STATE OF MICHIGAN

DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES

Before the Director of the Department of Insurance and Financial Services

In the matter of:

Arrived Transportation
Petitioner **File No. 24-1606**

v

Citizens United Reciprocal Exchange
Respondent

Issued and entered
this 30th day of October 2024
by Jeffrey Hayden
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On August 27, 2024, Arrived Transportation (Petitioner) filed with the Department of Insurance and Financial Services (Department) a request for an appeal pursuant to Section 3157(a) of the Insurance Code of 1956 (Code), 1956 PA 218, MCL 500.3157(a). The request for an appeal concerns the determination of Citizens United Reciprocal Exchange (Respondent) that the Petitioner overutilized or otherwise rendered or ordered inappropriate treatment, products, services, or accommodations under Chapter 31 of the Code, MCL 500.3101 to MCL 500.3179.

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 Respondent issued a bill denial to the Petitioner on June 10, 2024.

The Department accepted the request for an appeal on August 28, 2024. Pursuant to R 500.65, the Department notified the Respondent and the injured person of the Petitioner's request for an appeal on September 11, 2024 and provided the Respondent with a copy of the Petitioner's submitted documents. The Respondent filed a reply to the Petitioner's appeal on October 2, 2024.

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 October 14, 2024.

II. FACTUAL BACKGROUND

This appeal concerns the denial of payment for non-emergency medical transportation services rendered on 12 dates of service.[1] The Petitioner billed the Respondent for these services using Healthcare Common Procedure Coding System (HCPCS) Level II codes T2003 and T2007. These procedure codes are described as non-emergency transportation, encounter/trip; and transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments, respectively.

With its appeal request, the Petitioner submitted supporting documentation which included the determination issued by the Respondent, a Disability Certificate signed by a physician, the billing claim forms for the dates of service at issue, travel logs, and a narrative outlining its reason for the appeal. The Petitioner's documentation identified the injured person's diagnoses as superficial injury of the wrist, hand and fingers; injury of the muscle, fascia and tendon at the wrist and hand level; and thoracic, thoracolumbar, and lumbosacral intervertebral disc disorders following a December 2023 motor vehicle accident.

The Petitioner's request for an appeal stated:

> [We were] contacted to provide NEMT (non-emergency medical transportation) to [the injured person], in which we require Disability Slips from [a] physician stating transportation is necessary… As stated in Bulletin 2021-38-INS by the Department…, Transportation falls under MCL 500.3107 which states that all charges should be reasonable. Transportation does not fall under MCL 500.3157 which is subject to [the] fee schedule…Even though [our bills] …are always open to negotiation with Insurance companies which is done with 95% of bills that are not paid in totality. [We were] in communication with [the Respondent] and was sen[t] a Letter of Acceptance with an agreed upon amount of $5,915 for this invoice. The agreement was signed and submitted back to [the Respondent] on 05/30/2024. When [the] Letter of acceptance is signed, [we were] expecting agreed upon reimbursement. [We] began services for [the injured person] in January of 2024 and has yet to receive any payments. [We were] then issued [a determination] from [the Respondent] which states, payment for transportation services has been denied. Status Code for this denial is MI42: 'Denied per review of medical documentation. Treatment is not medically necessary[.]' [The injured person] has yet to complete an [independent medical examination (IME)] to determine treatment necessity. We are asking that the denial decision be reconsidered and negotiated amount be paid for transportation services rendered.

In its determination, the Respondent stated that the non-emergency medical transportation services at issue were not medically necessary, noting "[n]ormal gait, normal stance; muscle strength 5/5[.]

[1] The dates of service at issue in this appeal include January 22, 24 and 30, 2024 and February 2, 5, 7, 12, 14, 19, 21, 26 and 28, 2024.

Nothing in the clinical records to indicate the medical necessity for transportation[.]" In its reply, the Respondent reaffirmed its initial determination and stated:

> Following receipt of [the Petitioner's] bill for January 22, 2024 through February 28, 2024, a Utilization Review [(UR)] was conducted to address medical necessity of the transportation. [Our third-party bill reviewer] reviewed the bill and medical records and determined that the transportation was not medically necessary… The documents included in [the Petitioner's] UR Appeal were sent back…for review. [Our third-party bill reviewer] upheld the original determination that the transportation was not medically necessary.

III. ANALYSIS

Director's Review

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 dispute regarding inappropriate services and overutilization.

The Director assigned an IRO to review the case file. In its report, the IRO reviewer concluded that, based on the submitted documentation, medical necessity was supported on the dates of service at issue and the services were not overutilized in frequency or duration based on medically accepted standards.

The IRO reviewer is a physician, board-certified in family medicine. In its 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, boards, and associations. The IRO reviewer relied on medical guidelines published by the National Highway Traffic Safety Administration (NHTSA) in support of its recommendation.

The IRO reviewer opined:

> The [NHTSA] oversees regulations regarding driving. While this is mainly focused on commercial driving, it does apply to personal vehicle use as well… Based on the guidelines provided by NHTSA, it is stated that, 'As long as the immobilization is in place or the affected articulation has not achieved full mobility the driver should be advised to refrain from driving.' Any person with an upper extremity injury requiring immobilization or causing loss of range of motion, would be at increased risk of driving related accidents. The documentation reports a diminished range of motion of the arm, which would increase their risk and, ultimately, would qualify as a disability that would warrant restriction of driving. As such, the transportation provided would be considered medically necessary, and the denial is overturned.

The IRO reviewer recommended that the Director reverse the Respondent's determination that the non-emergency medical transportation services provided to the injured person, on the dates of service at issue, were not medically necessary in accordance with medically accepted standards, as defined by R 500.61(i).

IV. ORDER

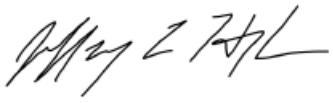
The Director reverses the Respondent's determination dated June 10, 2024.

The Petitioner is entitled to reimbursement in the amount payable under MCL 500.3157 for the treatment on the dates of service discussed herein, 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 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:



Jeffrey Hayden
Special Deputy Director