

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. 150917-001

UnitedHealthcare Insurance Company,

Respondent.

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Issued and entered  
this 9<sup>th</sup> day of December 2015  
by Randall S. Gregg  
Special Deputy Director

**ORDER**

**I. PROCEDURAL BACKGROUND**

██████████ (Petitioner) had a colonoscopy and her health insurer, UnitedHealthcare Insurance Company (UHC), applied its eligible expense for the service to her deductible. The Petitioner thought the procedure would be covered with no out of pocket expense.

On November 16, 2015, she filed a request with the Director of Insurance and Financial Services for an external review of UHC's decision under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.*

The Petitioner receives group health care benefits through a plan that is underwritten by UHC. The Director immediately notified UHC of the external review request and asked for the information it used to make its final adverse determination. UHC provided its response on November 18, 2015. The Director accepted the case for review on November 23, 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**

The Petitioner health care benefits are defined in the *UnitedHealthcare Choice Plus*

certificate of coverage (the certificate) and the certificate's "Schedule of Benefits."

On June 23, 2015, the Petitioner had an outpatient colonoscopy performed primarily by network providers. UHC paid a portion of the eligible expense for the procedure (\$328.86) but it also applied \$1,019.70 to the Petitioner's deductible and \$82.21 in coinsurance, leaving the Petitioner responsible out of pocket for a total of \$1,101.91.

The Petitioner appealed UHC's claims processing decisions through its internal grievance process. At the conclusion of that process, UHC issued a final adverse determination dated September 14, 2015, affirming its decision. The Petitioner now seeks a review of that final adverse determination from the Director.

### III. ISSUE

Did UHC correctly process the claims related to the Petitioner's colonoscopy?

### IV. ANALYSIS

#### Petitioner's Position

In a letter filed with the external review request, the Petitioner wrote:

I have a history of colon cancer that runs in my family. My great-grandmother and my uncle (both on my mother's side of the family) had colon cancer. My uncle passed away from this at the age of [REDACTED]. My mom has had a few colonoscopies since my uncle passed away, and every time she has this procedure they remove many polyps. My brother just had this procedure done two years ago, and he had cancerous polyps removed.

In order to help prevent me from having any issues with colon cancer, my physician . . . strongly advised me to have a colonoscopy for preventative measures. Before I had this procedure done, I called the insurance company and talked with them and asked if this would be covered. I was told that it would be fully covered because of my medical history. I scheduled the procedure and I am now getting billed for something that I was told would be covered.

#### UHC's Position

In the September 14, 2015 final adverse determination UHC stated:

We carefully reviewed the documentation submitted, our payment policies and the limitations, exclusions and other terms of your Benefit Plan, including any applicable Riders, Amendments, and Notices. We confirmed, however, that this ser-

vice(s) is not eligible for payment as you requested. You are responsible for all costs related to this service(s).

Based on our review, according to your Benefit Plan, under the Section Schedule of Benefits, Subsection Surgery - Outpatient, this request for payment was processed correctly.

In your letter, you stated that you received routine service(s). The codes submitted by your provider were not for routine service(s).

Please be informed that claims are processed according to the information provided by the provider of service. The provider's individual name, group name, address, telephone number, and tax identification number are used to determine if a provider is contracted or not contracted with UnitedHealthcare. We must also use the procedure codes that are submitted by the provider. If any of the information on the claim is incorrect, the provider of service must submit a corrected bill to UnitedHealthcare.

#### Director's Review

The Petitioner says a UHC representative told her "that as long as the colonoscopy was billed as preventative, it would be fully covered,"<sup>1</sup> which she understood to mean that she would have no out-of-pocket expense. However, the procedure was not billed as a preventive care service; it was billed as a diagnostic service. Diagnostic medical care involves treatment or tests that help to diagnose a known problem or risk, such as the Petitioner's family history of colon cancer.

UHC did cover the colonoscopy, but all covered benefits are subject to any requirements for deductibles, coinsurance, and copayments. According to the "Schedule of Benefits" (p. 28), outpatient surgery, e.g., a colonoscopy, is covered at 80% after the deductible has been met. The July 16, 2015, explanation of benefits statement shows how UHC processed the claims related to the colonoscopy, and on that basis the Director concludes that UHC did so correctly according to the terms and conditions of the certificate and the "Schedule of Benefits."

Certain preventive care services are required by the federal Patient Protection and Affordable Care Act to be performed without cost sharing. Those preventive care services are described in the certificate (pp. 18-19) and include services that have a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF). One of those services is "colorectal cancer screening," which may include a colonoscopy. The USPSTF recommendation says:

The USPSTF recommends screening for colorectal cancer using fecal occult

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<sup>1</sup> Letter to UHC from the Petitioner dated August 11, 2015.

blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.

In this case, the Petitioner, born [REDACTED] was [REDACTED] years old when the colonoscopy was performed. Therefore, she did not meet the age criterion that determines if the colorectal cancer screening must be covered with no cost sharing.

The Director finds that UHC correctly processed the claims for the Petitioner's colonoscopy.

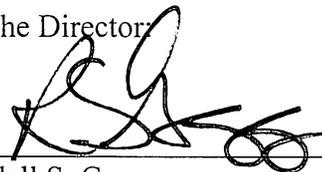
#### V. ORDER

The Director upholds UHC's final adverse determination of September 14, 2015.

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 Michigan 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, Post Office Box 30220, Lansing, MI 48909-7720.

Patrick M. McPharlin,  
Director

For the Director:



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Randall S. Gregg  
Special Deputy Director