

Subject: Clinical Review of Dental Benefit

Background: Adult and pediatric dental and oral surgery services includes emergency dental care, extractions, periodontal surgery, inpatient hospital and surgical day care services, preventive services and surgical treatment of certain mouth/jaw injury or disease based on certain indications.

Authorization:

Prior authorization is required for dental services to be provided to members enrolled in commercial (HMO, POS, PPO) products.

- Denials as a result of clinical review of dental benefit are considered benefit denials

Policy and Coverage Criteria:**Bony Impacted Teeth Procedures**

Harvard Pilgrim Health Care (HPHC) considers surgical extraction of bony impacted teeth as medically necessary and indicated for ANY of the following:

- Facilitate the management or limit progression of periodontal disease
- Ectopic position
- Is adjacent to a maxillary sinus at risk of persistent oro-antral fistula
- Facilitate prosthetic rehabilitation
- Facilitate orthodontic tooth movement and promote dental stability
- Tooth interfering with orthognathic and/or reconstructive surgery
- Fractured tooth
- Removal risks fracture of the mandible
- Is adjacent to a neuro-vascular bundle
- Non-restorable caries
- Internal or external resorption of tooth or adjacent teeth
- Tooth involved in tumor resection
- Prophylactic removal in patients with certain medical or surgical conditions or treatments (e.g., organ transplants, alloplastic implants, chemotherapy, radiation therapy)
- Non-treatable pulpal lesion
- Acute or chronic infection (e.g., cellulitis, abscess)
- Findings of periodontal disease
- Findings of periapical pathology
- Elective therapeutic removal
- Tooth in the line of a jaw fracture complicating fracture management
- Pathology associated with tooth follicle (e.g., cysts, tumors)
- Facilitate management in trauma, orthognathic or reconstructive surgery
- Insufficient space to accommodate erupting tooth or teeth

HPHC Medical Review Criteria**Clinical Review of Dental Benefit****Page 1 of 9**

HPHC policies are based on medical science, and written to apply to the majority of people with a given condition. Individual members' unique clinical circumstances, and capabilities of the local delivery system are considered when making individual UM determinations.

Coverage described in this policy is standard under most HPHC plans. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g., Benefit Handbook, Certificate of Coverage) for member-specific benefit information.

- Orthodontic abnormalities (e.g., arch length/tooth size discrepancies)

Anesthesia for Dental Services

Harvard Pilgrim Health Care (HPHC) considers the use of general anesthesia and monitored anesthesia care (MAC) for extraction of impacted teeth as medically necessary for ANY of the following criteria:

- Member is under 18 years of age; OR
- Member is categorized as certain ASA III - individual with severe systemic disease (individual case consideration); OR
- Member is categorized as ASA IV (individual with severe systemic disease that is a constant threat to life) severe systemic requiring removal of pathologic wisdom tooth, or multiple pathologic teeth (e.g. caries, periodontal disease, cystic involvement); OR
- Member is over 70 years of age; OR
- Member is pregnant; OR
- Increased risk for airway obstruction due to anatomic variation, such as:
 - History of stridor;
 - Dysmorphic facial features;
 - Oral abnormalities (e.g. macroglossia);
 - Neck abnormalities (e.g. neck mass);
 - Jaw abnormalities (e.g. micrognathia); OR
- Member has ONE of the following:
 - History of adverse reaction to sedation;
 - History of inadequate response to sedation;
 - Obstructive sleep apnea;
 - Morbid obesity (e.g. BMI >40)
 - Active or history of alcohol or substance abuse

Harvard Pilgrim Health Care (HPHC) considers the use of general anesthesia and monitored anesthesia care (MAC) as reasonable and medically necessary for ANY of the following when criteria are met:

1. Dental rehabilitation for children when documentation confirms EITHER of the following:
 - Child is enrolled through Massachusetts (MA) or Maine (ME) account, and meets ALL the following:
 - Child aged 48 months or younger has rampant decay; and
 - History of at least one unsuccessful attempt to treat the member in the office setting.
 - Child is a New Hampshire (NH) resident and meets All the following criteria:
 - Child is 6 years old or younger;
 - PCP/Attending provider confirms through documentation that member has ANY of the following:
 - Complex dental condition
 - Developmental disability
 - Exceptional medical circumstance(s)

NOTE: Clinical notes must clearly describe the member's condition or exceptional medical circumstances, and how/why the member's condition or circumstance inhibits the safe delivery of care in an office setting.

