



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
1400 Virginia Street
Oak Hill, WV 25901

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

December 1, 2008

Dear _____:

Attached is a copy of the findings of fact and conclusions of law on your hearing held November 20, 2008. Your hearing request was based on the Department of Health and Human Resources' decision to deny prior authorization for Medicaid payment of Magnetic Resonance Imaging (MRI) of the cervical spine.

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 the Medicaid program is based on current policy and regulations. Some of these regulations state as follows: Prior authorization must be obtained for all outpatient radiological services (Hospital Manual § 510.8.1).

The information submitted at your hearing was insufficient for a determination of medical necessity to be made for a MRI of the cervical spine.

It is the decision of the State Hearing Officer to **uphold** the decision of the Department to deny prior authorization for Medicaid payment of a MRI of the cervical spine.

Sincerely,

Kristi Logan
State Hearing Officer
Member, State Board of Review

Cc: Erika Young, Chairman, Board of Review
Bureau of Medical Services

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

_____,

Claimant,

v.

Action Number: 08-BOR-1933

**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 20, 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 November 20, 2008 on a timely appeal, filed August 15, 2008.

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
_____, Claimant's Husband
_____, Claimant's Cousin
_____, Claimant's Cousin

Stacey Hanshaw, Bureau of Medical Services (by phone)
Karen Keaton, West Virginia Medical Institute (by phone)

Presiding at the Hearing was Kristi Logan, 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 or not the Department correctly denied Medicaid payment of a MRI of the Cervical Spine for Claimant.

V. APPLICABLE POLICY:

Hospital Manual § 510.8.1

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- A-1 Hospital Manual § 510.8.1
- B-1 Prior Authorization Request Form dated July 30, 2008
- B-2 InterQual SmartSheet Imaging Criteria for MRI, Cervical Spine
- C-1 Denial Notification Letter dated August 4, 2008 to Claimant
- C-2 Denial Notification Letter dated August 4, 2008 to Dr. [REDACTED]
- C-3 Denial Notification Letter dated August 4, 2008 to [REDACTED]

Claimants' Exhibits:

None

VII. FINDINGS OF FACT:

- 1) A request for prior authorization for a Magnetic Resonance Imaging (MRI) on Claimant's cervical spine was submitted to West Virginia Medical Institute (WVMI) on July 30, 2008 by Dr. [REDACTED] for approval. A notification letter dated August 4, 2008 was issued to Claimant and Dr. [REDACTED] which read in part (C-1 and C-2):

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

InterQual criteria not met. The information submitted did not meet the clinical indications for the requested study. There was limited information provided regarding the physical and neurological findings upon examination and no documented trial of failed conservative treatment noted.

- 2) Karen Keaton of West Virginia Medical Institute (WVMI) testified to the reasons for the denial of Claimant's MRI. The request form that was submitted to WVMI for approval listed the clinical reasons for the study as a possible herniated disc, or [sic]

The information provided on the request form was compared to the criteria in the InterQual SmartSheet under section 100, Suspected Cervical Radiculopathy. The flow chart under 100 is as follows (B-1):

- 110 Severe unilateral weakness/mild atrophy in nerve root distribution by PE
- 120 Mild to moderate unilateral weakness
- 130 Refractory severe pain
- 140 Mild to moderate pain

The findings of Claimant's physical examination were insufficient to fit in any of these categories. Ms. Keaton also stated there was no mention of failed conservative treatments such as anti-inflammatories or activity modification. The request was denied due to the lack of medical documentation supporting the medical necessity of the MRI.

- 3) Claimant testified that she has had problems for over fifteen (15) months. She has been on pain medications and muscle relaxers. She sees a chiropractor three (3) times a week. She went to physical therapy once but it hurt her too much to continue.

Claimant stated she did have a MRI at [REDACTED] on September 10, 2008, after she was denied Medicaid payment for the MRI. Claimant states she is getting bills for the MRI as she signed a form assuming responsibility for payment since Medicaid denied payment.

- 4) Hospital Manual § 510.8.1 states:

Effective 10/1/05, prior authorization will be required on all outpatient radiological services included Magnetic Resonance Imaging (MRI). It is the responsibility of the ordering provider to obtain the prior authorization from WVMI. Failure to obtain prior authorization will result in the denial of the service.

VIII. CONCLUSIONS OF LAW:

- 1) The authorization form completed by Dr. [REDACTED] failed to provide enough medical information and documentation for WVMI to make a determination of the medical necessity of a MRI on the cervical spine as shown on the InterQual SmartSheet.
- 2) Dr. [REDACTED] had the opportunity to submit the information required for reconsideration and his failure to do so supports the decision of denial based on lack of current physical and/or neurological findings by the physician and no documentation of failed conservative treatments.

IX. DECISION:

It is the decision of the State Hearing Officer to **uphold** the decision of the Department to deny Claimant prior authorization of Medicaid payment for a MRI of the cervical spine.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 1st Day of December, 2008.

**Kristi Logan
State Hearing Officer**