



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
4190 Washington Street West
Charleston, WV 25313

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

June 22, 2007

Dear Ms. _____:

Attached is a copy of the findings of fact and conclusions of law on your hearing held June 5, 2007. Your hearing request was based on the Department of Health and Human Resources' action to deny you a CT scan of the abdomen and pelvis.

In arriving at a decision, the State Hearings 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 the Medicaid Program is based on current policy and regulations. Some of these regulations state as follows:

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).

The information submitted at your hearing revealed: You did not meet the criteria for prior authorization of outpatient radiological services.

It is the decision of the State Hearings Officer to **uphold** the **action** of the Department to **deny** the CT scan.

Sincerely,

Ray B. Woods, Jr., M.L.S.
State Hearing Officer
Member, State Board of Review

cc: State Board of Review
Ms. Evelyn Whidby - B. M. S.

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

_____,
Claimant,

v.

Action Number: 07-BOR-1328

**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 June 22, 2007 for Ms. _____. 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 June 5, 2007 on a timely appeal filed April 2, 2007.

It should be noted that the Claimant is currently receiving Medicaid Benefits. She was not represented by Counsel, and a pre-hearing conference was not held between the parties prior to the hearing.

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:

_____, Sister/Guardian*

Miranda Walker, RN - Bureau for Medical Services (BMS)*

Evelyn Whidby, Hearings Representative - Bureau for Medical Services (BMS) Observing*

Lisa Goodall, RN – West Virginia Medical Institute (WVMI)*

Oretta Keeney, RN – West Virginia Medical Institute (WVMI) – Observing*

Presiding at the Hearing was, Ray B. Woods, Jr., M.L.S., State Hearing Officer and a member of the State Board of Review.*

*All participated by conference call

IV. QUESTIONS TO BE DECIDED:

The question(s) to be decided is: Did Ms. _____ meet the eligibility criteria for a CT scan of the abdomen and pelvis?

V. APPLICABLE POLICY:

Chapter 500 - Covered Services, Limitations, and Exclusions for Hospital Services, Volume 10
Section 508.1 (3) Prior Authorization For Outpatient Services.

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

D-1 WVMI Medicaid Imaging Authorization Request Form dated 03/20/07

D-2 DME Manual, Section 508.1 Prior Authorization Requirements For Outpatient Services
#3

D-3 InterQual SmartSheets 2006 Imaging Criteria – Computed Tomography (CT),
Abdomen and Pelvis

D-4 WVMI Medical Review and Denial dated 03/23/07

Claimants' Exhibits:

None

VII. FINDINGS OF FACT:

- 1) The Claimant is a fifteen year old female with a Clinical Diagnosis of Persistent Abdominal Pain. The Claimant's sister is the appointed guardian who requested the fair hearing.
- 2) A WVMI Medicaid Imaging Authorization Request Form was submitted to WVMI on March 20, 2007 by the Claimant's physician for the CT scan (Exhibit D-1). The Clinical

Reasons for the study were right low abdominal pain - few weeks. An H. Pylori lab test was negative, and the Claimant was treated with the medication Prevacid 30 mg.

- 3) The referral to WVMI was based on that certain section of Chapter 500 - Covered Services, Limitations, and Exclusions for Hospital Services, Volume 10 Section 508.1 (3) Prior Authorization For Outpatient Services (Exhibit D-2), which states in part:

Medicaid covered outpatient services which require medical necessity review and prior authorization are:

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.

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.

- 4) The WVMI reviewed the request for the CT scan and submitted a Notice of Denial on March 23, 2007 (Exhibit D-4). The reason for the denial stated in part:

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

Reason for denial: InterQual criteria not met, specifically; there were no physical exam findings and no other previous testing noted.

- 5) At the hearing, the B. M. S. RN reviewed the policy. There were no questions from the participants.
- 6) The WVMI RN testified that the Claimant's denial was based on the InterQual SmartSheets that are used as screening guidelines (Exhibit D-3). According to the Authorization Request, there was no indication what the physician was trying to rule out, e.g., Appendicitis.
- 7) The WVMI RN testified that the physician did not submit any additional information or request reconsideration, after the denial letter was issued.

- 8) The Claimant's sister testified that she did not disagree with the testimony of the WVMI RN. She requested a hearing because she is currently receiving benefits from the Department of Health and Human Resources, and cannot pay for her sister's expenses.
- 9) The Claimant's sister further testified that the CT scan has already been done. The BMS RN testified that reconsideration would have been denied if prior authorization had not been given.

VIII. CONCLUSIONS OF LAW:

- 1) The Policy found at Chapter 500 - Covered Services, Limitations, and Exclusions for Hospital Services, Volume 10 Section 508.1 (3) requires Medicaid covered outpatient services to receive a medical necessity review and prior authorization;
- 2) The WVMI denied the CT request based on the InterQual SmartSheets used as screening guidelines;
- 3) The Authorization Request did not indicate what the physician was trying to rule out, e.g., Appendicitis;
- 4) The Claimant's physician did not submit additional information or request a reconsideration of the CT denial;
- 5) The Claimant had the CT scan without receiving prior approval from WVMI, and finally;
- 6) The Claimant does not meet the established criteria for the CT scan.

IX. DECISION:

It is the decision of this State Hearing Officer to **uphold** the **action** of the Department to **deny** the CT scan of the abdomen and pelvis.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision
Form IG-BR-29

ENTERED this 22nd Day of June, 2007.

Ray B. Woods, Jr., M.L.S.
State Hearing Officer