



**State of West Virginia**  
**DEPARTMENT OF HEALTH AND HUMAN RESOURCES**  
**Office of Inspector General**  
**Board of Review**  
**P. O. Box 1736**  
**Romney, WV 26757**

**Joe Manchin III**  
**Governor**

**Martha Yeager Walker**  
**Secretary**

April 17, 2007

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Ms. \_\_\_\_\_:

Attached is a copy of the findings of fact and conclusions of law on your hearing held April 5, 2007. Your appeal was based on the Department of Health and Human Resources' decision to deny pre-authorization coverage approval for a CT Scan of abdomen and pelvis.

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.

Current Medicaid regulations provide as follows: The West Virginia (WV) Medicaid Program offers a comprehensive scope of medically necessary medical and mental health services to diagnose and treat eligible members. Specified services require prior approval and must be determined medically necessary and appropriate in order for the services to be covered. (West Virginia Bureau for Medical Services Provider Manual § 500)

The information submitted at the hearing reveals that the facility requesting prior approval failed to justify medical necessity and appropriateness.

It is the decision of the State Hearing Examiner to **uphold** the Department's action to deny coverage for the CT scan.

Sincerely,

Sharon K. Yoho  
State Hearing Examiner  
Member, State Board of Review

cc: Chairman, Board of Review  
Evelyn Whidby, BMS  
[REDACTED] WV Legal Aid

# **WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES**

\_\_\_\_\_,

**Claimant,**

**v.**

**Action Number 07-BOR-812**

**West Virginia Department of Health & Human Resources,**

**Respondent.**

## **DECISION OF THE STATE HEARING EXAMINER**

### **I. INTRODUCTION:**

This is a report of the State Hearing Officer resulting from a fair hearing concluded on April 5, 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 originally convened on April 5, 2007 on a timely appeal filed December 6, 2006.

### **II. PROGRAM PURPOSE:**

The program entitled Medicaid is set up cooperatively between the Federal and State Government and administered by the West Virginia Department of Health and 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, (BMS), is responsible for the development of regulations to implement Federal and State requirements for the program. The Department of Health & Human Resources processes claims for reimbursements to providers participating in the program.

### **III. PARTICIPANTS:**

Claimant's Witnesses:

\_\_\_\_\_, Claimant

Department's Witnesses:

Pat Woods, Claims Representative, BMS

Oretta Keeney, WV Medical Institute, (WVMI)

Cathy Montali, Claims Representative, (WVMI)

Observing:

Evelyn Whidby

\_\_\_\_\_

Claimant's representative [REDACTED] WV Legal Aid

Presiding at the hearing was Sharon K. Yoho, State Hearing Examiner and a member of the State Board of Review.

#### **IV. QUESTION TO BE DECIDED:**

The question to be decided is whether the Department is correct in denying a request for Medicaid coverage for a CT scan of abdomen and pelvis.

#### **V. APPLICABLE POLICY:**

West Virginia BMS Provider Manual Chapter 320.3, 500, 502, 508.1 and 508.1.3  
McKesson InterQual 2006 – Imaging Criteria

#### **VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:**

- D-1 West Virginia Bureau of Medical Services Manual Chapter 508, 508.1
- D-2 WVMi Medicaid Imaging Authorization Request Form dated November 11, 2006
- D-3 McKesson InterQual 2006 – Imaging Criteria
- D-4 Client Notification of denial dated November 21, 2006
- D-5 Physician Notification of denial dated November 21, 2006

#### **VII. FINDINGS OF FACT:**

- 1) On November 14, 2006, the claimant's physician from [REDACTED] Hospital submitted a request for prior approval for a CT scan of the claimant's abdomen and Pelvis.
- 2) The request stated that the clinical reasons for study were right lower quadrant pain. It listed previous diagnostic studies of Gallbladder Ultrasound with negative results and a Biliary Scan also with negative results. The request also indicated that a colonoscopy was to be performed.
- 3) The WVMi staff reviewed the request and made a determination that the information given on the request did not meet the clinical indication criteria outlined on the InterQual to justify a CT Scan of the abdomen. The request did not include a suspected diagnosis and / or what was being ruled out.
- 4) WVMi issued a denial notice on November 21, 2006 to both the claimant and the requesting Physician. The notice issued to the Physician explained why the request was denied and what additional information was needed for a reconsideration. It also provided the process

for which to request a reconsideration. The Department did not receive a request for a reconsideration.

