STATE OF MICHIGAN

DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES

Before the Director of the Department of Insurance and Financial Services

In the matter of:

Susanti Chowdhury, MD
Petitioner

v **File No. 21-1234**

Citizens Insurance Company of America
Respondent

Issued and entered
this 1st day of October 2021
by Sarah Wohlford
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On August 9, 2021, Dr. Susanti Chowdhury (Petitioner) filed with the Department of Insurance and Financial Services (Department) a request for an appeal pursuant to Section 3157a of the Insurance Code of 1956 (Code), 1956 PA 218, MCL 500.3157a. The request for an appeal concerns the determination of Citizens Insurance Company of America (Respondent) that the Petitioner provided to an injured person treatment that was not medically necessary under Chapter 31 of the Code, MCL 500.3101 to MCL 500.3179.

The Respondent issued to the Petitioner a written notice of the Respondent's determination under R 500.64(1) on August 31, 2021. The Petitioner's appeal is based on the denial of a bill pursuant to R 500.64(3) which allows a provider to appeal to the Department from the denial of a provider's bill.

The Department accepted the request for an appeal on August 11, 2021. Pursuant to R 500.65, the Department notified the Respondent and the injured person of the Petitioner's request for an appeal on August 11, 2021 and provided the Respondent with a copy of the Petitioner's submitted documents. The Respondent filed a reply to the Petitioner's appeal on September 1, 2021.

The Department assigned an independent review organization (IRO) to analyze issues requiring medical knowledge or expertise relevant to this appeal. The IRO submitted its report and recommendation to the Department on September 9, 2021.

II. FACTUAL BACKGROUND

This appeal concerns a medical service provided by the Petitioner on May 13, 2021 to the injured person. The Petitioner filed a claim for CPT code 99214 – an office visit with an established patient involving a moderate level of medical decision making. The Respondent denied the claim.

The Petitioner submitted notes from the office visit. In the appeal request, the Petitioner stated that the medication he prescribed at the time of the office visit was covered so the office visit should be covered as well. The Petitioner stated that he sees this patient on a monthly basis and claims for past office visits in April and June 2021 were paid by the insurer.

In its reply, the Respondent stated that a detailed physical examination is required including "an extended exam of the body areas affected" in order to justify reimbursement. According to the Respondent, the Petitioner did not submit any new clinical information or a reference to past medical history, social history, or family history. The Respondent concluded that, in the absence of this information, the medical service in question was not medically necessary.

III. ANALYSIS

Under MCL 500.3157a(5), a provider may appeal an insurer's determination that the provider overutilized or otherwise rendered inappropriate treatment, products, services, or accommodations, or that the cost of the treatment, products, services, or accommodations was inappropriate under Chapter 31 of the Code. This appeal involves a question of medical necessity.

The Director assigned an IRO to review the case file. The IRO reviewer is a physician in active practice who is board-certified in physical medicine and rehabilitation and pain management. In the report, the IRO reviewer referenced R 500.61(i), which defines "medically accepted standards" as the most appropriate practice guidelines for the treatment provided. These may include generally accepted practice guidelines, evidence-based practice guidelines, or any other practice guidelines developed by the federal government or national or professional medical societies, board, and associations. In preparing the IRO report, the reviewer relied on Official Disability Guidelines, the American Medical Association's standards for CPT coding, and other medical reference works.

The IRO reviewer observed that the injured person had a complex diagnosis with multiple medical issues. The reviewer found that the records provided a detailed history and examination as well as a detailed treatment plan. The reviewer found that the records established that the use of CPT code 99214 for the May 13, 2021 office visit was appropriate. The reviewer concluded that the May 13, 2021 office visit was medically necessary in accordance with medically accepted standards as defined by R 500.61(l).

The reviewer recommended that the Director reverse the insurer's denial of coverage.

IV. ORDER

The Director reverses the Respondent's determination dated August 31, 2021.

The Petitioner is entitled to payment in the full amount billed and to interest on any overdue payments as set forth in Section 3142 of the Code, MCL 500.3142. R 500.65(6) The Respondent shall, within 21 days of this order, submit proof that it has complied with this order. This order is subject to judicial review as provided in section 244(1) of the Code, MCL 500.244(1).

This order applies only to the treatment and dates of service discussed herein and may not be relied upon by either party to determine the injured person's eligibility for future treatment or as a basis for action on other treatment or dates of service not addressed in this order.

This is a final decision of an administrative agency. A person aggrieved by this order may seek judicial review in a manner provided under Chapter 6 of the Administrative Procedures Act of 1969, 1969 PA 306, MCL 24.301 to 24.306. MCL 500.244(1); R 500.65(7). A copy of a petition for judicial review should be sent to the Department of Insurance and Financial Services, Office of Research, Rules, and Appeals, Post Office Box 30220, Lansing, MI 48909-7720.

Anita G. Fox
Director
For the Director:

Recoverable Signature

X Sarah Wohlford

Sarah Wohlford
Special Deputy Director
Signed by: Sarah Wohlford