2. Member with functional or behavioral impairment when documentation confirms the member has an impairment due to a medical or behavioral condition (e.g. autism, developmental delay) manifesting as severe oppositional and uncooperative behavior, and ANY of the following:
 - Rampant decay, or dental needs of high complexity, OR

HPHC Medical Review Criteria

Clinical Review of Dental Benefit

Page 2 of 9

HPHC policies are based on medical science, and written to apply to the majority of people with a given condition. Individual members' unique clinical circumstances, and capabilities of the local delivery system are considered when making individual UM determinations.

Coverage described in this policy is standard under most HPHC plans. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g., Benefit Handbook, Certificate of Coverage) for member-specific benefit information.

- History of 2 or more unsuccessful attempts to treat in the office setting, and documentation includes an evaluation by an oral maxillofacial surgeon (OMFS) or dentist who is certified in office based procedural sedation and analgesia, OR
 - The PCP or attending practitioner clearly describes how/why the member's functional or behavioral impairment inhibits the safe delivery of care in an office setting considering the level of dental needs.
3. Member with extreme apprehension and anxiety when documentation confirms ALL the following:
- Member with rampant decay and/or highly complex dental needs has extreme apprehension and anxiety manifesting as significant oppositional and uncooperative behavior during treatment; AND
 - History of at least 2 unsuccessful attempts to treat in the office setting, including an evaluation by an OMFS or dentist who is certified in office based procedural sedation and analgesia; AND
 - The PCP or attending practitioner clearly describes why the member's functional or behavioral impairment inhibits the safe delivery of care in an office setting.
4. Member with Coexisting Medical Condition, Comorbidity, or Physical Disability when documentation confirms ALL the following:
- Member has ANY of the following conditions that might inhibit the safe delivery of care in an office setting:
 - Medical condition(s) resulting in American Society of Anesthesiology physical status classification Class 3 or higher;
 - Pulmonary function measurement of FEV1 < 60% of predicted;
 - Moderate to severe asthma that is poorly controlled;
 - Acute cardiac disease, current angina, or class III or IV CHF;
 - Moderate to severe aortic stenosis, or symptomatic mitral stenosis;
 - Myocardial Infarction (MI) within past 6 months;
 - Poorly controlled hypertension;
 - Poorly controlled diabetes, or diabetes with vascular complications;
 - Morbid Obesity (BMI > 40);
 - Bleeding disorder that cannot be improved sufficiently to safely perform the procedure in an office setting;
 - Uncontrolled seizures;
 - Potential for difficult airway management (i.e. history of difficult intubation, neuromuscular disease, significant cervical spinal disease, deformities of the mouth or jaw impeding airway);
 - History of adverse reaction to anesthesia or sedation; Other medical conditions felt to inhibit the safe delivery of care in an office setting.
 - Member has dental needs, and treatment cannot be safely delayed in order to try to stabilize the member's medical condition;
 - PCP or appropriate specialist consultant clearly documents why the dental procedure cannot be safely and effectively performed in an office setting.

NOTE: For New Hampshire (NH) residents, HPHC considers inpatient hospital or Surgical Day Care (SDC) facility charges and administration of general anesthesia as medically necessary for children under the age of 6 with a dental condition of significant dental complexity, exceptional medical circumstances or a developmental disability.

