

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
001

File No. 110694-

Petitioner

v

Metropolitan Life Insurance Company
Respondent

Issued and entered
this 31st day of January 2011
by Ken Ross
Commissioner

ORDER

I
PROCEDURAL BACKGROUND

On March 11, 2010, 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 (PRIRA), MCL 550.1901 *et seq.* On March 18, 2010, after a preliminary review of the material submitted, the Commissioner accepted the request.

The Commissioner notified Metropolitan Life Insurance Company (MetLife) of the external review and requested the information it used in making its adverse determination. The Commissioner received MetLife's response on March 24, 2010.

The issue in this external review can be decided by a contractual analysis. 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

The Petitioner has group dental coverage through MetLife as an eligible dependent. Her benefits are described in a certificate of insurance (the certificate) issued by MetLife. MetLife provided a copy of the certificate.

On September 9, 2009, XXXXX, DDS, the Petitioner's non-network periodontist, performed services that included gingivectomies and repair to hard and soft tissue on the maxillary arch (upper arch). Dr. XXXXX' charge for these services was \$3,488.00.

MetLife denied coverage for the procedures because any services related to implants are excluded from coverage.

The Petitioner appealed the denial and exhausted MetLife's internal grievance process. MetLife issued a final adverse determination on the explanation of benefits statement processed on March 2, 2010.

III ISSUE

Did MetLife properly deny coverage for the gingivectomies and ridge augmentation?

IV ANALYSIS

Petitioner's Argument

The Petitioner had had implants placed by another provider. Dr. XXXXX treated the Petitioner in September 2009 and explained his treatment in an October 22, 2009, letter:

Due to the placement of these implants the [Petitioner] was unable to achieve proper occlusion, thus causing her a great deal of pain. In an attempt to provide [the Petitioner] with the best solution given set circumstances I recommended the following treatment:

Ridge augmentation to reduce the palatal tissues so that the locator attachments would be less pronounced & utilize the harvested connective tissue to graft the facial aspect of these implants & gain more keratinized facial gingiva

Gingivectomy procedure necessary to augment the gingiva around the maxillary implants

In a January 28, 2010, letter Dr. XXXXX further explained the reasons for the procedures he performed:

Due to the placement of these implants the [Petitioner] was unable to achieve proper occlusion making eating very difficult & also causing her a great deal of pain due to an improper fit of denture on implants.

The denial from her dental insurance states there is NO coverage for anything related to implants. This patient has NO teeth - why would you provider her dental coverage if you could not cover services needed to allow her to chew her food, a medical necessity, I believe is the term you use.

The periodontal treatment done was NOT done on the implants but on the gum tissue, a covered benefit, in order to allow the patient to wear an over denture to chew her food.

The Petitioner argues the services were medically necessary and MetLife should provide coverage.

Metropolitan Life Insurance Company's Argument

In its March 2, 2010, final adverse determination, Met Life denied coverage for the repair to hard and soft tissue as "not a covered expense," but did not provide a reason for the denial of the gingivectomies. However, in its January 22, 2010, first level grievance denial, MetLife said the gingivectomies were not covered because:

Benefits for implants and/or implant related services are not covered under [the Petitioner's] plan. Based on the information submitted and reviewed by our consultants, no benefits can be allowed.

MetLife maintains that its denial was appropriate under the terms of the certificate.

Commissioner's Review

The certificate contains this provision (pp. 39-40):

DENTAL INSURANCE EXCLUSIONS

We will not pay Dental Insurance benefits for charges incurred for:

* * *

26. implants including, but not limited to any related surgery, placement, restorations, maintenance, and removal;
27. repair of implants; ...

From the record the Commissioner concludes that the treatment on September 9, 2009, was related to the implants. Dr. XXXXX explained that his services were necessary because the implants had been placed incorrectly and would eliminate pain and allow the Petitioner to wear a denture. Thus, Dr. XXXXX' care was surgery related to the implants.

The Commissioner accepts Dr. XXXXX' conclusion that the Petitioner's treatment was medically necessary. However, medical necessity notwithstanding, the Petitioner's dental plan does not include benefits for implants or related services and therefore MetLife's denial of coverage was correct under the terms and conditions of the certificate.

V ORDER

MetLife's final adverse determination of March 2, 2010, is upheld. Met Life is not required to cover the Petitioner's September 9, 2009, surgery.

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 Financial and Insurance Regulation, Health Plans Division, Post Office Box 30220, Lansing, MI 48909-7720.