



# Dental Plan Member Handbook



# THANK YOU

for choosing Blue Cross Blue Shield of Michigan as your child's dental plan.

This handbook describes your child's dental plan. Please read it. Make sure you understand what's covered, how often it's covered, and if you have to pay anything.

If you have any questions about the dental plan after reading this book, please call us before your child receives dental services at 1-888-826-8152.

Again, welcome to Blue Cross Blue Shield of Michigan. We're happy to have you as part of the Blues family.

## How to reach us

### By phone

Call us toll-free at **1-888-826-8152**  
Monday through Friday, 8 a.m. to 6 p.m.

### Website address

**[bcbsm.com/michild](http://bcbsm.com/michild)**

### By letter

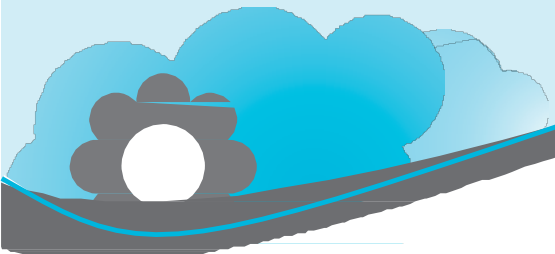
Be sure to include your child's name and contract number when you write us at:

Blue Cross Blue Shield of Michigan  
P.O. Box 49  
Detroit, MI 48231

See Page 19 for a list of walk-in service centers.



# Introduction



## Welcome to the MIChild dental plan

Thank you for choosing Blue Cross Blue Shield of Michigan for your child's dental needs.

This *Dental Plan Member Handbook* will show you how to use your child's dental plan.

We offer tips and other helpful things for you to know in this book. Watch for boxes like those below.

Please read this book before your child needs to go to a dentist. To learn more about your child's benefits, please look at the chart that starts on Page 7. If you want to know more, ask for a BCBSM MIChild certificate. To get a copy, please call MIChild Customer Service at 1-800-543-7765.

You can take your child to any dentist in our PPO network. To find one near you, visit our website at **bcbsm.com** or call Dental Customer Service at 1-888-826-8152.

Thank you again for choosing BCBSM. We hope your child enjoys a lifetime of good oral health.

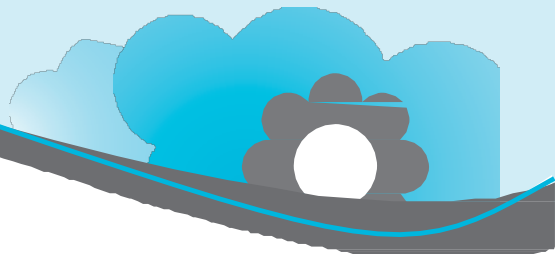
Important!...

*Look for boxes like this for information you'll need to use the MIChild dental plan.*

TIP:

*Look for boxes like this for helpful suggestions.*

# Introduction



## How to get the most from the plan

- You'll get the most from your child's BCBSM dental plan if you do the following:
- Keep your child's BCBSM ID card with you**

Show it at the dentist's office.
  - Make sure your child gets checkups**

BCBSM's dental care plan works to keep your child well. Plan a checkup for your child with the dentist every six months.
  - Know your child's benefits**

What you don't know about your child's dental care plan could cost you money. Use this book so you'll know which services are covered and which are not. Learn what *in-network* and *out-of-network* mean and when you'll have to pay for services. Get to know your child's benefits before a problem happens.
  - Check your child's dental bills**

Dentist's offices can make mistakes, so look at your child's bills closely. Make sure the bill is for services your child got. If you find a mistake, let the dentist know about it right away.

If you think your dentist is billing us for services your child didn't get, or that someone else is using your child's card, call our Anti-Fraud Department at **1-800-482-3787**.

No one else will know that you've called.



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# Member rights and responsibilities



As a member of the MICHild dental plan, you can choose to take your child to any dental PPO network or Blue Par Select<sup>SM</sup> dentist. If you have more than one dentist, ask them to talk or write to each other about your child's care.

You have the following rights and responsibilities:

## Member Rights\*:

- To get quality dental care
- To get information about what dental care services are covered
- To get information about your dental care providers
- To work with your dentist to make dental care decisions
- To discuss all treatment options with your dentist, even those that are not covered by MICHild or are expensive
- To say that you don't want certain care
- To file a complaint or appeal if you have problems with payments for dental care services
- To be treated with dignity and respect
- To receive necessary dental care on time
- To have your dental records kept confidential and your privacy protected
- To make suggestions about member rights and responsibilities policies
- To file a complaint regarding concerns about the quality of services your child received from a dentist or dental care provider, please contact the state of Michigan at their website, [mi.gov/bhser](http://mi.gov/bhser), or by calling 517-373-9196, or call Dental Customer Service at 1-888-826-8152.

## Member Responsibilities:

- Follow the advice of your dentist
- Keep appointments and give advance notice to your dentist if you cannot make them
- Give your dentist complete, honest information about your child's medical history and any illness he or she may have at the time of the appointment so the dentist can give the care your child needs
- Pay your dentist for services that are not covered
- Follow rules about getting care from dental PPO network or Blue Par Select dentists or getting a referral to a dentist who is not in the network if needed
- Tell MICHild about any membership changes that may affect your child's dental care insurance
- Understand your child's health problems so you and the dentist can set treatment goals for him or her

\*BCBSM is committed to complying with all requirements concerning member rights.

# Membership information



## To start

Call MICHild at **1-888-988-6300** if you have any questions about your child's membership information or to report any changes to your child's name, address, phone number or other important information.

## Changing your child's records

Tell MICHild about any changes to your family, like:

- Marriage
- Death
- Birth
- Adoption
- Name changes
- Address changes
- The child goes into the military
- The child goes to prison
- The child goes to a hospital for a mental condition or disability
- The child is able to get another insurance

## Proof of coverage

When your child's MICHild coverage ends, he or she will get proof that MICHild once covered him or her. Give this proof to your child's new dental plan to see if the new plan will cover conditions your child had before being part of the new plan.

## Ending your child's coverage

Your child is in MICHild for one year, unless:

- You don't pay the MICHild bill
- The child goes to prison or a place for the mentally disabled
- The child moves from Michigan
- The child dies
- The child gets Medicaid
- The child turns 19 years old
- The child can get other comprehensive insurance

To take your child out of the MICHild program, call **1-888-988-6300**.

## TIP:

Call MICHild at 1-888-988-6300 if:

- You have any changes that may affect your child's dental care insurance
- Your family gets larger or smaller
- You want to take your child out of the MICHild program

# General information

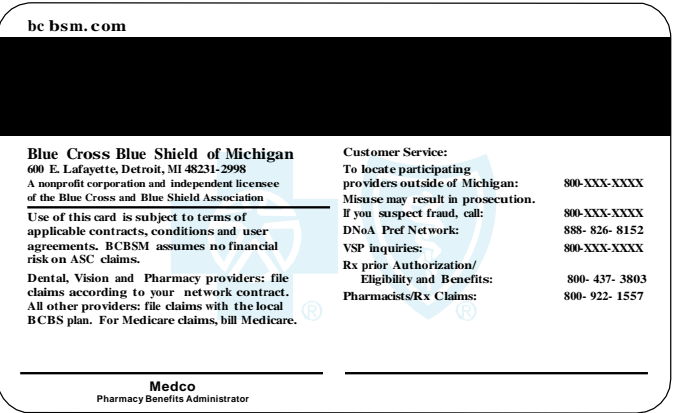
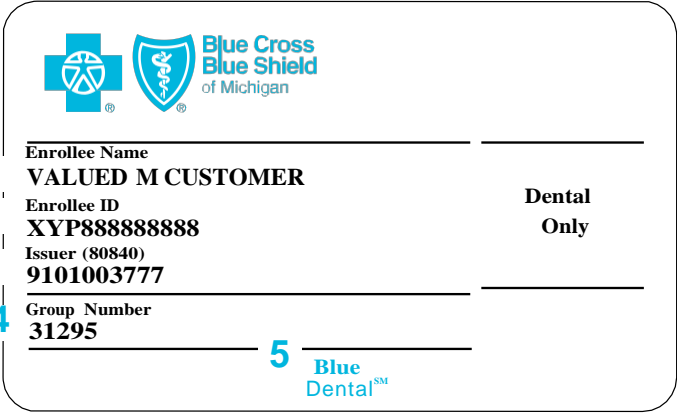
## Your child's ID card

You'll get a BCBSM ID card after your child joins the dental plan. Use it when your child needs to go to a dentist. The numbers on the card, especially the "enrollee ID," are used to check your child's benefits. Each child gets his or her own ID card. Only the child whose name appears on the card can use the MChild care plan.

