

STATE OF MICHIGAN  
DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES  
Before the Director of Insurance and Financial Services

In the matter of:

██████████

Petitioner

v

Blue Cross Blue Shield of Michigan  
Respondent

File No. 146078-001

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Issued and entered  
this 12<sup>th</sup> day of February 2015  
by Randall S. Gregg  
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On January 29, 2015 ██████████ (Petitioner) filed a request with the Director of Insurance and Financial Services for an external review under the Patient's Right to Independent Review Act, MCL 550.1901, *et seq.* On February 5, 2015, after a preliminary review of the information submitted, the Director accepted the request.

The Petitioner receives health care benefits through a group plan that is underwritten by Blue Cross Blue Shield of Michigan (BCBSM). The benefits are defined in the *BCBSM Premier Silver Benefits Certificate* as amended by the *Blue Cross Premier Silver Cost-Sharing 73* rider.

The Director notified BCBSM of the external review request and asked for the information it used to make its final adverse determination. The Director received BCBSM's response on February 6, 2015.

This case presents an issue of contractual interpretation. The Director 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

On October 23, 2014 and November 6, 2014 the Petitioner was seen by ██████████  
██████████ at the ██████████ for office visits and related medical

testing. BCBSM's approved amount for these services was \$699.43 and it applied that amount to the Petitioner's annual deductible which, at the time, had not been met.

The Petitioner appealed BCBSM's claims decision through its internal grievance process. At the conclusion of that process, BCBSM issued a final adverse determination dated January 20, 2015, affirming its decision. The Petitioner now seeks a review of that adverse determination from the Director.

### III. ISSUE

Did BCBSM correctly process the claim for [REDACTED] October 23, 2014 and November 6, 2014 services?

### IV. ANALYSIS

#### BCBSM's Argument

In its final adverse determination to the Petitioner, BCBSM explained its benefit decision:

The office visit and procedures reported are not considered preventive services under your contract and therefore subject to your deductible requirements. You are responsible for the total of \$699.43.

You are covered under the *Blue Cross Premier Silver Benefits Certificate*... which is amended by *Rider Blue Cross Premier Silver Cost-Sharing 73* to decrease the annual in-network integrated deductible requirement to \$1,000.00 for one member each calendar year. As explained on Page 12 of the *Certificate* in **Section 2:**

#### **What You Must Pay: Deductible Requirements:**

We will begin paying for covered services after the integrated deductible has been met. If the contract is a family contract (two or more members), we will begin paying for covered services for any member on the contract only after the entire family deductible has been met.

Preventive benefits, including screening mammography and screening colonoscopy, are not subject to deductible.

Preventive care services are explained beginning on Page 89 of the certificate. It states:

To see a list of the preventive benefits and immunizations that are mandated by the Patient Protection and Affordable Care Act (PPACA), you may go to the following website:

ww.HealthCare.gov/center/regulations/prevention.html. You may also contact BCBSM customer service.

We pay 100% of our approved amount for the preventive care services listed below, along with the related reading and interpretation of your test results, only when rendered by in-network providers.

Deductibles, coinsurance or copayments are not required for these services when performed by an in-network provider.

- Health Maintenance Examination
- Flexible Sigmoidoscopy Examination
- Gynecological Examination
- Screening Mammography
- Fecal Occult Blood Screening
- Well-Baby and Child Care Visits
- Immunizations
- Routine Laboratory Services
- Colonoscopy
- Morbid Obesity Weight Management
- Tobacco Cessation Programs
- Women's Preventive Care Contraceptive Services

**We do not pay for:**

- Screening services other than the ones listed above.

The claims from [REDACTED] were for an office visit, an EKG, a transthoracic echocardiogram, and a Doppler echocardiogram with color flow velocity mapping (procedure codes 99214, 93000, 93351, 93320 and 93325). These services are not included in the covered preventive services listed in the *Certificate*, and they are not mandated by the Patient Protection and Affordable Care Act. Therefore, they are subject to your deductible requirement. Because the annual deductible requirement had not been met at the time the claims were processed by us, the approved amounts for the services you received were properly applied to your deductible and are your responsibility.

Petitioner's Argument

In a December 12, 2014, letter submitted with her request for external review, the Petitioner wrote:

I have a yearly check-up with my cardiologist, [REDACTED] because I have heart palpitations and irregular heartbeat and since my mother had heart disease I consider this preventative care. I had my initial appointment on

10-23-14. My cardiologist felt that since it had been 2 years since my last stress test and I was complaining of palpitations that he would order a stress test.

This test was done on 11-6-14 and total charges for services are \$699.43. My BCBS insurance did not pay for any of my charges for my initial appointment which included an EKG or my second appointment which was the stress test.

I feel that since this is preventative care that it should be covered at 100% just as my yearly physical and mammogram are covered at 100%.

#### Director's Review

The Petitioner had an office visit with her cardiologist and an electrocardiogram on October 23, 2014. She had three medical tests on November 6, 2014 which were prescribed by her cardiologist. The services are covered under the Petitioner's health plan but, because they were provided in order to monitor the Petitioner's previously diagnosed medical condition, the services are subject to a deductible requirement. Office visits for medically diagnosed conditions and tests related to the diagnosis are not preventive services that are exempt from cost-sharing requirements.

The Director finds that BCBSM correctly applied its approved amount for the Petitioner's office visit and related diagnostic services provided on October 23, 2014 and November 6, 2014, to the deductible.

#### **V. ORDER**

The Director upholds BCBSM's final adverse determination of January 20, 2015.

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.

Annette E. Flood  
Director

For the Director:



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Randall S. Gregg  
Special Deputy Director