



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

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 SelectSM 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, 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

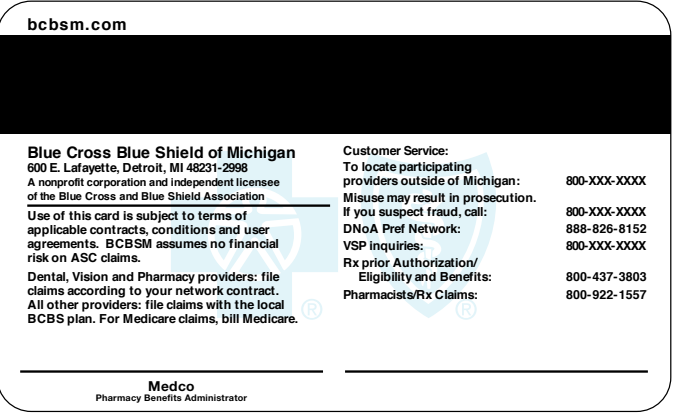
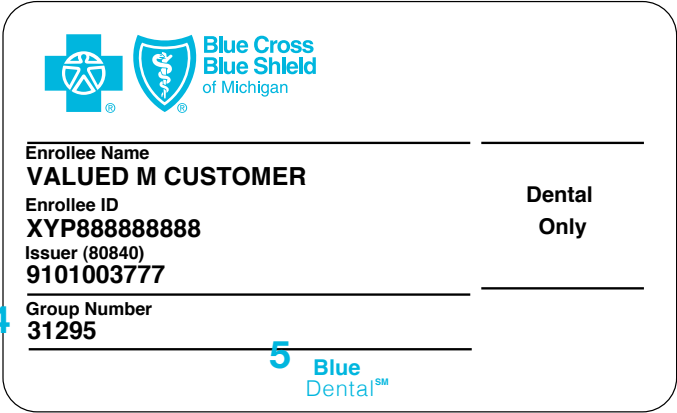
Your child's ID card

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 MICHild 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 or 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.



- 1 This is the name of the person who holds your contract.
- 2 Enrollee ID identifies your record in our files.
- 3 Issuer number identifies Blue Cross Blue Shield of Michigan.
- 4 The is the number of group that provides your benefits.
- 5 A dental plan logo will appear here.

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.

The back of the ID card also includes helpful phone numbers.

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?

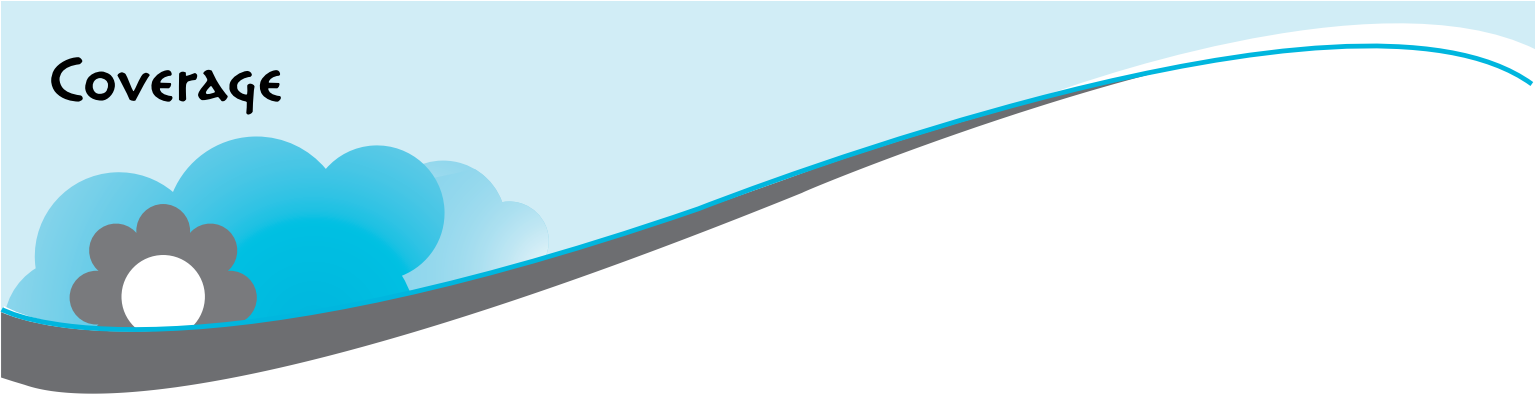
I'm sorry, but we don't take BCBSM. If you like, Dr. Savinski can still see Regina. You will have to pay the entire bill and send your claim forms to BCBSM for possible reimbursement.

