

STATE OF MICHIGAN  
DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES  
Before the Director of Insurance and Financial Services

In the matter of:

██████████

Petitioner,

v

File No. 145713-001

Blue Cross Blue Shield of Michigan,

Respondent.

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Issued and entered  
this 3<sup>th</sup> day of January 2015  
by Randall S. Gregg  
Special Deputy Director

**ORDER**

**I. PROCEDURAL BACKGROUND**

On January 8, 2015 ██████████, authorized representative of her husband ██████████ (Petitioner), filed a request with the Director of Insurance and Financial Services for an external review under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* The Director accepted the request on January 15, 2015.

The Petitioner receives health care benefits through a group plan underwritten by Blue Cross Blue Shield of Michigan (BCBSM). The Director notified BCBSM of the external review request and asked for the information it used to make its final adverse determination. BCBSM provided its response on January 27, 2015.

The issue in this external review can be decided by a contractual analysis. The Director 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 both dental and medical coverage through BCBSM. His medical benefits are defined in BCBSM's *Simply Blue Group Benefits Certificate* (the medical certificate).<sup>1</sup>

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<sup>1</sup> BCBSM form no. 787B, approved 10/12.

On November 13, 2013, the Petitioner had oral surgery. The amount charged was \$2,800.00. A portion of the expense of the oral surgery was paid by BCBSM under the Petitioner's dental coverage. Then claims were also submitted under his medical coverage.

BCBSM denied the claims, saying the surgery was related to the placement of a dental implant and was therefore not a benefit under the medical certificate.

The Petitioner appealed the denial through BCBSM's internal grievance process. At the conclusion of that process, BCBSM issued a final adverse determination dated November 19, 2014, affirming its decision. The Petitioner now seeks a review of that adverse determination from the Director.

### III. ISSUE

Is BCBSM required to cover the Petitioner's November 13, 2013, oral surgery?

### IV. ANALYSIS

#### BCBSM's Argument

In its final adverse determination BCBSM stated:

. . . After review, I confirmed that the denial is correct. As we discussed, the services are not a covered benefit of your contract because they are related to a dental implant. Therefore, no payment can be issued. You are liable for the non-covered charges of \$2,800.

A board-certified D.D.S. in Dental Surgery reviewed your claim, your appeal, and your health care plan benefits for [BCBSM]. Based on that information, the following was determined.

You had a bone graft performed in association with dental implant replacement in the upper left jaw. As published in the BCBSM Guide for Dental Care Providers, 2011, page 62, the criteria for reconstruction of the mandible (procedure code 21249) requires a totally edentulous (no teeth) mandible and the mandible must have less than 20mm in radiographic height from the inferior border to the crest of the ridge in the mandibular symphysis (front part of the jaw) region and that maxillary implants are not covered.

Also as published in the BCBSM Dental Care News, October 2002, page 3, bone grafts performed in conjunction with or in preparation of dental implants procedures are not covered under the BCBSM medical surgical benefit. Therefore, procedure code 21210 (face bone graft) cannot be approved.

You are covered under the *Simply Blue Community Group Benefits Certificate*. As explained on page 4.25 of the certificate in Section 4: Coverage for Physician and Other Professional Provider Services: Physician and Other Professional Services That Are Not Payable:

Dental implants and related services, including repair and maintenance of implants and surrounding tissue. [Underlining in original]

Because the services were performed in preparation for dental implants, they are not a covered benefit of your policy.

### Petitioner's Argument

In the request for an external review, the Petitioner's wife wrote:

Our dental provider obtained a verbal approval to proceed with treatment on 11-13-13 and then [BCBSM] denied the claim leaving us with the bill. My husband would not [have] had the procedure if he would have known it would not be covered under the medical as verbally approved by BCBSM.

### Director's Review

The medical certificate has only limited coverage for dental care, chiefly for emergency dental treatment following an accidental injury.<sup>2</sup> Furthermore, in "Section 5: Coverage for Other Health Care Services," the medical certificate has this exclusion (p. 5.1):

We do not pay for:

\* \* \*

- Dental implants and related services including repair and maintenance of implants and surrounding tissue

The Petitioner's oral surgery was a service related to dental implants. Therefore, this exclusion applies and the surgery is not a covered benefit under the medical certificate.

The Petitioner says that his dentist's office was told the surgery would be covered. Even if that is true, the Director has no authority in a review under the Patient's Right to Independent Review Act to amend the terms of the medical certificate because of oral statements made by a BCBSM representative.

The Director can only decide if BCBSM correctly administered the benefits under the specific terms and conditions of the medical certificate. In this case, the Director finds that it did.

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<sup>2</sup> "Dental care" is defined in the medical certificate (p. 7.8) as: "Care given to diagnose, treat, restore, fill, remove or replace teeth or the structures supporting the teeth, including changing the bite or position of the teeth."

**V. ORDER**

The Director upholds BCBSM's final adverse determination of November 19, 2014.

This is a final decision of an administrative agency. 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 Michigan county where the covered person resides or the circuit court of Ingham County.

A copy of the petition for judicial review should be sent to the Department of Insurance and Financial Services, Office of General Counsel, Post Office Box 30220, Lansing, MI 48909-7720.

Annette E. Flood  
Director

For the Director:



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Randall S. Gregg  
Special Deputy Director