

On February 26, 2015, the Petitioner had periodontal scaling and root planing services in all four quadrants.¹ The charge for this care was \$950.00.

When Guardian denied coverage for these services, the Petitioner appealed the denial through Guardian's internal appeals process. At the conclusion of that process, Guardian affirmed its original decision in a final adverse determination dated April 25, 2015. The Petitioner now seeks a review of that final adverse determination from the Director.

III. ISSUE

Did Guardian correctly deny coverage for the Petitioner's periodontal scaling and root planing services?

IV. ANALYSIS

Respondent's Argument

In its final adverse determination Guardian said that the scaling and planing were not medically necessary because "[t]he bone level and gingival attachment appear to be within normal limits."

In a letter dated May 29, 2015, submitted in response to the external review request, Guardian further explained its position:

Two separate claim reviews have been performed on [the periodontal root planing and scaling] procedures. Based on review of the clinical information provided, in both reviews the consultants advised that there appears to be no loss of bone level. According to the terms of the plan Guardian processed denials on 3/24/2015 and 4/27/2015.

Petitioner's Argument

Along with the request for external review, the Petitioner's authorized representative included a letter dated May 6, 2015, that he had sent to Guardian explaining the need for the scaling and root planing:

We received the denial on the periodontal therapy services . . . rendered on February 26, 2015 to [the Petitioner]. Guardian Insurance cited that the bone level and gingival attachment appear to be within normal limits. However, it did not take into consideration the histological and gingival conditions that in

¹ Dental code D4341 for lower left and lower right quadrants; dental code D4342 for upper left and upper right quadrants.

combination with bone level and gingival attachment . . . are not within normal limits.

In most cases, periodontal breakdown occurs slowly over time. The pathogens that cause problems start in shallow sulci. There are a number of factors that promote leukocyte recruitment, including bacterial products, cytokines, cross-talk between innate and adaptive immune responses, chemokines, lipid mediators, and complement. [REDACTED] showed that bone resorption ceases when a 2.5-mm zone is created between the site of bacteria and bone. They concluded that distances >2.5 mm are caused by bacterial invasion of gingival connective tissue: the closer the cells of the inflammatory infiltrate are to the bone, the greater the number of osteoclasts formed and, hence, the greater amount of bone degraded. This osteoclast formation is stimulated by secreted factors [citation omitted] from inflammatory cells in the infiltrate, which stimulate bone resorption. I eliciting the pre-inflammatory response.

Even a seemingly healthy sulcus can contain small numbers of microbes that can increase in numbers large enough to lead to breakdown if they are not disrupted and removed. It is widely held that there has to be a sufficient number of pathogens before breakdown occur. By the time we discover numerous pockets over 6 mm, we are late to the game and much damage has already occurred. After all, a pocket is nothing more than a scar in the bone that is left over from disease processes that may or may not still be active. Even if no bone loss has occurred, the presence of white blood cells indicates a disease process is at work. Certainly, early intervention can avert worse problems later.

In the case of [Petitioner], it had been 4 years since her last prophylaxis appointment and she has a family history of periodontal disease. Patient presented with generalized edematous tissue, moderate bleeding during the periodontal exam, and pocket depths of 4mm CAL around mandibular posterior molars and localized sites #3 and #15; as well as, a localized 5 mm cite on # 18. Copies of her periodontal charting has been sent to you previously for review.

A conservative treatment was rendered which consisted of a prophy followed by a one month reevaluation of the periodontal tissue. The goal was to have the patient attain a periodontal condition void of inflammation and bleeding. We can all agree that bleeding and inflammation are not within normal limits. The patient showed minimal improvement at the one month re-evaluation and moderate bleeding was still present. That was when periodontal therapy . . . was recommended and rendered to the patient.

The objective of this course of therapy is to control the progression of the periodontal disease and reduce the probability of further destruction of the periodontium; as well as, attempt to gain clinical attachment, reduction in probing depth, and reduction in bleeding and probing.

Director's Review

Guardian covers medically necessary scaling and root planing as “periodontal services.” The benefit is described in the certificate (p. 144):

Allowance includes the treatment plan, local anesthetic and post-treatment care. Requires documentation of periodontal disease confirmed by both radiographs and pocket depth probing of each tooth involved.

* * *

Scaling and root planing, per quadrant – limited to once per quadrant in any 24 consecutive month period. Covered when there is radiographic and pocket charting evidence of bone loss.

The question of whether the Petitioner's scaling and root planing were dentally (medically) necessary was presented to an independent review organization (IRO) for analysis as required by section 11(6) of the Patient's Right to Independent Review Act, MCL 550.1911(6).

The IRO reviewer is a licensed dentist who is certified in periodontology and is in active practice. The IRO report included the following analysis and recommendation:

Rationale:

The MAXIMUS independent dentist consultant, who is familiar with the medical management of patients with the member's condition, has examined the medical record and the arguments presented by the parties.

The results of the consultant's review indicate that this case involves a 24 year-old female who has a history of periodontal disease. At issue in this appeal is whether the periodontal scaling and root planing services . . . performed on 2/26/15 were medically/dentally necessary for treatment of the member's condition.

The MAXIMUS dentist consultant explained that the critical probing depth for which scaling and root planing is effective is above 2.9mm. [Citation omitted] The member had probing depths of 3mm and above according the periodontal charting submitted for review. The dentist consultant indicated that scaling and root planing for all sites at which there were probing depths of 3mm or greater would have benefited the member and resulted in reductions in probing depths.

Pursuant to the information set forth above and available documentation, the MAXIMUS dentist consultant determined that the periodontal scaling and root planing services . . . performed on 2/26/15 were medically/dentally necessary for treatment of the member's condition.

The Director is not required to accept the IRO's recommendation. *Ross v Blue Care Network of Michigan*, 480 Mich 153 (2008). However, the recommendation is afforded

deference by the Director. In a decision to uphold or reverse an adverse determination the Director must cite “the principal reason or reasons why the [Director] did not follow the assigned independent review organization’s recommendation.” MCL 550.1911(16)(b). The IRO’s analysis is based on extensive experience, expertise, and professional judgment. In addition, the IRO’s recommendation is not contrary to any provision of the certificate. MCL 550.1911(15).

The Director, discerning no reason why the IRO’s recommendation should be rejected, finds that the Petitioner’s periodontal scaling and root planing were medically necessary and are therefore a covered benefit.

V. ORDER

The Director reverses Guardian’s April 25, 2015, final adverse determination. Guardian shall immediately cover the Petitioner’s periodontal scaling and root planing services on February 26, 2015, and shall, within seven days of providing coverage, furnish the Director with proof it has implemented this Order.

To enforce this Order, the Petitioner may report any complaint regarding its implementation to the Department of Insurance and Financial Services, Health Care Appeals Sections, at this toll free telephone number: (877) 999-6442

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 Michigan 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:



Randall S. Gregg
Special Deputy Director