- 5) The claimant submitted a hearing request, which was received by the Department on December 6, 2006.

- 6) The McKesson InterQual 2006 – Imaging Criteria lists INDICATIONS for Abdomen CT as:

- 100 Liver mass by US
- 200 Painless jaundice
- 300 Suspected complication post cholecystectomy
- 400 Suspected pancreatic pseudocyst
- 500 Evaluation of known pancreatic pseudocyst
- 600 Suspected acute pancreatitis
- 700 Acute pancreatitis with complication
- 800 Continued acute pancreatitis after Rx
- 900 Pancreatic mass by US
- 1000 Suspected pheochromocytoma
- 1100 Suspected adrenal cortical tumor (cortisol secreting)
- 1200 Suspected aldosterone-producing adrenal tumor/bilateral adrenal hyperplasia
- 1300 Periodic assessment of adrenal mass
- 1400 Known splenomegaly with new/worsening LUQ pain

- 7) West Virginia Bureau for Medical Services Provider Manual § 508.1:  
Prior Authorization Requirements For Outpatient Services  
Medicaid covered outpatient services, which require medical necessity review and prior authorization are:

3. 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).

- 8) West Virginia Bureau for Medical Services Provider Manual § 500: INTRO:  
The West Virginia (WV) Medicaid Program offers a comprehensive scope of medically necessary medical and mental health services to diagnose and treat eligible members. Covered and authorized services must be rendered by enrolled providers within the scope of their license and in accordance with all State and Federal requirements. Any service, procedure, item, or situation not discussed in the manual must be presumed non-covered unless informed otherwise in writing by the Bureau for Medical Services (BMS).

- 9) West Virginia Bureau for Medical Services Provider Manual § 320.3:  
Obtain Prior Authorization:  
It is the responsibility of the provider of the service to secure prior approval before rendering the service.  
The provider must submit written documentation demonstrating the medical necessity and appropriateness of the proposed treatment.
- 10) West Virginia Bureau for Medical Services Provider Manual § 502:  
Medical Necessity, All services must be medically necessary and appropriate to the member's needs in order to be eligible for payment. The medical records of all members receiving Practitioner Services must contain documentation that establishes the medical necessity of the service.  
Important: The fact that a provider prescribes, recommends, or approves medical care does not in itself make the care medically necessary or a covered service. Nor does it mean that the patient is eligible for Medicaid benefits. It is the provider's responsibility to verify Medicaid eligibility and obtain appropriate authorizations before services are rendered.

#### **VIII. CONCLUSIONS OF LAW:**

- 1) Policy provides that prior authorization is required for the proposed CT scan and that necessity and appropriateness must be proven. The providers request for prior authorization did not include adequate information to prove medical necessity for the CT scan. The Department did not receive any additional information from the provider following the denial nor did they receive a request for reconsideration.
- 2) The Department followed proper policies and procedures in their processing of the request and their ultimate denial was due to the provider's failure to document and demonstrate the medical necessity and appropriateness of the proposed service.

#### **IX. DECISION:**

It is the decision of the State Hearing Officer to **uphold** the Department's denial of the request for prior authorization through the Medicaid Program for a CT scan of the abdomen and pelvis.

#### **X. RIGHT OF APPEAL:**

See Attachment.

#### **XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision.

**ENTERED this 17th Day of April 2007.**

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**Sharon K. Yoho  
State Hearing Examiner**