



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
P. O. Box 970
Danville, WV 25053

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

April 14, 2008

Dear Ms. _____:

Attached is a copy of the findings of fact and conclusions of law on your hearing held April 4, 2008. Your hearing request was based on the Department of Health and Human Resources' decision to deny prior authorization for payment of a K0002 Hemi-Wheelchair.

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 Medicaid services is based on current policy and regulations. Some of these regulations state that prior authorization (PA) is required for Durable Medical Equipment (DME). 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. When documentation fails to meet criteria, WVMI may request additional information to be submitted within seven (7) days. If information is not received by WVMI within seven (7) days, the request will be denied for lack of documentation to support medical necessity. (WVDHHR Medicaid Policy Manual, Chapter 500-8)

The information presented at your hearing reveals that prior authorization for a K0002 hemi-wheelchair was not approved due to a lack of information required for review. WVMI requested additional information from your physician; however the physician again provided insufficient documentation. WVMI still needed verification that you were evaluated and given a chance to propel the machine to determine if it could be safely operated. They contacted the pharmacy in an attempt to obtain this information but the pharmacy failed to return the call.

It is the decision of the State Hearing Officer to **uphold** the action of the Department in denying your request for prior authorization of a K0002 hemi-wheelchair.

Sincerely,

Cheryl Henson
State Hearing Officer
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review
Evelyn Whidby, BMS / Virginia Evans, BMS

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

_____,
Claimant,

v.

Action Number: 07-BOR-2699

**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 April 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 was convened on April 4, 2008 on a timely appeal filed November 27, 2007.

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 daughter

Virginia Evans, BMS
Joann Ranson, BMS
Liz Miller, RN with WVM

Presiding at the hearing was Cheryl Henson, 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 was correct in its decision to deny prior authorization (PA) for a K0002 hemi-wheelchair.

V. APPLICABLE POLICY:

WVDHHR Medicaid Policy Manual, Chapter 500

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

A-1 WVDHHR Medicaid Manual Chapter 500
A-2 Interqual Smartsheet
B-1 Authorization request form
C-1 Denial notices dated November 14, 2007
D-1 Fax from Physician
E-1 Notification letter dated December 20, 2007

Claimant's Exhibits:

None

VII. FINDINGS OF FACT:

- 1) On or about November 14, 2007, the Claimant was notified via a Notice of Denial (C-1) that the request for prior authorization (PA) for Medicaid payment for a K0002 Hemi-Wheelchair was denied. The reason for denial is as follows:

Reason for Denial:

Your request for a K0002 hemi-wheelchair cannot be authorized due to the lack of information required for review. No additional information was provided after request date of 10/23/2007.

The requested documentation to meet Interqual criteria was not received. This includes: what patient has been doing for mobility up to the point of this request (since the patient's diagnosis was from 1989), do they have a wheelchair and if so, what vendor provided it, when and who paid for it, can the patient ambulate, has the patient been given the opportunity to propel the K0002 wheelchair and can they do it safely and independently, do they require a seat height for safe transfers, or do they have short stature, and their current height and weight.

- 2) Evidence presented by the Department reveals that PA (prior authorization) is required for Medicaid payment for a K0002 Hemi-Wheelchair. West Virginia Medical Institute (WVMI) is the agency contracted to review PA requests and determine eligibility. The Claimant's request (B-1) was reviewed by West Virginia Medical Institute (WVMI) and the determination was made that not enough information was provided for approval. WVMI referred the Claimant's request to Physician Review and the decision was made that there was insufficient medical documentation for the physician reviewer to authorize payment for the wheelchair. The WVMI nurse contacted the physician again (D-1) by fax requesting additional information. The WVMI nurse indicated that all questions were answered except for whether the Claimant had been given the opportunity to try the wheelchair to determine if she could operate it safely. The Department contacted the Provider Pharmacy and left a message, however the Pharmacy never returned the call.
- 3) A second denial notice was sent to the Claimant (E-1) indicating the reason for denial was due to no documentation that the Claimant had been actively evaluated and given the opportunity to propel the wheelchair, and could use the wheelchair safely and independently.
- 4) WVDHHR Medicaid Policy Manual Section 505 Prior Authorization states in pertinent 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.

When documentation fails to meet criteria, WVMI may request additional information to be submitted within seven (7) days. If information is not received by WVMI within seven (7) days, the request will be denied for lack of documentation to support medical necessity.

VIII. CONCLUSIONS OF LAW:

- 1) WVDHHR Medicaid Policy Manual states that prior authorization (PA) is required for approval of a K0002 Hemi-Wheelchair. If the individual fails to meet the clinical indications criteria during the nurse's review, the request is forwarded to a physician reviewer to determine medical appropriateness. When documentation fails to meet criteria, WVMI may request additional information to be submitted with seven (7) days.
- 2) The evidence reveals that the Department (through WVMI) received a request from the Claimant's physician for prior authorization (PA) of Medicaid payment for a K0002 Hemi-Wheelchair. WVMI found they did not have enough information to determine medical necessity, and contacted the physician to obtain further documentation. All necessary information was provided except for evidence to show the Claimant was given the opportunity to "try out" the equipment to determine if she could safely operate. Insufficient documentation was submitted and the request was denied.
- 3) Evidence is clear in that the Department followed policy in its evaluation and subsequent denial of the physician's request for prior authorization for the K0002 Hemi-Wheelchair.

IX. DECISION:

It is the ruling of the State Hearing Officer to **uphold** the Department's decision to deny prior authorization of payment for a K0002 Hemi-Wheelchair.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 14th day of April, 2008

**Cheryl Henson
State Hearing Officer**