Here are some tips about your child's ID card:

- Always take the ID card with you when your child needs dental care.
- Only the child who's enrolled in this plan can use the ID card. It's against the law to let anyone else use it.
- Call us right away if your child's ID card is lost or stolen. You can get a new card free.
- Call the phone number on the back of the ID card to find a network participating dentist.

If your child's card is lost or stolen and your child needs care, give your child's "enrollee ID" to the dentist.



bc.bsm.com

1 This is the name of the person who holds your contract.

2 Enrollee ID identifies your record in our files.

3 Blue Cross Blue Shield of Michigan. A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Use of this card is subject to terms of applicable contracts, conditions and user agreements. BCBSM assumes no financial risk on ASC claims.

4 This is the number of group that provides your benefits.

5 A dental plan logo will appear here.

Customer Service: To locate participating providers outside of Michigan: Misuse may result in prosecution. If you suspect fraud, call: 800-XXX-XXXX. DNoA Pref Network: 888-826-8152. VSP inquiries: 800-XXX-XXXX. Rx prior Authorization/Eligibility and Benefits: 800-437-3803. Pharmacists/Rx Claims: 800-922-1557.

claims according to your network contract. All other providers: file claims with the local BCBS plan. For Medicare claims, bill Medicare.

**Please note:** The ID card will look different if your child has both medical and dental coverage through the Blues.

Your child's ID card includes a magnetic stripe on the back. It includes information from the front of the card and your child's birth date. It does not contain any benefit or health information.

# General information

## Paying benefits

To understand your child's dental plan, you'll need to know some common insurance language.

Under your child's dental insurance, the services and supplies that we'll pay for are called **benefits**. When we say that a **benefit** is **covered**, we mean that we'll pay some or all of the bill for that service or supply. The amount we'll pay for a benefit is called the **approved amount**. If a **benefit** is **not covered**, we won't pay anything for it.

TIP:

Call Dental Customer Service at 1-888-826-8152 if you have any questions.

## Customer service

Call our Dental Customer Service office when you have a question about your child's benefits. We've listed the phone number above and on the inside front cover of this book.

To get the best service when you contact us, remember:

- Have your child's contract number.
- If you have a question about care that your child has already received, be ready to tell us:
  - Your child's name
  - Your child's dentist's name
  - When your child was treated
  - Type of service (like "fillings")
  - Charge for each service
- When you write to us, please put your child's contract number on each page. Keep a copy for your records of everything you've sent us.
- When you come into a BCBSM Customer Service office, please bring a copy of all of your child's bills, forms and anything else that you think will help us solve your child's dental care payment problem.

## Important!

*Benefits (services and supplies we may pay for):*

- **Covered benefit** – We'll pay some or all of the bill for the service or supply.
- **Not covered benefit** – We won't pay any of the bill. You'll be responsible for paying the entire service or supply.
- **Approved amount** – The amount we'll pay for a service or supply.
- **Copayment (copay)** – The amount you may have to pay when your child gets care.



# General information

## Continuing BCBSM coverage on your own

When your child can't be in the MICHild dental plan anymore and doesn't qualify for Medicaid, you may have other options.

For more information, call BCBSM at **1-800-543-7765**.

## Explanation of benefits

We'll send you an *Explanation of Benefit Payments* form every time we get a claim under your child's contract number. The EOB form isn't a bill. It's more like a receipt. The EOB shows what we've paid and what you may have to pay. If we didn't pay for something, the EOB will tell you why.

Please read the EOB carefully. It's very important that you let us know if your child didn't get the services that are listed on it, or if there are any problems.



# Selecting a dentist

*With your BCBSM dental plan, you choose what's best. The following examples will guide you through some of your choices.*

## Care by a dental PPO network dentist

*Michael needs a six-month cleaning and checkup.*

*Dr. Jones is in the dental PPO network.*

*I'll make an appointment for him to see Dr. Jones in his office.*

*Hello. I'd like to bring my son in for a cleaning and dental exam.*

*Does the dentist still take BCBSM?*

*Yes. Good, we can come in tomorrow.*

**at the dentist's office...**

*May I see your child's insurance ID card?*

*Your child has BCBSM.*

*The dentist is a part of the dental PPO network, so you have **nothing to pay and no forms to send.***

*Hi Michael. I'm Dr. Jones.*

*I'm glad your mom brought you in for a checkup. Let's check you out.*

### What happened...

BCBSM paid for Michael's checkup because his mom took him to a dentist that was in our dental PPO network. Michael's mother knew Dr. Jones was in the dental PPO network because she checked with the dentist's office.

## Care by a dentist who's not in the dental PPO network or Blue Par Select

*Regina needs her six-month cleaning and checkup.*

*I'll just take her to the dentist up the street, Dr. Savinski.*

*I'll give her a call.*

*Hello. I'd like to bring my daughter in for a cleaning and checkup.*

*Yes, we can come in tomorrow.*

**at the dentist's office...**

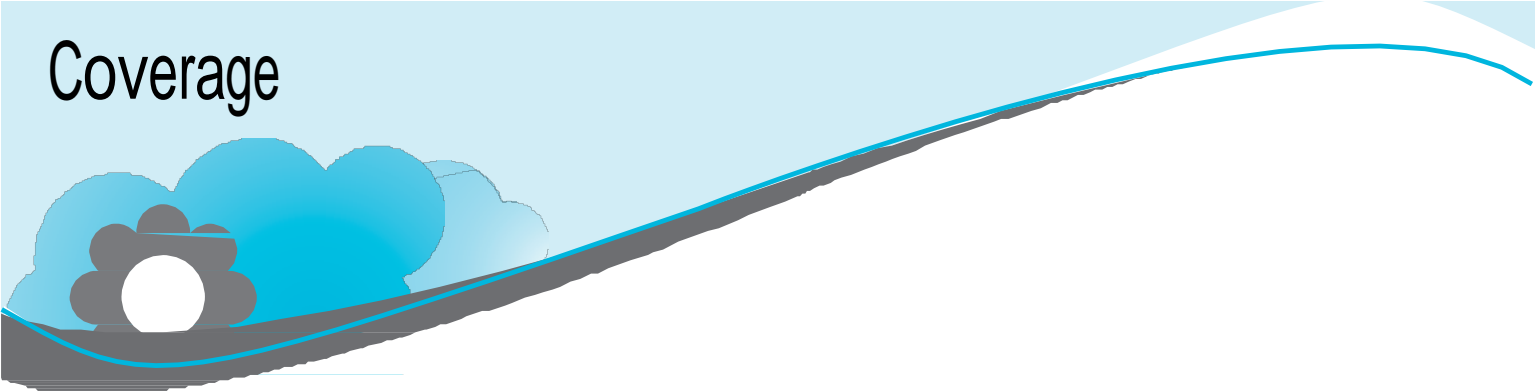
*Welcome to Dr. Savinski's office. May I see your child's insurance card?*

*I'm sorry, but we don't take BCBSM. If you like, Dr. Savinski can still see Regina. You will have to pay the entire bill and send your claim forms to BCBSM for possible reimbursement.*

*I take my daughter to a dentist, I'll make sure the dentist is in the dental PPO network or Blue Par Select.*

### What happened...

Regina didn't go to a dental PPO network or Blue Par Select dentist. She didn't call the Customer Service phone number on the back of the BCBSM ID card for a participating dentist near home. When your child goes to a dentist that's not in the dental PPO network or Blue Par Select, you may be responsible for the entire bill.



