



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

September 24, 2007

Dear _____:

Attached is a copy of the findings of fact and conclusions of law on your hearing held September 20, 2007. Your appeal was based on the Department of Health and Human Resources' denial of your request for Medicaid payment of a power 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.

Medicaid regulations state that the WV Medicaid Program offers a comprehensive scope of Durable Medical Equipment (DME) / Medical Supply services to Medicaid members, subject to medical necessity appropriateness criteria and prior authorization requirements. 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. Medically appropriate is defined as an effective service that can be provided, taking into consideration the particular circumstances of the beneficiary and the relative cost of any alternative services, which could be used for the same purpose, that is, the most economical service that meets the beneficiary's health. (West Virginia Department of Health and Human Resources, Chapter 500)

The information submitted at the hearing reveals that while medical necessity may have been met, the documentation submitted fails to demonstrate medical appropriateness for the power wheelchair that was requested.

It is the decision of the State Hearing Officer to **uphold** the action of the Department in denying Medicaid payment for your power wheelchair.

Sincerely,

Thomas E. Arnett
State Hearing Officer
Member, State Board of Review

Pc: Chairman, Board of Review
Evelyn Whidby, BMS

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES

_____,

Claimant,

v.

Action Number 07-BOR-1812

West Virginia Department of Health & Human Resources,

Respondent.

DECISION OF THE STATE HEARING EXAMINER

I. INTRODUCTION:

This is a report of the State Hearing Officer resulting from a fair hearing concluded on September 24, 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 convened on September 20, 2007 on a timely appeal filed July 11, 2007.

II. PROGRAM PURPOSE:

The program entitled Medicaid is set up cooperatively between the Federal and State Government and administered by the West Virginia Department of Health and 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 the development of regulations to implement Federal and State requirements for the program. The Department of Health & Human Resources processes claims for reimbursements to providers participating in the program.

III. PARTICIPANTS:

_____, Claimant's Son / Representative
JoAnn Ranson, RN, BMS
Virginia Evans, Claims Representative, BMS
Elizabeth Miller, RN, WVMH

Presiding at the hearing was Thomas E. Arnett, State Hearing Examiner and a member of the State Board of Review.

IV. QUESTION TO BE DECIDED:

The question to be decided is whether the Department was correct in its decision to deny Medicaid payment for a power wheelchair.

V. APPLICABLE POLICY:

West Virginia Bureau for Medical Services Provider Manual Chapter 500, Volume 6
West Virginia Bureau for Medical Services Provider Manual Chapter 200, Section 250

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Exhibit A-1 Durable Medical Equipment/Medical Supply Manual, Chapter 500, Volume 6
A-2 InterQual Durable Medical Equipment Criteria – Power Wheelchairs
Exhibit B Information received from [REDACTED] M.D. and [REDACTED]
Exhibit C Notice of Denial Determination by West Virginia Medical Institute (WVMI)
Exhibit D Reconsideration request by [REDACTED]
Exhibit E Reconsideration Determination by West Virginia Medical Institute (WVMI)

VII. FINDINGS OF FACT:

- 1) On April 2, 2007, West Virginia Medical Institute, hereinafter WVMI, received documentation from Dr. [REDACTED] MD and [REDACTED] (Exhibit C) requesting that the Claimant be approved for Medicaid payment of a power wheelchair.
- 2) WVMI requested additional information via a fax correspondence dated April 4, 2007 that was sent to the Claimant's physician and [REDACTED] (included in Exhibit C).
- 3) On or about April 6, 2007, a Notice of Denial for Durable Medical Services (DME) was issued by WVMI and indicated that per InterQual Criteria, the Claimant was denied because she had not demonstrated the ability to use the power wheelchair in her home.
- 4) A reconsideration was requested by Dr. [REDACTED] and [REDACTED] (Exhibit D) as arrangements were made and the Claimant demonstrated the ability to safely and effectively use a power wheelchair in her home.
- 5) On May 16, 2007, a Notice of Preadmission Reconsideration Determination, West Virginia

Medicaid was provided to the Claimant. This notice states, in pertinent part:

WVMI received your request for reconsideration of the initial denial of authorization for the above listed patient. After due consideration of all relevant factors including documentation in the medical record and any additional information provided, WVMI upheld the initial denial.

