



State of West Virginia  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Office of Inspector General  
Board of Review  
P. O. Box 970  
Danville, WV 25053

Joe Manchin III  
Governor

Martha Yeager Walker  
Secretary

October 7, 2008

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

Dear \_\_\_\_\_:

Attached is a copy of the findings of fact and conclusions of law on your hearing held September 4, 2008. Your hearing request was based on the Department of Health and Human Resources' decision to deny Medicaid payment for a CT scan of the sinuses.

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 Computerized Tomography (CT) Scans. 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 2006 – 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 2006 – Imaging Criteria)

The information presented at your hearing reveals that prior authorization for payment of a CT scan of the sinuses was not approved because the information your physician submitted does not meet the InterQual initial clinical indications criteria and there was insufficient documentation for the physician reviewer to determine medical appropriateness.

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 CT scan of the sinuses.

Sincerely,

Cheryl Henson  
State Hearing Officer  
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review  
Lorna Harris, BMS

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

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

**Action Number: 08-BOR-1871**

**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 September 4, 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 September 4, 2008 on a timely appeal filed August 5, 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, participated by telephone

Miranda Walker, BMS, participated by telephone

Cathy Montali, WVMI, participated by telephone

Cyndi Engle, WVMI, observed by telephone

Presiding at the hearing was Cheryl Henson, 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 prior authorization (PA) for Medicaid payment for a CT scan of the sinuses.

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

WVDHHR Medicaid Policy Manual, Chapter 500-8 & InterQual SmartSheets 2006 - Imaging Criteria

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

#### **Department's Exhibits:**

D-A WVDHHR Medicaid Manual Chapter 500, Section 508.1, Item #3

D-B WVMI Medicaid Imaging Authorization Request Form dated July 23, 2008 and Interqual Form (seven pages)

D-C Notice of Denial dated July 23, 2008

#### **Claimant's Exhibits:**

None

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

- 1) On or about July 23, 2008 the Claimant was notified via a Notice of Denial (Exhibit D-C) that her request for prior authorization (PA) for Medicaid payment of a CT scan of the sinuses was denied. The notice included the following pertinent information:

Reason for Denial: InterQual criteria was not met

CT SCAN OF THE SINUSES

The information provided did not meet the clinical indications for the requested study. The physical findings of the head, face, sinuses and salivary glands were within normal limits. There was no documentation of sinus symptoms or failed treatment of previous sinus symptoms.

- 2) Evidence presented by the Department reveals that PA is required for Medicaid payment of a CT scan of the sinuses. West Virginia Medical Institute (WVMI) is the agency contracted to review PA requests and determine eligibility. The WVMI representative testified that the Claimant's physician provided the following pertinent information for review:

Diagnosis Related to Study: Open wound of nasal septum

Clinical Reasons for Study: continued nasal pain, fluid bilateral, decreased hearing

Previous Relative Diagnostic Studies: none listed

Related Medications, nasal saline and avelox, prednisone tapu

She stated that she also received a copy of a report from Dr. [REDACTED] M.D. of [REDACTED] Incorporated dated July 2, 2008. The report indicated the Claimant was there for a "follow-up" evaluation. It listed the history as headache and open wound of nasal septum, without mention of COM. It included that the patient has not used nasal inhalants for one (1) week, is having continued nasal pain, and has fluid bilateral which has resulted in decreased hearing. It states no history of significant medical diseases and no previous surgery, lists no known drug allergies, and no current medication. It states no significant familial diseases, and that the Claimant smokes and does not give any significant history of alcohol usage. Review of symptoms was listed as follows:

RESPIRATORY: No cough, no hemoptysis, no shortness of breath, no wheezing.

ALLERGIC/IMMUNOLOGIC:

EYES: No discharge from the eyes, no dryness noted, does not have itchy eyes, no eye pain, no ptosis, denies redness of the eyes, no scratching sensations noted in the eyes, denies orbital swelling, denies tearing, no vision difficulties, denies visual field cuts or loss of vision, wears corrective lenses.

CARDIAC: No chest discomfort noted, no chest pain, denies chest pressure, has not noticed cold hands or feet, no cyanosis, no dyspnea on exertion, no edema, no orthopnea, no palpitations, no tachyarrhythmia.

