



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
P. O. Box 2590
Fairmont, WV 26555

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

August 17, 2007

Dear Ms. _____:

Attached is a copy of the findings of fact and conclusions of law on your hearing held July 16, 2007. Your hearing request was based on the Department of Health and Human Resources' decision to deny approval of a heavy duty wheelchair.

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 services that would include approval of a heavy duty wheelchair. 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 – Medical Equipment 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, Section 505, & InterQual SmartSheets 2006 – Medical Equipment Criteria)

The information presented at your hearing reveals that prior authorization for payment of a heavy duty wheelchair was not approved because your condition 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 approval for a heavy duty wheelchair.

Sincerely,

Raymond Keener, III
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,

v.

Action Number: 07-BOR-1233

**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 16, 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 July 16, 2007 on a timely appeal filed February 4, 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 (hereinafter "Bureau") is responsible for development of regulations to implement Federal and State requirements for the program. The Department of Health and Human Resources (hereinafter "Department") processes claims for reimbursements to providers participating in the program.

III. PARTICIPANTS:

_____, Claimant
_____, Claimant's Representative
Jo Ann Ranson, RN, BMS
Virginia Evans, Claims Representative, BMS
Paula Clark, RN, WVMi
Mary Hamilton, Appeals Coordinator (observing), BMS

Presiding at the hearing was Raymond Keener, III, 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 a heavy duty wheelchair.

V. APPLICABLE POLICY:

WVDHHR Medicaid Policy Manual, Chapter 500, Section 505 & InterQual SmartSheets 2006 – Medical Equipment Criteria

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- A-1 WVDHHR Medicaid Manual (Hospital Manual), Chapter 500, Section 505
- A-2 InterQual SmartSheets – 2006 Durable Medical Equipment Criteria
- B WVMi DME -- Medical Supplies Authorization Request Form
- C NOTICE OF DENIAL FOR DURABLE MEDICAL SERVICES

VII. FINDINGS OF FACT:

- 1) On or about January 29, 2007, the Claimant was notified via a NOTICE OF DENIAL FOR DURABLE MEDICAL SERVICES (Exhibit C) that her request for prior authorization (PA) for Medicaid payment of a heavy duty wheelchair was denied. The reason for denial is as follows:

InterQual criteria not met; specifically, the requested wheelchair is not the correct size to meet the patient's needs.

- 2) Documents as noted in Section VI above were properly accepted.

- 3) Testimony was heard from the participants listed in Section III above. All persons providing testimony were properly placed under oath.
- 4) Evidence presented by the Department reveals that PA is required for Medicaid payment of a heavy duty wheelchair. Specifically, Ms. Jo Ann Ranson, RN, testified on behalf of the Bureau for Medical Services and testified in regard to Exhibit A-1 and stated that with respect to Durable Medical Equipment services and items requiring prior authorization for medical necessity by WVMI, it is the responsibility of the prescribing practitioner to submit the appropriate documentation and any and all other relevant information to justify the requested service. Ms. Ranson further testified and referenced Exhibit A-1 by stating that effective March 15, 2006, InterQual General Durable Medical Equipment Criteria, will be utilized by the West Virginia Medical Institute for determining medical necessity for DME items. Ms. Ranson further testified that the requested K006 Manual Wheelchair was specifically designated as a covered item under the appropriate regulations. Ms. Ranson further testified that when documentation fails to meet criteria, that WVMI may request additional information to be submitted within seven (7) days. Ms. Ranson further testified that if information is not received by WVMI within seven (7) days, the request will be denied for lack of documentation to support the particular medical necessity. Ms. Ranson further testified with respect to Exhibits A-2 and B and explained that this particular matter was denied for the reason that the requested service, that being a heavy duty wheelchair, was denied for the reason that the requested wheelchair was not deemed to be the correct size to meet the patient's needs. Ms. Paula Clark, RN/Nurse Reviewer, next testified on behalf of the Bureau and stated that in reference to Exhibit A-2 that the primary reason that Claimant's request for a heavy duty wheelchair was denied was that it was too small considering Claimant's weight. In support of her testimony, Ms. Clark referenced Section 530 of Exhibit A-2 wherein the InterQuals criteria set forth that patient's weight for the K0006 wheelchair should be in the range between two hundred fifty (250) pounds and three hundred (300) pounds. Ms. Clark testified that Claimant weighed approximately three hundred fifty pounds and as such would be too large for the K0006 wheelchair. Ms. Clark testified that that the weight problem was the reason for the denial of Claimant's request for this particular wheelchair but that there was a larger model that would fit Claimant's needs.
- 5) The Claimant testified that she was generally unaware that she was able to apply for a larger type wheelchair. Claimant further testified generally regarding her daily needs for a heavy duty type wheelchair.
- 6) Mr. _____, husband and representative of the Claimant, also testified on behalf of the Claimant and stated that he had no general knowledge that a larger heavy duty type wheelchair was available. Mr. _____ further testified that, in his opinion, a miscommunication occurred in this situation between _____ and Dr. _____ which resulted in the wrong size of wheelchair being requested.

VIII. CONCLUSIONS OF LAW:

- 1) WVDHHR Medicaid Policy Manual states that prior authorization (PA) is required on all Durable Medical Equipment services that include heavy duty wheelchairs. Failure to obtain prior authorization will result in denial of the services. The 2006 – Durable Medical

Equipment 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 heavy duty wheelchair. Because the Claimant's medical condition did not 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; (1) There was no documentation provided regarding a finding that the request had met InterQual criteria and, further, that the requested wheelchair was determined to be an incorrect size to meet the patient's needs.
- 3) The evidence unquestionably demonstrates that Claimant was afforded the opportunity to file a petition for reconsideration. Claimant chose not to file the reconsideration.
- 4) Claimant failed to submit any credible or reliable evidence which would rebut or otherwise contradict the findings of the physician reviewer that there was insufficient documentation to justify medical necessity for this particular model of a heavy duty wheelchair.

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 heavy duty wheelchair.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-46

ENTERED this 17th day of August, 2007.

Raymond Keener, III
State Hearing Officer