Choosing your child's dentist

When your child needs dental care, it's important to find out whether or not your dentist participates with BCBSM's dental care plan. You may take your child to any Blue Par Select dentist or any dentist in the dental PPO network. For a dental PPO network provider, just look on the BCBSM website at **bcbsm.com** or call a Customer Service representative at **1-888-826-8152** to find a participating dentist in your area.

Participating dentists

Participating dentists accept our approved amount as full payment. This means that you won't have to pay anything for covered services. Therefore, it's important to ask before every service your child receives if your child's dentist participates with BCBSM. Participating dentists file your claims and we will pay them directly. You'll have to pay only for any services that aren't covered.

Nonparticipating dentists

If your child's dentist doesn't participate with BCBSM's dental care plan and doesn't accept what we'll pay for the service:

- You may have to pay the entire bill.
- You may have to complete and send claim forms to BCBSM.
- We'll send the payment directly to you.
- You'll have to pay for any difference between what we've agreed to pay and what the doctor actually charges.
- Providers outside of Michigan are considered nonparticipating and may bill you for the unpaid balance of services performed.

What's covered

BCBSM's dental care plan will pay up to \$1,500 per contract per year. Please refer to the dental benefit chart that begins on Page 7 of this handbook. More detailed dental benefit information is available in the BCBSM MICHild dental certificate. If you have any questions about your child's coverage, or if you would like a MICHild certificate, please call BCBSM at **1-800-543-7765**.

Deciding on your child's dental benefits before treatment

Your child's dentist will probably suggest a plan to take care of your child's teeth. This could be just a list of exams your child should have or more services if necessary. If more services are suggested, your child's dentist can send the suggestions to us to "predetermine" the costs before your child's care begins. We'll let the dentist know how much we'll pay for the plan or suggest a different plan.

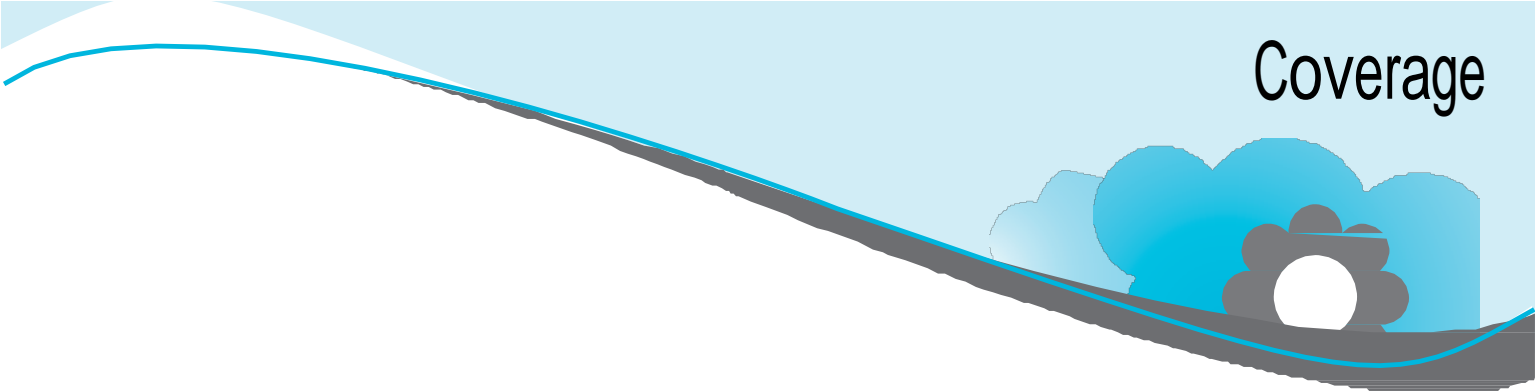
We look at the plan before services begin so you and your child's dentist can agree on the care based on what we'll cover. (Your child is allowed to receive care we don't cover, but you will have to pay for any noncovered services.) Dentists usually use this review for services that are not an emergency, or are difficult, such as crowns. A predetermination does not guarantee payment.

Other treatment plans

Sometimes your child's dental condition can be taken care of in more than one way. If you still want a treatment that costs more than the one we've suggested, you can take what we'd pay for our suggested treatment and apply it to the cost of the treatment you select. You'll have to pay the difference. You should talk with your child's dentist about these treatments so you fully understand what you'll have to pay.

Emergency access

MICHild dental members have access to emergency services, which are available 24 hours a day, seven days a week. Contact your child's PPO network dentist for more information on emergency and after-hours services.



Benefits-at-a-glance

For members of the BCBSM dental program, we'll pay up to \$1,500 for the following services for each child each calendar year.

| Service  | Coverage        |
|--|-----------------|
| <ul style="list-style-type: none"><li>• 1 initial exam per dentist/office</li><li>• 2 routine checkups</li><li>• 3 cleanings</li><li>• Bitewing X-rays once per calendar year</li><li>• Panoramic X-ray once every 5 years</li><li>• Fluoride treatments through age 18</li></ul> Also: <ul style="list-style-type: none"><li>• Diagnostic tests</li><li>• Space maintainers through age 14</li><li>• Dental sealants on first and second permanent molars</li><li>• Consultation by a second dentist not providing treatment</li><li>• Exams and treatment for an emergency condition</li></ul> | Covered — 100%* |
| <b>Restorative services</b> <ul style="list-style-type: none"><li>• Fillings of amalgam or resin-based composite</li><li>• Crowns of stainless steel, porcelain/ceramic or resin-based composite</li><li>• Crown repair</li><li>• Core buildup and pin retention</li><li>• Veneers for specific conditions</li></ul>   | Covered — 100%* |
| <b>Endodontic services</b> <ul style="list-style-type: none"><li>• Pulpal debridement for primary or permanent teeth</li><li>• Pulpotomy</li><li>• Root canal, permanent teeth</li><li>• Root amputation</li><li>• Hemisection, not including root canal for permanent teeth, once per tooth per lifetime</li></ul>  | Covered — 100%* |

\*When participating providers perform services.



# Coverage

| Periodontic services   |                 |
|--|-----------------|
| <ul style="list-style-type: none"><li>• Scaling and root planing once every two years per quadrant</li><li>• Gingivectomy/gingoplasty</li><li>• Gingival flap</li><li>• Periodontal maintenance</li></ul>                        | Covered — 100%* |
| Prosthodontic services   |                 |
| <ul style="list-style-type: none"><li>• Complete or partial dentures</li><li>• Fixed or removable dentures</li><li>• Reline/rebase dentures</li><li>• Tissue conditioning</li><li>• Crowns, onlays and pontics</li></ul>         | Covered — 100%* |
| Surgical services  |                 |
| <ul style="list-style-type: none"><li>• Extractions</li><li>• Removal of impacted tooth</li><li>• Removal of residual roots</li><li>• Brush biopsy</li><li>• Excision of hyperplastic tissue</li><li>• Abcess drainage</li></ul> | Covered — 100%* |
| Other services   |                 |
| <ul style="list-style-type: none"><li>• Emergency treatment of dental pain</li><li>• Anesthesia</li><li>• Treatment of complications</li></ul>   | Covered — 100%* |

\*When participating providers perform services.

# Dental care tips

## Tips for great dental care

Your child's smile is important. Follow these tips to keep your child's teeth and gums healthy:

- **Brush at least twice a day**, after breakfast and before bedtime. Brushing properly breaks down plaque.
- **Brush all of their teeth**, not just the front ones. Spend some time on the teeth along the sides and in the back. Brush away from the gums.
- **Take time while brushing**. Spend at least three minutes each time they brush. If they have trouble keeping track of time, use a timer or play a recording of a song they like to help pass the time.
- **Use a toothbrush with soft bristles**. The package will say if they're soft.
- **Use a new toothbrush** every three months.
- **Learn how to floss their teeth**, which is a very important way to keep them healthy. Slip the dental floss between each tooth and up along the gum line. The floss gets rid of food that's hidden where a toothbrush can't get it.



