



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

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 24, 2007. Your hearing requests were based on the Department of Health and Human Resources' denial of Medicaid payment for two Magnetic Resonance Imaging (MRI) procedures of the cervical spine.

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.

Eligibility for Medicaid services is based on current policy and regulations. Some of these regulations state as follows: Effective October 1, 2005, prior authorization will be required on all outpatient radiological services, including Magnetic Resonance Imaging. Failure to obtain prior authorization will result in denial of the service. (WVDHHR Hospital Manual Chapter 500, Section 508.1)

Evidence presented during your hearing revealed that your request for payment of MRIs did not meet eligibility criteria and could not be authorized.

It is the decision of the State Hearing Officer to **uphold** the action of the Department to deny Medicaid coverage for two MRIs of the cervical spine.

Sincerely,

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

cc: Erika H. Young, Chairman, Board of Review
Evelyn Whidby, BMS
Alva Page III, Esq., BMS
[REDACTED] Esq., Legal Aid of WV

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

_____,

Claimant,

v.

Action Number(s): 07-BOR-786 and 07-BOR-1471

**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 30, 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. This fair hearing was convened on May 24, 2007 on timely appeals filed December 5, 2006 and March 8, 2007.

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:

[REDACTED], Claimant
[REDACTED] Psychologist, [REDACTED] Services
[REDACTED] Esq., Legal Aid of West Virginia

The following parties participated telephonically:

Pat Woods, Director, Office of Professional Health Services, Bureau for Medical Services (BMS)

Beverly Ford, RN, Clinical Nurse Reviewer, West Virginia Medical Institute (WVMI)

Lisa Goodall, RN, Clinical Nurse Reviewer, WVMI

Alva Page III, Esq., BMS

Cindy Knighten, RN, BMS (observing)

Miranda Walker, RN, BMS (observing)

Presiding at the hearing was Pamela L. Hinzman, State Hearing Officer and a member of the State Board of Review.

IV. QUESTIONS TO BE DECIDED:

The question(s) to be decided is whether the Department was correct in its decision to deny Medicaid payment for two MRIs of the cervical spine.

V. APPLICABLE POLICY:

WVDHHR Hospital Manual Chapter 500, Section 508.1

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

D-1A WVDHHR Hospital Manual Chapter 500, Section 508.1

D-2A WVMI Medicaid Imaging Authorization Request Form dated October 13, 2006

D-3A InterQual SmartSheets 2006-Imaging Criteria

D-4A Notices of Denial sent to Claimant and Dr. [REDACTED]

D-1B WVDHHR Hospital Manual Chapter 500, Section 508.1

D-2B WVMI Medicaid Imaging Authorization Request Form dated February 27, 2007 and letter from Dr. S. Wade Steeves and Dr. [REDACTED]

D-3B InterQual SmartSheets 2006-Imaging Criteria

D-4B Notices of Denial sent to Claimant and Dr. [REDACTED]

Claimant's Exhibits:

C-1 Letter from [REDACTED] RN

VII. FINDINGS OF FACT:

- 1) The Claimant's neurologist, Dr. [REDACTED] submitted a Medicaid Imaging Authorization Request Form (D-2A) to West Virginia Medical Institute (WVMI) in October 2006 requesting pre-authorization for an MRI of the Claimant's cervical spine.
- 2) WVMI sent a Notice of Denial (D-4A) to the Claimant on October 18, 2006 which states, in part:

A request for prior authorization was submitted for imaging services. Based on the medical information provided, the request has been denied.

Reason for Denial: InterQual criteria not met, specifically; the current signs and symptoms do not support the medical indications for this study. There was an MRI of the cervical spine completed in February of 2006 with no new symptoms that support the criteria nor was there any documentation of any conservative treatment since the initial diagnosis was made.

WVMI sent a similar Notice of Denial (D-4A) to Dr. [REDACTED]

- 3) WVMI nurse Beverly Ford, who served as reviewer for the October 2006 request, testified regarding Exhibit D-2A. This document states that the clinical reason for the MRI study is "neck and bilateral shoulder and arm pain; episodes of shaking in her arms." Ms. Ford testified that information on Exhibit D-2A was compared with InterQual SmartSheets criteria (D-3A) and the reasons for the study did not meet an indicator to substantiate medical need for the MRI. She testified that the request was denied by a WVMI physician reviewer because there were no clinical indications for another study. She testified that no new symptoms were listed, there had been no treatment and the Claimant had a known diagnosis from a previous MRI conducted in February 2006.
- 4) Dr. [REDACTED] submitted a second Medicaid Imaging Authorization Request Form (D-2B) to WVMI on February 27, 2007 requesting pre-authorization of an MRI of the Claimant's cervical spine.
- 5) WVMI sent a Notice of Denial (D-4B) to the Claimant on February 28, 2007 which states, in part:

A request for prior authorization was submitted for imaging services. Based on the medical information provided, the request has been denied.

