

TRICARE
ACTIVE DUTY DENTAL PROGRAM

REMOTE ADASM TUTORIAL
FOR
ACCESSING PRIVATE SECTOR DENTAL CARE



UNITED
CONCORDIA

Improving America's Dental Health

Scheduling an appointment for private sector dental care with ADDP

- Remote active duty service members (ADSMs) may personally coordinate their **routine** (non-specialty dental care such as examinations, cleanings, fillings) covered dental services as long as the dental treatment is less than \$500 per procedure or appointment or the cumulative total is less than \$1,500 for treatment plans completed within a consecutive 12-month period.
- Remote ADSMs must receive **authorization** prior to receipt of dental care for:
 - Specialty care (e.g. crowns, bridges, dentures, root canals, periodontal treatment)
 - Dental care in excess of \$500 per procedure or appointment
 - Dental care with a cumulative total greater than \$1,500 for treatment plans
 - Seeing a non-network dentist

The following information provides detailed instructions on the steps necessary to receive an appointment with a civilian dentist.

Receiving routine care

- To coordinate your routine dental care, you must get an **Appointment Control Number (ACN)** by completing an **Appointment Request Form**. The ACN is provided by United Concordia and **must** be obtained prior to receipt of all private sector dental care. This includes initial, annual, and continuation of dental care received Aug. 1, 2009 or after.
- The **Appointment Request Form** is available in the ADSM portal of the ADDP Web site in the Forms and Materials section.

TRICARE Active Duty Dental Program
UNITED CONCORDIA

Home > Active Duty Service Members

Welcome to the Active Duty Dental Program Portal
Your Online Information Resource

Overview

United Concordia Companies, Inc., (United Concordia) administers the Department of Defense's Active Duty Dental Program (ADDP) to all **eligible** active duty uniformed service members.* This program begins August 1, 2009 and replaces the Military Medical Support Office's (MMSO) administration of service member private sector dental care.

The ADDP provides private sector dental care to ensure dental health and **deployment readiness** for Active Duty Service Members (ADSMs). The ADDP provides dental care to ADSMs who are unable to receive required care from a military dental treatment facility (DTF). United Concordia will coordinate an appointment for routine dental care (e.g., examinations, cleanings, fillings) within 21 days of request and 28 days for specialty dental care (e.g., crowns, bridges, dentures, periodontal treatment).

The ADDP provides authorized civilian dental care under two distinct components for ADSMs who are either:

- Referred from a military dental treatment facility (DTF) **(DTF-referred)**
- Or
- Reside and work (duty location) greater than 50 miles from a military DTF as part of the **Remote Active Duty Dental Program (RADDP)**

The ADDP is available in the United States, U.S. Virgin Islands, Guam, Puerto Rico, American Samoa, and the Northern Mariana Islands.

United Concordia pays claims for dental care under the ADDP. Treatment must be provided by a United Concordia network dentist in order to be eligible for payment, unless otherwise approved by the Department of Defense (DoD).

*Dental care for ADSMs of the Commissioned Corps of the Public Health Service (PHS) and of the National Oceanic and Atmospheric Administration (NOAA) is covered by their respective Service.

HOME | ADSM/AGR | CIVILIAN DENTISTS | GOVERNMENT/PROGRAM ADMINISTRATORS

WEBMASTER | CONTACT US | PRIVACY POLICY | INTEGRITY PROCESS | TEXT ONLY | SITE MAP

Below is a sample of the **Appointment Request Form**.

The screenshot shows the TRICARE Active Duty Dental Program Appointment Request Form. The page header includes the TRICARE logo, the program name, and the date Friday, May 8, 2009. A left sidebar contains a navigation menu with categories like Eligibility, Benefits, and Contact Information. The main content area is titled 'Appointment Request' and contains several sections: Member Information, Member Address, Member Contact Information, Member Appointment Information, and Provider Information. Each section contains various input fields, including text boxes, dropdown menus, and checkboxes. A 'Submit' button is located at the bottom of the form.

TRICARE ACTIVE DUTY DENTAL PROGRAM
UNITED CONCORDIA

Home > Active Duty Service Members > Appointment Request Form Friday, May 8, 2009

Appointment Request [Help](#)

Fields with asterisks () are required.*

Member Information

First Name: Middle Initial: Last Name:
Social Security Number: Date of Birth:
Rank: Branch of Service:

Member Address:

Street 1:
Street 2:
City: State: Zip Code:

Member Contact Information: **Either email or phone is required.*

Email: Phone:
Fax: Contact Preference:

Member Appointment Information:

Who will be responsible for scheduling the appointment? Appointment Reason:

If you have a provider preference, please complete the information below.

Provider Information:

Name:
Street 1:
Street 2:
City: State: Zip Code:
Phone:

HOME | ADSM/AGR | CIVILIAN DENTISTS | GOVERNMENT/PROGRAM ADMINISTRATORS

- It is your responsibility to complete the **Appointment Request Form** in its entirety.
- All required fields are marked with an asterisk (*) and must be completed before the form can be submitted.
- You may fill in the non-required fields with as much information as you have available, or simply leave them blank.