Source: American Academy of Pediatric Dentistry



# Tips for a great dental visit

- Go to the dentist**

Brushing and flossing are very important, but they aren't enough. Children should also visit the dentist twice a year.
- Go to the dentist as soon as your child is covered**

Your child's dental care benefits offer preventive care and regular dental checkups. Dental problems can begin early. That's why the earlier the visit, the better the chance of preventing dental problems.
- Be positive**

Be careful about using scary words. Checkups and 90 percent of first visits don't have anything to do with "hurt," so don't even use the word. Answer all your child's questions positively. Keep an ear out for scary stories from friends and siblings.
- Introductions**

Consider a "getting to know you" visit to introduce your child to the dental office before the first appointment.
- Explain**

Explain before the visit that the dentist is a friend and will help keep your child's teeth healthy.
- Questions?**

List in advance your questions about your child's dental health on such topics as home care, injury prevention, diet and snacking, fluoride and tooth development.
- Decisions?**

Give your child some control over the dental visit. Such choices as "The red toothbrush or the green one?" will make the visit more enjoyable.
- Let's talk**

Let the dentist and your child talk with each other so they can build a relationship. You and the dentist can talk after the examination.
- Be rested**

Ask for an appointment time when you know your child will be alert and rested.
- What to do if your child has a toothache?**

Call your dentist and arrange an office visit as soon as possible. To help your child feel better, rinse his or her mouth with water and give your child a cold compress or ice wrapped in a cloth.
- A good example**

Read your child a story about a character who had a good dental visit. Ask the dental office for suggested reading.



# Good dental care starts early

Good dental care should start before your baby even gets teeth. Just as adult teeth are meant to last a lifetime, baby teeth are meant to last until the permanent teeth are ready to come in. Your child's teeth are used for chewing food properly, speaking clearly and to help promote self-esteem. They also make room in the jaw for adult teeth. This helps keep teeth from being crooked or crowded.

Here's a handy list to follow to help your child have a lifetime of good, healthy teeth:

|  |  |
|--|--|
| <b>Birth to 6 months</b>                           | <ul style="list-style-type: none"><li>• Clean your child's mouth and gums with a soft cloth after feedings and at bedtime.</li><li>• Keep feedings on a schedule.</li><li>• If you must put your baby to sleep with a bottle, use nothing but water. Milk, formula or fruit juice can destroy your child's teeth.</li><li>• Never dip a pacifier in anything sweet. It can lead to serious tooth decay.</li></ul>  |
| <b>6 to 12 months</b><br>(First baby teeth appear) | <ul style="list-style-type: none"><li>• Begin to brush your baby's teeth after each feeding and at bedtime with an infant toothbrush using a nonfluoridated infant tooth and gum cleaner.</li><li>• Do not let your child swallow fluoridated toothpaste. At this young age it can discolor your child's permanent teeth when they come in.</li><li>• Take your child to see the dentist for an exam.</li></ul>  |
| <b>12 to 24 months</b><br>(Most baby teeth are in) | <ul style="list-style-type: none"><li>• Follow the dentist's suggestions for exams and cleanings.</li><li>• Continue using nonfluoridated infant toothpaste.</li></ul>   |
| <b>2 to 6 years</b>                                | <ul style="list-style-type: none"><li>• Start to use fluoridated toothpaste only when the child has learned to spit it out and is able to rinse afterward.</li><li>• Although you should be making sure your child brushes and flosses, children older than 6 should be expected to brush their teeth.</li><li>• You should still make sure your child's mouth is clean, but let your child do as much as he or she can and wants.</li><li>• Begin flossing where teeth touch.</li><li>• Visit your child's dentist for regular cleanings.</li></ul> |
| <b>6 to 12 years</b>                               | <ul style="list-style-type: none"><li>• Begin making your child brush his or her own teeth, with you watching. Usually, 8-year-old children can brush on their own and 10-year-old children can floss.</li><li>• Your child should brush the way the dentist suggests.</li></ul>   |
| <b>Children of all ages</b>                        | <ul style="list-style-type: none"><li>• Your child will need sealants for adult teeth.</li><li>• Continue fluoride as your child's dentist suggests.</li><li>• Change your child's toothbrush every three months.</li><li>• Brush at least twice a day, after breakfast and before bed.</li></ul>  |



# When you need to file your child's claims

## Only claims for nonparticipating dentists

When your child uses his or her benefits, a claim must be filed before we can pay. **Dental PPO network and Blue Par Select participating dentists should automatically file all claims for your child.** All you need to do is show your child's ID card. However, nonparticipating dentists may or may not file a claim for you. If they don't, you'll need to file the claim to get paid.

Important!...

**File your child's claims right away. For some of the services, you must file the claim within six months for it to be paid.**

**You can send us cash register receipts, cancelled checks or money-order stubs along with your detailed bill, but we must have the detailed billing statement too.**

## How to file your child's claims

Follow these steps to file your child's claim:

1. Ask your child's dentist for a detailed bill. It must list the following:
  - Your child's name
  - Your child's contract number from his or her ID card
  - Dentist's name, address, phone number and federal tax ID number
  - Date and description of services
  - Diagnosis
2. Completely fill out a claim form. If you don't have one, you may get one by calling our Dental Customer Service department at **1-888-826-8152** from 8 a.m. to 6 p.m. Monday through Friday. If you are sending in claims for more than one child, complete a separate form for each child.
3. Sign and date each claim form.
4. Make a copy of everything for your files.
5. Mail the originals to us at:  
  
Blue Cross Blue Shield of Michigan  
P.O. Box 49  
Detroit, MI 48231

We'll pay you directly. The check will be in your child's name.

## If you disagree with a benefit payment

We try to handle your child's claims quickly and correctly. Most questions about your child's claim can be answered by one of our Customer Service Representatives. If your child's claim for a benefit service is not covered, we will write you a letter explaining why. If you disagree, you have the right to appeal. Your child can continue to receive coverage, while you wait for our decision. You may be responsible for payment for services if the decision is upheld.

## Your appeal rights under Michigan's Public Acts

Blue Cross Blue Shield of Michigan must follow the rules under Michigan Public Acts 350 of 1980 and 251 of 2000. If you believe we have not acted according to the rules in Section 402 or 403 of Public Act 350, you have the right to appeal. We have included the exact language of the law at the end of this book. Public Act 350 also gives you the process to settle your concerns within BCBSM.

After going through this process, if you don't agree with the decision, Public Act 251 allows you to take your concerns to state officials to review. Public Act 251 gives you the right to request an outside review from the Commissioner of Financial and Insurance Regulation if we have unfairly not allowed or limited or stopped your child from being admitted into a hospital, not made care available, or not allowed continued stay or other dental care services. Normally, you must go through the standard review steps within BCBSM before you can request an outside review.

## Step 1: Seek resolution within BCBSM\*

### Your rights under Public Act 350

Under the standard internal appeal procedure, we must provide you with our final written decision within 35 calendar days from when we received your written appeal.

However, that time may be extended up to 10 days if we have not received information we have requested from a dental care provider.

The standard internal appeal procedure is:

- A. You or your approved representative must send us a written statement explaining why you don't agree with our decision. You must request a conference with our administrative team.
- B. Mail your request to:  
  
DNoA Executive Inquiry Unit  
701 E. 22nd St.  
Lombard, IL 60148
- C. The conference will be conducted by telephone. Our written suggested solution will be our final decision regarding your appeal.

In addition to the information found above, you should also know:

- In writing, you can have another person, including a dentist, act for you at any step in the standard appeal procedure.
- We have 35 days to give you our final decision, but you have the right to allow us additional time.
- You can get copies of information relating to our decision for a reasonable copying charge.
- You can include other documents for us to think about, but these are not required.



# Appeals process

## Expedited internal appeal procedure

You can file a request for an expedited internal appeal if a dentist states that following this time frame for the standard internal appeal would seriously endanger your child's life or health. You may file a request for an expedited internal appeal only when you think we have wrongfully denied, terminated or reduced coverage for a service before your child has received service. You can also file an expedited internal appeal if you think we have not responded quickly to your request.

The procedure is:

- A. You can submit your child's expedited internal appeal request by telephone at 1-888-826-8152.

We must give you our decision within 72 hours of receiving both the appeal and the dentist's confirmation.

- B. When you file a complaint, or within 10 days that you receive our decision, you can request an expedited external review from the Michigan Commissioner of Financial and Insurance Regulation.

