



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
P. O. Box 6165
Wheeling, WV 26003

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

August 4, 2008

Dear Ms. _____:

Attached is a copy of the findings of fact and conclusions of law on your hearing held July 22, 2008. Your hearing request was based on the Department of Health and Human Resources' decision to deny Medicaid payment for a MRI 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 that prior authorization (PA) is required on all outpatient radiological services that include Magnetic Resonance Imaging (MRI). Prior authorization requirements governing the provisions of all West Virginia Medicaid services will apply pursuant to Chapter 300 General provider participation Requirements, provider manual. Failure to obtain prior authorization will result in denial of the services. The 2007 – Imaging Criteria found on InterQual Smart Sheet is used to determine the medical appropriateness of health care services. If the individual fails to meet the clinical indications criteria during the nurse's review, the request is forwarded to a physician reviewer to determine medical appropriateness. (WVDHHR Medicaid Policy Manual, Chapter 500-8, & InterQual SmartSheets 2007 – Imaging Criteria)

The information presented at your hearing reveals that prior authorization for payment of the MRI was not approved because your condition does not meet the InterQual initial clinical indications criteria and the information provided by your physician was not adequate to justify the need for the MRI.

It is the decision of the State Hearing Officer to **uphold** the action of the Department in denying your request for prior authorization of Medicaid coverage for a MRI of the Cervical Spine.

Sincerely,

Melissa Hastings
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,

Action Number: 08-BOR-1424

v.

**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 July 22, 2008 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 July 22, 2008 on a timely appeal filed May 29, 2008.

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
Stacy Hanshaw, RN, BMS
Julie Mobayed, RN, WVM

Presiding at the hearing was Melissa Hastings, State Hearing Officer and a member of the State Board of Review.

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 prior authorization (PA) for Medicaid payment for a Magnetic Resonance Imaging (MRI) of the cervical spine for the claimant.

V. APPLICABLE POLICY:

WVDHHR Medicaid Policy Manual, Chapter 500-8 & InterQual SmartSheets 2007 - Imaging Criteria

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 BMS Provider Manual Chapter 508.1
- D-2 WVM Medicaid Imaging Authorization Request Form dated 02/28/2008
- D-3 InterQual Smart Sheets – Imagine Criteria for MRI, Cervical Spine (4 pages)
- D-4 Notice of Denial dated 03/05/2008 to claimant
- D-5 Notice of Denial dated 03/05/2008 to [REDACTED]
- D-6 Notice of Denial dated 03/05/2008 to [REDACTED] MD

VII. FINDINGS OF FACT:

- 1) On February 28, 2008 claimant's physician Dr. [REDACTED] submitted a request to the Department for approval for a MRI of the cervical area of the back. There were no accompanying documents submitted. The clinical reason for the study: Symptoms/Findings completed by the physician states the following:

Chronic neck pain, daily headaches, bilateral upper extremity paraesthesia.

Sections E and F of the form regarding diagnostic studies and related medications, treatments and therapies are blank.

- 2) Evidence presented by the Department reveals that prior authorization is required for Medicaid payment of a MRI. West Virginia Medical Institute (WVMI) is the agency contracted to review prior authorization requests and determine eligibility. The prior authorization request was reviewed by RN [REDACTED] utilizing InterQual SmartSheets Imaging Criteria. A determination was made that the claimant did not meet all of the clinical indications (140 through 142 exhibit D3) for approval. RN [REDACTED] referred the request to physician review and the decision was made that the information submitted did not contain documentation of unilateral pain in nerve root distribution, that conservative treatment with NSAIDS were ineffective, no documentation of activity modification, and no indication of medications prescribed to warrant approval for the MRI.
- 3) A Notice of Denial was issued to the claimant (D4), physician (D6) and hospital (D5) on March 5, 2008 indicating that

InterQual criteria not met, specifically:

MRI Cervical Spine

Criteria 142, No documentation that symptoms have continued or worsened after conservative treatment with NSAID's for more than 3 weeks and Activity Modification for more than 6 weeks. No documentation of physical and neurological exam findings, plain films and medications, treatments and therapies.

Testimony from RN, [REDACTED] indicates that there was no reconsideration request submitted by the physician in response to the notification letter.

- 4) Claimant's testimony indicates that she fell 4.5 feet from an amusement park ride on August 18, 2007. As a result of this fall she experienced severe back and neck pain. Suffers with headaches daily, numbness going down her legs and shooting pains in the back of her legs. She reports that numerous x-rays have been done as have MRIs of her head and lower back. She currently is taking delaudid every 6 hours and is on a 100 milligram fentanyl patch. She has had needle treatments on her arms and legs as well. Has not had any physical therapy as she is in too much pain to handle the therapy.
- 5) WVDHHR Medicaid Policy Manual, Chapter 508.1 – Item 3 (D1), provides prior Authorization Requirements For Outpatient Services and states:

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 the 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.

Critical Access Hospitals (CAHs) who have chosen encounter, as well as those who bill Fee For Service, must obtain a prior authorization for certain diagnostic imaging testing. Reimbursement for diagnostic imaging services are considered part of the encounter and cannot be billed separately. CAHs will be required to obtain a PA from WVMi and document this information in the patient's medical record for audit purposes.

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.

- 6) InterQual SmartSheets 2007 – Imaging Criteria, provides screening guidelines for medical appropriateness of healthcare services. This document provides a list of Clinical Indications (100 through 1000 for Cervical Spine) that must be met in order to receive prior authorization. Directly below the listed “Indications,” this form states – “Indication Not Listed (provided clinical justification below).”

VIII. CONCLUSIONS OF LAW:

- 1) WVDHHR Medicaid Policy Manual states that prior authorization (PA) is required on all outpatient radiological services that include Magnetic Resonance Imaging (MRI). Failure to obtain prior authorization will result in denial of the services. The 2007 – Imaging Criteria found on the InterQual SmartSheet is used to determine the medical appropriateness of health care services. If the individual fails to meet the clinical indications criteria during the nurse's review, the request is forwarded to a physician reviewer to determine medical appropriateness.
- 2) The evidence reveals that the Department (through WVMi) received a request for prior authorization (PA) of Medicaid payment for a MRI of the cervical spine. Because the Claimant's medical condition did not meet all of the initial clinical indications criteria for approval, the request was sent to a physician reviewer to determine medical necessity. The physician reviewer found that the request did not include any information regarding diagnostic study results, any evidence of failed conservative treatment, any evidence of activity modification and no indication of medications prescribed to justify the need for the MRI.

IX. DECISION:

It is the ruling of the State Hearing Officer to **uphold** the Department's decision to deny prior authorization of Medicaid payment for a MRI of the cervical spine for the claimant.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 4th Day of August, 2008.

**Melissa Hastings
State Hearing Officer**