



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

May 20, 2008

Dear Ms. _____:

Attached is a copy of the findings of fact and conclusions of law on your hearing held May 8, 2008. Your appeal was based on the Department of Health and Human Resources' decision to deny pre-authorization Medicaid coverage for MRI of your right shoulder.

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 authorization 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 authorization failed to justify medical necessity and appropriateness.

It is the decision of the State Hearing Examiner to **uphold** the Department's action to deny pre-authorization for the procedure.

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-811

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 May 8, 2008 for [REDACTED]. 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 May 8, 2008 on a timely appeal filed January 4, 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:

Stacey Hanshaw, Claims Representative, BMS

Lisa Goodall, WV Medical Institute, (WVMI)

Presiding at the hearing was Sharon K. Yoho, State Hearing Examiner and a member of the State

Board of Review.

All participants appeared by speakerphone.

IV. QUESTION TO BE DECIDED:

The question to be decided is whether the Department is correct in denying a request of Pre-Authorization for MRI of right shoulder.

V. APPLICABLE POLICY:

West Virginia BMS Provider Manual Chapter § 320.3, 500, 502 and 508.1
InterQual 2007 – Magnetic Resonance Imaging (MRI), Shoulder

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

- D-1 West Virginia Bureau of Medical Services Manual Chapter 508, 508.1
- D-2 WVMi Medicaid Outpatient Services Authorization Request Form received Dec. 17, 2007
- D-3 McKesson InterQual 2007 – Imaging Criteria MRI
- D-4 Client Notification of denial dated December 20, 2007
- D-5 Physician Notification of denial dated December 20, 2007
- D-6 Hospital Notification of denial dated December 20, 2007

VII. FINDINGS OF FACT:

- 1) On December 17, 2007, the Department received a Request for Prior Authorization for an MRI of the claimant's right shoulder. The claimant's physician, from [REDACTED] WV, submitted the request.
- 2) The request stated the reason for the study was for intermittent pain the past two years due to trauma of the right shoulder. Previous diagnostic studies were reported to be an x-ray. Findings from this x-ray were noted to be within normal limits. The physician reported that the patient had been advised to alternate warm/cold compresses. The physician prescribed no pain medications, as he believed the claimant was obtaining pain meds from another physician.
- 3) WVMi staff reviewed the request and made a determination that the information given on the request lacked the clinical information needed to support medical necessity for the requested MRI. The request failed to offer any examination findings. It did not include any failed trial of conservative treatments.
- 4) WVMi issued a denial notice on December 20, 2007 to the claimant, the treating Hospital and to the requesting Physician. These notices advised that the prior authorization was denied due to, "The information provided did not meet the clinical indication for the

requested study. The information provided did not include a failed trial of conservative treatment. The information provided did not include physical examination findings.” The notice also provided for the physician, information regarding the process for which to request a re-consideration. The physician did not submit a request for re-consideration.

- 5) The claimant submitted a hearing request, which was received by the Department on January 4, 2008.
- 6) The claimant testified that she was in a bad car wreck in the year of 2000 and her right shoulder was injured. One night in December 2007, she woke up with severe pain in her right shoulder and it appeared to be locked up. She reports that the doctor who submitted the MRI request did not examine her shoulder and had just ordered the x-ray. She is currently seeing a specialist who also believes the shoulder is locked up. This physician would like her to have an MRI. She has tried anti-inflammatory drugs, but is not able to tolerate the medication. The specialist may also submit a request for the MRI. He did do an examination of the shoulder.
- 7) The InterQual 2007 – Procedures Criteria lists INDICATIONS for MRI Shoulder:
 - 100 Chronic monarticular joint pain (ALL)
 - 110 Symptoms at shoulder (ONE)
 - 111 Joint pain
 - 112 Locking
 - 120 Findings at shoulder (TWO)
 - 121 Pain with passive ROM
 - 122 Limited ROM
 - 123 Tenderness
 - 124 Crepitus
 - 130 Shoulder x-ray nondiagnostic for etiology of pain
 - 140 Continued Sx/findings after RX (BOTH)
 - 141 NSAID (ONE)
 - 1 RX>4 wks
 - 2 Contraindicated/not tolerated
 - 142 OT/PT > 6 wks
- 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). Prior authorization requirements governing the provisions of all West Virginia Medicaid services will apply pursuant to Chapter 300 General Provider Participation Requirements, provider manual.
- 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 a proposed MRI of the shoulder and that medical necessity and appropriateness must be proven. The provider's request for prior authorization did not include adequate information to prove medical necessity for the procedure. The request did not include any information from an exam and did not include any failed treatments. The physician did not submit a request for reconsideration.
- 2) The Department followed proper policies and procedures in their processing of the request and their ultimate denial was due to the provider's failure to document and demonstrate the medical necessity and appropriateness for the proposed MRI.

IX. DECISION:

It is the decision of the State Hearing Officer to **uphold** the Department's denial of the December 17, 2007 request for prior authorization for the MRI of the right shoulder.

X. RIGHT OF APPEAL:

See Attachment.

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision.

Form IG-BR-29

ENTERED this 20th Day of May 2008.

Sharon K. Yoho
State Hearing Examiner