

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. 146737-001

Blue Cross Blue Shield of Michigan
Respondent

Issued and entered
this 1st day of April 2015
by Joseph A. Garcia
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On March 10, 2015, ██████████, authorized representative of her husband ██████████ (Petitioner), filed a request for external review with the Director of Insurance and Financial Services under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* On March 17, 2015 after a preliminary review of the information submitted, the Director accepted the request for an external review.

The Petitioner receives dental care benefits under an individual 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. The Director received BCBSM's response on March 25, 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's dental benefits are defined in BCBSM's *Blue Dental Individual Market Benefits Certificate*. The *Blue Dental* certificate divides dental care into three classes based on the complexity and cost of the services provided. *Rider BD-EHB-WP-IBU Blue Dental – Waiting Period* amends the certificate to add a waiting period for Class II and Class III services for non-pediatric members.

The Petitioner's coverage became effective April 1, 2014. On January 6, 2015, the Petitioner had a prefabricated post-core and a crown placed on tooth #18 by a BCBSM network dentist. The amount charged was \$925.44.

BCBSM denied coverage indicating the services were subject to a 12-month waiting period from the effective date of the coverage. The Petitioner appealed the denial through BCBSM's internal grievance process. At the conclusion of that process BCBSM issued a final adverse determination dated February 25, 2015, affirming its benefit decision.

The Petitioner now seeks a review of that adverse determination from the Director. The amount at issue is \$827.00, BCBSM's allowed amount for the services in question.

III. ISSUE

Did BCBSM correctly deny coverage for the Petitioner's post and core in addition to the crown on tooth 18?

IV. ANALYSIS

Petitioner's Argument

The Petitioner's wife stated in her request for external review that, after they had been insured by BCBSM for six months, her husband had a root canal procedure. Their dentist recommended not delaying the crown for the full 12 month waiting period because the delay would result in more expense.

In a letter of February 4, 2015, the Petitioner's dentist wrote:

The tooth structure remaining cannot survive without major damage if left untreated. It needs to be repaired and crowned to afford long term use for the patient. Please reconsider covering the expenses for this tooth, as a year could be detrimental to its survival and thus be more costly for the patient and the insurance company in the long run.

BCBSM's Argument

In the final adverse determination, BCBSM's representative wrote:

Eligibility for the services performed requires continuous coverage for twelve months. This plan became effective on April 1, 2014.

Although it may have been recommended for the crown and post to be completed, the contractual limitations prevent payment of this service for twelve months from

the effective date of the policy. This determination was based on a review of the dental contract and [Petitioner's] eligibility date.

Director's Review

Rider BD-EHB-WP-IBU amends the *Blue Dental Individual Market Benefits Certificate* to add a waiting period for most Class II and Class III services. The rider, on page 2, states:

When Your Benefits Begin

Most benefits are available on the effective date of your contract. However, for Class II and Class III services, a waiting period that begins on the effective date of your dental coverage applies as follows:

- A 6-month waiting period for Class II benefits except for Sealants and Emergency Palliative Treatments
- A 12-month waiting period for Class III benefits.

The *Blue Dental* certificate, on page 16, lists the services included under Class III benefits. Among the services are “major restorative services to repair decayed or damaged teeth.” Those services include:

- Onlays, crowns and veneers, but only when a tooth cannot be restored with materials such as amalgam or resin-based composite fillings
- Substructures, including cores with or without pins and posts with cores or pins

On January 6, 2015, the Petitioner had dental work comprised of a post with core and crown. These are Class III services under the *Blue Dental* certificate. The dental work was performed within 12 months of the effective date of the Petitioner's coverage and is, therefore, subject to the waiting period for Class III services.

The Petitioner's argued that her dentist advised against waiting 12 months as it could be detrimental to the tooth's survival. While this may be true, the dental necessity of the services rendered is not in dispute. BCBSM denied coverage based on the fact that the dental work occurred before the completion of the waiting period. Under the Patient's Right to Independent Review Act the Director's role is limited to determining whether an insurer has properly administered health care benefits according to the terms of the applicable insurance contract and any relevant state law. The Director has no authority to amend the terms of an insurance policy by, in this case, invalidating the waiting period.

The Director finds that BCBSM's denial of coverage of the Petitioner's January 6, 2015 core with post and crown on tooth 18 is consistent with the terms and conditions of the certificate and applicable rider.

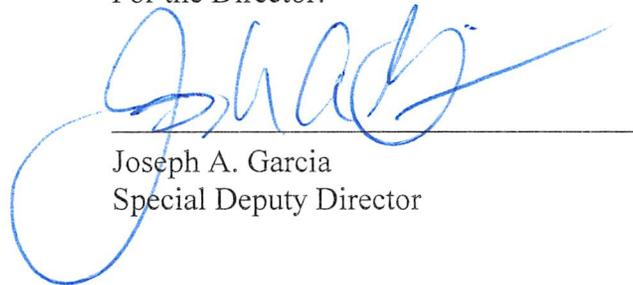
V. ORDER

The Director upholds BCBSM's February 25, 2015, final adverse determination. BCBSM is not required to provide coverage for the Petitioner's January 6, 2015 dental services.

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:



Joseph A. Garcia
Special Deputy Director