

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. 152427-001

UnitedHealthcare Insurance Company,

Respondent.

Issued and entered
this 25th day of March 2016
by Randall S. Gregg
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

██████████ (Petitioner) was denied coverage for dental care by his health insurer, UnitedHealthcare Insurance Company (UHC), after he was accidentally injured.

On February 29, 2016, the Petitioner filed a request with the Director of Insurance and Financial Services for an external review of that denial under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* The Director accepted the request on March 7, 2016.

The Petitioner receives health care benefits through a group plan that is underwritten by UHC. The Director immediately notified UHC of the external review request and asked for the information it used to make its final adverse determination. UHC responded on March 10, 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 health care benefits are described in UHC's *Choice Plus Certificate of Coverage* which includes riders, amendments, and notices (the certificate).

On July 10, 2015, the Petitioner was injured when he hit a deer while on a motorcycle. His injuries included over 300 head and facial fractures; broken upper jaw; several lost, broken, and loose teeth; four broken ribs; and two broken ankles.

He was immediately air lifted to a hospital in Saginaw, Michigan, where he was admitted for three days, and then transferred on July 14, 2015, to the University of Michigan Hospital in Ann Arbor, Michigan, where he was hospitalized for another 13 days.

While at the University of Michigan Hospital he had surgery to repair his upper jaw and the surgeon placed arch bars to stabilize his jaw. The arch bars were removed on September 24, 2015, and his plastic surgeon advised him to wait three weeks to allow his gums to heal before seeing a dentist for restorative treatment. The Petitioner began dental treatment on October 21, 2015, when he had a comprehensive oral examination and two teeth extracted. However, after the Petitioner's dentist submitted a treatment plan to UHC on November 9, 2015, UHC denied it on November 23, 2015, saying the Petitioner did not meet its criteria for coverage.

The Petitioner appealed the denial through UHC's internal grievance process. At the conclusion of that process UHC issued a final adverse determination dated January 27, 2016, affirming its decision. The Petitioner now seeks a review of that final adverse determination from the Director.

III. ISSUE

Did UHC correctly deny coverage for the Petitioner's dental care?

IV. ANALYSIS

Petitioner's Argument

In a February 22, 2016, letter submitted with his external review request, the Petitioner wrote:

On 1/27/2016 I received a letter from United Health Care denying my accidental dental (for the 2nd time).

I called them to ask why and they stated that I didn't seek emergency dental services in a timely manner.

Below is an explanation as to why - UHC has also been told the same [story].

On July 10, 2015 I was involved in a motorcycle/deer accident (I hit him head on). . . .

. . . I underwent 4 [surgeries] to repair my face and ankles.

During the 1st surgery to repair my upper jaw they had to put on arch bars in case they needed to wire my jaw shut.

At that time my plastic surgeon would not allow me to seek dental treatment due to the severity of all the fractures. I was told my face needed to heal and the arch bars needed to be removed before I could seek any dental treatment.

The arch bars were removed 9/24/15. At that time my plastic surgeon advised me I could not see a dentist for at least 3 weeks until my gums had healed.

As soon as I found out the date they were removing the bars I contacted the dentist and the earliest they could get me was 10/21/15 (where 2 more teeth had to be removed) which was just a little over 3 weeks.

I called UHC after the 2nd denial came through to ask why this time and they stated that I waited too long after the Arch Bars came off to see the dentist. The first denial was because I didn't contact them within the 1st 72 hrs.

I've enclosed the letter from my plastic surgeon that states I had to wait 3 weeks and as you can see it was just over 3 weeks later that I went to the dentist (I've enclosed a bill to show the date of the procedure).

Prompt attention would greatly be appreciated so I can finish my road to recovery.

UHC's Argument

In its final adverse determination, UHC told the Petitioner:

We reviewed the request received January 8, 2016, to reconsider our previous decision regarding the service(s) that you will receive. We understand the appeal to state that you are requesting us to reconsider our denial of the service(s).

