

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. 152300-001

Blue Care Network of Michigan, Inc.
Respondent

Issued and entered
this 14th day of March 2016
by **Randall S. Gregg**
Special Deputy Director

ORDER

I. BACKGROUND

On February 19, 2016, ██████████ (Petitioner) filed with the Director of Insurance and Financial Services a request for an external review under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* The Petitioner receives health care benefits from Blue Care Network of Michigan, Inc. (BCN). The benefits are described in BCM's *Personal Plus Certificate*.

The Director notified BCN of the external review request and asked for the information used to make its final adverse determination. BCN provided its initial response on February 23, 2016. After a preliminary review of the information submitted the Director accepted the request on February 26, 2016. BCN provided additional information on March 2, 2016.

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. ISSUE

Is BCM required to provide coverage for the Petitioner's dental treatment?

III. ANALYSIS

Petitioner's Argument

In her request for an external review, the Petitioner wrote:

Due to Mental Illness-I was treated with electroconvulsion therapy with numerous sessions. Side effects included-experiencing later in life having weaker teeth and having broken or cracked teeth with a lot of pain.

Summary-Experiencing mouth trauma due to mental illness and the therapy I had to have medically necessary, to treat my illness. I would like a review and a resolution for my claims resulting in reimbursement for my claims. These claims are under medical coverage due to mental illness with the result being a lot of mouth trauma from being treated with the electroconvulsive therapy medically necessary.

The Petitioner's Request for External Review does not specify actual dates of service. The Request simply states that her appeal involves Blue Care Network and "several dentists, endodontist, several doctors, Mayo Clinic, and Westside Family Medical Center." The Petitioner did submit invoices from three dental practices:

<u>PROVIDER</u>	<u>TREATMENT</u>	<u>DATE</u>	<u>CHARGE</u>
Bieszka & Halverson	Filling	1/12/16	\$110.00
Bieszka & Halverson	Emergency	11/2/15	45.00
Great Lakes Endodontics	Root canal, molar	12/21/15	1,040.00
Kalamazoo Valley Comm. College Dental Hygiene Clinic	Prophylaxis	1/20/16	51.00

Respondent's Argument

In its final adverse determination, BCN stated that the Petitioner's benefit plan does not cover dental services, dental prostheses, replacement of teeth, orthodontic care, X-rays, oral surgery or anesthesia for dental procedures except as provided in section 8.21 of the *Personal Plus Certificate*. Section 8.21 states:

Important: Dental services are not covered....

Oral surgery and X-rays are covered only when BCN preauthorizes them for:

Treatment of fractures or suspected fractures of the jaw and facial bones and dislocation of the jaw.

Oral surgery and dental services necessary for immediate repair of trauma to the jaw, natural teeth, cheeks, lips, tongue, roof and floor of the mouth.

Note: "Immediate" means treatment within 72 hours of the injury. Any follow-up treatment performed after the first 72 hours post-injury is not covered.

Anesthesia for oral surgery in an outpatient setting when Medically Necessary and

approved by BCN.
Medically Necessary surgery for removing tumors and cysts within the mouth.

Director's Review

The Petitioner is seeking coverage from BCN for various dental services. However, dental services, with only limited exceptions, are not covered benefits under the BCN *Personal Plus Certificate*. None of the limited circumstances under which dental care may be covered (treatment of fractures, trauma repair, removal of tumors and cysts) apply to the Petitioner's circumstances.

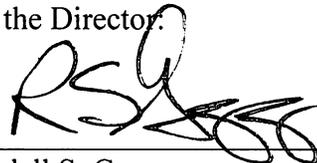
IV. ORDER

The Director upholds Blue Care Network of Michigan's final adverse determination of December 23, 2015.

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