

**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. 152350-001**

**Blue Care Network of Michigan,**

**Respondent.**

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Issued and entered  
this ~~30<sup>th</sup>~~ day of March 2016  
by Randall S. Gregg  
Special Deputy Director

**ORDER**

**I. PROCEDURAL BACKGROUND**

██████████ (Petitioner) was denied coverage for a diagnostic test by his health plan, Blue Care Network of Michigan (BCN).

On February 24, 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.* After a preliminary review of the material submitted, the Director accepted the request on March 2, 2016.

The Petitioner receives group health care benefits through BCN, a health maintenance organization (HMO). The Director immediately notified BCN of the external review request and asked for the information it used to make its final adverse determination. BCN responded on March 3, 2016.

To address the medical issue in the case, the Director assigned it to an independent medical review organization which provided its analysis and recommendation on March 16, 2016.

**II. FACTUAL BACKGROUND**

The Petitioner's benefits are defined in BCN's *Certificate of Coverage BCN Classic HMO for Small Groups*.

The Petitioner has a history of blood clots in the lungs (pulmonary emboli). On

November 12, 2014, he had a thrombophilia genetic test (CPT code 81240) to determine if he had inherited thrombophilia, a condition that increases his likelihood of having blood clots.

BCN denied coverage for the test, saying that the Petitioner does not meet its criteria for coverage and therefore the test was not medically necessary.

The Petitioner appealed the denial through BCN's internal grievance process. At the conclusion of that process, BCN affirmed its decision in a final adverse determination dated February 5, 2016. The Petitioner now seeks a review of that final adverse determination from the Director.

### III. ISSUE

Did BCN correctly deny coverage for the Petitioner's thrombophilia genetic test?

### IV. ANALYSIS

#### Petitioner's Argument

In his external review request, the Petitioner says "had multiple blood clots for no found reason." He believes BCN should cover cost for a genetic test for inherited thrombophilia.

#### BCN's Argument

In its final adverse determination to the Petitioner, BCN's reviewer wrote:

Our step two grievance panel . . . reviewed your request for retro-authorization and payment for a Thrombophilia test. The Panel maintained the denial stating that you do not meet the criteria for the genetic test . . . that was performed at McClaren [*sic*] [REDACTED] Medical Center, which is not contracted to perform genetic testing.<sup>1</sup>

BCN based its decision on its medical policy title "Genetic Testing for Inherited Thrombophilias," which contains the criteria.

#### Director's Review

The certificate (p. 32) says that outpatient diagnostic laboratory services are covered when medically necessary, and when preauthorized by the treating physician and BCN. BCN denied coverage for the genetic thrombophilia test, saying the Petitioner did not meet the criteria in its medical policy and therefore, the test was not medically necessary.

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<sup>1</sup> On March 2, 2016, BCN acknowledged that it erred and that the McClaren [REDACTED] Medical Center is in fact a contracted facility.

The question of whether the thrombophilia genetic test was medically necessary to evaluate the Petitioner's condition 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 physician reviewer is board certified in hematology and oncology, has been in active practice for more than 10 years, and is familiar with the medical management of patients with the Petitioner's condition. The IRO report included the following analysis and recommendation:

The Health Plan indicated that these services were not medically necessary for diagnosis and treatment of the member's condition. The Health Plan explained that the member did not its guidelines for coverage of these services. . . . The Health Plan's policy regarding genetic testing for inherited thrombophilias was also included in the case file.

\* \* \*

The member underwent a hypercoagulable work-up to determine if he has an inherited tendency for venous thromboembolism. The MAXIMUS physician consultant noted that in the information provided for review, there is no mention of a family history of venous thromboembolism and there is only past medical history of the member's father and a sister. The physician consultant explained that routine testing for hypercoagulable disorders is generally not recommended, except for certain populations which include young patients, which is defined as less than 45 years of age in most guidelines and less than 50 years of age by the Health Plan's criteria, patients with a family history of venous thromboembolism, patients with unusual or multiple sites of venous thromboembolism and patients with recurrent venous thromboembolism. These recommendations come from international consensus statements that have been published in multiple journals. The consultant indicated that routine testing for inherited venous thromboembolism is no longer the standard of care due to a lack of management change for the majority of patients.

Pursuant to the information set forth above and available documentation, the MAXIMUS physician consultant determined that the thrombophilia test (procedure code 81240) performed on 11/12/14 was not medically necessary for diagnosis and treatment of the member's condition. [References omitted]

The Director is not required to accept the IRO's recommendation. *Ross v Blue Care Network of Michigan*, 480 Mich 153 (2008). However, the IRO's 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 Petitioner's coverage. MCL 550.1911(15).

The Director, discerning no reason why that analysis should be rejected in the present case, adopts the IRO analysis and finds that the thrombophilia genetic test was not medically necessary to treat the Petitioner and is therefore not a benefit under the certificate.

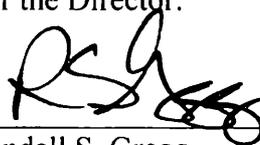
**V. ORDER**

The Director upholds BCN's February 5, 2016, 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 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:



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Randall S. Gregg  
Special Deputy Director