You should also know:

- You can approve another person, including a dentist, to act for you at any step in the expedited internal appeal procedure.
- If our decision is shared to you orally, we must give you the written confirmation within two business days.

## Step 2: Seek resolution through Michigan officials

### Your rights under Public Act 251 of 2000

#### Standard external review procedure

Once you have completed our standard internal appeal procedure, you can request an external review from the Commissioner.

The standard external review process is:

- A. Within 60 days that you receive our final decision or should have received it, send a written request for an external review to the Commissioner.
- B. Mail your request, including the required forms that we will supply to you, to:

Health Plans Division  
Office of Financial and Insurance Regulation  
Appeals Section  
P.O. Box 30220  
Lansing, MI 48909-7720

If your request for an external review concerns a medical issue and is otherwise found appropriate for external review, the Commissioner will assign an Independent Review Organization consisting of independent clinical peer reviewers to perform the external review. You will have an opportunity to provide more information to the Commissioner within seven days of submitting your request. We must give documents and information considered in making our final decision to the Independent Review Organization within seven business days of receiving notice of your request.

The assigned Independent Review Organization will suggest within 14 days if the Commissioner should uphold or reverse our decision. The Commissioner will decide within seven business days whether or not to accept the suggestion and will let you know. The Commissioner's decision is the final administrative solution under the Patient's Right to Independent Review Act.



# Appeals process

If your request for external review is related to non-dental issues and is otherwise found appropriate for external review, the Commissioner's staff will conduct the external review. They will suggest if the Commissioner should uphold or reverse our decision. The Commissioner will let you know of the decision, and it is your final administrative solution under Public Act 350.

#### Expedited external review procedure

If a dentist states your child has a dental condition that the time frame for completion of an expedited internal appeal would seriously endanger your child's life or health and if you have filed a request for an expedited internal appeal, you can request an expedited external review from the Commissioner. You can file a request for an expedited external review only when you think we have wrongfully denied, terminated or reduced coverage.

The expedited external review process is:

When you file an expedited internal appeal, or within 10 days that you receive our decision, you or your child's approved representative can request an expedited external review from the Commissioner.

Mail your request (including the required forms we will supply to you) to:

Health Plans Division  
Office of Financial and Insurance Regulation  
P.O. Box 30220  
Lansing, MI 48909

Or call by telephone at 1-877-999-6442.

After receiving your request, the commissioner will decide if it's fit for external review. If you have not completed the expedited internal appeal, the Independent Review Organization will decide if you have to complete the expedited internal appeal before performing the expedited external review. If the Independent Review Organization decides that you must first complete the expedited internal appeal process, it will let you know that it will not move forward with the expedited external review until you complete the expedited internal appeal.

We must give documents and information considered in making our opposing decision to the Independent Review Organization within 12 hours after the Commissioner let's us know of your request. The Independent Review Organization will review your request and suggest if the Commissioner should uphold or reverse our decision within 36 hours after receiving your request.

The Commissioner must decide within 24 hours after receiving the Independent Review Organization's recommendation whether or not to accept the recommendation. If the Commissioner reverses our decision, we will approve the coverage that was the subject of the opposing decision. The commissioner's decision is the final administrative solution under the Patient's Right to Independent Review Act.

#### What we may not do

- Misrepresent important facts or certificate conditions relating to coverage
- Fail to respond quickly or to act without delay upon communications with respect to a claim arising under a certificate
- Fail to adopt and apply reasonable standards for the quick investigation of a claim arising under a certificate
- Refuse to pay claims without performing a fair investigation based on the available information
- Fail to uphold or deny coverage of a claim within a fair time after it has been received
- Fail to attempt in good faith to make a quick, fair settlement of a claim where responsibility has become reasonably clear
- Require members to take legal action to recover amounts due under a certificate by offering significantly less than the amounts due
- Try to settle a claim for less than the amount due, by making reference to an advertising material accompanying or made part of an application for coverage



# Appeals process

## Important!

*If you believe that we have not acted according to the rules in Section 402 or 403 of Public Act 350, you have the right to appeal. The sections below provide the exact language in the law.*

- Make known to the member of the policy who is appealing from administrative hearing decisions in favor of members for the purpose of convincing a member to accept a settlement or arrangement in a claim
- Try to settle a claim on the basis of an application that was changed without notice to, knowledge, or approval of the subscriber under whose certificate the claim is being made
- Delay the investigation or payment of a claim by making a member, or the provider of dental services to the member, to submit an initial claim and then requiring subsequent submission of a formal claim, seeking only the copying of a verification
- Fail to quickly provide a reasonable explanation rejecting a claim or for the offer of a compromise settlement
- Fail to quickly settle a claim where responsibility has become reasonably clear under one portion of the certificate in order to influence a settlement under another portion of the certificate

**Section 402(2)** provides that there are certain things that we cannot do in order to convince you to contract with us for the provision of dental benefits or to persuade you to lapse, forfeit or surrender a certificate issued by us or to encourage you to secure or terminate coverage with another insurer, health maintenance organization or other person.

The things we cannot do under this section are:

- Issue or deliver to a person money or other valuable consideration
- Offer to make or make an agreement relating to a certificate other than as clearly expressed in the certificate
- Offer to give or pay, directly or indirectly, a rebate or part of a premium or an advantage with respect to the furnishing of dental benefits or administrative or other services offered by the corporation except as reflected in the rate and expressly provided in the certificate
- Make, issue or distribute or cause to be made, any estimate, illustration, circular or statement misrepresenting the terms of a certificate or contract for administrative or other services, the benefits, or the true nature thereof
- Make a misrepresentation or incomplete comparison, whether oral or written, between certificates of the corporation or between certificates or contracts of the corporation and another health care corporation, health maintenance organization or other person

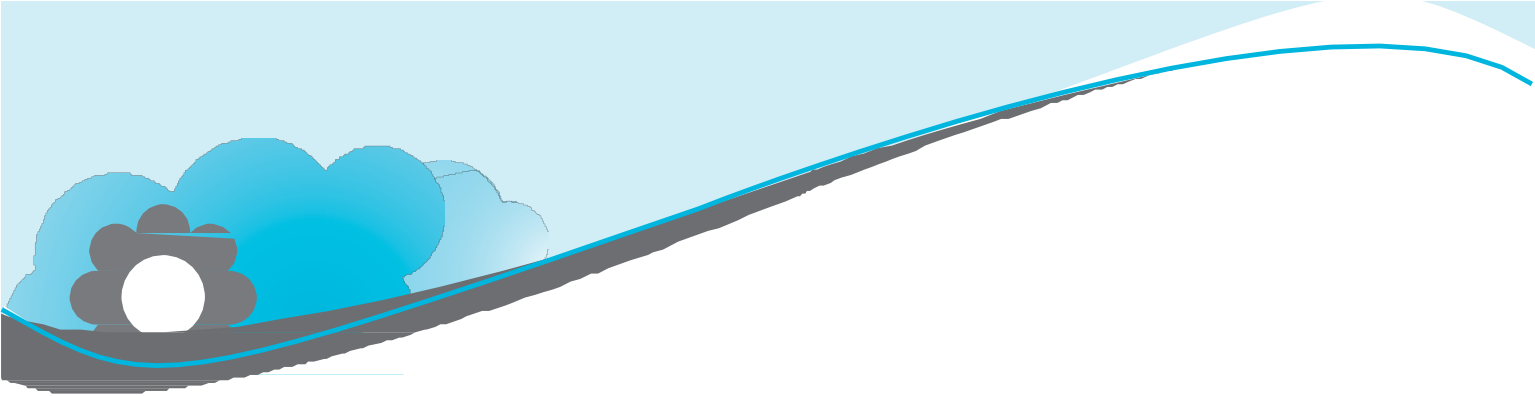
# Appeals process

## Section 403 of Public Act 350 of 1980

Section 403 that on a timely basis we must pay to you or a participating provider benefits that are entitled and provided under the appropriate certificate. When not paid on a timely basis, benefits payable to you will bear simple interest from a date 60 days after we have received a satisfactory claim form at a rate of 12 percent interest per year. The interest will be paid in addition to the claim at the time of payment of the claim.

