



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

June 29, 2007

Dear _____:

Attached is a copy of the findings of fact and conclusions of law on your hearing held May 23, 2007. Your hearing request was based on the Department of Health and Human Resources' decision to deny Medicaid payment for sixty (60) external male catheters monthly.

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 effective March 15, 2006 InterQual General Durable Medical Equipment Criteria will be utilized by WVMi for determining medical necessity for DME items. These items include the following: Male External Catheter, with or without adhesive, disposable, each. When documentation fails to meet criteria, WVMi may request additional information to be submitted within seven (7) days. If information is not received by WVMi within seven (7) days, the request will be denied for lack of documentation to support medical necessity. (WVDHHR Durable Medical Equipment/Medical Supply Manual, Chapter 500)

The information presented at your hearing reveals that prior authorization for payment of requested sixty (60) male external catheters was not approved because the information your physician submitted does not support why a patient, who is diagnosed with quadriplegia, would require 60 of these per month. The Department did not request additional information before making their decision.

It is the decision of the State Hearing Officer to **reverse** the action of the Department in denying your request for prior authorization of Medicaid coverage for sixty (60) external male catheters, and order that the Department re-evaluate your request after requesting additional information necessary to adequately determine your medical needs.

Sincerely,

Cheryl McKinney
State Hearing Officer
Member, State Board of Review

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

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

_____,
Claimant,

Action Number: 07-BOR-1107

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 May 23, 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 May 23, 2007 on a timely appeal filed January 10, 2007.

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's mother
██████████ Claimant's case manager, ██████████
Pat Winston, BMS, participating by telephone
Virginia Evans, BMS, participating by telephone
Joann Ranson, BMS, participating by telephone
Elizabeth Miller, WVMI, participating by telephone

Presiding at the hearing was Cheryl McKinney, 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 sixty (60) external male catheters monthly.

V. APPLICABLE POLICY:

WVDHHR Durable Medical Equipment/Medical Supply Manual, Chapter 500, Section 503, 505, and Attachment I, Covered/Non-Covered DME/Medical Supply Services with assigned HCPCS codes

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- A-1 WVDHHR Durable Medical Equipment/Medical Supply Manual, Section 503,505, and Attachment I
- A-2 Palmetto, Region C Coverage Criteria
- B Information from _____, M.D. and Praxaire Healthcare Services
- C Denial notice dated December 15, 2006

Claimant's Exhibits:

- C-1 Copies of Labcorp reports

VII. FINDINGS OF FACT:

- 1) On or about December 15, 2006, the Claimant was notified via a Notice of Denial (Exhibit C) that his request for prior authorization (PA) for sixty (60) external male catheters monthly was denied. The reason for denial is as follows:

Documentation provided does not indicate medical necessity – specifically:

The documentation provided to review for over the WV Medicaid allowable amount of 31 Texas external male catheters per month did not support why a patient, who is diagnosed with quadriplegia, would require 60 of these per month.

- 2) Evidence presented by the Department reveals that PA is required for Medicaid payment for approval of more than 31 external male catheters monthly. West Virginia Medical Institute (WVMI) is the agency contracted to review PA requests and determine eligibility. The Claimant's request (Exhibit-B) was reviewed by West Virginia Medical Institute (WVMI) and the determination was made that the Claimant did not supply sufficient documentation to necessitate the need for more than 31 external male catheters monthly. WVMI referred the Claimant's request to Physician Review and the decision was made that there was insufficient medical documentation for the physician reviewer to authorize payment of more than 31 external male catheters monthly.
- 3) The reviewing nurse for WVMI testified that both she and the reviewing physician questioned why anyone would need more than 31 external male catheters monthly when they are quadriplegic and cannot move and tear them off. However, WVMI chose not to request additional information to be submitted within seven (7) days as the policy allows.
- 4) The Claimant's mother testified that they really did not need as many as sixty (60) catheters per month. She testified that the catheters have adhesive and when they get wet they have to be replaced. She testified that occasionally the catheters come off when the Claimant is moved from one place to another. She indicated that she felt they needed at least five (5) or ten (10) extra per month in order to keep the Claimant clean and in good health.
- 5) WVDHHR Durable Medical Equipment/Medical Supply Manual, Chapter 505 states in pertinent part:

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 and any other relevant information.

When documentation fails to meet criteria, WVMI may request additional information to be submitted within seven (7) days. If information is not received by WVMI within seven (7) days, the request will be denied for lack of documentation to support medical necessity.

VIII. CONCLUSIONS OF LAW:

- 1) WVDHHR Durable Medical Equipment and Medical Supply Manual policy states that prior authorization (PA) is required before authorization of payment for external male catheters in excess of 31 monthly. When documentation fails to meet criteria, WVMI may request additional information to be submitted within seven (7) days. If information is not received by WVMI within seven (7) days, the request will be denied for lack of documentation to support medical necessity
- 2) The evidence reveals that the Department (through WVMI) received a request from the Claimant's physician for prior authorization (PA) of external male catheters in excess of thirty one (31) per month. The Claimant's physician clearly indicated the need for more catheters was present. Both WVMI and the physician reviewer questioned why anyone would need sixty (60) external male catheters per month, however the Department failed to request additional documentation to clear up this question.

IX. DECISION:

It is the ruling of the State Hearing Officer to **reverse** the Department's decision to deny prior authorization of Medicaid payment for sixty (60) external male catheters per month. The Department is hereby required to re-evaluate Claimant's request after requesting additional documentation as provided for in policy.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 29th Day of June 2007.

**Cheryl McKinney
State Hearing Officer**