



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
State Capitol Complex, Building 6, Room 817-B
Charleston, WV 25305

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

March 18, 2008

Dear Ms. _____

Please find enclosed herewith a copy of the decision/findings of fact and conclusions of law regarding your fair hearing held on January 15, 2008. The basis for your hearing request was the Department of Health and Human Resources' decision denying your request for authorization of certain medical imaging, particularly a Magnetic Resonance Imaging (MRI) scan of lumbar spine.

In arriving at a decision, the State Hearings Officer is governed by the Public Welfare Laws of West Virginia and the rules, regulations and policies established by the Department of Health and Human Resources. These same laws, regulations, and policies are required to be followed and applied in all cases to assure that all persons are treated equally.

Eligibility for Medicaid services is based upon current policy and regulations. The regulations require that all outpatient neurological services require prior authorization; and that medical appropriateness must be met for approval of the services requested. (WVDHHR Hospital Manual Chapter 500, Section 508.1 and InterQual Imaging Criteria).

The information/evidence presented at your hearing revealed that Imaging Preauthorization Request did not meet the imaging eligibility criteria and could not be authorized. The physician on your behalf failed to present neurological findings or signs and symptoms supportive of such requested services nor did the documentation presented reflect that conservative treatment had been administered and failed, prior to the Imaging Preauthorization Request

Thus, it is the decision of the State Hearing Officer to uphold the action of the Department to deny Medicaid coverage for certain imaging service of the lumbar spine.

Very truly yours,

Mary B. Sansalone
State Hearing Officer
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review
Stacy Hanshaw, BMS
Sharon Lopez, WVMH

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES
BOARD OF REVIEW

_____.
Claimant,

v.

Action Number: 07-BOR-2380

West Virginia Department of
Health and Human Resources,

Respondent.

DECISION OF STATE HEARING OFFICER

I. INTRODUCTION/PROCEDURAL HISTORY:

This is an appeal by the claimant from the Department of Health and Human Resources decision denying claimant's request for authorization of certain medical imaging, particularly a Magnetic Resonance Imaging (MRI) scan of the lumbar spine. Claimant physician on August 23, 2007, completed and submitted a WVMI Medicaid Imaging Authorization Request Form requesting authorization to perform the Magnetic Resonance Imaging (MRI) scan of the lumbar spine. No clinical reason was stated for the requested services other than lower back pain from prior motor vehicle accident. Upon review, authorization was denied based upon the fact that the InterQual Imaging Criteria utilized by Medicaid to determine eligibility of services was not met nor was there a physical assessment with neurological findings or symptoms indicating the need for an MRI nor was there documentation reflecting that conservative treatment had been prescribed, administered, and failed.

Claimant and Claimant's Requesting physician were duly informed of said decision in writing on September 10, 2007, as evidenced by the Notice of Decision issued by West Virginia Medical Institute, copies of which are collectively marked Department Exhibit No. C (Part I and Part II), and made a part of the evidence. After denial, no additional information or supporting documentation was submitted for reconsideration. Claimant filed an appeal from the denial on or about September 14, 2007. A telephonic hearing duly noticed, was held on Tuesday, January 15, 2008, at 11:00 a.m., at the [REDACTED] County Department of Health and Human Services, Fairmont, West Virginia, before the undersigned, for purpose of the taking of evidence and reviewing the September 10, 2007 determination or denial of benefits. The 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.

II. PROGRAM PURPOSE:

The Medicaid program was established in 1965 under Title XIX of the Social Security. The Program is set up cooperatively between the federal and state governments to offer medical assistance to a certain class of persons. The Department of Health and Human Resources administers the Medicaid Program in West Virginia in accordance with the federal regulations establishing the same. The Bureau for Medical Services is responsible for development of the Medicaid policies, regulations and guidelines necessary to implement and operate the program, including determination of eligibility, covered services, and payment. The Department of Health and Human Resources processes the claims for reimbursements to providers participating in the program.

III. PARTICIPANTS:

The following parties and/or witnesses appeared telephonically on behalf of claimant at the hearing held on January 15, 2008, commencing at 11:00 a.m., and maintained their telephonic appearance throughout the entire proceeding:

1. _____ - Claimant.

The following parties and/or witnesses telephonically appeared on behalf of the West Virginia Department of Health and Human Resources on the aforementioned date and time and maintained their telephonic appearance throughout the entire proceeding:

1. Stacy Hanshaw RN, Bureau for Medical Services (BMS).
2. Sharon Lopez- RN, West Virginia Medical Institute (WVMI).

All witnesses, including the parties, were sworn prior to the commencement of the hearing so that any statements or comments made during the course of the proceeding were made under oath and could be considered in rendering a decision in this matter.

IV. ISSUE:

Whether the Department of Health and Human Services, the administrator of the Medicaid program in West Virginia was correct in denying a request for approval of certain imaging services for claimant, particularly, a Magnetic Resonance Imaging (MRI) scan of the lumbar spine.

It is claimant's contention that she meets the eligibility criteria for the requested services to be covered.

