



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

September 16, 2008

Dear Ms. _____

Attached is a copy of the findings of fact and conclusions of law on your hearing held September 15, 2008. Your hearing request was based on the Department of Health and Human Resources' decision to deny prior authorization for Medicaid payment 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 is based on current policy and regulations. Some of these regulations state as follows: For Durable Medical Equipment services and items requiring prior authorization, it is the responsibility of the prescribing practitioner to submit the appropriate clinical documentation of a diagnosis and medical necessity.

The information which was submitted at your hearing was insufficient in determining medical necessity of incontinence supplies.

It is the decision of the State Hearings Officer to **uphold** the decision of the Department to deny a prior authorization request for Medical payment for incontinence supplies.

Sincerely,

Kristi Logan
State Hearings Officer
Member, State Board of Review

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

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

_____,
Claimant,

Action Number: 08-BOR-1938

**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 September 15, 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 September 16, 2008 on a timely appeal, filed August 18, 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 Caregiver

_____, Adult Services Worker
_____, AFC Homefinder

Virginia Evans, Bureau of Medical Services (by phone)
Jennifer Poff, 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 the Department's decision to deny prior authorization for Medicaid payment of incontinence supplies for Claimant.

V. APPLICABLE POLICY:

Durable Medical Equipment and Medical Supply Policy Manual § 506

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- A-1 Durable Medical Equipment and Medical Supply Policy Manual § 506.5
- A-2 Adult and Pediatric Incontinence Guidelines
- B-1 Prior Authorization Request Form dated July 29, 2008 for Incontinence Supplies
- B-2 Special Medical Care Authorization Form for Claimant for May 2008-November 2008
- B-3 Diagnosis from Dr. [REDACTED] dated August 12, 2008
- C-1 Notification Letter to Claimant dated August 11, 2008
- C-2 Notification Letter to Dr. [REDACTED] dated August 11, 2008
- C-3 Notification Letter to _____ Pharmacy dated August 11, 2008

Claimants' Exhibits:

- C-1 None

VII. FINDINGS OF FACT:

- 1) A request for prior authorization for incontinence supplies for Claimant was submitted to West Virginia Medical Institute (WVMI) for approval on July 29, 2008 (B-1). A denial notification letter dated August 11, 2008 was issued to Claimant, Dr. [REDACTED] and _____ Pharmacy which read in part (C-1, C-2 and C-3):

A request for prior authorization was submitted for durable medical services. Based on the medical information provided, the request has been denied. Documentation provided does not indicate medical necessity – specifically: Your request for incontinence supplies cannot be approved due to no specific diagnosis of incontinence was provided or its specific etiology.

- 2) Jennifer Poff of WVMI testified that the reason for the denial of incontinence supplies was the diagnosis that was listed in the prior authorization form. The form indicated a diagnosis of renal failure and bipolar disorder (B-2). On August 4, 2008 WVMI requested a primary diagnosis of incontinence and secondary diagnosis or etiology from Claimant's physician, Dr. [REDACTED] in order to approve the request. When a diagnosis had not been received by August 11, 2008, the request was sent to a WVMI physician for approval. A diagnosis of bipolar disorder did not qualify as an acceptable secondary diagnosis for renal failure and the medical need for incontinence supplies. The request was denied.

Ms. _____ stated that on August 12, 2008, they received a diagnosis from Dr. [REDACTED] after the request had already been denied. The diagnosis listed was incontinence due to renal failure (B-3). Again, a secondary diagnosis or etiology had not been submitted as required for approval. The denial of incontinence supplies remained.

- 3) _____ Claimant's caregiver, testified that Claimant has renal failure due to the use of Lithium for several years to treat her bipolar disorder. She is also a diabetic which causes excessive thirst. Due to Claimant's mental condition, she does not know when she is wet, so she changes her undergarments even if she is dry.

Ms. _____ stated that a Dr. [REDACTED] was the physician who had prescribed Claimant the Lithium and knew of the effect it had regarding the renal failure. They were not able to get an appointment and a diagnosis from him in time to submit to the hearing.

- 4) Claimant testified that she cannot afford the undergarments on her limited income. The pharmacy stopped supplying her with the undergarments weeks ago because of the bill she has accumulated.

- 5) Durable Medical Equipment and Medical Supply Policy Manual § 506.5 states:

For Durable Medical Equipment (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 (see 506.4, 2nd paragraph, (2) for clarification) and any other relevant information.

- 6) Durable Medical Equipment and Medical Supply Policy Manual § 506.4(2) states:

Effective May 1, 2006, a written prescription which must include the member's name, date of prescription, description of code, estimated length of need in months, quantity of item(s), frequency of use and prescribing practitioner's signature and given to the member by the prescribing practitioner. A copy of the hospital discharge plan and/or progress notes do not constitute a written prescription for DME/Medical Supplies.

VIII. CONCLUSIONS OF LAW:

- 1) As dictated by policy, a request for prior authorization for Durable Medical Equipment and Supplies must contain a diagnosis from a physician documenting the medical necessity of the equipment or supplies.
- 2) Claimant's physician failed to submit proper documentation of a secondary diagnosis or etiology of the renal failure and the medical necessity of the incontinence supplies.
- 3) The prior authorization request submitted for approval of incontinence supplies was correctly denied.

IX. DECISION:

It is the decision of the State Hearing Officer to **uphold** the decision of the Department to deny prior authorization of Medicaid payment for incontinence supplies.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 16th Day of September, 2008.

**Kristi Logan
State Hearing Officer**