TRICARE ACTIVE DUTY DENTAL PROGRAM
UNITED CONCORDIA

Home > Active Duty Service Members > Appointment Request Form Friday, May 8, 2009

Appointment Request

Fields with asterisks () are required.* [Help](#)

Member Information

*First Name: Middle Initial: *Last Name:

*Social Security Number: *Date of Birth:

*Rank: *Branch of Service:

Member Address:

*Street 1:

Street 2:

*City: *State: *Zip Code:

Member Contact Information: **Either email or phone is required.*

*Email: *Phone:

*Fax: *Contact Preference:

Member Appointment Information:

*Who will be responsible for scheduling the appointment? *Appointment Reason:

If you have a provider preference, please complete the information below.

Provider Information:

Name:

*Street 1:

Street 2:

*City: *State: *Zip Code:

*Phone:

HOME | ADMS/AGR | CIVILIAN DENTISTS | GOVERNMENT/PROGRAM ADMINISTRATORS

The **Appointment Request Form** provides two options for appointment scheduling. The “Who will be responsible for scheduling the appointment?” field allows you to note whether you (ADSM) or United Concordia will make the appointment.

TRICARE ACTIVE DUTY DENTAL PROGRAM
UNITED CONCORDIA

Home > Active Duty Service Members > Appointment Request Form Friday, May 8, 2009

Appointment Request [Help](#)

Fields with asterisks () are required.*

Member Information

*First Name: Middle Initial: Last Name:
*Social Security Number: *Date of Birth:
*Rank: *Branch of Service:

Member Address:

*Street 1:
Street 2:
*City: *State: *Zip Code:

Member Contact Information: **Either email or phone is required.*

Email: Phone:
Fax: *Contact Preference:

Member Appointment Information:

*Who will be responsible for scheduling the appointment? Appointment Reason:

Scheduling options include:

1. You can personally make an appointment with a United Concordia network dentist by selecting the **ADSM** option in the “Who will be responsible for scheduling the appointment” field on the form. You can enter the name and contact information of the dentist you would like to utilize or leave that area blank.

United Concordia will then provide you with your **Appointment Control Number (ACN)** a link to Find a Dentist and confirmation that the dentist you requested is in United Concordia’s network within two (2) business days of your request. It is important to remember that you must wait until you receive the **ACN** from United Concordia before you can make your own appointment.

2. United Concordia's Dental Care Finders can make the appointment for you if you select the **United Concordia** option in the "Who will be responsible for scheduling the appointment" field on the form.

You can enter the name and contact information of the dentist you would like to utilize or leave that area blank. United Concordia will then coordinate the appointment with you and a network dentist within two business days of the request. If you'd like to make an appointment immediately, call United Concordia at 1-866-984-ADDP (2337) upon form submission.

Benefits to utilizing United Concordia's Dental Care Finders include:

- United Concordia will make the appointment within two (2) business days of request.
- United Concordia will ensure you are seen within 21 calendar days of request for routine care and within 28 calendar days for specialty care.

- Upon form submission, you will receive an **Appointment Request Confirmation** page which you should print for your records.
- United Concordia will contact you shortly with information on finding a dentist in your area.
- To obtain a list immediately or to schedule an appointment using United Concordia's Dental Care Finders, call 1-866-984-ADDP (2337).

TRICARE Active Duty Dental Program

UNITED CONCORDIA

Home > Active Duty Service Members > Appointment Request Confirmation Friday, May 8, 2009

Appointment Request Confirmation

We will respond to your request within 2 business days. United Concordia will provide you with several names of dentists from which to choose. If you need immediate assistance, please call us at 1-866-984-2337 (1-866-984-ADDP) Monday through Friday, 8 AM to 8 PM ET.

Request Date:	05/08/2009
Member Social Security Number:	xxx-xx-4321
Member Name:	John Smith
Member Rank:	Colonel
Member Branch of Service:	Army
Appointment Reason:	Exam/Cleaning
Provider Name:	

PLEASE PRINT THIS PAGE FOR YOUR RECORDS.

HOME | ADPM/AGR | CIVILIAN DENTISTS | GOVERNMENT/PROGRAM ADMINISTRATORS

Scheduling your own appt

Making your own appointment requires you to contact United Concordia with the dentist's name and date and time of your appointment so your records may be updated. You can do so by emailing United Concordia at addpdcf@ucci.com or calling 1-866-984-ADDP (2337).

Through the ADDP, you are entitled to receive care within 21 days of request. You may waive that right if you choose to wait for a specific provider. If you have difficulty getting an appointment within 21 days of request contact United Concordia at 1-866-984-ADDP (2337).

Receiving specialty and other private sector dental care

- Remote ADSMs must receive **authorization** prior to receipt of dental care for:
 - Specialty care (e.g. crowns, bridges, dentures, root canals, periodontal treatment)*
 - Dental care in excess of \$500 per procedure or appointment
 - Dental care with a cumulative total greater than \$1,500 for treatment plans
 - Seeing a non-network dentist

For implant and orthodontic specialty services, you will also need a **Command Memorandum from your unit signed by the unit commander or designated representative. This should be submitted by the civilian dentist as an attachment with the completed **Authorization Request Form**.*

- To receive authorization, have your civilian dentist complete an **Authorization Request Form**.
- This form is available on the ADDP Web site in the **Civilian Dentists** portal for electronic completion and submission by the dentist. It can also be downloaded from the ADDP Web site and submitted via mail or fax.

