This evaluation and examination will be provided at no charge to veterans in the mandatory category. However, discretionary patients will be billed a copayment for evaluation (and examination) at 20 percent of the current rate for a dental OPC visit.

(2) For all categories of veterans who are not eligible for outpatient dental care under 38 CFR 17.123, treatment will be billed at the current dental outpatient billing rate. The patient will be responsible for the entire bill.

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e. All other patients receiving dental services will be billed consistent with the provisions of M-1, part I, chapter 15.

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**INSTRUCTIONS FOR PROCESSING VA FORM 10-2570d, DENTAL RECORD  
AUTHORIZATION AND INVOICE FOR OUTPATIENT SERVICES AND RELATED FORMS**

Upon receipt of an application for outpatient dental care, MAS (Medical Administration Service) personnel will prepare VA (Department of Veterans Affairs) Form 10-2570d, as follows:

a. Items 1, 9, (type of X-rays and examination), 14, 15, 16, 17, 18, 19, 20, and 31 will be completed as appropriate. Item 1 will include the obligation number and decimal suffix number of the funds current at the time the examination is authorized.

b. VA Form 10-10, Application for Medical Benefits, will be annotated to show date that fee examination was authorized. The Chief, MAS, or designee, will authorize the fee basis examination by signing item 20. VA Form 10-10 will be annotated to show the date that fee examination was authorized and will be filed on the left side of the Administrative Record in the CHR (Consolidated Health Record).

c. Copy 6 of VA Form 10-2570d will be detached and filed in the voucher suspense file.

d. The remaining VA Form 10-2570d (packet), VA Form 10-2570b, Examination Procedure Instructions for Participating Fee Dentists, and VA Form 10-2570a, Health Questionnaire for Dental Outpatients, will be forwarded to the veteran by using FL (Form Letter) 10-423 (instructions to veteran).

e. On return of VA Form 10-2570d from the fee dentist, the Chief, Dental Service, or designee, will review the examination findings and treatment recommendations. Procedures not approved will be lined out in items 7, 8, 9, 10, 11, 12, and 14. A second opinion will be required for any veteran whose fee dental treatment will exceed \$1000 during any 12-month period. If a second opinion is not necessary, the Chief, Dental Service, or designee, will indicate approval by signing item 23.

f. MAS will complete items 24 through 30. If the fee indicated in item 12 exceeds the applicable fee and a deviation has not been authorized by the approving official, the fee in item 12 will be lined out and the maximum fee will be entered in item 14. Item 25 will include the obligation number and decimal suffix number of the funds current at the time the treatment is authorized. The

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Chief, MAS, or designee, will authorize the fee-basis treatment by signing item 29.

g. Copies 4 and 5 will be removed from VA Form 10-2570d (packet). Copy 4 will be filed in the treatment folder and copy 5 filed in the voucher suspense file. The remaining VA FORM 10-2570d (packet), faced with VA Form 10-2570c, Treatment Procedure Instructions for Participating Fee Dentists, will be sent to the fee dentist identified in item 10, together with dental X-rays, if available. FL 10-425, Notice of Authorization of Outpatient Dental Treatment, will be used to notify the veteran when class II treatment is authorized. FL 10-425a, Letter Informing Veteran That Dental Treatment Has Been Authorized, Other Than Class II, will be used for all other classes.

h. If the treatment authorization needs to be assigned to a fee dentist other than the one who completed the examination, MAS will contact the veteran and determine the fee dentist of the veteran's choice. A new VA Form 10-2570d (packet) with X-rays attached will be issued to the new fee dentist.

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i. On return of VA Form 10-2570d from the fee dentist with item 18 completed, the invoice will be reviewed, items 32 and 33 will be completed, and the invoice will be processed as shown in paragraph 19.11.

(1) Copy 1 will be forwarded to the Fiscal activity for payment.

(2) The Class II certification will be affixed to copy 2. When the Class II treatment has been completed, copy 2 will be filed in the treatment folder.

(3) All other suspense file and interim treatment file copies will be removed and disposed of in accordance with VHA RCS (Record Control Schedule) 10-1.

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