

**STATE OF MICHIGAN**  
**DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**  
**OFFICE OF FINANCIAL AND INSURANCE REGULATION**  
**Before the Commissioner of Financial and Insurance Regulation**

**In the matter of**

**XXXXXX**

**Petitioner**

**File No. 119862-001-SF**

**v**

**Blue Cross Blue Shield of Michigan**

**Respondent**

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**Issued and entered**  
**this 26th day of August 2011**  
**by R. Kevin Clinton**  
**Commissioner**

**ORDER**

**I. PROCEDURAL BACKGROUND**

On March 4, 2011, XXXXX (Petitioner) filed a request for external review with the Commissioner of Financial and Insurance Regulation under Public Act No. 495 of 2006, MCL 550.1951 *et seq.* The Petitioner has health care coverage through her employer, the State of Michigan. The Petitioner's benefits are defined in the BCBSM XXXXX benefit guide.

The plan, administered by Respondent Blue Cross Blue Shield of Michigan (BCBSM), is self-funded. Act 495 authorizes the Commissioner to conduct external reviews for state and local government employees who receive health care benefits in a self-funded plan. Under Act 495, the reviews are conducted in the same manner as reviews conducted under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* The case was accepted for review on March 11, 2011.

Because it involved medical issues, the case was assigned to an independent review organization which provided its analysis and recommendations on March 25, 2011.

**II. FACTUAL BACKGROUND**

The Petitioner went to the emergency room on May 13, 2010, complaining of weakness, blurred vision, unsteadiness, headache and vomiting. She was discharged the next day with a diagnosis of cerebrovascular accident or stroke. On June 23, 2010, her doctor ordered mobile cardiac outpatient telemetry (MCOT) monitoring to determine whether Petitioner had a heart problem which might have contributed to her May 13 stroke. The monitoring was conducted

from June 26 through July 20, 2010. The amount charged for this service was \$3,885.

BCBM denied coverage for the MCOT ruling it was investigational. The Petitioner appealed the denial of coverage through BCBSM's internal grievance process. After a managerial-level conference on January 7, 2011, BCBSM did not change its decision and issued a final adverse determination dated January 11, 2011.

### **III. ISSUE**

Did BCBSM properly deny coverage for the Petitioner's MCOT?

### **IV. ANALYSIS**

#### Petitioner's Argument

The Petitioner states that she was not told by her doctor or the company that there would be any problem with her insurance paying for this device. She indicates that during the time she wore the monitor at home, she experienced atrial fibrillation on three occasions. Without the monitor, the Petitioner believes she would not have been diagnosed with atrial fibrillation and would not have received the proper treatment to prevent another stroke.

The Petitioner believes that her monitor was medically necessary in her case and a payable benefit under her coverage. She argues that BCBSM is required to pay for this care.

#### BCBSM's Argument

In its final adverse determination, BCBSM wrote:

We are unable to allow payment for the mobile outpatient cardiac telemetry (MOCT) service because it is considered to be investigational. Your contract through the State of Michigan excludes benefits for investigational services.

Using MOCT is a way for a doctor to keep track of the heartbeat of patients whose hearts may be beating irregularly. Other types of heartbeat monitoring require the patient to push a button to record their heartbeat when they feel palpitations or other symptoms. However, the patient doesn't always remember to do this, so the doctor might not be able to determine why the patient had the symptoms. In addition, the recording of the irregular heartbeat isn't transmitted until the end of the day. Companies such as Cardio-Net have tried to solve this problem by providing 24 hour a day, seven-day a week live monitoring of the patient's heartbeat for up to 30 days.

Unfortunately, there have not been enough studies to prove that this type of monitoring is any better than the other currently available heart monitoring systems in improving patient health outcomes. Therefore, real-time MOCT is considered to be investigational.

Since investigational devices are excluded in the certificate, BCBSM believes that it is not required to cover MCOT for the Petitioner.

### Commissioner's Review

The certificate (p. 29) requires that a service must be medically necessary to be covered. In addition, coverage is not provided for "services, care, devices or supplies considered experimental or investigative."

The question of whether the Petitioner's MCOT was experimental for treatment of her condition was presented to an independent medical review organization (IRO) for analysis, as required by section 11(6) of the Patient's Right to Independent Review Act. The IRO reviewer is a physician in active practice certified by the American Board of Internal Medicine with a subspecialty in cardiovascular disease and is published in peer reviewed medical literature. The reviewer's report included the following analysis:

It is the determination of this reviewer that the Mobile Cardiac Outpatient Telemetry (MCOT) was not experimental/investigative in this particular case.

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In reviewing the medical literature, one is able to identify studies that have examined the utility of Mobile Cardiac Outpatient Telemetry (MCOT). There is sufficient evidence in the current medical literature to establish that MCOT is more efficacious than standard loop monitors in detecting symptomatic and asymptomatic arrhythmias.

There is evidence in the clinical literature to support the notion that MCOT such as CardioNet, are more likely to capture and document symptomatic and asymptomatic arrhythmias. For example, Rothman, et. al. (See reference below) concluded that "MCOT was superior in confirming the diagnosis of clinically significant arrhythmias, detecting such events in 55 of 134 patients (41%) compared with 19 of 132 patients (15%) in the LOOP group (P<0.001)." As such, in the view of the data demonstrating that MCOT is more efficacious than standard loop monitors in detecting both symptomatic and asymptomatic arrhythmias, the use of this technology is not experimental/investigational. It's use in this case would be in keeping with the expected standards of care in the community.

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References:

1. Steven A. Rothman, MD et al., The Diagnosis of Cardiac Arrhythmias: A Prospective Multi-Center Randomized Study Comparing Mobile Cardiac Telemetry Versus Standard Loop Event Monitoring J Cardiovasc Electrophysiol, Vol. 18, pp. 1-7, March 2007.

\* \* \*

(The complete IRO report is provided to the parties with this Order.)

The Commissioner is not required in all instances to accept the IRO's recommendation. However, the IRO's recommendation is afforded deference by the Commissioner. In a decision to uphold or reverse an adverse determination, the Commissioner must cite "the principal reason or reasons why the Commissioner did not follow the assigned independent review organization's recommendation." MCL 550.1911(16) (b). The IRO reviewer's analysis is based on extensive expertise and professional judgment and the Commissioner can discern no reason why the recommendation should be rejected in the present case. The Commissioner accepts the recommendation of the IRO and finds that the MCOT was not experimental for treatment of Petitioner's condition and therefore is a covered benefit under the certificate.

#### **V. ORDER**

Respondent BCBSM's January 11, 2011, final adverse determination is hereby reversed. BCBSM is required to provide coverage for the Petitioner's 2010 mobile cardiac outpatient telemetry (MCOT) monitoring. Coverage is to be provided within 60 days from the date of this Order with proof of compliance provided to the Commissioner within seven days of compliance.

To enforce this Order, the Petitioner may report any complaint regarding implementation to the Office of Financial and Insurance Regulation, Health Plans Division, toll free at (877) 999-6442.

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

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R. Kevin Clinton  
Commissioner