



**State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General**

Board of Review
P.O. Box 1736
Romney, WV 26757

**Earl Ray Tomblin
Governor**

**Michael J. Lewis, M.D., Ph. D
Cabinet Secretary**

December 10, 2010

Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held December 8, 2010. Your hearing request was based on the Department of Health and Human Resources' decision to deny your prior authorization request for durable medical equipment, specifically incontinence supplies.

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. These regulations provide that for durable medical equipment (DME) services and items requiring prior authorization review for medical necessity by WVMI, it is the responsibility of the prescribing practitioner to submit the appropriate clinical documentation, all information required on the written prescription, and other relevant information. Prior Authorization (PA) recertification review is required at the end of the prescription period specified or within one (1) year whichever comes first. It is strongly recommended that DME providers, in partnership with prescribing practitioners, assist in obtaining prior authorizations. Prescribing practitioners must provide clinical information and a written prescription while DME providers may submit the appropriate HCPCS code and billing information. If items and/or services are provided before the PA is confirmed, the DME will not be reimbursed. (Bureau for Medical Services Provider Manual Chapter 506.5)

The information which was submitted at your hearing revealed that the submitted medical documentation for review failed to establish a secondary diagnosis to explain the cause of your incontinence; therefore, your request for incontinence supplies under the durable medical equipment guidelines could not be approved..

It is the decision of the State Hearing Officer to Uphold the action of the Department in denying Medicaid authorization for incontinence supplies.

Sincerely,

Eric L. Phillips
State Hearing Officer
Member, State Board of Review

cc: Erika Young, Chairman, Board of Review
Amy Workman, BMS

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

-----,

Claimant,

v.

Action Number: 10-BOR-2177

**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 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 December 8, 2010 on a timely appeal, filed October 28, 2010.

II. PROGRAM PURPOSE:

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

-----, Claimant's sister and witness

Virginia Evans, DHHR Specialist Bureau for Medical Services

Barbara Reed, West Virginia Medical Institute (WVMI) Nurse reviewer

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

IV. QUESTION TO BE DECIDED:

The question to be decided is whether or not the Department was correct in its decision to deny the Claimant's prior authorization request for incontinence supplies.

V. APPLICABLE POLICY:

WVDHHR Bureau for Medical Services Provider Manual Chapter 506.5

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 WVDHHR Bureau for Medical Services Provider Manual Chapter 506.5
- D-2 Adult/Pediatric Incontinence Guidelines HCPSC A4520 and A4554
- D-3 WVMI Medicaid DME/Medical Supplies Authorization Request Form dated October 6, 2010
- D-4 Notice of Denial for Durable Medical Services dated October 12, 2010
- D-5 WVMI Medicaid DME/Medical Supplies Authorization Request Form (Reconsideration) dated October 12, 2010
- D-6 Recipient Notice of Preadmission Reconsidered Determination

Claimants' Exhibits:

- C-1 Medical Information dated October 21, 2010 and November 30, 2010

VII. FINDINGS OF FACT:

- 1) On October 6, 2010, the Claimant's physician submitted Exhibit D-3, WVMI Medicaid DME/Medical Supplies Authorization Request Form to West Virginia Medical Institute (WVMI) requesting pre-authorization for durable medical equipment for the Claimant, specifically incontinence pose pads. This exhibit documents a clinical diagnosis of mixed incontinence with an onset date of 1985. Additionally, this exhibit documents a clinical indication of "mixed incontinence and failure to medical and non-medical treatment".
- 2) On October 12, 2010, WVMI sent Exhibit D-4, Notice of Denial for Durable Medical Services to the Claimant, her physician, and Jefferson Pharmacy. These notices document in pertinent part:

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

Reason for Denial: Your request for A4520 Incontinence Garments cannot be authorized due to the lack of information required for review.

The request for A4520 Incontinence Garments cannot be approved. WV Medicaid requires a diagnosis of urinary and/or fecal incontinence, and a secondary diagnosis from the WV Medicaid Incontinence Guidelines to explain the cause of the incontinence.

The documentation provided did not contain an approvable secondary diagnosis from the Incontinence Guidelines, therefore, WV Medicaid criteria has not been met. Submitting this information would allow for reconsideration of this request.

Additionally, the notice advises the Claimant's physician that a reconsideration of the determination could be made if a written request and supporting documentation was submitted to WVMi within 60 days of the receipt of the notice.

- 3) On October 12, 2010, the Claimant's physician submitted Exhibit D-5, WVMi Medicaid DME/Medical Supplies Authorization Request Form (Reconsideration). This documentation is identical to Exhibit D-3 with the exception that the physician added stress incontinence to the clinical diagnosis portion of the form.
- 4) On October 15, 2010, WVMi sent Exhibit D-6, Recipient Notice of Preadmission Reconsidered Determination to the Claimant, her physician, and [REDACTED] Pharmacy. This exhibit documents in pertinent part:

West Virginia Medical Institute (WVMi) is a Quality Improvement Organization (QIO) authorized by the Bureau for Medical Services of the West Virginia Department of Health and Human Resources to review services provided to Medicaid patients. By contract, WVMi reviews Medicaid services to determine if they are medically necessary and are delivered in the most appropriate setting.

