



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

March 30, 2007

Dear Mr. _____:

Attached is a copy of the findings of fact and conclusions of law on your hearing held March 29, 2007. Your hearing request was based on the Department of Health and Human Resources' denial of Medicaid payment for Magnetic Resonance Imaging (MRI) of the lumbar 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 an MRI 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 an MRI of the lumbar spine.

Sincerely,

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

cc: Erika H. Young, Chairman, Board of Review
Evelyn Whidby, BMS

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

_____,

Claimant,

v.

Action Number: 07-BOR-794

**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 March 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 March 29, 2007 on a timely appeal filed December 11, 2006.

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:

_____, Claimant

Nora McQuain, RN, Bureau for Medical Services (BMS)

Virginia Evans, Claims Representative, BMS

Kathy Montali, RN, West Virginia Medical Institute (WVMI)

Oretta Keeney, Program Manager, Prior Authorization Unit, WVMI

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

It should be noted that all parties participated telephonically.

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 an MRI of the lumbar spine.

V. APPLICABLE POLICY:

WVDHHR Hospital Manual Chapter 500, Section 508.1

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

D-1 WVDHHR Hospital Manual Chapter 500, Section 508.1

D-2 WVMI Medicaid Imaging Authorization Request Form and information from Neurosurgical Spinal Specialists

D-3 InterQual SmartSheets 2006-Imaging Criteria

D-4 Notice of Denial sent to Claimant

D-5 Notice of Denial sent to Dr. [REDACTED]

VII. FINDINGS OF FACT:

- 1) The Claimant's physician, Dr. [REDACTED] submitted a Medicaid Imaging Authorization Request Form (D-2) to West Virginia Medical Institute (WVMI) in September 2006 requesting pre-authorization for an MRI of the Claimant's lumbar spine.
- 2) WVMI sent a Notice of Denial (D-4) to the Claimant on September 29, 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 motor strength and sensory reflex exams were normal upon physical examination. There was no information provided regarding plain film results, EMG results or a failed trial of physical therapy.

WVMI sent a similar Notice of Denial (D-5) to Dr. [REDACTED]

- 3) The WVMI nurse testified regarding Exhibit D-2. She testified that an order for an MRI and x-ray had been submitted with the Prior Authorization Request Form, along with notes from the attending physician that state the Claimant has continued lower back pain. The notes also state that the Claimant's motor strength is 5/5 in the legs, which the WVMI nurse stated is normal, and that his sensory and reflex exams were normal. The notes state that the Claimant has "reproduction of back pain to flexion or extension of his lumbar spine and to palpitation of the L5-S1 area bilaterally." The physician recommends that the Claimant undergo various medical tests, including an MRI scan of the lumbar spine. The exhibit also contains an order for the MRI.

The nurse stated that information concerning the requested MRI must meet an indication listed on InterQual SmartSheets (D-3) to determine what condition the physician suspects or what condition he is attempting to rule out with the procedure. No information was provided by the physician concerning the indication.

- 4) The Claimant testified that his physician submitted a new request for an MRI a few weeks ago, but he has not yet received a decision from WVMI regarding that request. He testified that he was in an automobile accident in February 2005 and suffered 23 broken bones. He broke his back in three places, was in the hospital for 10 months and has had more than 20 operations. He is currently disabled, has several pins and rods in his back, and needs an MRI before he can undergo a back operation.

The WVMI project manager responded that the new information will be considered as a separate request from the pre-authorization request made in September 2006. She stated that the new request would be reviewed and considered.

- 5) WVDHHR Hospital Manual Chapter 500, Section 508.1 (D-1) 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 physician requested pre-authorization for Medicaid coverage of an MRI of the lumbar spine in September 2006.
- 3) Evidence indicates that WVMI denied the request due to insufficient information and failure to meet InterQual criteria.
- 4) Because the Department could not determine that the request met eligibility criteria, it acted correctly in denying Medicaid coverage for the MRI.

IX. DECISION:

It is the ruling of the State Hearing Officer to **uphold** the Department's decision to deny Medicaid payment for an MRI scan of the Claimant's lumbar 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 March 2007.

Pamela L. Hinzman
State Hearing Officer