



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW
4190 Washington Street, West
Charleston, West Virginia 25313
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Earl Ray Tomblin
Governor

Karen L. Bowling
Cabinet Secretary

May 28, 2015

[REDACTED]

RE: [REDACTED] v. WV DHHR
ACTION NO.: 15-BOR-1750

Dear Ms. [REDACTED]

Enclosed is a copy of the decision resulting from the hearing held in the above-referenced matter.

In arriving at a decision, the State Hearing 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.

You will find attached an explanation of possible actions you may take if you disagree with the decision reached in this matter.

Sincerely,

Donna L. Toler
State Hearing Officer
Member, State Board of Review

Encl: Appellant's Recourse to Hearing Decision
Form IG-BR-29

cc: Stacy Broce, BMS

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

██████████,

Appellant,

v.

Action Number: 15-BOR-1750

**WEST VIRGINIA DEPARTMENT OF
HEALTH AND HUMAN RESOURCES,**

Respondent.

DECISION OF STATE HEARING OFFICER

INTRODUCTION

This is the decision of the State Hearing Officer resulting from a fair hearing for ██████████. This hearing was held in accordance with the provisions found in Chapter 700 of the West Virginia Department of Health and Human Resources' Common Chapters Manual. This fair hearing was convened on May 27, 2015, on an appeal filed April 6, 2015.

The matter before the Hearing Officer arises from the March 28, 2015 decision by the Respondent to deny prior authorization for Medicaid payment for Durable Medical Equipment (DME)/Incontinence garments.

At the hearing, the Respondent appeared by Virginia Evans, Program Manager, Bureau for Medical Services (BMS). Appearing as a witness for the Department was ██████████, RN, West Virginia Medical Institute (WVMI). The Appellant appeared *pro se*. Appearing as a witness for the Appellant was ██████████, the Appellant's son. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Bureau for Medical Services' Provider Manual §506.5
- D-2 Adult/Pediatric Incontinence Guidelines - HCPCS A4520 and A4554
- D-3 WVMI Medicaid DME/Medical Supplies Authorization Request Form, signed by Dr. ██████████
- D-4 Notices of Initial Denial, dated March 28, 2015

Appellant's Exhibits:

None

After a review of the record, including testimony, exhibits, and stipulations admitted into evidence at the hearing, and after assessing the credibility of all witnesses and weighing the evidence in consideration of the same, the Hearing Officer sets forth the following Findings of Fact.

FINDINGS OF FACT

- 1) The Appellant's physician, [REDACTED], MD (Dr. [REDACTED]) submitted medical documentation to support a request for prior authorization of Durable Medical Equipment (DME), specifically Incontinence Garments and Disposable Underpads, for the Appellant to the Department on January 12, 2015. (Exhibit D-3)
- 2) On March 28, 2015, APS Healthcare, the agency authorized by the Bureau for Medical Services of the West Virginia Department of Health and Human Resources to review services provided by Medicaid, issued a Notice of Initial Denial indicating that the Appellant's request for DME was denied because the submitted documentation failed to contain an approvable secondary diagnosis from the incontinence guidelines. (Exhibit D-4)
- 3) The Medical Supplies Request Form submitted by [REDACTED], MD, listed the following diagnoses and International Classification of Diseases (ICD) Codes: 436 Acute Late Effects of Cerebrovascular Disease, 788.30 Incontinence Unspecified, and 250.00 Diabetes Mellitus, Type II.
- 4) The acceptable diagnoses and ICD medical codes utilized by the West Virginia Medical Institute, the agency contracted through the Bureau of Medical Services to make eligibility determinations, are listed on the Adult/Pediatric Incontinence Guidelines. Medical necessity for DME cannot be established without a primary and secondary diagnosis contained in the aforementioned guidelines. (Exhibit D-2)
- 5) Dr. [REDACTED] provided the Department with documentation of an eligible primary diagnosis in order to establish medical necessity for Medicaid payment of the requested DME. (Exhibits D-2 and D-3)
- 6) Dr. [REDACTED] failed to provide the Department with documentation of an eligible secondary diagnosis in order to establish medical necessity for Medicaid payment of the requested DME. (Exhibits D-2 and D-3)

APPLICABLE POLICY

West Virginia Medicaid Provider Manual, §506.5 establishes that there are prior authorization requirements for DME. When medical documentation does not meet the medical necessity criteria, or additional information is not received, a denial letter is issued. It is the responsibility

of the prescribing practitioner to submit clinical documentation to establish medical necessity of the prescribed DME.

DISCUSSION

The information submitted by the Appellant's physician was insufficient to establish medical necessity for Durable Medical Equipment - Incontinence Garments and Disposable Underpads based on the criteria set forth in policy.

CONCLUSION OF LAW

Whereas there was insufficient documentation to meet the medical criteria for DME, medical necessity could not be established.

DECISION

It is the decision of the State Hearing Officer to uphold the Department's decision to deny the Appellant's request for prior authorization of Medicaid payment for Durable Medical Equipment - Incontinence Garments and Disposable Underpads.

ENTERED this ____ Day of May 2015.

**Donna L. Toler
State Hearing Officer**