After reviewing the additional documentation provided, the physician reviewer upheld the initial denial for a K0827 power wheelchair with accessories due to not meeting Interqual criteria. The requested wheelchair doesn't meet Interqual criteria for the weight required for this specific wheelchair, and also the Make, Model and Model Number provided did not allow the Consultant to identify the wheelchair on the Product Classification list [sic].

- 6) According to the InterQual criteria (Exhibit A-2), the power wheelchair requested (K0827) requires that the beneficiary's weight is between 450 lbs and 600 lbs. The WVMI RN cited the April 4, 2007 fax request for additional information (Exhibit B) and noted that the Claimant's physician indicated the Claimant's weight is 350+. In addition to the Claimant not meeting the weight requirement for the power wheelchair requested, the DME provider failed to include the make and model type of the power wheelchair. The WVMI RN testified that the Claimant's request was reviewed by the WVMI physician reviewer, as well as a DME consultant, who was unable to determine medical appropriateness for the power wheelchair requested.
- 7) The Claimant's representative purported that his mother's weight is in excess of 450 lbs, however, there is no clinical documentation to verify this claim.
- 8) Chapter 500, of the West Virginia BMS Provider Manual includes covered services, limitations, and exclusions for DME/Medical Supplies. Section 500 (Introduction) states that the WV Medicaid Program offers a comprehensive scope of Durable Medical Equipment (DME)/Medical Supply services to Medicaid members, subject to medical necessity appropriateness criteria and prior authorization requirements.
- 9) Section 503 of the West Virginia BMS Provider Manual, Chapter 500, states DME/medical supplies and other related services/items provided through DME are considered for reimbursement by WV Medicaid when requested by a prescribing practitioner and determined medically necessary to meet the basic health care needs of the member. The most economical items/services will be provided. Expensive items are not covered when less costly items/services are available.
- 10) Policy found in Chapter 500, Section 505 (Prior Authorization) 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 codes(s), all information required on the written prescription (see Section 504, 2nd

paragraph, (2) for clarification) and any other relevant information. This policy goes on to say – 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: Power Wheelchairs (K011, K0012, K0014). 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.

- 11) West Virginia Bureau for Medical Services (BMS) Provider Manual, Chapter 200 (Definitions) defines the term *Medically Appropriate* as - An effective service that can be provided, taking into consideration the particular circumstances of the beneficiary and the relative cost of any alternative services, which could be used for the same purpose, that is, the most economical service that meets the beneficiary's health.

Medically Necessary is defined as – Services or supplies that are proper and needed to diagnose or treat a medical condition.

VIII. CONCLUSIONS OF LAW:

- 1) The West Virginia BMS Provider Manual includes covered services, limitations, and exclusions for DME/Medical Supplies and states that Durable Medical Equipment (DME)/Medical Supply services are subject to medical necessity appropriateness criteria and prior authorization requirements. DME/Medical Supplies and other related services/items provided through DME are considered for reimbursement by WV Medicaid when requested by a prescribing practitioner and determined medically necessary to meet the basic health care needs of the member.
- 2) *Medical necessity* requires that the documentation reviewed for eligibility must demonstrate that the power wheelchair is proper [emphasis added] to treat the Claimant's medical condition and *medical appropriateness* must show that the power wheelchair will be effective. The InterQual Smart Sheet Criteria is used to determine if the beneficiary meets these requirements.
- 3) The documentation submitted by the Claimant's physician and the DME provider fails to demonstrate, per InterQual criteria, that the power wheelchair requested is medically appropriate for the Claimant. Based on the evidence, the Department was correct in denying the Claimant's request for prior authorization of DME (power wheelchair) reimbursement by WV Medicaid.

IX. DECISION:

It is the decision of the State Hearing Officer to **uphold** the action of the Department in denying the Claimant's DME request for prior authorization of Medicaid reimbursement for a power wheelchair.

X. RIGHT OF APPEAL:

See Attachment.

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision.

Form IG-BR-29

ENTERED this 24th Day of September 2007.

**Thomas E. Arnett
State Hearing Examiner**