



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
1027 N. Randolph Ave.
Elkins, WV 26241

Earl Ray Tomblin
Governor

Karen L. Bowling
Cabinet Secretary

August 14, 2015



RE: [REDACTED] v. WVDHHR
ACTION NO.: 15-BOR-2528

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,

Pamela L. Hinzman
State Hearing Officer
Member, State Board of Review

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

cc: Angela Signore, BMS, WVDHHR

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

██████████,

Appellant,

v.

Action Number: 15-BOR-2528

**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 August 13, 2015, on an appeal filed July 9, 2015.

The matter before the Hearing Officer arises from the June 18, 2015 decision by the Respondent to deny prior authorization of Medicaid coverage for a computerized tomography (CT) scan of the lumbar spine.

At the hearing, the Respondent appeared by Virginia Evans, HHR Specialist, Bureau for Medical Services, WVDHHR. Appearing as a witness for the Respondent was ██████████, LPN, Nurse Reviewer, West Virginia Medical Institute. The Appellant 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 Imaging Criteria 2014.2 - Imaging, Spine, Lumbar
- D-3 Information received from ██████████, M.D.
- D-4 Notices of Initial Denial dated June 18, 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 June 18, 2015, the Respondent issued notices (D-4) to the Claimant and [REDACTED], M.D., advising of the denial of Medicaid authorization for a computerized tomography (CT) scan of the lumbar spine.
- 2) West Virginia Medical Institute (WVMI) Nurse Reviewer [REDACTED] testified that documentation submitted by the medical provider (D-3) failed to meet clinical indications in InterQual criteria (D-2). Therefore, medical necessity could not be established and the request for prior authorization was denied. Specifically, Nurse [REDACTED] indicated that the request was denied because no information was provided by the Appellant's physician concerning worsening symptoms, physical examination findings, documentation of treatment with NSAIDS or acetaminophen for three weeks or more, or documentation of physical therapy or home exercise with activity modification for six weeks or more. In addition, Nurse [REDACTED] testified that there was no information concerning why a Magnetic Resonance Imaging (MRI) procedure was unfeasible.
- 3) The Appellant testified that she is now seeing a spine specialist and is attempting to obtain physical therapy services. She stated that she has pockets of fluid on her spine and has to go to the emergency room occasionally to obtain muscle relaxants for pain relief.

APPLICABLE POLICY

West Virginia Bureau for Medical Services Provider Manual Chapter 528, Covered Services, Limitations, and Exclusions for Radiology Services, Section 528.7 (D-1):

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.

Nationally recognized medical 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 Appellant's physician failed to meet criteria for Medicaid authorization of a CT scan.

CONCLUSIONS OF LAW

The Appellant's medical provider failed to provide sufficient documentation to support medical necessity for Medicaid authorization of a CT scan.

DECISION

It is the decision of the State Hearing Officer to UPHOLD the Department's decision to deny Medicaid authorization for a CT scan.

ENTERED this 14th Day of August 2015.

**Pamela L. Hinzman
State Hearing Officer**