

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. 151678-001

McLaren Health Plan, Inc.,

Respondent.

Issued and entered
this 2nd day of February 2016
by Randall S. Gregg
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

██████████ (Petitioner) had radiology services and disputes the decision of his health plan, McLaren Health Plan, Inc. (McLaren), to apply a portion of the charge for those services to his deductible.

On January 12, 2016, the Petitioner filed a request with the Director of Insurance and Financial Services for an external review of McLaren's decision under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.*

The Petitioner receives group health care benefits through McLaren, a health maintenance organization. The Director immediately notified McLaren of the external review request and asked for the information it used to make its final adverse determination. The Director received McLaren's response on January 18, 2016. After a preliminary review of the material submitted, the Director accepted the request on January 19, 2016.

The issue in this external review can be decided by an analysis of the contract that defines the Petitioner's health care benefits. The Director reviews contractual issues under MCL 500.1911(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 McLaren's *POS Certificate of Coverage Large Group* (the certificate) and a "Summary of Benefits and Coverage: What This Plan Covers & What It Costs" (the summary of benefits).

On July 14, 2015, the Petitioner was seen at a participating urgent care center for treatment of an elbow injury. The urgent care physician ordered an X-ray of the Petitioner's elbow. The X-ray was performed that day in the same building but by a different provider, Mid-Michigan Physicians (formerly known as Ingham Regional Medical Center), also a participating provider.

McLaren covered the urgent care visit 100% after applying a \$20.00 copayment. McLaren also covered the X-ray but applied \$125.00 of its allowed amount for that service towards Petitioner's unmet deductible. The Petitioner says the radiology should be included as part of the urgent care visit and should not be subject to the deductible.

The Petitioner appealed McLaren's claims processing decision through its internal grievance process. At the conclusion of that process, McLaren issued a final adverse determination dated December 21, 2015, affirming its decision. The Petitioner now seeks a review of that final adverse determination from the Director.

III. ISSUE

Did McLaren correctly process the claim for the Petitioner's X-ray?

IV. ANALYSIS

Petitioner's Argument

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

On July 14, 2015, my injured elbow was too painful to tolerate. Therefore, I went to an urgent care facility, 98.6 Emergicenter ("98.6").

I was taken to an examination room and the physician at 98.6 ordered an x-ray of my elbow. I was sent downstairs to the radiology department in the same facility. An x-ray on my elbow was done. I returned upstairs to the exam room that I was put in upon arrival at 98.6. The doctor revealed to me the results (negative), provided some treatment and I was sent on my way. My health insurer, McLaren Health Plan ("McLaren"), is trying to say that 98.6 did not render the x-ray services and therefore it is not part of the urgent care visit. McLaren is saying that services were provided by Mid-Michigan Physicians and McLaren Greater Lan-

sing and were appropriately billed under the Outpatient Hospital benefit level. 98.6 ordered the x-ray, therefore, I think the x-ray should be part of the urgent care visit.

As a side note, about a month later I went to an urgent care facility, [REDACTED] (n.k.a. Lansing Urgent Care), and had an x-ray for a different injury. That x-ray was paid in full by my insurer.

Respondent's Argument

In its final adverse determination McLaren said:

The McLaren Health Plan Appeals Committee has carefully reviewed the appeal request on December 21, 2015 . . . requesting that services provided by Ingham Regional Medical Center and McLaren Greater Lansing be processed under the member's Urgent Care benefit level rather than the Outpatient Hospital benefit level.

* * *

After reviewing the documentation provided, McLaren Health Plan is unable to approve this request. Review of the claim indicates that the claims were processed appropriately under the Outpatient Hospital benefit level. The services provided by Ingham Regional Medical Center and McLaren Greater Lansing were not rendered by 98.6 Emergicenter and are therefore not part of the urgent care visit.

Director's Review

The summary of benefits says that urgent care visits with a participating provider are covered with only a \$20.00 copayment per visit. The Petitioner believes that his urgent care visit should include the X-ray with no additional out-of-pocket cost.

However, the X-ray was performed and billed by Mid-Michigan Physicians, a provider distinct and separate from the urgent care provider. McLaren does not determine what procedure and benefit code will be used by providers to bill for medical care. In this case, Mid-Michigan Physicians correctly used the benefit code for outpatient diagnostic services and the CPT code 73080 ("X-ray exam of the elbow") to bill for the X-ray.

The summary of benefits says that diagnostic tests such as X-rays are covered 100% after the deductible has been satisfied when performed by a participating provider. At the time McLaren received the X-ray claim, the Petitioner had not met his annual deductible. Thus, McLaren correctly applied a portion of its allowed amount for the X-ray to satisfy the Petitioner's Option A deductible.

The Director concludes and finds that McLaren's application of \$125.00 to the Petitioner's deductible was consistent with the terms and conditions of the Petitioner's coverage.

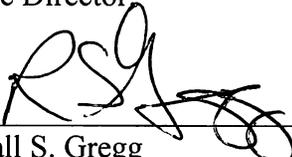
V. ORDER

The Director upholds McLaren's December 21, 2015 final adverse determination.

This is a final decision of an administrative agency. 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. See MCL 550.1915(1). 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