

**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. 148580-001**

**Blue Cross Blue Shield of Michigan**  
**Respondent**

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**Issued and entered**  
**this 21<sup>st</sup> day of July 2015**  
**by Randall S. Gregg**  
**Special Deputy Director**

**ORDER**

**I. PROCEDURAL BACKGROUND**

On June 29, 2015, [REDACTED] (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.* The Petitioner receives health care benefits under a group plan sponsored by the Michigan Education Special Services Association (MESSA) and underwritten by Blue Cross Blue Shield of Michigan (BCBSM). The benefits are defined in the *MESSA Choices/Choices II* policy.

After a preliminary review of the material submitted, the Director accepted the request on July 7, 2015. The Director notified BCBSM of the external review request and asked for the information used to make its final adverse determination. The Director received BCBSM's response on July 14, 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 Sjögren's syndrome which had a destructive effect on her teeth. Her dentist and oral surgeon performed extensive treatment including extraction of teeth, bone grafts, and crowns. The dental work was performed between January 19, 2012 and October 2, 2014.

The Petitioner requested reimbursement for the dental services. BCBSM denied the request, ruling that the treatment is dental in nature and, as such, is not a covered benefit under the Petitioner's certificate of 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 May 13, 2015, affirming its decision. The Petitioner's now seeks a review of that adverse determination from the Director.

### III. ISSUE

Did BCBSM correctly deny coverage for the Petitioner's dental services?

### IV. ANALYSIS

#### Petitioner's Argument

In her request for external review, the Petitioner wrote that she requested coverage as an exception to the normal provisions of her health care policy. She says that BCBSM did not respond to her request for an exception but simply denied coverage based on the terms of her policy.

The Petitioner's dentist, in a January 26, 2015 letter to MESSA wrote:

Sjögren's syndrome is a systemic immune mediated disease of exocrine tissues, such as salivary and lacrimal glands resulting in oral ocular dryness. The oral manifestations of Sjögren's syndrome include reduced quantity and quality of saliva, increased incidence of caries, dental decay and loss of teeth, mucosal atrophy, salivary gland enlargement, recurrent parotitis...and other infections.

Even though some medications stimulate saliva secretion...the mainstay in the treatment of patients with Sjogren's syndrome is dental care. Implants, and occasionally crowns, are the primary option for auto immune Sjögren's patients.

Patients suffering from Sjögren's syndrome require meticulous dentist-guided care, such as frequent visits to a dentist and prescription strength fluoride, to prevent and treat any complications associated with the disease.

\* \* \*

The complexity of the Sjögren's syndrome requires multidisciplinary care by a dentist, oral surgeon, ophthalmologist, and medical rheumatologist and primary care provider, all of whom are actively involved in [Petitioner's] health care. Also involved is her cardiologist.

Based on the above information, please provide coverage for these submitted charges. These dental procedures are medically necessary for this patient in order to treat her Sjögren's syndrome diagnosis and prevent further serious medical and dental complications.

### BCBSM's Argument

In its final adverse determination, BCBSM wrote that the Petitioner's appeal was reviewed by a dentist who is board-certified in oral and maxillofacial surgery. The dentist wrote:

The member has a medical condition that the member feels resulted in the need for dental services rendered. Under the member's coverage dental services are payable under the medical/surgical benefit secondary to an accidental injury to sound teeth, removal of cysts and tumors from the mouth and jaws and extraction of impacted teeth. The member's condition is not an accident, removal of a growth or impacted teeth. The BCBSM medical/surgical policy on dental services is in "The BCBSM Guide for Dental Care Providers 2011", on page 55. It defines dental services as treatment of the teeth and supporting structures. It indicates that dental services do not become eligible for medical coverage, merely by virtue of their being performed prior to a covered medical-surgical service or as a result of a medical treatment or a medical condition. Dental treatment services are covered under the dental benefit and are not a benefit under the Medical/Surgical benefit unless the member has the coverage by design of their benefit coverage. The indication for the member's treatment does not meet the criteria indicated in her benefit and cannot be covered.

### Director's Review

The *MESSA Choices/Choices II* policy provides very limited coverage for dental care. In its final adverse determination, BCBSM cited two policy provisions that describe those limitations:

#### Dental Services

Covered services include dental treatment by a licensed dentist or dental surgeon required for:

- accidental injury to sound natural teeth
- the removal of cysts and tumors of the mouth and jaw
- extraction of impacted teeth

For non-covered services, please see the Exclusions and Limitations section of this booklet.

The Petitioner's dental treatment does not involve any of the circumstances described above. The Exclusions and Limitations section of the policy provides:

The following exclusions and limitations apply to the MESSA Choices/Choices II program....

- Dental care (except as previously specified) including repairs of supporting structures for partial or complete dentures, dental implants, extractions, extraction repairs, bite splints, braces and appliances and other dental work or treatment.

The Director does not question that the Petitioner's treatment was medically necessary. The Petitioner and her dentist present a very compelling argument for the need to have the treatment performed. Unfortunately, the services involved are not benefits under the Petitioner's medical coverage. BCBSM is not required to provide coverage on an "exception" basis, regardless of the cause or nature of the medical condition in question.

The Director finds that BCBSM's denial of coverage for the Petitioner's dental services is consistent with the terms and conditions of the *MESSA Choices/Choices II* policy.

#### V. ORDER

The Director upholds Blue Cross Blue Shield of Michigan's May 13, 2015 final adverse determination.

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.

Patrick M. McPharlin  
Director

For the Director:



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Randall S. Gregg  
Special Deputy Director