Cleft Lip/Cleft Palate Procedures

Harvard Pilgrim Health Care considers the treatment of cleft lip and cleft palate for children under the age of 18 as reasonable and medically necessary for ANY of the following:

HPHC Medical Review Criteria

Clinical Review of Dental Benefit

Page 3 of 9

HPHC policies are based on medical science, and written to apply to the majority of people with a given condition. Individual members' unique clinical circumstances, and capabilities of the local delivery system are considered when making individual UM determinations.

Coverage described in this policy is standard under most HPHC plans. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g., Benefit Handbook, Certificate of Coverage) for member-specific benefit information.

- Medical, dental, oral and facial surgery, including surgery performed by oral and plastic surgeons and surgical management and follow-up care related to such surgery, OR
- Orthodontic treatment, OR
- Preventative and restorative dentistry to ensure good health and adequate dental structures to support orthodontic treatment or prosthetic management therapy, OR
- Speech therapy, OR
- Audiology services, OR
- Nutrition services

Under the Affordable Care Act (ACA), Harvard Pilgrim Health Care (HPHC) considers the following pediatric oral health services as medically necessary:

- Exams, cleanings, fluoride, sealants, X-rays

Orthognathic Surgery

Orthognathic surgery (including work up, which is not separately reimbursed) is considered reasonable and medically necessary when documentation describes the functional impairment, member history and symptom, diagnosis and proposed treatment plan and confirms ANY of the following:

- Member has a disabling functional malocclusion with jaw misalignment that significantly impairs chewing and eating functions; OR
- Attending physician or surgeon has determined that correction of the functional malocclusion is medically necessary and consequent to the treatment of the cleft lip and/or cleft palate for a child under age 18 who is enrolled through a MA account.

NOTE: Required documentation must represent the member's current pre-operative condition and must include photographs of the occlusion (right, left and center), panorex radiographs, cephalometric radiographs including lateral and posterior-anterior orientation (where indicated), analysis and tracings, imaging or other information that might support analysis or treatment plans.

Periodontal Surgery

Periodontal surgery for drug-induced gingival hyperplasia is considered reasonable and medically necessary when documentation confirms the presence of drug-induced gingival hyperplasia with ANY of the following:

- Pocket depths > 5mm;
- Difficulty with hygiene due to orthodontic brackets impinging on the gingiva;
- A medication history including dosages of relevant drugs (e.g., Dilantin, Calcium Channel Blockers).

NOTE: Required documentation must represent the member's current pre-operative condition and must include medication history including dosages or relevant drugs (e.g. Dilantin, Calcium channel blockers), periodontal charting, and photographs.

Medical/surgical care for osteonecrosis or osteoradionecrosis

Medical/surgical care for osteonecrosis or osteoradionecrosis of the jaw is considered reasonable and medically necessary when documentation confirms the presence of EITHER of the following:

- Osteonecrosis of the jaw secondary to ANY of the following:
 - Chemotherapy
 - Bone marrow or solid organ transplant
 - HIV immunodeficiency
 - IV bisphosphonate therapy; or
- Osteoradionecrosis due to either head and neck, or mantle field radiation.

HPHC Medical Review Criteria

Clinical Review of Dental Benefit

Page 4 of 9

HPHC policies are based on medical science, and written to apply to the majority of people with a given condition. Individual members' unique clinical circumstances, and capabilities of the local delivery system are considered when making individual UM determinations.

Coverage described in this policy is standard under most HPHC plans. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g., Benefit Handbook, Certificate of Coverage) for member-specific benefit information.

NOTE: Required documentation must represent the member's current pre-operative condition and must include narrative description of relevant clinical findings, x-rays and/or CT scan reports, and photographs demonstrating bone involvement (when applicable).