During this review, WVMi initially denied authorization for the above-noted services. A request was made to WVMi to reconsider this initial determination. After due consideration of all relevant factors including documentation in the medical record and any additional information provided, WVMi upheld the initial denial.

- 5) The Claimant submitted Exhibit C-1, Medical Information dated October 21, 2010 and November 30, 2010. This information was given no weight in the State Hearing Officer's decision because such information was completed after the initial denial and reconsideration request provided by WVMi.
- 6) Barbara Reed, WVMi Nurse Reviewer testified that the Claimant's physician submitted a prior authorization request form for incontinence supplies. The Claimant's physician listed a diagnosis of mixed incontinence. Ms. Reed indicated that policy guidelines require a prior authorization request to indicate the causes of incontinence for an individual. Ms. Reed cited the example of developmental delay, as cause of incontinence. Ms. Reed indicated that the Claimant's incontinence is not questionable, but information concerning the explanation to the root cause of the Claimant's incontinence was not provided in the prior authorization request. Specifically, the Claimant's physician did not document a secondary diagnosis according to the incontinence guidelines.
- 7) The Claimant stated that she experiences incontinence and her physician's have indicated to her that she suffers from "leakage" and experiences stress incontinence from laughing and

coughing. -----, the Claimant's witness indicated that the Claimant has suffered from incontinence at an early age and has been diagnosed with a weak kidney muscle.

8) WVDHHR Bureau for Medical Services Provider Manual Chapter 506.5 states:

For DME services and items requiring prior authorization review for medical necessity by WVMI, it is the responsibility of the prescribing practitioner to submit the appropriate clinical documentation i.e., ICD-9 code(s), all information required on the written prescription (see 506.4, 2nd paragraph, (2) for clarification) and any other relevant information. Additionally, a licensed physical therapist or licensed occupational therapist who is fiscally, administratively and contractually independent from the DME provider may also submit clinical documentation for review when requested by the prescribing practitioner. PA recertification review is required at the end of the prescription period specified or within one (1) year whichever comes first. It is strongly recommended that DME providers, in partnership with prescribing practitioners, assist in obtaining prior authorizations. Prescribing practitioners must provide clinical information and a written prescription while DME providers may submit the appropriate HCPCS code and billing information. If items and/or services provided before the PA is confirmed, the DME will not be reimbursed. PA does not guarantee payment. Refer to Attachment I for specific DME/medical supplies requiring PA and service limits for covered services.

Effective, January 1, 2006, Medicaid covered services which currently require a PA will no longer require a PA, if the primary insurance approves the services. The explanation of benefits (EOB) must accompany the claim. An EOB documenting the reasons for the denial of TPL for services requested must be provided to WVMI when requesting prior authorization review. If the service is not allowed or covered by the primary insurance, but is a covered service for Medicaid and the service requires a PA from WVMI, Medicaid policy will be enforced. If administrative denials are given by the primary payer, Medicaid will not reimburse for services.

9) Adult and Pediatric Incontinence Guidelines (HCPCS A4520 and A4554, Exhibit D-2 documents:

Documentation Requirements

1. Certificate of Medical Necessity (CMN)-Refer to Chapter 500, DME/Medical Supplies, Manual, Attachment III, for CMN and instructions.

Diagnoses

Sample diagnoses with documented signs and symptoms of urinary/fecal incontinence are as follows. This list should not be considered all inclusive.

- a) Developmental delay/retardation
- b) Neurongenetic bladder due to spinal cord injury, pelvic trauma, neurological illness such as MS or muscular dystrophy, pelvic surgery resulting in pelvic nerve compromise
- c) Congenital anomalies of the urogenital/anorectal system
- d) Pelvic radiation therapy
- e) Dementia
- f) Immobility secondary to para/quadruplegia/stroke
- g) Disease-specify-which results in irreversible loss of control of the urinary bladder and/or anal sphincter
- h) drug-induced
- i) Retention overflow conditions such as bladder outlet obstruction,
- j) Interstitial cystitis
- k) Other possible diagnoses (non-inclusive)
 - Spinal cord compression
 - Autonomic polyneuropathy
 - Cauda equine syndrome
 - Poliomyelitis
 - Myelomeningocele
 - Normal Pressure Hydrocephalus
 - Spinal cord tumor

VIII. CONCLUSIONS OF LAW:

- 1) Policy stipulates that the referring physician must submit sufficient documentation for clinical justification of durable medical equipment requiring prior authorization for Medicaid payment.
- 2) Evidence indicates that the Claimant's physician requested authorization for Medicaid coverage for incontinence supplies on October 6, 2010 and WVMI denied such request due to lack of information required for review, specifically a secondary diagnosis from the WV Medicaid Incontinence Guidelines to explain the cause of the incontinence. Additionally, the referring physician submitted additional information for a reconsideration request of the initial denial, which provided insufficient information and was subsequently denied.
- 3) Because the Department could not determine that the prior authorization request met the eligibility criteria of a secondary diagnosis explaining the cause of incontinence, it acted correctly in denying Medicaid authorization for payment of durable medical equipment.

IX. DECISION:

It is the decision of the State Hearing Officer to uphold the Department's decision to deny Medicaid authorization for the Claimant's incontinence supplies under durable medical equipment guidelines.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this _____ day of December 2010.

Eric L. Phillips
State Hearing Officer