V. APPLICABLE POLICY: West Virginia Department of Health and Human Resource Manual Chapter 500, Section 508.1.

VI. DOCUMENTARY EVIDENCE ADMITTED:

Department Exhibits:

Exhibit A WVDHHR Hospital Manual Chapter 500-8, Section 508.1

Exhibit B

(Part I) (i)WVMI Medicaid Imaging Authorization Request Form dated 2/22/07;
(ii) Lumbar Spine X-Ray Report dated April 18, 2007; (iii)Bone Density Scan Report dated April 27, 2007 (5 pages total)

(Part II) InterQual SmartSheets 2006-Imaging Criteria (3 pages)

Exhibit C

(Part I) Notice of Denial dated September 10, 2007 to Claimant

(Part II) Notice of Denial dated September 10, 2007 to [REDACTED]

Claimant Exhibits: NONE

VII. FINDINGS OF FACT:

1. Claimant is a recipient under the West Virginia Medical Assistance Program established under Title XIX of the Social Security Act of 1965 and was a recipient or member of said program on August 23, 2007, the date of submission of the WVMI Medicaid Imaging Authorization Request Form, requesting authorization to perform a Magnetic Resonance Imaging (MRI) scan of the lumbar spine.

2. Medicaid, the West Virginia medical assistance program, as of October 1, 2005, requires that all outpatient radiological services require prior authorization, including but not limited to Magnetic Resonance Imaging (MRI).

3. Prior authorization must be obtained from West Virginia Medical Institute (WVMI), the agency appointed to review the "Imaging Request".

4. The State of West Virginia for purposes of its Medicaid program utilizes InterQual Imaging Criteria as the screening guideline to determine medical and clinical appropriateness of the requested services.

5. Claimant's physician _____, PAC, submitted a Medicaid Imaging Authorization Request Form (Exhibit B(part I)(i)), to the West Virginia Medical Institute (WVMI) on August 23, 2007, requesting pre-authorization for the Magnetic Resonance Imaging (MRI) scan of the claimant's lumbar spine.

6. The information provided by [REDACTED] the ordering/requesting physician is that contained on the "Request Form"; a x-ray report; and bone density scan. The reason stated on the "Request Form" for the imaging study was "lower back pain since 2001 motor vehicle accident. . ." The x-ray report was normal. The bone density scan reflected readings consistent with osteopenia.

7. The ordering physician failed to specify one of the identifiable indicators set out on the InterQual SmartSheet as the clinical reason for the requested services. Nor did he

submit supporting information which would have allowed a determination that the InterQual criteria was met.

8. The "Request" was then submitted to a WVMI reviewing physician for final and further determination. The reviewing physician upon his/her review did not find other clinical justification for the imaging service requested and thus was unable to find that the requested service was appropriate based on current medical practices.

9. A Notice of Denial was issued on September 10, 2007, to Claimant, _____
_____(Department Exhibit-C(Part I)), which states, in part:

"Reason for Denial:

InterQual criteria not met, specifically; that there was no information provided regarding physical or neurological exam findings, no documentation of change in the signs and symptoms and no failed conservative therapy.

10. A Notice of Denial was also issued on September 10, 2007, to _____
and/or _____ the ordering/requesting physician. In addition to the information stating the reason for denial, the physician's notice advised that additional documentation or information could be submitted and a request for reconsideration could be made for approval of said services.

11. No request for Reconsideration was made nor additional documentation submitted on behalf of claimant.

12. Claimant appealed the denial of benefits on or about September 14, 2007.

13. Claimant did not present any evidence at the hearing supporting her contention that she was entitled to be approved for the services requested other than she was in pain all the time; was very limited in her physical activity and wanted medical assistance to alleviate the pain.

14. WVDHHR Hospital Manual Chapter 500, Section 508.1 provides in pertinent part as follows:

Medicaid covered outpatient services which require medical necessity review and prior authorization are:

Effective 10/1/05, 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). Prior authorization requirements governing the provisions of all West Virginia Medicaid services will apply pursuant to Chapter 300 General Provider Participation Requirements, provider manual. Diagnostic services required during an emergency room episode will not require prior authorization. It is the

responsibility of the ordering provider to obtain prior authorization. Failure to obtain prior authorization will result in denial of the service; the Medicaid member cannot be billed for failure to receive authorization for these services.

Prior authorization must be obtained from West Virginia Medical Institute (WVMI) prior to the provision of the service. Failure to obtain prior authorization will result in denial of the service; the Medicaid member cannot be billed for failure to receive authorization for these services.

VIII. CONCLUSIONS OF LAW:

1. It is the responsibility of the requesting or ordering physician to submit the information sufficient to establish that the requested services are medically appropriate and that the patient meets the qualifying criteria set forth on the InterQual Smart Sheets, the standards or guidelines utilized by the West Virginia Medical Institute, the reviewing agency.

2. In order to receive authorization of the requested imaging service under Medicaid, the West Virginia medical assistance program, one must exhibit signs and symptoms of the medical indicators set forth on the InterQual SmartSheet for the requested service or show neurological findings through a physical assessment and/or submit documentation that conservative treatment has been prescribed, administered, and failed.

3. The ordering physician failed to provide a clinical reason for the requested services. Nor did he submit supporting information which would have allowed a determination that the InterQual criteria was met or that other clinical justification exist allowing authorization of the "requested study", being an MRI scan of the lumbar spine, based on current medical practices, thus the prior authorization request was appropriately denied.

4. Claimant's request for services was appropriately denied in that it did not meet the eligibility criteria established and uniformly applied by the Medicaid program.

IX. DECISION:

After reviewing and considering the information/evidence presented at the hearing, and the applicable law, policy and regulations, I hereby find and direct that the determination of the Agency that the Medicaid Imaging Authorization Request for MRI of the lumbar spine should be denied was correct, appropriate and consistent with the established medical conditions of the patient/claimant. Accordingly, the decision of September 10, 2007, is upheld.

X. RIGHT OF APPEAL:

See Attachment- IG-BR-46

XI. ATTACHMENTS:

Form IG-BR-46- Claimant Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 18th day of March 2007.

Mary B. Sansalone
State Hearing Officer