Tooth extraction

Tooth extraction is considered reasonable and medically necessary when documentation confirms ANY of the following:

- Member is pre-or post-head and neck/mantle field radiation therapy, pre-chemotherapy, OR
- Member is pre-bone marrow or solid organ transplant, OR
- Member has severe immunodeficiency (e.g., post organ transplant, peri-chemotherapy), OR
- Member has osteonecrosis of the jaw related to chemotherapy, bone marrow or solid organ transplant, HIV immunodeficiency, or IV bisphosphonate therapy, OR
- Member has osteoradionecrosis due to head and neck, or mantle field radiation.

NOTE: Required documentation must represent the member's current pre-operative condition and must include narrative description of relevant clinical findings, x-rays and/or CT scan reports, and photographs demonstrating bone involvement (when applicable).

Exclusions:

When criteria above are not met, Harvard Pilgrim Health Care (HPHC) considers dental services a benefit contract exclusion. In addition, HPHC does not cover:

- Alveoplasty and/or alveolectomy, for preparation of dentures or bridges, except as described above
- Cosmetic tooth implants
- Apicoectomy
- Bone grafting in conjunction with preparation for dental implants and/or dentures
- Brush biopsy – transepithelial sample collection
- Charges for restorative dental care or non-covered oral surgery when anesthesia and/or hospital care is authorized for members with special needs
- Dental treatment/consultation for TMD/TMJ
- Endodontic care (i.e. root canals)
- Extraction of impacted teeth to prepare for or support orthodontic, prosthodontic or periodontal procedures (except for cleft palate repair)
- Extraction of non-impacted teeth, except for high-risk members with serious immunodeficiency due to medical conditions (i.e. AIDS, human organ transplant, chemotherapy) or osteoradionecrosis due to head or neck radiation
- Cosmetic genioplasty
- Hospital or other ancillary costs associated with non-covered services
- Cosmetic labial frenectomies
- Operculectomy
- Oral surgery services
- Periodontal care
- All services of a dentist for temporomandibular joint dysfunction (TMD/TMJ)

Supporting Information:

The American Cleft Palate-Craniofacial Association (2009) published parameters for evaluation and treatment of patients with cleft lip/palate or other craniofacial anomalies. It is recommended that patients with craniofacial

HPHC Medical Review Criteria

Clinical Review of Dental Benefit

Page 5 of 9

HPHC policies are based on medical science, and written to apply to the majority of people with a given condition. Individual members' unique clinical circumstances, and capabilities of the local delivery system are considered when making individual UM determinations.

Coverage described in this policy is standard under most HPHC plans. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g., Benefit Handbook, Certificate of Coverage) for member-specific benefit information.

anomalies be provided with routine dental care and maintenance, including examinations, caries control, preventive, restorative and prosthetic dental treatment as needed.

The American Association of Oral and Maxillofacial Surgeons (2013) recommended guidelines of care for individuals needing treatment of impacted teeth. As impacted third molar teeth are potentially pathologic, removal, exposure, repositioning or appropriate long-term monitoring is required. Indications for treatment include, but are not limited to, the following:

- Facilitate the management or limit progression of periodontal disease
- Ectopic position
- Facilitate prosthetic rehabilitation
- Facilitate orthodontic tooth movement and promote dental stability
- Tooth interfering with orthognathic and/or reconstructive surgery
- Fractured tooth
- Non-restorable caries
- Internal or external resorption of tooth or adjacent teeth
- Tooth involved in tumor resection
- Prophylactic removal in patients with certain medical or surgical conditions or treatments (e.g., organ transplants, alloplastic implants, chemotherapy, radiation therapy)
- Non-treatable pulpal lesion
- Acute or chronic infection (e.g., cellulitis, abscess)
- Findings of periodontal disease
- Findings of periapical pathology
- Elective therapeutic removal
- Tooth in the line of a jaw fracture complicating fracture management
- Pathology associated with tooth follicle (e.g., cysts, tumors)
- Facilitate management in trauma, orthognathic or reconstructive surgery
- Insufficient space to accommodate erupting tooth or teeth
- Orthodontic abnormalities (e.g., arch length/tooth size discrepancies)