We must state in writing the materials that represent an acceptable claim form no later than 30 days after receiving the claim, unless the claim is settled within 30 days. If a claim form is not supplied as to the entire claim, the amount supported by the claim form will be considered to be paid on a timely basis if paid within 60 days after we receive the claim form.





## Children’s Special Health Care Services helps with specialty care

If your child has a chronic illness, he or she may qualify for Children’s Special Health Care Services. Families of all incomes can join CSHCS, even those with other health insurance, including MICHild.

CSHCS is a program of the Michigan Department of Community Health. It helps pay for medical care and treatment of illnesses that qualify for the program. CSHCS:

- Focuses on family-centered services for more than 2,600 diagnoses
- Pays for specialty medical bills
- Provides help finding specialty services
- Supports coordination of services
- Helps families with language and cultural differences
- Assists in locating resources
- Connects families to community-based services through local health departments

- To qualify for CSHCS, a child must:
- Be a Michigan resident.
  - Be a U.S. citizen or documented noncitizen
  - Have a qualifying medical condition.
  - Be 20 years old or younger. People 21 and older with cystic fibrosis or hemophilia may also qualify.

For more information:  
Call the CSHCS Family Phone Line at 1-800-359-3722  
E-mail [cschcsfc@michigan.gov](mailto:cschcsfc@michigan.gov)  
On the Web: [michigan.gov/cshcs](http://michigan.gov/cshcs)

This handbook is not a contract. It is intended as a brief description of benefits. Every effort has been made to ensure the accuracy of the information within. However, if statements in this description differ from the MICHild certificate, then the terms and conditions of the certificate prevail. The coverage is provided pursuant to a contract entered into between the Michigan Department of Community Health and BCBSM and shall be construed under the jurisdiction and according to the laws of the state of Michigan.

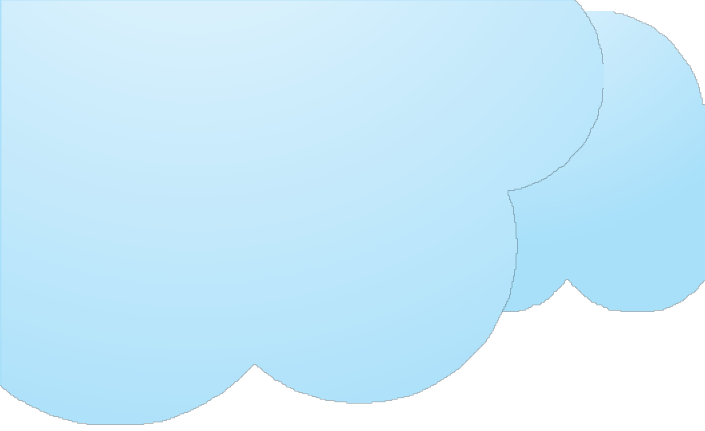


## Walk-in service centers

Blue Cross Blue Shield of Michigan has many conveniently located walk-in service centers to assist you with any questions you may have about your child’s dental coverage\*. You may visit one of our service centers from 9 a.m. to 5 p.m. Monday through Friday.

|   |   |
|---|---|
| <b>Detroit</b><br>500 E. Lafayette Blvd.<br>(downtown, three blocks north of Jefferson) | <b>Marquette</b><br>415 S. McClellan Ave.<br>(up on the hill)   |
| <b>Flint</b><br>4520 Linden Creek Parkway, Suite A                                      | <b>Portage</b><br>8175 Creekside Dr.<br>(1.5 miles east of U.S. 131 in the Creekside Commons Office Park) |
| <b>Grand Rapids</b><br>86 Monroe Center N.W.  | <b>Traverse City</b><br>1769 S. Garfield Ave. (across from Cherryland Center)                             |
| <b>Holland</b><br>151 Central Ave.  | <b>Utica</b><br>6100 Auburn Road (diagonally across from AAA building)                                    |
| <b>Lansing</b><br>232 S. Capitol Ave.   |   |

\*These locations are subject to change. Call Customer Service at 1-800-543-7765 or visit [bcbsm.com](http://bcbsm.com) to verify locations and hours.



Blue Cross  
Blue Shield  
of Michigan

A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

### MChild Current Dental Terminology (CDT) Codes

| Code               | Nomenclature  | Covered |
|--------------------|---|---------|
| <b>Diagnostic</b>  |   |         |
| D0120              | Periodic oral evaluation - established patient  | yes     |
| D0140              | Limited oral evaluation - problem focused   | yes     |
| D0145              | Oral evaluation for a patient under three years of age and counseling with primary caregiver              | yes     |
| D0150              | Comprehensive oral evaluation - new or established patient  | yes     |
| D0160              | Detailed and extensive oral evaluation - problem focused, by report                                       | yes     |
| D0180              | Comprehensive periodontal evaluation - new or established patient   | yes     |
| <b>Radiographs</b> |   |         |
| D0210              | Intra-oral - complete series (including bitewings)  | yes     |
| D0220              | Intraoral - periapical first film   | yes     |
| D-230              | Intraoral - periapical each additional film   | yes     |
| D0240              | Intraoral - occlusal film   | yes     |
| D0250              | Extraoral - first film  | yes     |
| D0260              | Extraoral - each additional film  | yes     |
| D0270              | Bitewing - single film  | yes     |
| D0272              | Bitewings - two films   | yes     |
| D0273              | Bitewings - three films   | yes     |
| D0274              | Bitewings - four films  | yes     |
| D0277              | Vertical bitewings - 7 to 8 films   | yes     |
| D0290              | Posterior-anterior or lateral skull and facial bone survey film   | yes     |
| D0330              | Panoramic film  | yes     |
| <b>Diagnostic</b>  |   |         |
| D0460              | Pulp vitality tests   | yes     |
| D0470              | Diagnostic casts  | yes     |
|                    | Diagnostic  |         |
| D0486              | Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report | yes     |
| D0999              | Unspecified diagnostic procedure, by report   | yes     |
| <b>Preventive</b>  |   |         |
| D1110              | Prophylaxis - adult   | yes     |
| D1120              | Prophylaxis - child   | yes     |
| D1203              | Topical application of fluoride (prophylaxis not included) - child  | yes     |



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|       |   |   |
|-------|---|---|
| D1204 | Topical application of fluoride (prophylaxis not included) – adult  | yes   |
| D1206 | Topical Fluoride Varnish - therapeutic application for moderate to high caries risk patients  | yes   |
| D1351 | Sealant - per tooth   | yes   |
| D1352 | Preventive Resin Restoration in a Moderate to High Caries Risk Patient-permanent tooth. (This is a Medicaid covered benefit and Dental Plans may opt to use D1351 in lieu of this procedure. Both D1351 and D1352 should not be covered on the same tooth.) | Yes (effective 1/1/2011) D1352 is not covered by MIChild program. |
| D1510 | Space maintainer - fixed - unilateral   | yes   |
| D1515 | Space maintainer - fixed - bilateral  | yes   |
| D1520 | Space maintainer - removable - unilateral   | yes   |
| D1525 | Space maintainer - removable - bilateral  | yes   |
| D1550 | Re-cementation of space maintainer  | yes   |
| D1555 | Removal of fixed space maintainer (not by dentist who placed appliance)   | yes   |
|       |   |   |
|       | <b>Minor Restorative</b>  |   |
| D2140 | Amalgam - one surface, primary or permanent   | yes   |
| D2150 | Amalgam - two surfaces, primary or permanent  | yes   |
| D2160 | Amalgam - three surfaces, primary or permanent  | yes   |
| D2161 | Amalgam - four or more surfaces, primary or permanent   | yes   |
| D2330 | Resin-based composite - one surface, anterior   | yes   |
| D2331 | Resin-based composite - two surfaces, anterior  | yes   |
| D2332 | Resin-based composite - three surfaces, anterior  | yes   |
| D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior)   | yes   |
| D2390 | Resin-based composite crown, anterior   | yes   |
|       |   |   |
|       | <b>Major Restorative</b>  |   |
| D2542 | Onlay - metallic - two surfaces   | yes   |
| D2543 | Onlay - metallic - three surfaces   | yes   |
| D2544 | Onlay - metallic - four or more surfaces  | yes   |
| D2642 | Onlay - porcelain/ceramic - two surfaces  | yes   |
| D2643 | Onlay - porcelain/ceramic - three surfaces  | yes   |
| D2644 | Onlay - porcelain/ceramic - four or more surfaces   | yes   |
| D2662 | Onlay - resin-based composite - two surfaces  | yes   |
| D2663 | Onlay - resin-based composite - three surfaces  | yes   |
| D2664 | Onlay - resin-based composite - four or more surfaces   | yes   |
| D2710 | Crown - resin-based composite (indirect)  | yes   |
| D2712 | Crown - 3/4 resin-based composite (indirect)  | yes   |
| D2720 | Crown - resin with high noble metal   | yes   |
| D2721 | Crown - resin with predominantly base metal   | yes   |
| D2722 | Crown - resin with noble metal  | yes   |
| D2740 | Crown - porcelain/ceramic substrate   | yes   |
| D2750 | Crown - porcelain fused to high noble metal   | yes   |
| D2751 | Crown - porcelain fused to predominantly base metal   | yes   |

