

Dental and Veterans Access, Choice and Accountability Act (Veterans Choice Program)

Fact Sheet

As part of the Veterans Access, Choice and Accountability Act (VACAA), the Veterans Choice Program has been implemented and will operate for 3 years or until the Fund is exhausted. The Veterans Choice Program provides Veterans who were enrolled as of August 1, 2014 or eligible to enroll as a recently discharged combat Veteran with a Veterans Choice Card, and allows Veterans who are unable to schedule an appointment within 30 days of their preferred date or the clinically appropriate date, or on the basis of their place of residence to elect to receive care from eligible non-VA health care entities or providers. Although dental care is a covered benefit under the Veterans Choice Program for Veterans who meet dental eligibility requirements, the Choice Program's Third Party Administrators (TPAs) do not provide dental referrals; therefore, VA Medical Centers (VAMCs) should follow the procedures set in place for the Non-VA Dental Program.

The Non-VA Dental Program provides pre-authorized treatment to eligible Veterans when VAMCs are not capable of providing care due to geographical inaccessibility or when the needed care is not available at a VAMC. Detailed information about the Non-VA Dental Program can be found on the [NNPO Dental Procedure Guide](#) located on the National Non-VA Medical Care Program Office (NNPO) intranet site. As a Veteran's scope of services authorized is determined by their specific dental eligibility classification, facilities must enter the correct [Fee Purpose of Visit](#) code based on the Veteran's dental eligibility classification when obligating care.

The following are FAQs regarding non-VA dental care and the Veterans Choice Program:

Question: What happens if a Veteran calls the TPAs regarding dental care?

Answer: The TPAs have been advised to refer Veterans requesting dental care through Choice to contact the Business Office at their local VAMC for non-VA dental eligibility.

Question: How does the local Dental Service know if the Veteran qualifies for care under the 40+ mile rule? And if they do, will it be the Business Office or Dental Service at their local VAMC to refer them to a local provider of their choice?

Answer: The local Dental Service should coordinate with their local Choice Champions. All Choice Champions are authorized access to a [site](#) that contains a listing of all eligible Veterans under the "40 mile" criteria. If a Veteran is eligible under the "40 mile" criteria and meets dental eligibility requirements, the local VAMC Business Office will refer Veterans to a local provider of their choice using regular non-VA medical care procedures outlined in the NNPO Dental Procedure Guide.

Question: Should dental patients falling under the 30+ day eligibility still be entered on the Veteran Choice List (VCL)?

Answer: Eligible Veterans seeking dental care should NOT be entered on the VCL. Instead, the Business Office will refer the Veteran to their local VA Dental Service. If the local Dental Service cannot provide the care within 30 days of the clinically indicated date, then the Veteran should be referred to the community using regular non-VA medical care procedures outlined in the NNPO Dental Procedure Guide.

Question: In most states, less than 5% of dentists are Medicare qualified and this effectively eliminates the majority of dentist to provide care under the Choice Program. Can a Veteran choose any licensed dental provider in their community that accepts the VA's reimbursement?

Answer: Yes. Due to the fact most dental providers do not meet the specific provider credentialing outlined under the Choice Program, a Veteran can choose any licensed dental provider in their community that accepts the VA's reimbursement. All existing procedures as outlined in the NNPO Dental Procedure Guide must be followed.

Question: How will non-VA dental care be funded?

Answer: Non-VA dental care will be paid by regular non-VA Medical Care funds that are centrally managed and funded by the Chief Business Office (CBO). This includes funds that were previously allocated for homeless Veteran dental care and are now in a specific account within the CBO.

Question: Do sites have to pay Medicare rates for VACAA dental care?

Answer: Although VACAA states that payments will be at Medicare rates, Medicare rates do not exist for many dental procedures and many dental market locales require payment at rates higher than Medicare rates or the Fair Health 50th percentile rate; therefore, VA VAMCs should continue to use the variance approval process as outlined on Page 7 of the NNPO Dental Procedure Guide.