The American Academy of Pediatric Dentistry (AAPD, 2004-2005) published the following guidelines to indicate the need for deep sedation and general anesthesia in pediatric dental patients:

- Members with physically, mentally or medically compromising conditions
- Individuals with extreme situational anxiety, fear or uncooperativeness
- Members with extensive orofacial or dental trauma

Guidelines:

American Society of Anesthesiologists (ASA) Physical Status Classification System

ASA PS Classification	Definition	Examples, including, but not limited to:
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol

HPHC Medical Review Criteria

Clinical Review of Dental Benefit

Page 6 of 9

HPHC policies are based on medical science, and written to apply to the majority of people with a given condition. Individual members' unique clinical circumstances, and capabilities of the local delivery system are considered when making individual UM determinations.

Coverage described in this policy is standard under most HPHC plans. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g., Benefit Handbook, Certificate of Coverage) for member-specific benefit information.

		drinker, pregnancy, obesity (30 < BMI < 40), well-controlled DM/HTN, mild lung disease
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents
ASA IV	A patient with severe systemic disease that is a constant threat to life	Examples include (but not limited to): recent (< 3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis
ASA V	A moribund patient who is not expected to survive without the operation	Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction
ASA VI	A declared brain-dead patient whose organs are being removed for donor purposes	

Coding:

Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.

CDT Codes	Description
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
D7230	Removal of impacted tooth - partially bony
D7240	Removal of impacted tooth - complete bony
D7241	Removal of impacted tooth - complete bony, with unusual surgical complications

HPHC Medical Review Criteria

Clinical Review of Dental Benefit

HPHC policies are based on medical science, and written to apply to the majority of people with a given condition. Individual members' unique clinical circumstances, and capabilities of the local delivery system are considered when making individual UM determinations.

Coverage described in this policy is standard under most HPHC plans. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g., Benefit Handbook, Certificate of Coverage) for member-specific benefit information.

D7292	Surgical Placement of Temporary Anchorage Device (Screw Retained Plate) Requiring Flap; Includes Device Removal
D7293	Surgical Placement of Temporary Anchorage Device Requiring Flap; Includes Device Removal
D7294	Surgical Placement of Temporary Anchorage Device Without Flap; Includes Device Removal
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
D7340	Vestibuloplastyridge extension (secondary epithelization)
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)
D7850	Surgical discectomy, with/without implant
D7860	Arthrotomy - Cutting into joint (separate procedure)
D7865	Arthroplasty - Reduction of osseous components of the joint to create a pseudarthrosis or eliminate an irregular remodeling pattern (osteophytes)
D7871	Non-arthroscopic lysis and lavage
D7872	Arthroscopy- diagnosis, with or without biopsy
D7873	Arthroscopy- surgical lavage and lysis of adhesions - Removal of adhesions using the arthroscopy and lavage of the joint cavities
D7874	Arthroscopy - surgical disc repositioning and stabilization - Repositioning and stabilization of disc using arthroscopic techniques
D7875	Arthroscopy - surgical: synovectomy - Removal of inflamed and hyperplastic synovium (partial/complete) via an arthroscopic technique
D7876	Arthroscopy - surgical: discectomy - Removal of disc and remodeled posterior attachment via the arthroscopy
D7877	Arthroscopy - surgical: debridement - Removal of pathologic hard and/or soft tissue using the arthroscopy
D7940	Osteoplasty - for orthognathic deformities - Reconstruction of jaws for correction of congenital, developmental or acquired traumatic or surgical deformity

Billing Guidelines:

Member's medical records must document that services are medically necessary for the care provided. Harvard Pilgrim Health Care maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available to HPHC upon request. Failure to produce the requested information may result in denial or retraction of payment.