Reason for Denial: InterQual criteria not met, specifically; there were no conservative treatment findings noted.

WVMI sent a similar Notice of Denial (D-4B) to Dr. [REDACTED]

- 6) WVMI nurse Lisa Goodall served as reviewer for the second MRI request and testified regarding Exhibit D-2B. This exhibit includes a letter from Dr. [REDACTED] which states that the Claimant has neck, hip and arm pain. Ms. Goodall testified that a WVMI physician reviewer denied the request as no conservative treatment findings (i.e., physical therapy, chiropractor therapy, anti-inflammatory drugs, etc.) were noted by Dr. [REDACTED] and the request failed to meet InterQual SmartSheets criteria (D-3B). Ms. Goodall testified there were no indications that the Claimant suffers from incontinence related to spinal problems.
- 7) The Claimant testified that certain information concerning her medical problems was omitted on the MRI prior authorization requests. She testified that she suffers from arm and leg shaking, swelling, flushing, deep bone pain, muscle spasms, and incontinence of bowel and bladder. She testified that she is unable to run errands due to incontinence and that her condition has deteriorated within the past five months. She testified that she has suffered from the condition for eight years and is under the care of a chiropractor. She also testified that the severity of her pain is increasing.

The Claimant provided a letter from [REDACTED] RN, to Dr. [REDACTED] dated October 12, 2006 (C-1). Ms. [REDACTED] indicates in the letter that information contained in the correspondence had been discussed with Dr. [REDACTED]. The letter, which was not provided to WVMI at the time of the imaging requests, indicates that the Claimant has episodes of bowel incontinence, as well as shaking in her arms and legs.

Ms. Goodall testified that bowel incontinence would fall under myelopathy (spinal cord damage) on the InterQual SmartsSheets criteria and the physician must provide an indication of myelopathy in order for that information to be considered.

- 8) WVDHHR Hospital Manual Chapter 500, Section 508.1 (D-1A and 1B) states, in part:

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

Effective 10/01/05, prior authorization will be required on all outpatient radiological services that include Computerized Tomography (CT), Magnetic Resonance Angiography (MRA), Magnetic Resonance Imaging (MRI), Positron Emission Tomography Scans (PET), and Magnetic Resonance Cholangiopancreatography (MRCP). Prior authorization requirements governing the provisions of all West Virginia Medicaid services will apply pursuant to Chapter 300 General Provider Participation Requirements, provider manual. Diagnostic services required during an emergency room episode will not require prior authorization. It is the responsibility of the ordering provider to obtain prior authorization. Failure to obtain prior authorization will result in denial of the service; the Medicaid member cannot be billed for failure to receive authorization for these services.

Prior authorization must be obtained from West Virginia Medical Institute (WVMI) prior to the provision of the service. Failure to obtain prior authorization will result in denial of the service; the Medicaid member cannot be billed for failure to receive authorization for these services.

VIII. CONCLUSIONS OF LAW:

- 1) Policy requires pre-authorization of Medicaid coverage for various outpatient radiological services, including MRI. It is the responsibility of the ordering provider to obtain prior authorization for the procedure. Failure to obtain prior authorization results in denial of the service.
- 2) The Claimant's physicians requested pre-authorization for Medicaid coverage of MRIs of the cervical spine in October 2006 and February 2007.
- 3) Evidence indicates that WVMI denied the requests due to failure to meet InterQual criteria.
- 4) Whereas medical evidence submitted by the Claimant's physicians failed to meet prior authorization criteria, the Department acted correctly in denying the Claimant's request for Medicaid payment of two MRIs.

IX. DECISION:

It is the ruling of the State Hearing Officer to **uphold** the Department's decision to deny Medicaid payments for MRI scans of the Claimant's cervical spine.

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.

**Pamela L. Hinzman
State Hearing Officer**