GI: No complaints of abdominal pain, no abdominal distention, no bloating, no change in bowel habits, no food intolerance, no heartburn, no indigestion, no jaundice, no loss of appetite, no weight loss, no nausea, no regurgitation, normal stools, no swallowing difficulties, no vomiting.

GU: No complaints of genital problems, no urinary problems noted.

MUSCULOSKELETAL: No joint complaints, no muscle complaints.

NEUROLOGICAL: No loss of balance, no decrease in ability to concentrate, no episodes of dizziness, no gait difficulties, no headaches, no loss of consciousness, no loss of sensation, no memory loss, no complaints of muscle weakness, no seizures, no speech difficulties, no complaints of tremor.

SKIN/CHEST WALL: No rashes, sores growths, changing moles, discolorations or non-healing lesions, no chest wall symptoms.

ENDOCRINE: No change in body hair, no change in energy level, no excessive thirst or hunger, no history of excessive urination, no temperature intolerances, denies significant weight gain, denies significant weight loss.

HEMATOLOGIC/LYMPHATIC: No bleeding or clotting difficulties, does not bruise easily, there are no swollen, painful or tender lymph nodes.

PHYSICAL EXAM:

CONSTITUTIONAL:

GENERAL APPEARANCE: Patient is female, alert, well developed, well nourished. Affect is normal and positive – in no acute distress.

ABILITY TO COMMUNICATE: The patient verbalizes normal and appropriately.

HEAD AND NECK EXAM:

HEAD, FACE, SINUSES AND SALIVARY GLANDS EXAM: No head of facial abnormalities present. No masses or lesions present. Overall appearance is normal. Sinuses are not tender, red or swollen. No abnormality of the parotid or submandibular glands present. Facial strength is normal.

EYES: Lids are normal without ptosis, edema, ectropion or entropion. Conjunctivae are normal and without inflammation, injection, hemorrhages or exudates. Pupils are equal, round and react to light (direct and consensual) and accommodation. EOMs full and conjugate.

EXTERNAL EAR AND NOSE: External ear exam normal with no scars, lesions or masses. External nose exam normal with no scars, lesions or masses.

EAR CANAL AND TYMPANIC MEMBRANE EXAM: **Serous effusion present in the left ear**, right tympanic membrane is normal without retraction. Canal unremarkable. Hearing grossly normal.

NASAL CAVITY EXAM: No abnormality of the nose noted. **The septum has an ulcer on the right, medium septal perforation present.** Turbinates appear normal.

ORAL CAVITY & OROPHARYNX EXAM: Inspection of the lips, gums, and teeth is normal; normal oral cavity and oropharynx.

NECK AND THYROID EXAM: Symmetrical with no obvious masses. Trachea midline. No enlargement, tenderness, or mass of the thyroid noted.

LYMPHATICS: No lymphadenopathy in the neck.

ASSESSMENT/PLAN:

873.21-OPEN WOUND OF NASAL SEPTUM, WITHOUT MENTION OF COM  
nasal saline  
stop nasal drugs

381.10-SIMPLE OR UNSPECIFIED CHRONIC SEROUS OTITIS MEDIA  
avelox  
prednisone taper

will consider debridement of nasal cavity if stops drug use

- 3) The Claimant testified that she can barely talk and has trouble swallowing. She says that she has been treated for “about a year” for this problem with her regular physician, and has only seen the specialist once.
- 4) WVDHHR Medicaid Policy Manual, Chapter 508.1 – Item 3, 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.

- 5) InterQual SmartSheets 2007 – Imaging Criteria, provides screening guidelines for medical appropriateness of healthcare services. This document provides a list of Clinical Indications (100 through 700) that must be met in order to receive PA. 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 Computerized Tomography (CT). 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 from the Claimant’s physician for prior authorization (PA) of Medicaid payment for a CT scan of the sinuses. This request did not include documentation of sinus symptoms or failed treatment of previous sinus symptoms. The information showed the physical findings of the head, face, sinuses and salivary glands were within normal limits. Because the WVMI nurse determined that the request did not contain sufficient documentation necessary to meet any of the initial clinical indications criteria for approval, the request was sent to a physician reviewer to determine medical necessity. The physician reviewer was unable to find clinical justification to approve the authorization of a CT scan of the sinuses in this instance.

#### **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 CT scan of the sinuses.

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

See Attachment

**XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

**ENTERED this 7<sup>th</sup> Day of October, 2008.**

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**Cheryl Henson  
State Hearing Officer**