References:

1. American Academy of Pediatric Dentistry (AAPD) Guidelines for monitoring and management of pediatric patients during and after sedation for diagnostic and therapeutic procedures: an update. *Pediatric Anesthesia*. 2007;18(1):9-10. doi:10.1111/j.1460-9592.2007.02404.x.
2. American Society of Anesthesiologists (ASA): Physical Status Classification System. Available at: <http://www.asahq.org/clinical/physicalstatus.htm>. Accessed March 2011.
3. For Evaluation And Treatment Of Patients With Cleft Lip/Palate Or Other Craniofacial Anomalies. 1st ed. American Cleft Palate-Craniofacial Association; 2009. Available at: http://www.acpa-cpf.org/uploads/site/Parameters_Rev_2009.pdf. Accessed April 26, 2017.

HPHC Medical Review Criteria

Clinical Review of Dental Benefit

Page 8 of 9

HPHC policies are based on medical science, and written to apply to the majority of people with a given condition. Individual members' unique clinical circumstances, and capabilities of the local delivery system are considered when making individual UM determinations.

Coverage described in this policy is standard under most HPHC plans. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g., Benefit Handbook, Certificate of Coverage) for member-specific benefit information.

4. Guidance on The Extraction Of Wisdom Teeth. 1st ed.; 2000. Available at: <https://www.nice.org.uk/guidance/ta1/resources/guidance-on-the-extraction-of-wisdom-teeth-63732983749>. Accessed April 26, 2017.
5. Levine WC, Allain RM, Alston T, et al, eds.: Clinical Anesthesia Procedures of the Massachusetts General Hospital (ed. 8). Philadelphia, PA, Lippincott Williams & Wilkins, 2010.
6. Longnecker DE, Brown D, Newman M, et al: Anesthesiology. Columbus, OH, McGraw-Hill, 2007.
7. Masshealth Dental Benefit Booklet. 1st ed.; 2016:1-6. Available at: <http://www.masshealth-dental.net/MassHealth/media/Docs/MassHealth-Dental-Member-HandBook.pdf>. Accessed April 25, 2017.
8. The 190th General Court of the Commonwealth of Massachusetts. Chapter 234 Of the Acts Of 2012: AN ACT RELATIVE TO THE TREATMENT OF CLEFT PALATE AND CLEFT LIP.; 2012.
9. The Management of Impacted Third Molar Teeth Section 1: Parameters of Care as the Basis for Clinical Practice. 2013. Available at: http://www.aaoms.org/images/uploads/pdfs/impacted_third_molars.pdf. Accessed May 8, 2017.
10. Tinker JH, Dull DL, Caplan RA, et al: Role of monitoring devices in prevention of anesthetic mishaps: a closed claims analysis. Anesthesiology. 71:541, 1989.

Summary of Changes

Date	Changes
4/18	Policy coverage criteria changed; Changed policy title from Dental and Oral Surgery Services to Dental Services
5/17	Reviewed and reissued
4/16	Minor formatting edits.
3/15	Language and formatting changes. Expand impacted tooth criteria to include 1) tooth adjacent to a maxillary sinus at risk of persistent oro-antral fistula, and 2) tooth removal risks fracture of the mandible.

Approved by Medical Policy Review Committee: 5/8/2018

Reviewed/Revised: 1/03, 8/03, 9/04, 10/05, 11/06, 10/07, 9/09, 9/10, 9/11, 9/12, 2/13, 2/13, 4/14, 4/15, 4/16, 5/17, 4/18

Initiated: 11/01

HPHC Medical Review Criteria

Clinical Review of Dental Benefit

Page 9 of 9

HPHC policies are based on medical science, and written to apply to the majority of people with a given condition. Individual members' unique clinical circumstances, and capabilities of the local delivery system are considered when making individual UM determinations.

Coverage described in this policy is standard under most HPHC plans. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g., Benefit Handbook, Certificate of Coverage) for member-specific benefit information.