Next time ...

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.

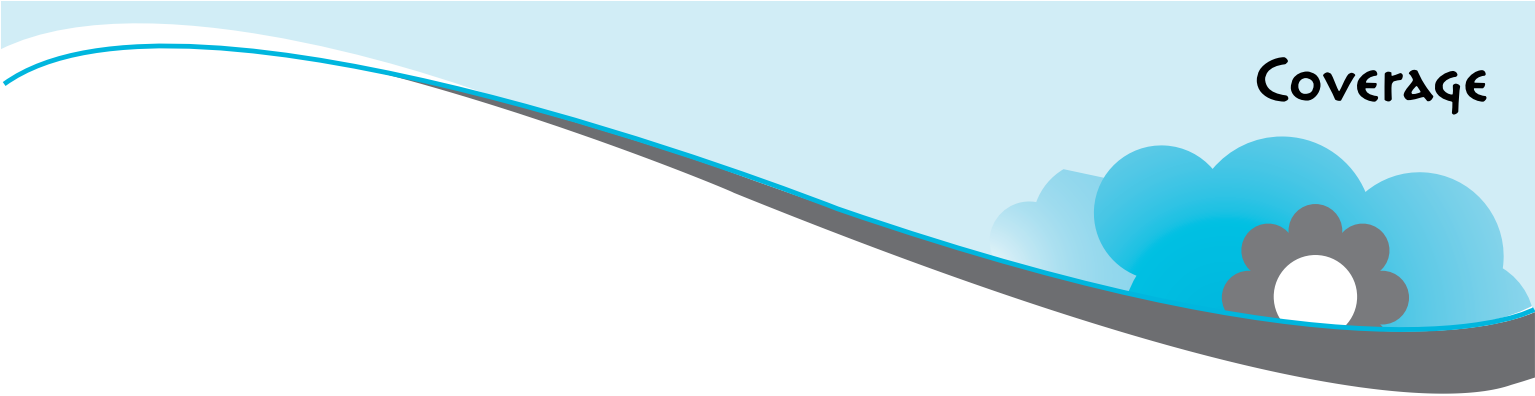
We look at the plan before services begin so you and your child’s dentist can agree on the care based on what we’ll cover. (Your child is allowed to receive care we don’t cover, but you will have to pay for any noncovered services.) Dentists usually use this review for services that are not an emergency, 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">• 1 initial exam per dentist/office• 2 routine checkups• 3 cleanings• Bitewing X-rays once per calendar year• Panoramic X-ray once every 5 years• Fluoride treatments through age 18 Also: <ul style="list-style-type: none">• Diagnostic tests• Space maintainers through age 14• Dental sealants on first and second permanent molars• Consultation by a second dentist not providing treatment• Exams and treatment for an emergency condition	Covered — 100%*
Restorative services <ul style="list-style-type: none">• Fillings of amalgam or resin-based composite• Crowns of stainless steel, porcelain/ceramic or resin-based composite• Crown repair• Core buildup and pin retention• Veneers for specific conditions	Covered — 100%*
Endodontic services <ul style="list-style-type: none">• Pulpal debridement for primary or permanent teeth• Pulpotomy• Root canal, permanent teeth• Root amputation• Hemisection, not including root canal for permanent teeth, once per tooth per lifetime	Covered — 100%*

*When participating providers perform services.

