



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
4190 Washington Street West
Charleston, WV 25313

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

October 13, 2006

Dear Mr. _____:

Attached is a copy of the findings of fact and conclusions of law on your hearing held October 13, 2006. Your hearing request was based on the Department of Health and Human Resources' action to deny your request for a Magnetic Resonance Imaging (MRI) of the Lumbar Spine.

In arriving at a decision, the State Hearings Officer is governed by the Public Welfare Laws of West Virginia and the rules and regulations established by the Department of Health and Human Resources. These same laws and regulations are used in all cases to assure that all persons are treated alike.

Eligibility for the Medicaid Program is based on current policy and regulations. Some of these regulations state as follows:

All services must be medically necessary and appropriate to the member's needs in order to be eligible for payment. The medical records of all members receiving Practitioner Services must contain documentation that establishes the medical necessity of the service. (Practitioner Services Manual Section 502 Medical Necessity).

The information submitted at your hearing revealed: You did not meet the criteria for services.

It is the decision of the State Hearings Officer to uphold the action of the Department to deny the request for an MRI.

Sincerely,

Ray B. Woods, Jr., M.L.S.
State Hearing Officer
Member, State Board of Review

cc: State Board of Review
Barbara White, Program Manager – Bureau for Medical Services
Lisa Goodall, RN – West Virginia Medical Institute

**WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES
BOARD OF REVIEW**

_____,
Claimant,

v.

Action Number: 06-BOR-2956

**West Virginia Department of
Health and Human Resources,**

Respondent.

DECISION OF STATE HEARING OFFICER

I. INTRODUCTION:

This is a report of the State Hearing Officer resulting from a fair hearing concluded on October 13, 2006 for _____. This hearing was held in accordance with the provisions found in the Common Chapters Manual, Chapter 700 of the West Virginia Department of Health and Human Resources. This fair hearing was convened on October 13, 2006 on a timely appeal filed August 8, 2006.

It should be noted here that the Claimant's benefits were terminated at the end of September 2006. A pre-hearing conference was not held between the parties prior to the hearing, and the Claimant did not have legal representation.

II. PROGRAM PURPOSE:

The Program entitled Medicaid is set up cooperatively between the Federal and State governments and administered by the West Virginia Department of Health & Human Resources.

The 1965 Amendments to the Social Security Act established, under Title XIX, a Federal-State medical assistance program commonly known as Medicaid. The Department of Health and Human Resources administers the Medicaid Program in West Virginia in accordance with Federal Regulations. The Bureau for Medical Services is responsible for development of regulations to implement Federal and State requirements for the program. The Department of Health and Human Resources processes claims for reimbursements to providers participating in the program.

III. PARTICIPANTS:

_____, Claimant*

Barbara White, MSW/Program Manager – Bureau for Medical Services (BMS)*

Lisa Goodall, RN – West Virginia Medical Institute (WVMI)*

Cathy Montali, RN – West Virginia Medical Institute (WVMI)*

Oretta Keeney, RN – West Virginia Medical Institute (WVMI)*

Presiding at the Hearing was, Ray B. Woods, Jr., M.L.S., State Hearing Officer and a member of the State Board of Review.*

*The Claimant requested that all parties participate by conference call.

IV. QUESTIONS TO BE DECIDED:

The question(s) to be decided is: Did the Claimant meet the criteria for an MRI of the Lumbar Spine?

V. APPLICABLE POLICY:

Practitioner Services Manual Sections 502 Medical Necessity; and 514.3 Prior Authorization Requirements for Imaging Procedures

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

D-1 Practitioner Services Manual Sections 502 Medical Necessity; and 514.3 Prior Authorization Requirements for Imaging Procedures

D-2 WVMI Medicaid Imaging Authorization Request Form dated 07/03/06

D-3 Denial by Physician Reviewer

D-4 Denial Letter dated 07/07/06

D-5 Request for Reconsideration dated 07/26/06

D-6 Reconsideration Denial Letter dated 08/01/06

Claimants' Exhibits:

None

VII. FINDINGS OF FACT:

1) Practitioner Services Manual Section 502 Medical Necessity states in part (Exhibit D-1):

All services must be medically necessary and appropriate to the member's needs in order to be eligible for payment. The medical records of all members receiving

Practitioner Services must contain documentation that establishes the medical necessity of the service.

