

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. 146587-001

Blue Cross Blue Shield of Michigan
Respondent

Issued and entered
this 24th day of March 2015
by Randall S. Gregg
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On March 2, 2014, ██████████ (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.* After a preliminary review, the Director accepted the request on March 9, 2015.

The Petitioner receives health care benefits through an individual plan underwritten by Blue Cross Blue Shield of Michigan (BCBSM). The benefits are defined in BCBSM's *Simply Blue Group Benefits Certificate LG*. The Director notified BCBSM of the request and asked for the information BCBSM used to make its final adverse determination. The Director received BCBSM's response on March 17, 2015.

The issue in this external review can be decided by a contractual analysis. 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 December 24, 2014, the Petitioner had several blood tests performed in preparation for his annual physical. The charge was \$510.90. BCBSM denied coverage.

The Petitioner appealed the denial through BCBSM's internal grievance process. BCBSM conducted a managerial level conference on February 10, 2015 and issued a final adverse determination on February 13, 2015, affirming its decision. The Petitioner has now appealed BCBSM's ruling to the Director.

III. ISSUE

Is BCBSM required to provide coverage for the Petitioner's December 24, 2014 preventive laboratory services?

IV. ANALYSIS

BCBSM's Argument

In its final adverse determination to the Petitioner, BCBSM wrote:

You are covered under the *Simply Blue Group Benefits Certificate LG*. On page 81 of your Certificate, under **Section 3: What Blue Cross Blue Shield of Michigan (BCBSM) Pays For, Preventive Care Services...** it states:

We pay for all other immunizations and preventive care benefits mandated by Patient Protection and Affordable Care Act (PPACA) at the time services are performed.

Your Certificate further states on page 81:

We pay for the following services once per member, per calendar year, when performed as routine screening:

- Chemical profile
- Cholesterol testing

On December 24, 2014, you had procedure codes 80050 (General health panel), 80061 (Lipid panel) and 84439 (Thyroxine; free) performed as a routine screening.

Previously, on January 13, 2014 you also had procedure codes 80050, 80061 and 84439 performed as a routine screening. Therefore, since the services you had rendered on December 24, 2014 were previously performed on January 13, 2014 with a routine screening diagnosis and the approved amount was paid, the services on December 24, 2014 are not payable.

Petitioner's Argument

In a letter dated February 22, 2015, the Petitioner wrote:

I am filing an appeal for the payment of my recent lab tests that I had done for my annual physical. As of last year, your company, makes my company, make me have annual physicals to keep costs down. Which I am not against. However, I was not aware of the strict time lines in which labs and office visits have to be made. I had my labs done for my required visit two weeks prior, so that the doctor would have them available to review during my office visit. Now because I had them done in the same calendar year as my last physical, I am being told I'm liable for charges of labs. Please be advised I was trying to be pro-active in my health

care and was unaware of the calendar year "rule" of lab draws. I am now aware and ask that you please pay for this lab request of \$510.90. If you notice the dates, I had the labs drawn on Dec 24, 2014 and my appointment was on January 9, 2015. I hope the appeal goes through on account of only 6 days till the new year and my appointment being in the first part of January.

Director's Review

The certificate (page 81) covers preventive laboratory services once per member, per calendar year.

There is no dispute the Petitioner received routine screening laboratory services (procedure codes 80050, 80061 and 84439) on January 13, 2014 that BCBSM covered. The Petitioner had these services provided again on December 24, 2014 which is within the same calendar year. Therefore, BCBSM denied these services based on the language of the certificate that limits coverage of these services to once per calendar year.

While it is unfortunate that Petitioner was unaware that his benefit plan provides coverage for routine laboratory tests only once in a calendar year. The Petitioner's request to have a second set of laboratory tests covered by BCBSM is inconsistent with the terms of his benefit plan.

V. ORDER

Blue Cross Blue Shield of Michigan's final adverse determination of February 13, 2015 is upheld.

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 60 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 Department of Insurance and Financial Services, Office of General Counsel, P.O. Box 30220, Lansing, MI 48909-7720.

Annette E. Flood
Director

For the Director



Randall S. Gregg
Special Deputy Director