

TRICARE® Dental Program (TDP) OCONUS Claim Submission Requirements

TDP claim forms should be submitted no later than 60 days following the date of service to: tdp_oconus@ucci.com. This claim form and additional submission options are located online at www.uccitdp.com. Select the *Forms and Materials* tab at the top of the home page, then the *TDP Claims Form (OCONUS)*. Additionally, please note that:

- A completed claim form is required for each TDP patient.
- Required information is included in the chart below. It must be printed or typed on the claim form. Clear, concise reporting will help avoid misunderstanding or misinterpretation of this information and ensure the claim is paid expeditiously.

TDP OCONUS Claims Requirements		
Type of Service	Required Information	Additional Comments
Fillings, Onlays, Inlays	Tooth numbers and surfaces	Tooth surfaces examples: mesial, distal, occlusal, palatal, buccal, incisal, etc. <i>Note: An onlay must involve a cusp.</i>
Crowns, Bridges, Dentures, Partials, Space Maintainers, Sealants, Recementation of Space Maintainers, Crowns, Bridges and Dentures, Buildups, Post and Cores, Root Canals, Implants, Extractions	Tooth number(s)	Wisdom tooth extraction(s): indicate if the extraction was soft tissue, bony or partial bony impaction if possible and where applicable.
Occlusal Guards	Briefly note why the occlusal guard was fabricated (can be handwritten on the claim form). For example, indicate if the occlusal guard is for bruxism (grinding of teeth).	Note that all other services related to diagnosis and treatment of Temporomandibular Joint Dysfunction (TMD or TMJ pain) are not covered dental benefits, but may be covered under TRICARE medical benefits.
Orthodontic Services	<ul style="list-style-type: none"> • Treatment length • Banding date • Total treatment fee • Non-Availability and Referral Form (NARF) 	Total fee is needed since United Concordia makes a lump-sum payment for orthodontic services. After lump-sum payment is made, do not submit for monthly adjustments. NARFS can be obtained from TRICARE Area Offices (TAOs): <ul style="list-style-type: none"> • TAO Eurasia/Africa or Latin America/Canada: Dr. David Corman Email: david.e.corman.ctr@mail.mil • TAO for the Pacific region: CDR Ronnie Citro Email: ronnie.m.citro.mil@mail.mil
Scaling and Root Planing	Indicate quadrant or tooth number (if only treating a limited area).	None needed.
Anesthesia	Indicate either: <ul style="list-style-type: none"> • General anesthesia, or • IV sedation 	Note the amount of time anesthesia was administered.
Other Dental Insurance	Note secondary (additional) dental insurance in Block 13.	Provide either: <ul style="list-style-type: none"> • Dental Explanation of Benefits showing how much the other carrier paid, or • A note showing how much was paid is needed to process the claim. <i>Note: If the other carrier denied the service, please include a copy of the denial.</i>