



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
P. O. Box 1736
Romney, WV 26757

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 September 3, 2008. Your appeal was based on the Department of Health and Human Resources' decision to deny pre-authorization approval for Medicaid coverage for a CT Scan of abdomen and pelvis.

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.

Current Medicaid regulations provide as follows: The West Virginia (WV) Medicaid Program offers a comprehensive scope of medically necessary medical and mental health services to diagnose and treat eligible members. Specified services require prior approval and must be determined medically necessary and appropriate in order for the services to be covered. (West Virginia Bureau for Medical Services Provider Manual § 500)

The information submitted at the hearing reveals that the physician requesting prior approval did justify medical necessity and appropriateness for the proposed CT Scan.

It is the decision of the State Hearing Examiner to **reverse** the Department's action to deny coverage for the CT scan.

Sincerely,

Sharon K. Yoho
State Hearing Examiner
Member, State Board of Review

cc: Chairman, Board of Review
Evelyn Whidby, BMS

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES

_____,

Claimant,

v.

Action Number 08-BOR-1671

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 4, 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 convened on September 3, 2008 on a timely appeal filed June 30, 2008.

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, (BMS), 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 Witnesses:

_____, Claimant

Department's Witnesses:

Jo Ann Ranson, BMS

Kathy Klevock, WV Medical Institute, (WVMI)

Presiding at the hearing was Sharon K. Yoho, 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 denying a request for Medicaid coverage for a CT scan of abdomen and pelvis.

V. APPLICABLE POLICY:

West Virginia BMS Provider Manual Chapter 320.3, 500, 502, 508.1 and 508.1.3
McKesson InterQual 2007 – Imaging Criteria

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 West Virginia Bureau of Medical Services Manual Chapter 508, 508.1
- D-2 WVMI Medicaid Imaging Authorization Request Form dated June 10, 2008
- D-3 McKesson InterQual 2007 – Imaging Criteria
- D-4 Client Notification of denial dated June 16, 2008
- D-5 Physician Notification of denial dated June 16, 2008
- D-6 Hospital Notification of denial dated June 16, 2008

VII. FINDINGS OF FACT:

- 1) On June 10, 2008, the claimant's physician submitted a request to the Department for prior authorization for a CT scan of the claimant's abdomen and Pelvis.
- 2) The physician noted that the clinical reasons for the study were to discover the cause of progressive swelling of the left thigh and calve. He indicated that the suspected cause was either intra abdominal obstruction of left lower extremity venous or drainage from a lymph gland. The request included information from a diagnostic study completed in the year 2007 showing a possible obstruction of left venous.
- 3) The WVMI staff reviewed the request and made a determination that the reported condition of swelling of the thigh and calf was not found in the indications listed on the InterQual Smart Sheet addressing CT of Abdomen and Pelvis. The Department also concluded that the physician provided limited information from physical examination, no recent abnormal laboratory values and no recent diagnostic test results.
- 4) WVMI issued a denial notice on June 16, 2008 to the claimant, the requesting Physician and the Radiology facility. The notice issued to the Physician explained why the request was denied and what additional information was needed for reconsideration. It also provided the process for which to request reconsideration. The physician did not request a reconsideration. The denial notice stated: "InterQual criteria not met. The information submitted did not meet the clinical indications for the requested studies. There was limited information provided regarding physical findings upon examination, no recent abnormal laboratory values and no recent diagnostic test results noted."

- 5) The Claimant submitted a hearing request, which was received by the Department on June 30, 2008.
- 6) The Claimant testified that her left leg has been swollen for a long period and is getting worse. She is in pain due to the swelling and the cause has not been determined. She reports that she has varicose veins in her legs that have been treated with laser therapy but this treatment did not affect the swollen condition of her left leg. She reports that she has extensive family history of cancer and this increases her concern about the condition.
- 7) The McKesson InterQual 2006 – Imaging Criteria lists INDICATIONS for CT, Abdomen and Pelvis:

INDICATIONS (choose one and see below)

