

IMPORTANT INFORMATION FOR THE FEE DENTIST

EXAMINATION PROCEDURE INSTRUCTIONS

and

Use of VA Form 10-2570d

1. THE DEPARTMENT OF VETERANS AFFAIRS HAS AUTHORIZED this veteran to choose a general practitioner who will complete a thorough oral examination and treatment plan. The VA must be apprised of the veteran's current dental needs so as to make a determination of the extent and type of treatment to be authorized. Included for your convenience is a health questionnaire (VA Form 10-2570a) to be completed by the patient. The allowable fees for radiographs and examination have been indicated in Item 14 of VA Form 10-2570d, "Dental Record, Authorization and Invoice for Outpatient Services". The fee for RADIOGRAPHS is based on a full mouth series. This is a basic requirement when no diagnostically usable radiograph record exists relating to a complete dentition. In a circumstance where depleted dentition or edentulous status exists, the requirement for radiographs should be modified by the examining dentist. Any modification from a full mouth series should be annotated by specifying the radiographs actually exposed. The fee will be adjusted, accordingly, by the VA. On subsequent examinations, only radiographs necessary for proper diagnosis and treatment should be taken. Where pre-existing radiographs will serve to satisfactorily augment a thorough clinical evaluation, the pre-printed entry in Item 9 should be crossed out and initialed by the examining dentist.

INAPPROPRIATE SELECTION OF FEE DENTIST BY VETERAN. If this veteran has selected you and if:

- (1) You are a SPECIALIST.
- (2) Your practice is RESTRICTED to a specialty, or,
- (3) You are currently on active MILITARY duty and engaged in part-time private practice (*the Department of Veterans Affairs is prohibited from making payment of fees to a member of the military services*),

please RETURN THIS AUTHORIZATION and allied papers to the veteran and clarify that he/she must choose a Civilian General Practice Dentist for examination and treatment plan purposes. If the veteran needs assistance, the Chief of Dental Service at the VA issuing office may be contacted.

2. USE OF VA FORM 10-2570d. This form will serve for examination record, treatment recommendations, record of treatment and invoice for services provided. When you receive the packet of VAF 10-2570d, please keep all copies together. Use only typewriter or ball point pen to make entries. If ball point pen is used, apply heavy pressure. Please inspect the last copy to see if your entries have been recorded legibly. Supply all data requested in Items 2-5. Please be certain to include your telephone number (including area code) at the bottom of Item 2.

3. EXAMINATION AUTHORIZATION is your authority to proceed with radiographs and examination only. THIS DOES NOT ALLOW FOR PROCEEDING WITH DEFINITIVE DENTAL CARE FOR YOUR VETERAN PATIENT. If treatment is provided at this time, payment will not be made for these unauthorized services except under the following condition.

EMERGENCY DENTAL CARE which may be needed at the time of this examination (relief of pain, etc.) can be provided to obviate the emergency situation. However, the VA office (Item 1) issuing this authorization must be notified of the details and treatment within 15 days or it is without authority to make payment for these emergency services.

4. DENTAL EXAMINATION. Chart all missing teeth in Item 6. Enter the date examination was conducted and radiographs were taken in Item 10 opposite the appropriate pre-printed entries in Item 9. PRECAUTION SHOULD BE TAKEN AT TIME OF EXAMINATION NOT TO COMMIT TO ANY SPECIFIC TREATMENT PLAN BUT TO DISCUSS OPTIONS WHICH MAY EXIST. IN INSTANCES WHERE SIGNIFICANT DIFFERENCES EXIST BETWEEN A DENTIST'S PROPOSED TREATMENT PLAN AND THAT WHICH THE VA CONSIDERS TO BE REASONABLE AND APPROPRIATE, THE VA MAY REEXAMINE THE VETERAN, PRIOR TO TREATMENT AUTHORIZATION, TO DETERMINE A TREATMENT PLAN THAT PROVIDES A SATISFACTORY RESOLUTION OF NEEDS AND IS COMPATIBLE WITH COST CONTAINMENT MEASURES. List all treatment recommendations under Items 7, 8 and 9. Types of abutments and pontics for fixed partial dentures must be stipulated and teeth to be clasped for removable partial dentures must be specified. ENTER YOUR USUAL AND CUSTOMARY FEE FOR EACH LINE ENTRY UNDER ITEM 12. Enter statements in Item 13 (Remarks) which will further clarify data under Item 9. Please identify specific teeth which the veteran states were extracted while he was in active military service. Details as to appropriate dates and places of extractions are necessary to determine if replacements can be authorized. When all appropriate entries have been completed, return the packet along with the patient's radiographs to the issuing office (Item 1) for treatment authorization.

5. REQUIREMENTS FOR VA REVIEW OF RADIOGRAPHS AND TREATMENT RECOMMENDATIONS. The VA outpatient dental care program operates under legal restriction and, with few exceptions, only those dental conditions determined to be "service-incurred" may be corrected at Government expense. Thus, it is necessary that treatment recommendations and radiographs be returned to the issuing office (Item 1) for determination of the extent of allowable treatment at VA expense and establishment of authorized fees for these services. Radiographs will be returned to you with the treatment authorization and may be retained by you for your records.

6. TIME LIMITATION FOR EXAMINATION. There is a time limitation indicated in Item 19. Examination should be completed and findings returned by this date. If veteran does not respond for examination, return authorization to issuing office. If, for good reason, an extension of time is required, please contact the issuing office (Item 1) so that the time limitation may be extended.

7. PAYMENT FOR SERVICES. Payment for examination and treatment will be made following completion or termination of treatment.

8. PRECAUTIONS. There may be instances in which recently discharged veterans will report directly to your office requesting that certain dental treatment initiated by the Military during service be completed at Government expense. While it is possible that such veterans, after making application, may be determined eligible for treatment, the Department of Veterans Affairs will not be responsible for dental services provided prior to the date treatment is appropriately authorized.

NOTE: Information concerning treatment procedures will be attached and forwarded at the time of authorization of treatment.