

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
OFFICE OF FINANCIAL AND INSURANCE REGULATION
Before the Commissioner of Financial and Insurance Regulation

In the matter of

XXXXX

Petitioner

File No. 88148-001

MEGA Life and Health Insurance Company
Respondent

Issued and entered
This 21ST day of April 2008
by Ken Ross
Commissioner

ORDER

I
PROCEDURAL BACKGROUND

On February 26, 2008, **XXXXX**, authorized representative of **XXXXX** (Petitioner), filed a request for external review with the Commissioner of Financial and Insurance Regulation under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* The request was accepted on March 4, 2008.

MEGA Life and Health Insurance Company (MEGA) was notified of the external review and was asked to submit the information used in making its adverse determination.

The issue here can be decided by applying the terms of the certificate of coverage (the certificate), the contract defining the Petitioner's health care benefits. The Commissioner 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 had a one-year, limited benefit, non-renewable student insurance policy through the American University of Antigua that is underwritten by the MEGA Life and Health Insurance Company.

The Petitioner received services from **XXXXXX**, PC, on August 14, 2007. A claim for charges of \$440.00 was submitted and MEGA denied payment.

The Petitioner appealed. MEGA reviewed the claims but affirmed its decision and sent a final adverse determination to the Petitioner dated February 18, 2008.

III ISSUE

Is MEGA required to cover the services the Petitioner received on August 14, 2007?

IV ANALYSIS

Petitioner's Argument

The Petitioner says he woke up one morning in August 2007 and found it difficult to walk. He called the pain in his foot "so sudden and severe" that he thought it might be a symptom of serious trouble. He received treatment from Dr. **XXXXXX** at **XXXXXX**, PC, that included (according to MEGA's explanation of benefits form) x-rays, injection, and strapping of his foot.

The Petitioner says that his student insurance policy (page 8) permits one physician visit per day and he only made one visit on August 14, 2007, so his care at **XXXXXX** should be covered by MEGA.

MEGA's Argument

MEGA said in its final adverse determination that that it denied the claims for the Petitioner's foot care because such care is specifically excluded in the Petitioner's student policy. The policy says (page 14):

EXCLUSIONS AND LIMITATIONS

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to:

* * *

9. Foot care including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions, (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet;

MEGA believes that it properly denied the Petitioner's claims for foot care according to the

terms of his policy.

Commissioner's Review

The Petitioner's policy excludes coverage for foot care. Although no medical records were submitted, it is clear to the Commissioner that the care at **XXXXX** was for his foot (or feet). The Commissioner finds nothing in the policy that provides for an exception to the exclusion for foot care. While it is true, as the Petitioner points out, that one physician visit per day is a covered medical expense, the policy goes on to say that "covered medical expenses" means "reasonable charges which are...made for services and supplies not excluded under the policy..." [Emphasis added] Since foot care is excluded under the policy, the charge for the services from **XXXXX** is not covered medical expenses.

The Commissioner finds that MEGA paid the Petitioner's claims according to the terms and conditions of his policy.

**V
ORDER**

The Commissioner upholds MEGA's adverse determination of February 18, 2008. MEGA is not required to pay for the Petitioner's services on August 14, 2007.

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 sixty 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 Commissioner of the Office of Financial and Insurance Regulation, Health Plans Division, Post Office Box 30220, Lansing, MI 48909-7720.