- 2) Practitioner Services Manual Section 514.3 Prior Authorization Requirements for Imaging Procedures states in part (Exhibit D-1):

Effective 10/01/05, prior authorization will be required on all outpatient Radiological/Nuclear Medicine services that include Computerized Tomography (CT), Magnetic Resonance Angiography (MRA), Magnetic Resonance Imaging (MRI), Positron Emission Tomography Scans (PET), and Magnetic Resonance Cholangiopancreatography (MRCP). Prior authorization requirements governing the provisions of all West Virginia Medicaid services will apply pursuant to Chapter 300 General Provider Participation Requirements, provider manual. Diagnostic Services required during an emergency room episode will not require prior authorization.

Prior authorization must be obtained from West Virginia Medical Institute (WVMI) prior to the provision of the service. Failure to obtain prior authorization will result in denial of the service; the Medicaid member cannot be billed for failure to receive authorization for these services.

- 3) The Claimant's Physician submitted a request for Medicaid Imaging to WVMI on July 3, 2006 (Exhibit D-2). The reasons given for the request were ruptured disc of the cervical spine, and ruptured disc on a previous MRT done in 1996. The physician referred to the MRI in 1997 as the previous relative diagnostic studies. The treatment provided was the medication Lortab.
- 4) The Reviewing WVMI Physician denied the MRI request based upon an unknown diagnosis and what has changed since 1997 (Exhibit D-3).
- 5) A denial letter was issued to the Claimant and his Physician on July 7, 2006, based upon the reasons given in Findings #4 (Exhibit D-4).
- 6) The Claimant's Physician requested a reconsideration of the initial denial (Exhibit D-5). The request was sent via fax to WVMI on July 26, 2006. The only difference in the previous request dated July 3, 2006, was an addition of "pain increased – severe pain" under previous relative diagnostic studies.
- 7) The reconsideration request was assigned to another physician for review. On August 1, 2006, a letter was issued to the Claimant and Physician (Exhibit D-6). It stated in part:

WVMI received your request for reconsideration of the initial denial of authorization for the above listed patient for the following service(s): MRO of the Lumbar Spine. After due consideration of all relevant factors including documentation in the medical record and any additional information provided, WVMI upheld the initial denial

The reason for this decision is that the physician reviewer found no new information submitted that would support the need for an MRI of the lumbar spine.

- 8) The Claimant testified that his West Virginia Works, Food Stamps, and Medicaid benefits were closed at the end of September 2006. The reason given for the closures was a three month sanction.

VIII. CONCLUSIONS OF LAW:

- 1) Practitioner Services Manual Section 514.3 Prior Authorization Requirements for Imaging Procedures states in part:

Effective 10/01/05, prior authorization will be required on all outpatient Radiological/Nuclear Medicine services that include Computerized Tomography (CT), Magnetic Resonance Angiography (MRA), Magnetic Resonance Imaging (MRI), Positron Emission Tomography Scans (PET), and Magnetic Resonance Cholangiopancreatography (MRCP).

- 2) Practitioner Services Manual Section 502 Medical Necessity states in part:

All services must be medically necessary and appropriate to the member's needs in order to be eligible for payment. The medical records of all members receiving Practitioner Services must contain documentation that establishes the medical necessity of the service.

- 3) The Claimant's Physician did not provide sufficient documentation to support a need for an MRI.

IX. DECISION:

It is the decision of this State Hearing Officer to uphold the Department's action to deny authorization for an MRI of the Claimant's Lumbar Spine.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 13th Day of October, 2006.

**Ray B. Woods, Jr., M.L.S.
State Hearing Officer**