



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
9083 Middletown Mall
White Hall, WV 26554

Earl Ray Tomblin
Governor

Karen L. Bowling
Cabinet Secretary

May 12, 2015



RE: [REDACTED] v. WVDHHR
ACTION NO.: 15-BOR-1799

Dear Mr. [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,

Thomas E. Arnett
State Hearing Officer
Member, State Board of Review

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

cc: Stacy Broce, BMS, WVDHHR

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

██████████,

Claimant,

v.

Action Number: 15-BOR-1799

**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 11, 2015, on an appeal filed April 13, 2015.

The matter before the Hearing Officer arises from the April 1, 2015 decision by the Respondent to deny prior authorization for Medicaid coverage of Magnetic Resonance Imaging (MRI) of the thoracic spine.

At the hearing, the Respondent appeared by Stacy Hanshaw, RN, Bureau for Medical Services, WVDHHR. Appearing as a witness for the Respondent was ██████████, RN, Nurse Reviewer, West Virginia Medical Institute. The Claimant appeared pro se. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 West Virginia Bureau for Medical Services Provider Manual Chapter 528, Covered Services, Limitations, and Exclusions for Radiology Services, Section 528.7
- D-2 InterQual 2014 Imaging Criteria
- D-3 Information received from Claimant's physician
- D-4 Notice of Initial Denial dated April 1, 2015

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) On April 1, 2015, Respondent issued notice (D-4) to the Claimant, his physician, and UHA-Advanced Imaging Center (GRP), advising of the denial of Prior Authorization (PA) for Medicaid payment of Magnetic Resonance Imaging (MRI) of the thoracic spine. This notice indicates that the clinical information submitted for prior authorization by the provider does not demonstrate medical necessity for the requested service.
- 2) West Virginia Medical Institute (WVMI) Nurse Reviewer [REDACTED] testified that the medical documentation submitted by the Claimant's physician (D-3) failed to meet clinical indications found in the InterQual criteria (D-2) used to determine PA. Specifically, Nurse [REDACTED] noted that there must be a determination of what diagnoses the requested study is trying to rule out. In this case, there are no indications of thoracic disc herniation or forminal stenosis. The information provided by the Claimant's physician does indicate the Claimant is having pain, but does not provide diagnoses the physician is trying to rule out. In the Justification of Medical Necessity section of the request, the Claimant's physician indicates that the study was needed to look for space to place the leads of a spinal cord stimulator, but no further information was provided. Nurse [REDACTED] purported that the PA request underwent physician review and could not be approved with the information provided. Moreover, it was noted that the Claimant's physician was advised in the notice that he could submit additional information within 60 days for reconsideration, and no additional information was provided. As a result, medical necessity could not be established and the request was denied.
- 3) The Claimant indicated that he is in pain and unclear what must be submitted by his physician, but indicated that he would take the information reviewed during the hearing to his physician so that information necessary for PA can be provided in a subsequent request.

APPLICABLE POLICY

West Virginia Bureau for Medical Services Provider Manual Chapter 528, Covered Services, Limitations, and Exclusions for Radiology Services, Section 528.7:

For radiology services requiring prior authorization for medical necessity by the Utilization Management Contractor (UMC), the referring/treating provider must submit the appropriate CPT code with clinical documentation and any other pertinent information to be used for clinical justification of services by the UMC. The information must be provided to the UMC, and the prior authorization granted, prior to services being rendered. Prior authorization requests for radiological services must be submitted within the timeframe required by the UMC.

The UMC reviews all requests for services requiring prior authorization. When the medical documentation does not meet medical necessity criteria or additional information is not received, a denial letter is sent to the member or their legal representative, the requesting provider and facility. The denial letter notes the reason for the denial and includes information regarding the member's right to a fair hearing and a Request for Hearing Form for completion. In addition, the letter sent to the provider contains information regarding their right to a reconsideration of the denial. To obtain a copy of the prior authorization form and a list of radiological procedures requiring prior authorization, refer to www.wvdhhr.org.

If services are provided before the prior authorization is confirmed, the provider and/or facility shall not be reimbursed. Prior authorization does not guarantee payment. Prior authorization is required regardless of the place of service unless the service is medically necessary during a documented emergent visit at an emergency room.

National recognized appropriateness criteria, or other criterion that has been approved by BMS, may be utilized for medical necessity reviews of radiology services requiring prior authorization.

Retrospective authorization is available (1) for West Virginia Medicaid covered services denied by the member's primary payer (2) retroactive Medicaid eligibility; and, (3) the next business day following a medically necessary emergency procedure occurring on weekends, holidays, or at times when the UMC is unavailable. A request for consideration of retrospective authorization does not guarantee approval or payment.

DISCUSSION

Policy states that the West Virginia Medicaid Program covers medically necessary services to eligible beneficiaries. Failure to obtain prior authorization from West Virginia Medical Institute will result in the denial of services. Testimony provided on behalf of the Department reveals that documentation submitted by the Claimant's physician was insufficient to determine medical necessity for a MRI procedure of the thoracic spine.

CONCLUSIONS OF LAW

The evidence demonstrates that there was insufficient documentation to support medical necessity for Medicaid authorization of a MRI procedure.

DECISION

It is the decision of the State Hearing Officer to UPHOLD the Department's decision to deny prior authorization for Medicaid payment of a MRI of the thoracic spine.

ENTERED this _____ Day of May 2015.

**Thomas E. Arnett
State Hearing Officer**