TRICARE ACTIVE DUTY DENTAL PROGRAM
DENTAL AUTHORIZATION & REFERRAL TRACKER

UNITED CONCORDIA
Welcome <USER NAME> | [DART Home](#) | [Help](#) | [Log Out](#)

Authorization Request
Fields with asterisks () are required.*

Authorization Number: 12345678 **Either email or phone is required.*

*Provider Point of Contact Name: Front desk Provider Point of Contact Email: frontdesk@provider.com

*Provider Name: Provider Point of Contact Phone: 717-555-2323

*United Concordia Provider ID: Provider Point of Contact Fax: 717-555-2323

Are multiple appointments required to complete a treatment? -select-

Please enter at least one service line.

Service <1>

*Procedure Code: D0330 Tooth Number: Tooth Range: -

Charge: 0.00 Tooth Surface(s):

[Add Another Service](#)

Notes:

Attachments
(If you do not have an NEA account, please advise in the notes field how you will be sending your diagnostic attachments to United Concordia or contact us at 1-866-984-2337)

Provider NEA Number:

[Add Another number](#)

Appointment Information

Appointment Control Number: 12345678

*Member Social Security Number:

*Member Name: John M Smith

*Member Date of Birth: MM/DD/YYYY

*Member Rank:

*Member Branch of Service: -select-

Member Home Address:

AL

Member Email: **Either email or phone is required.*

Member Phone:

Member Fax: Contact Preference: Phone

First Appointment Date & Time: MM/DD/YYYY : AM

(Authorizations may take 3-5 business days for review. Services performed without approval will not be paid. You will be notified of the outcome)

Authorization Request Form (cont.)

- The form will auto-populate with an **Authorization Number** and **Appointment Control Number (ACN)** that will be used to track your appointment status.
- The **Authorization Request Form** must indicate the services desired in order to initiate the authorization request.
- All procedures must be performed by a United Concordia network dentist unless otherwise approved by United Concordia. Authorizations submitted by non-network dentists will not be approved.



TRICARE ACTIVE DUTY DENTAL PROGRAM

DENTAL AUTHORIZATION & REFERRAL TRACKER

Welcome <USER NAME> | [DART Home](#) | [Help](#) | [Log Out](#)

Authorization Request

Fields with asterisks () are required.*

Authorization Number: 12345678

**Either email or phone is required*

*Provider Point of Contact Name: Provider Point of Contact Email:

*Provider Name: Provider Point of Contact Phone:

*United Concordia Provider ID: Provider Point of Contact Fax:

Are multiple appointments required to complete a treatment?

Please enter at least one service line.

Service <1>

*Procedure Code:	<input type="text" value="D0330"/>	Tooth Number:	<input type="text"/>	Tooth Range:	<input type="text"/>
Charge:	<input type="text" value="0.00"/>	Tooth Surface(s):	<input type="text"/>		

[Add Another Service](#)

Notes:

Attachments

(If you do not have an NEA account, please advise in the notes field how you will be sending your diagnostic attachments to United Concordia or contact us at 1-866-984-2337)

Provider NEA Number:

[Add Another number](#)

Appointment Information

Appointment Control Number: 12345678

*Member Social Security Number:

*Member Name:

*Member Date of Birth:

*Member Rank:

*Member Branch of Service:

Member Home Address:

AL

Member Email: **Either email or phone is required.*

Member Phone:

Member Fax: Contact Preference:

First Appointment Date & Time: : : AM

(Authorizations may take 3-5 business days for review. Services performed without approval will not be paid. You will be notified of the outcome)

- Upon authorization approval, the ADSM and civilian dentist will be notified and an appointment can be scheduled to initiate care. The determination of the authorization request can take from three to five business days.
- Procedures that are performed without authorization approval will not be covered by the ADDP.
- You and your dentist should include your **ACN** on any communications and/or form submissions that are sent to United Concordia regarding your authorized private sector dental care.

United Concordia Contact Information

ADDP Web site: www.addp-ucci.com

Dental Care Finders/Customer Service

1-866-984-ADDP (2337)

8 a.m. to 8 p.m. (ET) Monday through Friday

8 a.m. to 5 p.m. (ET) Saturday

addpdcf@ucci.com

Inquiries

United Concordia Companies, Inc.

ADDP Unit

P.O. Box 69430

Harrisburg, PA 17106-9430

Claims

United Concordia Companies, Inc.

ADDP Claims

P.O. Box 69429

Harrisburg, PA 17106-9429

Appeals

United Concordia Companies, Inc.

ADDP Unit – Appeals

P.O. Box 69430

Harrisburg, PA 17106-9430

Grievances

United Concordia Companies, Inc.

ADDP Unit – Grievances

P.O. Box 69430

Harrisburg, PA 17106-9430