



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

December 19, 2007

Dear Ms. _____:

Attached is a copy of the findings of fact and conclusions of law on your hearing held November 1, 2007. Your hearing request was based on the Department of Health and Human Resources' decision to deny Medicaid payment for a diagnostic Pelvic Laparoscopy CPT49320 and D&C, Hysteroscopy CPT58558.

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 certain outpatient surgeries including Hysteroscopy and Laparoscopy. The selected surgeries that require prior authorization through the BMS review contractor are listed in Attachment 3, along with the PA form that may be utilized. (WVDHHR Medicaid Policy Manual, Chapter 500-8, & Attachment 3)

The information presented at your hearing reveals that prior authorization for payment of a Pelvic Laparoscopy and D&C Hysteroscopy was not approved because the information your physician submitted 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 a Pelvic Laparoscopy and D&C Hysteroscopy..

Sincerely,

Cheryl McKinney
State Hearing Officer
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review
Evelyn Whidby, BMS, Stacy Hanshaw, BMS

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

_____,

Claimant,

v.

Action Number: 07-BOR-2083

**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 November 1, 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 November 1, 2007 on a timely appeal filed August 6, 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, participating by telephone
_____, Claimant's mother, participating by telephone
Stacy Hanshaw, BMS, participating by telephone
Sharon Lopez, RN with WVMI, participating by telephone
Jenny Craft, RN with WVMI, observing, participated 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 Medicaid payment for a Pelvic Laparoscopy and D&C Hysteroscopy.

V. APPLICABLE POLICY:

WVDHHR Medicaid Policy Manual, Chapter 500-8 & Attachment 3

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- A WVDHHR Medicaid Manual Chapter 500, Section 508.1, Item #4, Attachment 3
- B Information from Dr. [REDACTED] MD / InterQual Smart Sheets
- C Notice of Denials dated August 1, 2007

Claimant's Exhibits:

None

VII. FINDINGS OF FACT:

- 1) On or about August 1, 2007, the Claimant was notified via a Notice of Denial (Exhibit C) that his request for prior authorization (PA) for Medicaid payment of a Pelvic Laparoscopy and D&C Hysteroscopy was denied. The reason for denial is as follows:

Interqual criteria not met.
DIAGNOSTIC PELVIC LAPAROSCOPY CPT29320

D&C, HYSTEROSCOPY CPT 58558

There was no physical examination findings, no diagnostic laboratory studies, no Pap smear results and no trial conservative therapy to indicate the need for these procedures.

- 2) Evidence presented by the Department reveals that prior authorization (PA) is required for Medicaid payment for a Pelvic Laparoscopy and D&C Hysteroscopy. 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 meet any of the clinical indications (100 through 700 on Exhibit B) for approval. WVMI referred the Claimant's request to Physician Review and their decision was that there was insufficient medical documentation for the physician reviewer to authorize payment for the procedure.
- 3) The Claimant testified that in 2004 she had a tubal ligation and D&C due to endometriosis, and has severe bleeding and cramps. She stated that her physician has told her that her uterus is introverted.
- 4) WVDHHR Medicaid Policy Manual, Chapter 508.1 – Item 4, provides prior Authorization Requirements for Outpatient Services and states:

Certain surgeries performed in place of service 22 (Outpatient Hospital) and 24 (Ambulatory Surgical Center) will require prior authorization, effective February 15, 2006. The selected surgeries that require prior authorization through the BMS review contractor are listed in Attachment 3, along with the PA form that may be utilized.
- 5) InterQual SmartSheets 2006 – Imaging Criteria, provides screening guidelines for medical appropriateness of healthcare services. This document provides a list of Clinical Indications (100 through 700) that must be met in order to receive PA.

VIII. CONCLUSIONS OF LAW:

- 1) WVDHHR Medicaid Policy Manual states that prior authorization (PA) is required on certain surgeries including Laparoscopy and Hysteroscopy. Failure to obtain prior authorization will result in denial of the services. The 2006 – Imaging 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 from the Claimant's physician for prior authorization (PA) of Medicaid payment for a Hysteroscopy and Laparoscopy. Because WVMI did not receive enough information to evaluate the request, the request was sent to a physician reviewer to determine medical necessity. The physician reviewer was unable to find clinical justification to approve the authorization for the procedures in this instance. The Department has followed policy in evaluating the request.

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 Pelvic Laparoscopy and D&C Hysteroscopy.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 19th Day of December, 2007.

**Cheryl McKinney
State Hearing Officer**