



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

November 20, 2015

[REDACTED]

RE: [REDACTED] v. WVDHHR
ACTION NO.: 15-BOR-3334

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-3334

**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 November 18, 2015, on an appeal filed October 26, 2015.

The matter before the Hearing Officer arises from the October 15, 2015 decision by the Respondent to deny prior authorization of Medicaid coverage for urine catheters.

At the hearing, the Respondent appeared by Virginia Evans, HHR Specialist, Bureau for Medical Services, WVDHHR. Appearing as a witness for the Respondent was ██████████, RN, APS Healthcare. 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 506.5
- D-2 Local Coverage Determination (LCD): Urological Supplies
- D-3 Information received from ██████████, M.D.
- D-4 Notices of Initial Denial dated October 15, 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 October 15, 2015, the Respondent issued notices (D-4) to the Appellant, [REDACTED], M.D., and [REDACTED] advising of the denial of Medicaid authorization for straight tip urine catheters.
- 2) APS Healthcare Nurse Reviewer [REDACTED] testified that documentation submitted by the medical provider (D-3) failed to meet prior authorization criteria. Therefore, medical necessity could not be established and the request for prior authorization was denied. Specifically, Nurse [REDACTED] stated that in Exhibit D-3, the Appellant's physician requested Medicaid authorization for 260 catheters (five per day). Ms. [REDACTED] stated that the Appellant would only require a monthly supply of 150 catheters if she used five per day. In addition, Ms. [REDACTED] stated that the information in Exhibit D-3 conflicted with other documentation submitted electronically by the provider, which indicates that the Appellant would require six catheters per day. The Appellant's medical provider reportedly indicated that the Appellant suffers from urinary tract infections; however, no verification of the infections was provided as required in Exhibit D-2.
- 3) The Appellant testified that she has had to boil catheters to reuse them, and that she had two kidney infections in one month. The Department's witnesses testified that the Appellant could ask her physician to resubmit the request for consideration.

APPLICABLE POLICY

West Virginia Bureau for Medical Services Provider Manual Chapter 506.5 (D-1) states:

For DME services and items requiring prior authorization for medical necessity by WVMI, it is the responsibility of the prescribing practitioner to submit the appropriate clinical documentation i.e., ICD-9 code(s), all information required on the written prescription (see 506.4, 2nd paragraph. (2) for clarification) and any other relevant information.

DISCUSSION

Policy states that the West Virginia Medicaid Program covers medically necessary services to eligible beneficiaries. Failure to obtain prior authorization will result in the denial of services. Testimony provided on behalf of the Department reveals that documentation submitted by the Appellant's physician was inconsistent and failed to meet criteria for Medicaid authorization of straight tip urine catheters.

CONCLUSIONS OF LAW

The Appellant's medical provider failed to provide sufficient documentation to support medical necessity for Medicaid authorization of straight tip urine catheters.

DECISION

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

ENTERED this 20th Day of November 2015.

**Pamela L. Hinzman
State Hearing Officer**