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|       |   |     |
|-------|---|-----|
| D2752 | Crown - porcelain fused to noble metal  | yes |
| D2780 | Crown - 3/4 cast high noble metal   | yes |
| D2781 | Crown - 3/4 cast predominantly base metal   | yes |
| D2782 | Crown - 3/4 cast noble metal  | yes |
| D2783 | Crown - 3/4 porcelain/ceramic   | yes |
| D2790 | Crown - full cast high noble metal  | yes |
| D2791 | Crown - full cast predominantly base metal  | yes |
| D2792 | Crown - full cast noble metal   | yes |
| D2794 | Crown - titanium  | yes |
| D2799 | Provisional crown   | yes |
|       |   |     |
|       | <b>Restorative</b>  |     |
| D2910 | Recement inlay, onlay, or partial coverage restoration  | yes |
| D2915 | Recement cast or prefabricated post and core  | yes |
| D2920 | Recement crown  | yes |
| D2930 | Prefabricated stainless steel crown - primary tooth   | yes |
| D2931 | Prefabricated stainless steel crown - permanent tooth   | yes |
| D2932 | Prefabricated resin crown   | yes |
| D2933 | Prefabricated stainless steel crown with resin window   | yes |
| D2934 | Prefabricated esthetic coated stainless steel crown - primary tooth   | yes |
| D2940 | Sedative filling  | yes |
| D2950 | Core buildup, including ant pins  | yes |
| D2951 | Pin retention - per tooth, in addition to restoration   | yes |
| D2952 | Cast post and core in addition to crown, indirectly fabricated  | yes |
| D2954 | Prefabricated post and core in addition to crown  | yes |
| D2955 | Post removal (not in conjunction with endodontic therapy)   | yes |
| D2960 | Labial veneer (resin laminate) - chairside  | yes |
| D2961 | Labial veneer (resin laminate) - laboratory   | yes |
| D2962 | Labial veneer (porcelain laminate) - laboratory   | yes |
| D2970 | Temporary crown (fractured tooth)   | Yes |
| D2971 | Additional procedures to construct new crown under existing partial denture framework   | yes |
| D2980 | Crown repair, by report   | yes |
| D2999 | Unspecified procedure, by report  | yes |
|       |   |     |
|       | <b>Endodontics</b>  |     |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | yes |
| D3221 | Pulpal debridement, primary or permanent teeth  | yes |
| D3222 | Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development   | yes |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)   | yes |
| D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)  | yes |
| D3310 | Anterior (excluding final restoration)  | yes |
| D3320 | Bicuspid (excluding final restoration)  | yes |

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|       |  |                          |
|-------|--|--------------------------|
| D3320 | Molar (excluding final restoration)  | yes                      |
| D3331 | Treatment of root canal obstruction; non-surgical access   | yes                      |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth   | yes                      |
| D3333 | Internal root repair of perforation defects  | yes                      |
| D3346 | Retreatment of previous root canal therapy - anterior  | yes                      |
| D3347 | Retreatment of previous root canal therapy - bicuspid  | yes                      |
| D3348 | Retreatment of previous root canal therapy - molar   | yes                      |
| D3351 | Apexification/recalcification - initial visit (apical closure/calcification repair of perforations, root resorption, etc                           | yes                      |
| D3352 | Apexification/recalcification - interim medication replacement (apical closure/calcification repair of perforations, root resorption, etc          | yes                      |
| D3353 | Apexification/recalcification - final visit (includes completed root therapy - apical closure/calific repair of perforations, root resorption, etc | yes                      |
| D3354 | Pulpal Regeneration (Completion of Regenerative Treatment in an Immature Permanent Tooth with a Necrotic Pulp); Does not include final restoration | Yes (effective 1/1/2011) |
| D3410 | Apicoectomy/periradicular surgery - anterior   | yes                      |
| D3421 | Apicoectomy/periradicular surgery - bicuspid (first root)  | yes                      |
| D3425 | Apicoectomy/periradicular surgery – molar (first root)   | yes                      |
| D3426 | Apicoectomy/periradicular surgery (each additional root)   | yes                      |
| D3930 | Retrograde filling - per root  | yes                      |
| D3450 | Root amputation - per root   | yes                      |
| 3920  | Hemisection (including any root removal), not including root canal therapy   | yes                      |
| 3999  | Unspecified endodontic procedure, by report  | yes                      |
|       |  |                          |
|       | <b>Periodontics</b>  |                          |
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant   | yes                      |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant   | yes                      |
| D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth or bounded teeth spaces per quadrant              | yes                      |
| D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth or bounded teeth spaces per quadrant              | yes                      |
| D4245 | Apically positioned flap   | yes                      |
| D4249 | Clinical crown lengthening - hard tissue   | yes                      |
| D4320 | Provisional splinting - intracoronal   | yes                      |
| D4321 | Provisional splinting - extracoronal   | yes                      |
| D4341 | Periodontal scaling and root planing - four or more teeth per quadrant   | yes                      |



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|       |   |     |
|-------|---|-----|
| D4342 | Periodontal scaling and root planing - one to three teeth per quadrant  | yes |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis   | yes |
| D4910 | Periodontal maintenance   | yes |
| D4999 | Unspecified periodontal procedure, by report  | yes |
|       | <b>Prosthodontics (removable)</b>   |     |
| D5110 | Complete denture - maxillary  | yes |
| D5120 | Complete denture - mandibular   | yes |
| D5130 | Immediate denture - maxillary   | yes |
| D5140 | Immediate denture - mandibular  | yes |
| D5211 | Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)                                     | yes |
| D5212 | Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)                                    | yes |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  | yes |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | yes |
| D5225 | Maxillary partial denture - flexible base (including any clasps, rests and teeth)   | yes |
| D5226 | Mandibular partial denture - flexible base (including any clasps, rests and teeth)  | yes |
| D5281 | Removable unilateral partial denture - on piece cast metal (including clasps and teeth)   | yes |
| D5410 | Adjust complete denture - maxillary   | yes |
| D5411 | Adjust complete denture - mandibular  | yes |
| D5421 | Adjust partial denture - maxillary  | yes |
| D5422 | Adjust partial denture - mandibular   | yes |
| D5510 | Repair broken complete denture base   | yes |
| D5520 | Replace missing or broken teeth – complete denture (each tooth)   | yes |
| D5610 | Repair resin denture base   | yes |
| D5620 | Repair cast framework   | yes |
| D5630 | Repair or replace broken clasp  | yes |
| D5640 | Replace broken teeth - per tooth  | yes |
| D5650 | Add tooth to existing partial denture   | yes |
| D5660 | Add clasp to existing partial denture   | yes |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary)   | yes |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular)  | yes |
| D5710 | Rebase complete maxillary denture   | yes |
| D5711 | Rebase complete mandibular denture  | yes |

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## Contract NO.