We carefully reviewed the documentation submitted, our payment policies and the limitations, exclusions and other terms of your Benefit Plan, including any applicable Riders, Amendments, and Notices. We confirmed, however, that this service(s) is not eligible for payment as you requested. You are responsible for all costs related to this service(s).

* * *

The Appeals Committee reviewed your appeal. The Committee's determination is as follows:

Your doctor has ordered multiple dental procedures to treat injuries occurred due to an accident. We reviewed your benefit plan document. Your plan excludes coverage of these services unless these specific requirements are met. . . . The information received does not show that you have met these requirements. For this reason, the requested services are not approved.

Director's Review

The certificate has limited coverage of dental care – only for those services necessary to treat accident-related injuries. The certificate (pp. 10-11) describes the dental services that will be covered:

Benefits for treatment of accidental injury are limited to the following:

- Emergency examination.
- Necessary diagnostic X-rays.
- Endodontic (root canal) treatment.
- Temporary splinting of teeth.
- Prefabricated post and core.

- Simple minimal restorative procedures (fillings).
- Extractions.
- Post-traumatic crowns if such are the only clinically acceptable treatment
- Replacement of lost teeth due to the Injury by implant, dentures or bridges.

UHC apparently covered some dental services but denied coverage for dental treatment beyond October 21, 2015, when it rejected the Petitioner's treatment plan, saying he did not meet the certificate's "specific requirements" for dental care. Three specific requirements are found in the certificate (p. 10) and all of them must be true. Those requirements (quoted in italics below) are addressed individually by the Director:

- ***Treatment is necessary because of accidental damage.***

There is no dispute in this record that the Petitioner's need for dental treatment arose from his motorcycle accident.

- ***Dental services are received from a Doctor of Dental Surgery or Doctor of Medical Dentistry.***

The Petitioner's dentist, [REDACTED], is a doctor of dental surgery.

- ***The dental damage is severe enough that initial contact with a Physician or dentist occurred within 72 hours of the accident. (You may request an extension of this time period provided that you do so within 60 days of the Injury and if extenuating circumstances exist due to the severity of the Injury.)***

The Petitioner was in a hospital in Saginaw within 72 hours of his motorcycle accident where he had initial contact with a physician. Thus, there was no reason for the Petitioner to request an extension of the 72-hour time period.

The certificate also imposes certain time limits on any dental treatment:

Dental services to repair damage caused by accidental Injury must conform to the following timeframes:

- ***Treatment is started within three months of the accident, unless extenuating circumstances exist (such as prolonged hospitalization or the presence of fixation wires from fracture care).***

There were extenuating circumstances that prevented the Petitioner from beginning dental treatment within three months of the accident. The Petitioner's plastic surgeon explained¹ that arc bars were not surgically removed from his mouth until September 24, 2015, with instructions to "allow 3 weeks recovery time from surgery date before seeing a

¹ December 21, 2015, letter.

dentist.” The Petitioner went to the dentist on October 21, 2015, the earliest appointment he could get after three weeks of recovery.

- ***Treatment must be completed within 12 months of the accident.***

The twelve months have not yet passed so the Petitioner remains eligible for dental treatment.

Based on the foregoing, the Director concludes that UHC incorrectly denied dental treatment on the basis that the Petitioner did not meet the requirements of the certificate.

V. ORDER

The Director reverses UHC’s final adverse determination of January 27, 2016.

UHC shall immediately cover any medically necessary dental services arising from the Petitioner’s motorcycle accident that are authorized on pp. 10-11 of the certificate.

If it is shown that the Petitioner did not receive dental care related to his accident while his internal appeal and this external review were pending, UHC shall extend the certificate’s requirement that treatment be completed “within 12 months of the accident” by a period equal to the number of days from October 21, 2015, through the date of this Order, to allow the Petitioner to receive treatment for up to 12 months as contemplated by the certificate.

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 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