STATE OF MICHIGAN

DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES

Before the Director of Insurance and Financial Services

In the matter of

[redacted]
Petitioner

v **File No. 146585-001**

Blue Cross Blue Shield of Michigan
Respondent

Issued and entered
this 19th day of March 2015
by Randall S. Gregg
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On March 1, 2015, [redacted], authorized representative of [redacted] (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 reviewed the material submitted and accepted the request on March 9, 2015.

The Petitioner receives health care benefits under a group plan underwritten by Blue Cross Blue Shield of Michigan (BCBSM). The benefits are defined in BCBSM's *Community Blue Group Benefits Certificate*. The Director notified BCBSM of the external review request and asked for the information it used to make its adverse determination. The Commissioner received BCBSM's response on March 17, 2015.

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 a medical condition, Sjogrens syndrome, which causes rapid tooth decay and infections. She has received treatment for the condition since 2008.

The medical claims at issue concern treatment from two providers, [redacted], a periodontist, and [redacted], the Petitioner's dentist. The treatment was provided between July 2009 and November 2011. All treatment was provided in the offices of the

providers. None of the treatment was provided in a hospital. The total amount of the disputed claims is $32,102.45. The Petitioner has paid the providers and now looks to BCBSM for reimbursement.

BCBSM denied coverage. The Petitioner appealed BCBSM's denial through its internal grievance process. BCBSM held a managerial-level conference on December 17, 2014, and issued an adverse determination January 2, 2015, affirming its denial. BCBSM later received additional dental records from the Petitioner's providers. After reviewing those records, BCBSM issued a second adverse determination on February 20, 2015, reaffirming its denial of coverage. The Petitioner now seeks a review of that final adverse determination from the Director.

III. Issue

Is BCBSM required to provide coverage for Petitioner's dental care between July 2009 and November 2011?

IV. Analysis

BCBSM's Argument

In its February 20, 2015 adverse determination, BCBSM wrote:

> Generally restoration, endodontic therapy and extractions of teeth are dental procedures. Dental procedures may be covered under the medical surgical benefits under specific medical conditions as defined in the BCBSM Guide for Dental Care Providers (GDP) 2011, such as pre-radiation therapy or prior to heart valve replacement surgery. Our dental consultant found that the documentation does not indicate a medical condition or timing of treatment that would meet the criteria published in the GDP on page 61. In addition there is no documentation that would suggest or support a trauma history. There is a reported history of a dental abscess on the lower left jaw requiring inpatient care and treated by antibiotic therapy along with a history of chronic dry mouth. However, the existence or development of a medical condition, does not define medical necessity for dental treatment under the BCBSM Medical-Surgical policy.
>
> In addition, the GDP, on page 62, states implants in the maxilla and bone grafting to support implants either pre-or post-operatively are not covered benefits. However, implants in the mandible may be a covered benefit when the patient is fully edentulous with functional deficits and has less than 20 mm of bone. Our dental consultant found that the documentation provided does not support the criteria of medical necessity.
>
> As a result, the restorations, root canals, and extractions, placement of dental implants and placement of a restoration upon those implants would be treatment

> to restore the dentition and would not be a covered benefit under the BCBSM Medical-Surgical guidelines.

Petitioner's Argument

In his request for external review, the Petitioner's husband stated that his wife developed osteomyelitis of the mandible and was diagnosed with Sjogren's syndrome, a dryness of the mucous membranes which caused extreme decay and tooth loss. He stated that this required dental implants and multiple surgeries and, because of her heart condition, this treatment was imperative.

The Petitioner's husband argues that all the treatment his wife received from [redacted] and [redacted] was medically necessary and, for that reason, should be covered by BCBSM. In a letter to BCBSM dated May 14, 2014, the Petitioner's husband wrote:

> [redacted] underwent extensive medical/dental procedures which began in 2008 (via [redacted]). The procedures resulted in extraction of all of her native teeth, bone grafts, and placement of selected implants. Her dentist...worked with [redacted] to design and build a prosthesis which attached to the implants. [redacted] primary care physician,...cardiologist,...and rheumatologist...were all involved in treating [redacted] during this time.
>
> To better understand why these procedures were, medically necessary, it is important to review [redacted] medical history. In January of 2009 she was admitted to [redacted] with a dental infection/facial cellulitis. This infection progressed to osteomyelitis of the mandible requiring six weeks of IV antibiotics. The infection left [redacted] with a very thin mandibular ridge and fear of future mandibular facture. During this time she was diagnosed with Sjogren's syndrome (decreased saliva production). She was placed on Nomoisyn Lozenges, fluoride treatments, and dietary changes. Despite everyone's best efforts [redacted] teeth continued to decline and required several root canals and antibiotic treatment regimens. This is important because she was born with a congenital aortic bicuspid valve and repeated dental infections could put her health and life at risk. It was determined at this time that it was medically necessary to remove all of the remaining teeth and replace them with a prosthesis. The reason why implants were used rather than a denture was [redacted] age and the fear of further mandibular bone resorbtion as she ages.

Director's Review

BCBSM does not question the medical necessity of the treatment the Petitioner received from [redacted] and [redacted]. BCBSM's position is that, because the treatment was dental in

nature, it is generally not covered under the *Community Blue* certificate of coverage. The Petitioner's argument is that all medically necessary treatment should be a covered benefit. In the request for external review, the Petitioner's husband did not discuss or challenge the specific findings of BCBSM's dental consultant which are described in BCBSM's adverse determination of February 20, 2015.

The Director must determine if BCBSM's claims decisions are consistent with the terms of BCBSM's *Community Blue Group Benefits Certificate.* See section 11, subsections (7), (13)(d), and (15) of the Patient's Right to Independent Review Act, MCL 550.1911(7), 1911(13)(d), and 1911(15).

The *Community Blue* certificate addresses dental coverage in **Section 5: Coverage for Other Health Care Services.** Section 5 states that coverage for dental care is only available for emergency dental treatment of accidental injuries and for surgery, e-rays, and other elements of treatment for temporomandibular joint dysfunction. The Petitioner's treatment does not fall into either of those categories. Her treatment is, therefore, not a covered benefit under the *Community Blue* certificate.

The Director finds that BCBSM's denial of coverage was consistent with the terms of the certificate.

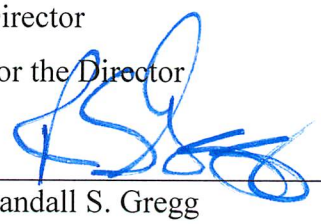
V. Order

The Director upholds Blue Cross Blue Shield of Michigan's final adverse determination of February 20, 2015. BCBSM is not required to provide coverage for the Petitioner's dental 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 60 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 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



Randall S. Gregg
Special Deputy Director