|       |  |     |
|-------|--|-----|
| D5720 | Rebase maxillary partial denture                         | yes |
| D5721 | Rebase mandibular partial denture                        | yes |
| D5730 | Reline complete maxillary denture (chairside)            | yes |
| D5731 | Reline complete mandibular denture (chairside)           | yes |
| D5740 | Reline maxillary partial denture (chairside)             | yes |
| D5741 | Reline mandibular partial denture (chairside)            | yes |
| D5750 | Reline complete maxillary denture (laboratory)           | yes |
| D5751 | Reline complete mandibular denture (laboratory)          | yes |
| D5760 | Reline maxillary partial denture (laboratory)            | yes |
| D5761 | Reline mandibular partial denture (laboratory)           | yes |
| D5820 | Interim partial denture (maxillary)                      | yes |
| D5821 | Interim partial denture (mandibular)                     | yes |
| D5850 | Tissue conditioning, maxillary                           | yes |
| D5851 | Tissue conditioning, mandibular                          | yes |
| D5899 | Unspecified removable prosthodontic procedure, by report | yes |
| D5999 | Unspecified procedure, by report                         | yes |
|       |  |     |
|       |  |     |
|       | <b>Prosthodontics, fixed</b>                             |     |
| D6210 | Pontic - cast high noble metal                           | yes |
| D6211 | Pontic - predominantly base metal                        | yes |
| D6212 | Pontic - cast noble metal                                | yes |
| D6214 | Pontic - titanium  | yes |
| D6240 | Pontic - porcelain fused to high noble metal             | yes |
| D6241 | Pontic - porcelain fused to predominantly base metal     | yes |
| D6242 | Pontic - porcelain fused to noble metal                  | yes |
| D6245 | Pontic - porcelain/ceramic                               | yes |
| D6250 | Pontic - resin with high noble metal                     | yes |
| D6251 | Pontic - resin with predominantly base metal             | yes |
| D6252 | Pontic - resin with noble metal                          | yes |
| D6545 | Retainer - cast metal for resin bonded fixed prosthesis  | yes |
| D6602 | Inlay - cast high noble metal, two surfaces              | yes |
| D6603 | Inlay - cast high noble metal, three or more surfaces    | yes |
| D6604 | Inlay - cast predominantly base metal, two surfaces      | yes |
| D6605 | Inlay - cast predominantly base, three or more surfaces  | yes |
| D6606 | Inlay - cast noble metal, two surfaces                   | yes |
| D6607 | Inlay - cast noble metal, three or more surfaces         | yes |
| D6624 | Inlay - titanium   | yes |
| D6610 | Onlay - cast high noble metal, two surfaces              | yes |
| D6611 | Onlay - cast high noble metal, three or more surfaces    | yes |
| D6612 | Onlay - cast predominantly base metal, two surfaces      | yes |
| D6613 | Onlay - cast predominantly base, three or more surfaces  | yes |

## Appendix A

## Contract NO.

|                                       |   |     |
|---------------------------------------|---|-----|
| D6614                                 | Onlay - cast noble metal, two surfaces  | yes |
| D6615                                 | Onlay - cast noble metal, three or more surfaces  | yes |
| D6634                                 | Onlay - titanium  | yes |
| D6720                                 | Crown - resin with high noble metal   | yes |
| D6721                                 | Crown - resin with predominantly base metal   | yes |
| D6722                                 | Crown - resin with noble metal  | yes |
| D6750                                 | Crown - porcelain fused to high noble metal   | yes |
| D6751                                 | Crown - porcelain fused to predominantly base metal   | yes |
| D6752                                 | Crown - porcelain fused to noble metal  | yes |
| D6780                                 | Crown - 3/4 cast high noble metal   | yes |
| D6781                                 | Crown - 3/4 cast predominantly base metal   | yes |
| D6782                                 | Crown - 3/4 cast noble metal  | yes |
| D6783                                 | Crown - 3/4 porcelain/ceramic   | yes |
| D6790                                 | Crown - full cast high noble metal  | yes |
| D6791                                 | Crown - full cast predominantly base metal  | yes |
| D6792                                 | Crown - full cast noble metal   | yes |
| D6794                                 | Crown - titanium  | yes |
| D6930                                 | Recement fixed partial denture  | yes |
| D6970                                 | Cast post and core in addition to fixed partial denture retainer, indirectly fabricated                                   | yes |
| D6972                                 | Prefabricated post and core in addition to fixed partial denture retainer   | yes |
| D6973                                 | Core build up for retainer, including any pins  | yes |
| D6980                                 | Fixed partial denture repair, by report   | yes |
| D6999                                 | Unspecified fixed prosthodontic procedure, by report  | yes |
| <b>Oral and Maxillofacial Surgery</b> |   |     |
| D7111                                 | Extraction, coronal remnants - deciduous tooth  | yes |
| D7140                                 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal)  | yes |
| D7210                                 | Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and /or section of tooth | yes |
| D7220                                 | Removal of impacted tooth - soft tissue   | yes |
| D7230                                 | Removal of impacted tooth - partially bony  | yes |
| D7240                                 | Removal of impacted tooth - completely bony   | yes |
| D7241                                 | Removal of impacted tooth - completely bony,with unusual surgical complications   | yes |



# Appendix A

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|       |   |  |
|-------|---|--|
| D7250 | Surgical removal of residual tooth roots (cutting procedure)  | yes  |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth                                  | yes  |
| D7280 | Surgical access of an unerupted tooth   | yes  |
| D7282 | Mobilization of erupted or malpositioned tooth to aid eruption  | yes  |
| D7283 | Placement of device to facilitate eruption of impacted tooth  | yes  |
| D7286 | Biopsy of soft tissue - soft  | yes  |
| D7288 | Brush biopsy - transepithelial sample collection  | yes  |
| D7290 | Surgical repositioning of teeth   | yes  |
| D7291 | Transseptal fiberotomy/supra crestal fiberotomy, by report  | yes  |
| D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant                      | yes  |
| D7311 | Alveoloplasty in conjunction with extractions -one to three or tooth spaces, per quadrant                             | yes  |
| D7320 | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant                  | yes  |
| D7321 | Alveoloplasty not in conjunction with extractions -one to three or tooth spaces, per quadrant                         | yes  |
|       | see above   |  |
| D7471 | Removal of lateral exostosis (maxilla or mandible)  | no<br>Not covered by MICHild program         |
| D7472 | Removal of torus palatinus  | no<br>Not covered by MICHild program         |
| D7473 | Removal of torus mandibularis   | no<br>Not covered by MICHild program         |
| D7485 | Surgical reduction of osseous tuberosity  | no<br>Not covered by MICHild program         |
| D7510 | Incision and drainage of abscess - intraoral soft tissue  | yes  |
| D7511 | Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | yes  |
| D7910 | Suture of recent small wounds up to 5 cm  | yes  |
| D7960 | Frenulectomy (frenectomy or frenotomy) - separate procedure   | yes  |
| D7963 | Frenuloplasty   | yes  |
| D7970 | Excision of hyperplastic tissue - per arch  | yes  |
| D7971 | Excision of pericoronal gingiva   | yes  |
| D7972 | Surgical reduction of fibrous tuberosity  | no<br>Not covered by MICHild program         |
| D7999 | Unspecified oral surgery procedure, by report   | yes  |
|       |   |  |
|       | <b>Orthodontics</b>   |  |
|       | <b>*Orthodontics will need to be approved through Children's Special Health Care Services (CSHCS)</b>                 | Not an Essential Benefit<br>Coverage per HHS |

|       |   |     |
|-------|---|-----|
|       |   |     |
|       | <b>Adjunctive General Services</b>  |     |
| D9110 | Palliative (emergency) treatment of dental pain -minor procedure  | yes |
| D9220 | Deep sedation/general anesthesia - first 30 minutes   | yes |
| D9221 | Deep sedation/general anesthesia - each additional 15 minutes   | yes |
| D9241 | Intravenous conscious sedation/analgesia -first 30 minutes  | yes |
| D9242 | Intravenous conscious sedation/analgesia -each additional 15 minutes  | yes |
| D9248 | Non-intravenous conscious sedation  | yes |
| D9310 | Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician) | yes |
| D9440 | Office visit - after regularly scheduled hours  | yes |
| D9920 | Behavior management, by report  | yes |
| D9930 | Treatment of complications (post-surgical) -unusual circumstances, by report                                  | yes |