Coverage

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

Birth to 6 months	<ul style="list-style-type: none">• Clean your child's mouth and gums with a soft cloth after feedings and at bedtime.• Keep feedings on a schedule.• 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.• Never dip a pacifier in anything sweet. It can lead to serious tooth decay.
6 to 12 months <small>(First baby teeth appear)</small>	<ul style="list-style-type: none">• 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.• Do not let your child swallow fluoridated toothpaste. At this young age it can discolor your child's permanent teeth when they come in.• Take your child to see the dentist for an exam.
12 to 24 months <small>(Most baby teeth are in)</small>	<ul style="list-style-type: none">• Follow the dentist's suggestions for exams and cleanings.• Continue using nonfluoridated infant toothpaste.
2 to 6 years	<ul style="list-style-type: none">• Start to use fluoridated toothpaste only when the child has learned to spit it out and is able to rinse afterward.• Although you should be making sure your child brushes and flosses, children older than 6 should be expected to brush their teeth.• 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.• Begin flossing where teeth touch.• Visit your child's dentist for regular cleanings.
6 to 12 years	<ul style="list-style-type: none">• 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.• Your child should brush the way the dentist suggests.
Children of all ages	<ul style="list-style-type: none">• Your child will need sealants for adult teeth.• Continue fluoride as your child's dentist suggests.• Change your child's toothbrush every three months.• Brush at least twice a day, after breakfast and before bed.

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:

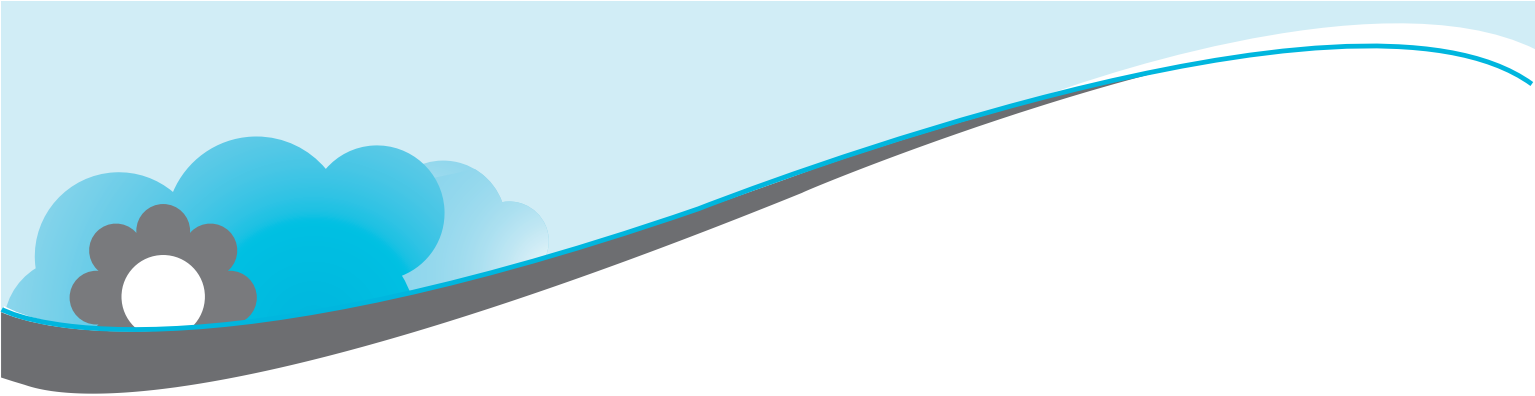
- Issue or deliver to a person money or other valuable consideration
- Offer to make or make an agreement relating to a certificate other than as clearly expressed in the certificate
- Offer to give or pay, directly or indirectly, a rebate or part of a premium or an advantage with respect to the furnishing 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

On the Web: 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.

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

*These locations are subject to change. Call Customer Service at 1-800-543-7765 or visit 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

MICHild Current Dental Terminology (CDT) Codes

Code	Nomenclature	Covered
Diagnostic		
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
Radiographs		
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
Diagnostic		
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
Preventive		
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
	Minor Restorative	
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
	Major Restorative	
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
	Restorative	
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
	Endodontics	
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
	Periodontics	
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
	Prosthodontics (removable)	
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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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
	Prosthodontics, fixed	
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

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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
	Oral and Maxillofacial Surgery	
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

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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 Not covered by MIChild program
D7472	Removal of torus palatinus	no Not covered by MIChild program
D7473	Removal of torus mandibularis	no Not covered by MIChild program
D7485	Surgical reduction of osseous tuberosity	no 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 Not covered by MIChild program
D7999	Unspecified oral surgery procedure, by report	yes
	Orthodontics	
	*Orthodontics will need to be approved through Children's Special Health Care Services (CSHCS)	Not an Essential Benefit Coverage per HHS

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	Adjunctive General Services	
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