



**State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
PO Box 6165
Wheeling, WV 26003**

**Joe Manchin III
Governor**

**Martha Yeager Walker
Secretary**

September 4, 2008

Dear Ms. _____:

Attached is a copy of the findings of fact and conclusions of law on your hearing held August 28, 2008. Your hearing request was based on the Department of Health and Human Resources' decision to deny a request for Incontinence Supplies.

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:

For items requiring prior authorization review for medical necessity by WVMI, it is the responsibility of the prescribing practitioner to submit the appropriate clinical documentation. The Adult/Pediatric Incontinence Guidelines are utilized in determining the medical necessity for incontinence supplies.

The information submitted at your hearing revealed that the diagnosis (obstructive sleep apnea and morbid obesity) provided by your physician did not meet the established criteria to qualify for payment for incontinence supplies.

It is the decision of the State Hearings Officer to UPHOLD the ACTION of the Department to deny the request for incontinence supplies.

Sincerely,

Melissa Hastings
State Hearing Officer
Member, State Board of Review

cc: Young, State Board of Review
Whidby, BMS

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

_____,
Claimant,

v.

Action Number: 08-BOR-1425

**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 August 28, 2008 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 August 28, 2008 on a timely appeal filed May 23, 2008. Note: Claimant's hearing was previously scheduled on July 10, 2008 but due to difficulties making telephone contact the case had to be rescheduled.

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

Virginia Evans – Bureau of Medical Services Representative
JoAnn Ranson, RN – Bureau of Medical Services Representative
Tina Green, RN – West Virginia Medical Institute Representative

Presiding at the Hearing was Melissa Hastings State Hearing Officer and a member of the State Board of Review.

All parties participated telephonically.

IV. QUESTIONS TO BE DECIDED:

The question(s) to be decided is whether the Department was correct in denying a request for Medicaid coverage for Incontinence Supplies for the Claimant.

V. APPLICABLE POLICY:

West Virginia Provider Manual Chapter 505 PRIOR AUTHORIZATION

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 WV Provider Manual Chapter 500 section 505
- D-2 Adult/Pediatric Incontinence Guidelines HCPCS A4520 and A4554 (5pages)
- D-3 WVMi DME /Medical Supplies Authorization Request Form signed by Dr. [REDACTED] March 8, 2008
- D-4 Notice of Denial for Durable Medical Services to claimant dated March 10, 2008
- D-5 Notice of Denial for Durable Medical Services to Dr. [REDACTED] dated March 10, 2008
- D-6 Notice of Denial for Durable Medical Services to [REDACTED] dated March 10, 2008

Claimants' Exhibits:

None

VII. FINDINGS OF FACT:

- 1) The Claimant's physician completed a WVMi Medicaid DME (Durable Medical Equipment)/Medical Supplies Authorization Request Form on March 8, 2008. The diagnoses were listed as Obstructive Sleep Apnea and Morbid Obesity. (D-3).
- 2) Testimony received from the WVMi representative indicates that upon receipt of the request, the WVMi nurse reviewed the request utilizing the Adult/Pediatric Incontinence Guidelines. (D2). The Diagnosis provided by the requesting physician failed to meet any of the guidelines provided.
- 3) WVMi issued a Notice of Denial for Durable Medical Services to the Claimant, requesting physician and supplier on March 10, 2008 (Exhibit D-4, D-5, and D-6)). The Notice stated in part:

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

Reason for Denial: Incontinence supplies – Documentation provided does not indicate medical necessity – specifically:

The information provided did not contain an approvable secondary diagnosis from the Incontinence Guidelines to explain the cause of the incontinence.

4) West Virginia Provider Manual Section 505 PRIOR AUTHORIZATION:

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. The Adult/Pediatric Incontinence Guidelines HCPCS A4520 and A4554 are utilized to determine eligibility for incontinence supplies.

VIII. CONCLUSIONS OF LAW:

1) West Virginia Provider Manual Chapter 506 PRIOR AUTHORIZATION states in 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.

2) West Virginia Provider Manual provides a listing of Adult/Pediatric Incontinence Guidelines listing qualifying diagnoses for incontinence supplies.

3) The diagnoses provided by the claimant's physician failed to meet any of the diagnoses listed on the guidelines.

IX. DECISION:

It is the decision of the State Hearing Officer to UPHOLD the Action taken by the Department to deny the request for incontinence supplies for the claimant.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 4th Day of September, 2008.

**Melissa Hastings
State Hearing Officer**