

**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. 151075-001-SF**

**Central Michigan University, Plan Sponsor,**

**and**

**Blue Cross Blue Shield of Michigan, Plan Administrator,**

**Respondents.**

---

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

**ORDER**

**I. PROCEDURAL BACKGROUND**

██████████ (Petitioner) was denied coverage for a tuberculosis test by her health plan.

On November 30, 2015, she filed a request with the Director of Insurance and Financial Services for an external review of that denial under Public Act No. 495 of 2006 (Act 495), MCL 550.1951 *et seq.* On December 7, 2015, after a preliminary review of the information submitted, the Director accepted the request.

The Petitioner receives health care benefits through a group plan that is sponsored by Central Michigan University, a self-funded governmental health plan as defined in Act 495. Blue Cross Blue Shield of Michigan (BCBSM) administers the plan. The Director immediately notified BCBSM of the external review request and asked for the information it used to make its adverse determination. The Director received BCBSM's response on December 11, 2015.

Section 2(2) of Act 495, MCL 550.1952(2), authorizes the Director to conduct this external review as though the Petitioner were a covered person under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.*

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 benefits are defined in BCBSM's *Community Blue Group Benefits Certificate ASC*<sup>1</sup> (the certificate).

On July 2, 2015, the Petitioner had a tuberculosis blood test (CPT code 86480). The charge was \$310.96. Acting for the plan, BCBSM denied coverage, saying the test was not a covered benefit.

The Petitioner appealed the denial through the plan's internal grievance process. At the conclusion of the process, BCBSM issued a final adverse determination dated October 7, 2015, affirming its decision. The Petitioner now seeks a review of that final adverse determination from the Director.

## III. ISSUE

Did BCBSM correctly deny coverage for the Petitioner's July 2, 2015 screening TB test?

## IV. ANALYSIS

### Petitioner's Argument

In an August 18, 2015, letter to BCBSM that was included with the external review request, the Petitioner wrote:

I would like to appeal the rejection of the claim . . . for TB testing on 07/02/2015. As a consequence, I was billed . . . in the amount of \$310.96. I believe the test screening was medically necessary and required due to (1) being a foreign-born person (born and raised in [REDACTED]) (2) studying and working in a [REDACTED] field with different client populations, and (3) required by the Department of Homeland Security for status adjustment, as specified in Form I-693. As stated on page 5 of the I-693 form, according to the Communicable Disease of Public Health Significance, an initial screening test, either tuberculin skin test (TST) or an interferon gamma release assay (IGRA), is required for all applicants 2 years of age and older.

Among the criteria considered to be medically necessary preventive services, CDC and Advisory Council for the Elimination of Tuberculosis recommends that the following groups be screened for tuberculosis and tuberculosis infection:

- Foreign-born persons, including children, recently arrived (within 5 years) from countries that have a high tuberculosis incidence or prevalence
- Healthcare workers who serve high-risk clients
- Residents and employees of high-risk congregate settings (e.g., correctional

---

<sup>1</sup> BCBSM form no. 457F, effective 02/15.

institutions, mental institutions, nursing homes, other long-term residential facilities, and shelters for the homeless).

Therefore, I would like to appeal the rejection of coverage for this service performed on 07/02/2015 and hope it will be considered as necessary and thus, covered by BCBS.

### BCBSM's Argument

In its final adverse determination, a BCBSM representative explained to the Petitioner:

. . . After review, I confirmed that the claim processed correctly. The service provided is not a covered benefit under the terms of your coverage. You remain responsible for the non-covered charges in the amount of \$310.96.

\* \* \*

Your provider . . . submitted a claim for a tuberculosis test . . . with the diagnosis (patient condition) V74 1 - Pulmonary Tuberculosis, which is classified as a routine / screening (preventive) condition. Tuberculosis testing is not listed as a covered routine screening service in your *Certificate*.

In order to ensure that all consideration was given to your appeal, a board-certified M.D. in Family Practice reviewed your claim, your appeal, and your health care plan benefits for Blue Cross Blue Shield of Michigan. The consultant determined:

We have reviewed your appeal regarding the denial of coverage for your TB gold test (interferon gamma release assay) that was placed during your doctor visit on July 2, 2015. Review of the limited documentation provided by your physician indicates that you had no symptoms of TB and no known exposure to TB. Your physician indicated that the test was performed for screening purposes as it was stated in the record "needs screening for job." Therefore, after review of the information that has been provided, it has been determined that this TB gold test was performed as a screening service.

### Director's Review

BCBSM did not dispute the medical necessity for the tuberculosis test. Its denial was based on its contention that the tuberculosis test is not a benefit of the Petitioner's plan.

In addition to those preventive care services that are mandated by the federal Patient Protection and Affordable Care Act, the plan also covers a limited number of other routine laboratory and radiology services. They are listed in the certificate (p. 74):

- Routine Laboratory and Radiology Services

We pay for the following services once per member, per calendar year, when performed as routine screening:

- Chemical profile
- Complete blood count or any of its components
- Urinalysis
- Chest X-ray
- EKG
- Cholesterol testing

Tuberculosis testing is not on the list and the certificate (p. 75) says:

**We do not pay for:**

- Screening services other than the ones listed above.

The Director concludes that the tuberculosis test the Petitioner received on July 2, 2015, was not a benefit under her health plan.

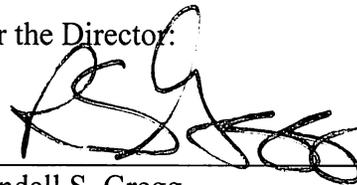
**V. ORDER**

The Director upholds the plan's final adverse determination of October 7, 2015.

This is a final decision of an administrative agency. Any person aggrieved by this order may seek judicial review no later than sixty days from the date of this order in the circuit court for the Michigan county where the covered person resides or 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