- 100 Suspected AAA rupture
- 200 Follow-up post endovascular repair AAA
- 300 Abdominal mass by PE/KLUB/US
- 400 Suspected intra-abdominal hemorrhage
- 500 Suspected appendicitis
- 600 Suspected diverticulitis
- 700 Follow-up diverticulitis
- 800 Suspected intra-abdominal/pelvic abscess
- 900 Follow-up of known abdominal/pelvic abscess
- 1000 New onset/change in nonspecific GI symptoms
- 1100 Fever of unknown origin (FUO)
- 1200 Abdominal/pelvic evaluation with know cancer
- 1300 Genitourinary tract tumor by imaging/testing
- 1400 Suspected bowel obstruction
- 1500 Abdominal/pelvic trauma
- 1600 Complex cyst/noncystic ovarian mass by US
- 1700 Cryptorchidism
- _____ Indications Not Listed (Provide clinical justification below)

- 8) West Virginia Bureau for Medical Services Provider Manual § 508.1:
Prior Authorization Requirements For Outpatient Services
Medicaid covered outpatient services, which require medical necessity review and prior authorization are:

3. 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).
- 9) West Virginia Bureau for Medical Services Provider Manual § 500: INTRO:
The West Virginia (WV) Medicaid Program offers a comprehensive scope of medically necessary medical and mental health services to diagnose and treat eligible members. Covered and authorized services must be rendered by enrolled providers within the scope of their license and in accordance with all State and Federal

requirements. Any service, procedure, item, or situation not discussed in the manual must be presumed non-covered unless informed otherwise in writing by the Bureau for Medical Services (BMS).

- 10) West Virginia Bureau for Medical Services Provider Manual § 320.3:
Obtain Prior Authorization:
It is the responsibility of the provider of the service to secure prior approval before rendering the service.
The provider must submit written documentation demonstrating the medical necessity and appropriateness of the proposed treatment.
- 11) West Virginia Bureau for Medical Services Provider Manual § 502:
Medical Necessity, All services must be medically necessary and appropriate to the member's needs in order to be eligible for payment. The medical records of all members receiving Practitioner Services must contain documentation that establishes the medical necessity of the service.
Important: The fact that a provider prescribes, recommends, or approves medical care does not in itself make the care medically necessary or a covered service. Nor does it mean that the patient is eligible for Medicaid benefits. It is the provider's responsibility to verify Medicaid eligibility and obtain appropriate authorizations before services are rendered.

VIII. CONCLUSIONS OF LAW:

- 1) Policy provides that prior authorization is required for the proposed CT scan and that necessity and appropriateness must be proven. The providers request for prior authorization did include adequate information to prove medical necessity for the CT scan.
- 2) It is understandable that this Claimant's condition is not listed in the InterQual CT Imaging criteria Indications for the abdomen/pelvis area. The outward abnormal condition diagnosed for this Claimant is one of leg swelling. The need for a CT scan of the abdomen pelvis area for a condition of the leg is most likely not a common. The Indication listing does provide an option for a non-listed indication and notes that clinical justification be provided. This Claimant's physician did provide clinical justification in his request for this non-listed indication.
- 3) The Department noted that the Physician provided limited information regarding physical findings upon examination. The request specifies that there is progressive swelling of the left thigh and calve. The Department noted that the request did not report recent abnormal laboratory values. The type or month of the 2007 diagnostic study is not known however, the finding of that test suggests possible left venous obstruction. The Department failed to provide policy that restricts the consideration of test results from a previous calendar year.
- 4) The Bureau of Medical Services policy 502 provides that the service must be medically necessary and appropriate. The information provided to the Department in the June 10, 2008 request clearly shows that the CT Scan requested is medically necessary and appropriate for diagnosing the cause of the long term progressing condition.

IX. DECISION:

It is the decision of the State Hearing Officer to **reverse** the Department's denial of the request for prior authorization through the Medicaid Program for a CT scan of the abdomen and pelvis. The Department is ordered to contact the requesting physician advising of prior authorization approval for the requested CT Scan.

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.

Sharon K. Yoho
State Hearing Examiner