



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
2699 Park Avenue, Suite 100
Huntington, WV 25704

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

May 30, 2007

Dear Ms. _____:

Attached is a copy of the findings of fact and conclusions of law on your hearing held May 29, 2007. Your hearing request was based on the Department of Health and Human Resources' action to deny Medicaid coverage for Sacroiliac Joint Injection.

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: Medicaid covered outpatient services which require medical necessity review and prior authorization include an injection for sacroiliac joint (Medicaid Regulations Chapter 508.1, Attachment 3, November 1, 2004).

The information which was submitted at your hearing revealed that sufficient information was not provided by the physician to show medical necessity.

It is the decision of the State Hearings Officer to uphold the action of the Department to deny Medicaid coverage for Sacroiliac Joint Injection.

Sincerely,

Thomas M. Smith
State Hearing Officer
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review
Miranda Walker, Bureau for Medical Services
Evelyn Whidby, Bureau for Medical Services

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

_____,

Claimant,

v.

Action Number: 07-BOR-1326

**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 May 29, 2007 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.

It should be noted here that the claimant's benefits have been denied pending a hearing decision.

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:

1. _____, Claimant.

2. Miranda Walker, R. N., Bureau for Medical Services (participating by speaker phone).
3. Virginia Evans, Claims Representative, Bureau for Medical Services (participating by speaker phone).
4. Sharon Lopez, R. N., WV Medical Institute (participating by speaker phone).
5. JoAnn Ranson, R.N., Bureau for Medical Services (observing only by speaker phone).
6. Cindy Knighton, R. N., Bureau for Medical Services (observing only by speaker phone).

Presiding at the Hearing was Thomas M. Smith, State Hearing Officer and a member of the State Board of Review.

IV. QUESTIONS TO BE DECIDED:

The question to be decided is whether the Department took the correct action to deny Medicaid coverage for Sacroiliac Joint Injection.

V. APPLICABLE POLICY:

Medicaid Regulations Chapter 508.1
Attachment 3, Outpatient Surgery PA Requirements, 11-1-04.

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- A Copy of regulations (3 pages).
- B Copy of request from Dr. [REDACTED] 1-30-07.
- C Copy of denial letters 2-1-07 (2 pages).

VII. FINDINGS OF FACT:

- 1) A request for authorization for Medicaid coverage for Sacroiliac Joint Injection was submitted for the claimant by Ahmet [REDACTED] MD, on 1-30-07 (Exhibit #B).
- 2) The request for Medicaid coverage for Sacroiliac Joint Injection was denied as there was no documentation provided showing indication of sacroiliac symptoms and because it appeared to be lumbar with negative MRI.
- 3) A hearing request was received by the Bureau for Medical Services on 3-13-07, by the Board of Review on 5-8-07, and by the State Hearing Officer on 5-11-07.
- 4) Testimony from the Bureau for Medical Services R.N. indicated that Medicaid Regulations from Chapter 508.1 require that Medicaid covered outpatient services require medical necessity review and prior authorization and that Attachment 3 indicated that a sacroiliac joint injection is an outpatient service that requires prior authorization, that the service was denied with notification issued to the physician and the claimant on 2-01-07 (Exhibit #C).

- 5) Testimony from the WVMI R. N. indicated that an outpatient authorization form was submitted by the physician on 1-30-07 and was submitted to the Physician Reviewer at WVMI, that the request did not indicate sacroiliac symptoms, that no physical evidence of such symptoms was provided, that the request stated that there was a negative MRI, that the request was denied and no reconsideration or additional information was provided by the physician.
- 6) The claimant testified that she has received the injections previously and they helped her, that she had four injections, that the nurse practitioner advised her to ask for a hearing, and that she will just quit going to the pain clinic and have her doctor give her the medication she needs.
- 7) Medicaid Regulations from Chapter 508.1, November 11, 2004 state, in part:

“Prior Authorization Requirements For Outpatient Services

Medicaid covered outpatient services which require medical necessity review and prior authorization are:

4. Certain surgeries performed in place of service 22 (Outpatient Hospital) and 24 (Ambulatory Surgical Center) will require prior authorization, effective February 15, 2006. The selected surgeries that require prior authorization through the BMS review contractor are listed in Attachment 3, along with the PA form that may be utilized.

ATTACHEMENT 3

OUTPATIENT SURGERY PA REQUIREMENTS

27096 Inject sacroiliac joint”

VIII. CONCLUSIONS OF LAW:

- (1) Regulations from Medicaid Chapter 508.1 states that Medicaid covered outpatient services which require medical necessity review and prior authorization include certain surgeries performed in place of outpatient hospital and ambulatory surgical center services and are listed on Attachment 3.
- (2) Regulations from Attachment 3 list sacroiliac joint injections as a service requiring medical necessity review and prior authorization. The contracting agency for medical necessity review and prior authorization is WV Medical Institute (WVMI) and that contractor properly determined that medical necessity was not clearly supported by the documentation and prior authorization was properly denied.

IX. DECISION:

It is the decision of the State Hearing Officer that the Department took the correct action to deny Medicaid coverage for Sacroiliac Joint Injection.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 30th Day of May, 2007.

Thomas M. Smith
State Hearing Officer