STATE OF MICHIGAN

DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES

Before the Director of Insurance and Financial Services

In the matter of:

[redacted]
Petitioner

v **File No. 147485-001**

Blue Cross Blue Shield of Michigan
Respondent

Issued and entered
this 12th day of May 2015
by Randall S. Gregg
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On April 22, 2015, [redacted] (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 April 29, 2015, after a preliminary review of the information submitted, the Director accepted the request.

The Petitioner has healthcare benefits through an individual plan with Blue Cross Blue Shield of Michigan (BCBSM). The benefits provided are set forth in the *BCBSM Keep Fit and Member Edge Individual Market Certificate* and a related rider establishing cost sharing requirements such as deductibles and coinsurance. The Director notified BCBSM of the external review request and asked for the information used to make its final adverse determination. The Director received BCBSM's response on May 4, 2015.

This case can be resolved by applying the terms of the Petitioner's coverage; it does not require a medical opinion from an independent review organization. See MCL 550.1911(7).

II. FACTUAL BACKGROUND

On October 28, 2014, the Petitioner had an appointment with his physician who ordered several medical tests including urinalysis, blood tests, a breathing capacity test, and an electrocardiogram. BCBSM provided coverage for the doctor's visit and urinalysis and processed the claims as preventive care not subject to cost sharing. BCBSM processed claims for venipuncture (drawing blood) and the breathing capacity tests as not preventive and therefore

subject to a deductible. BCBSM initially denied any coverage for the ECG test but later agreed to pay the claim at the non-preventive service level subject to a deductible.

The Petitioner's blood sample was used for the following tests:

- 80061 – lipid panel
- 80069 – renal function panel
- G0103 – prostate cancer screening; prostate specific antigen test
- 84460 – alanine amino (ALT)(SGPT)
- 82247 – bilirubin, total
- 82248 – bilirubin, direct
- 84450 – transferase; aspartate amino (AST) (SGOT)
- 84075 – phosphatase, alkaline
- 84155 – protein, total, except by refractometry, serum, plasma or whole blood
- 85025 – complete CBC

BCBSM covered all but one of these tests as preventive services and paid 100 percent of its allowed amount. It processed the renal function panel as not preventive and assessed a deductible of $13.07. The Petitioner was assessed deductibles totaling $81.39.

The Petitioner appealed BCBSM's decision to treat some of the medical tests as non-preventive. BCBSM issued a final adverse determination dated February 20, 2015. The Petitioner now seeks a review of that final adverse determination from the Director.

In his request for an external review, the Petitioner wrote:

> While at my doctor's office obtaining a Wellness Examination, I requested my doctor to contact my insurance company to make sure all services were covered. When the doctor's assistant made the call, she was informed the "computers were down." My doctor had suggested the service as part of a routine physical that should be done for everyone my age. If I had known, however, that it was not covered, I would not have gone forward.

III. Issue

Did BCBSM correctly process the claims for Petitioner's October 28, 2014 medical tests?

IV. ANALYSIS

The Patient Protection and Affordable Care Act (PPACA), a federal statute, requires that certain preventive care services be provided without any cost sharing, such as deductibles. The PPACA includes this requirement (42 USC §300gg-13):

> A group health plan and a health insurance issuer offering group or individual health insurance coverage shall, at a minimum provide coverage for and shall not impose any cost sharing requirements for —
>
> (1) evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;

This requirement is incorporated in the Petitioner's certificate of coverage and related rider. Because some of the laboratory tests the Petitioner received were not rated A or B by the United States Preventive Services Task Force, they are subject to the cost-sharing requirements of the Petitioner's health plan. Since the Petitioner had not met his in-network deductible requirement, the approved amount ($81.39) was correctly applied to the Petitioner's deductible obligation.

The Director finds that once BCBSM adjust the claims for the ECG its application of $81.39 to the deductible will be consistent with the terms of the certificate and rider.

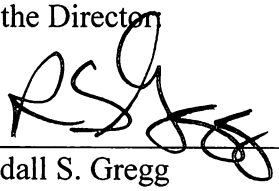
V. ORDER

The Director upholds BCBSM's final adverse determination of February 20, 2015, as amended to provide non-preventive level coverage for the ECG test.

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



Randall S. Gregg
Special Deputy Director