

**STATE OF MICHIGAN**  
**DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH**  
**OFFICE OF FINANCIAL AND INSURANCE REGULATION**  
**Before the Commissioner of Financial and Insurance Regulation**

In the matter of

XXXXX

Petitioner

File No. 101096-001

v

Blue Cross Blue Shield of Michigan  
Respondent

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Issued and entered  
this 23<sup>rd</sup> day of March 2009  
by Ken Ross  
Commissioner

**ORDER**

**I**  
**PROCEDURAL BACKGROUND**

On October 29, 2008, XXXXX (Petitioner) filed a request for external review with the Commissioner of Financial and Insurance Regulation under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* The Commissioner reviewed the request and accepted it on November 6, 2008.

The Commissioner notified BCBSM of the external review and requested the information used in making its adverse determination. The Commissioner received BCBSM's response on November 18, 2008.

The issue in this external review can be decided by a contractual analysis. The contract that defines the Petitioner's health care benefits is the Individual Care Blue (ICB) PPO health care benefits certificate (the certificate). The Commissioner reviews contractual issues pursuant to MCL 550.1911(7). This matter does not require a medical opinion from an independent review organization.

## II FACTUAL BACKGROUND

On October 12 and 18, 2007, the Petitioner had endodontic treatment provided by XXXXX, DDS, on teeth numbers 30 and 31. The amount charged for this care was \$1,816.00. BCBSM denied payment for this treatment.

The Petitioner appealed BCBSM's decision to deny coverage. BCBSM held a managerial-level conference on October 20, 2008, and issued a final adverse determination dated October 22, 2008.

## ISSUE

Is BCBSM required to cover the Petitioner's October 12 and 18, 2007 endodontic treatments?

## IV ANALYSIS

### Petitioner's Argument

The Petitioner said in his request for external review, "Endodontic treatment only needed prior to surgery as requested by surgeon." Dental surgeon XXXXX, DDS, explained the need for the endodontic treatment in an October 2, 2007, letter to Dr. XXXXX:

I am coordinating care for [the Petitioner]...at the XXXXX. He will be undergoing surgery for removal of a large dentigerous cyst in lower right posterior quadrant. Prior to his surgery he needs endodontic treatment of teeth 29, 30, and 31 due to chronic apical periodontitis and proximity to the surgical site.

The Petitioner says that he got endodontic treatment on his surgeon's advice so he would not wake up in unbearable pain after surgery. He believes that his endodontic treatment should be a covered benefit.

### BCBSM's Argument

BCBSM says the Petitioner's certificate contains only very limited dental benefits and that dental coverage is limited to certain very clear and specific criteria. In Section 4 of the certificate,

“Coverage for Physician and other Professional Provider Services,” it says (page 4.3):

**Restrictions**

- Dental surgery is payable **only** for:
  - Multiple extractions or removal of unerupted teeth, alveoloplasty or gingivectomy performed in hospital when the patient has an existing concurrent hazardous medical condition
  - Surgery directly to the jaw joint
  - Arthrocentesis performed for the reversible or irreversible treatment of jaw joint disorders

BCBSM says that endodontic treatment is not a covered benefit under this provision of the certificate. BCBSM argues that the Petitioner did not meet any of the criteria to have dental care covered under the term of the certificate and therefore its denial was appropriate.

Commissioner’s Review

The Petitioner notes that he had endodontic treatment on the advice of his dental surgeon and that it was needed before he could have surgery to remove a cyst. The surgery to remove the cyst was covered under the certificate and he believes the endodontic treatment should also be covered as medical care.

The Petitioner’s certificate is primarily for medical and surgical care, not dental treatment. Dental care is very limited. The certificate (quoted above) says that dental surgery is available only for certain procedures and endodontic treatment is not among them. Since endodontic treatment is not listed, the Commissioner concludes and finds that it is not a covered benefit.

**V  
ORDER**

BCBSM’s final adverse determination of October 22, 2008, is upheld. BCBSM is not required to cover the Petitioner’s October 12 and 18, 2007, endodontic treatment.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this Order may seek judicial review no later than sixty days from the date of this Order

in the circuit court for the county where the covered person resides or in the circuit court of Ingham County. A copy of the petition for judicial review should be sent to the Commissioner of the Office of Financial and Insurance Regulation, Health Plans Division, Post Office Box 30220, Lansing, MI 48909-7720.