



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

Patsy A. Hardy, FACHE, MSN, MBA  
Cabinet Secretary

October 19, 2009

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Dear -----:

Attached is a copy of the findings of fact and conclusions of law on your hearing held September 24, 2009. Your hearing request was based on the Department of Health and Human Resources' decision to deny prior authorization for Medicaid payment of a Magnetic Resonance Imaging (MRI) of the Lumbar 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 Medicaid services is based on current policy and regulations. Some of these regulations state that prior authorization (PA) is required on all outpatient radiological services that include Magnetic Resonance Imaging (MRI). Prior authorization requirements governing the provisions of all West Virginia Medicaid services will apply pursuant to Chapter 300 General Provider Participation Requirements, in the provider manual. It is the responsibility of the ordering provider to obtain the prior authorization. Failure to obtain prior authorization will result in denial of the services. The 2008 – Imaging Criteria found on InterQual Smart Sheet is used to determine the medical appropriateness of health care services. 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. (WVDHHR Medicaid Policy Manual, Chapter 510.8.1 & InterQual SmartSheet 2008 – Imaging Criteria)

The information presented at your hearing revealed that prior authorization for Medicaid payment of a MRI was not approved because there was insufficient documentation to meet InterQual eligibility criteria.

It is the decision of the State Hearing Officer to **uphold** the action of the Department in denying your request for prior authorization of Medicaid coverage for a MRI.

Sincerely,

Eric L. Phillips  
State Hearing Officer  
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review  
Lorna Harris, BMS

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

-----,

**Claimant,**

**v.**

**Action Number: 09-BOR-1460**

**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 October 19, 2009 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 24, 2009 on a timely appeal filed July 06, 2009.

**II. PROGRAM PURPOSE:**

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

-----, Witness

Virginia Evans, DHHR Program Specialist, participated telephonically

Cathy Montali, RN WVMI, participated telephonically

Presiding at the hearing was Eric L. Phillips, 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 was correct in its decision to deny prior authorization (PA) for Medicaid payment of a Magnetic Resonance Imaging (MRI) of the Cervical Spine.

**V. APPLICABLE POLICY:**

WVDHHR Medicaid Policy Manual, Chapter 510.8.1 & InterQual SmartSheets 2009 - Imaging Criteria

**VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:**

**Department's Exhibits:**

- D-1 WVDHHR Medicaid Manual (Hospital Manual), Chapter 510, Section 510.8.1 (page 1)
- D-2 Prior Authorization Request form from Dr. [REDACTED] MD-Page 2
- D-2a InterQual SmartSheets – 2008 Imaging Criteria (pages 3-6)
- D-3 Notice of Denial Determination by WVMi (pages 7-9), dated 6/23/09

**VII. FINDINGS OF FACT:**

- 1) On June 18, 2009, Dr. [REDACTED] submitted a Prior Authorization Request form, Exhibit D-2, for a Magnetic Resonance Image (MRI) for the Claimant. The physician documents the clinical reasons for the study as persistent neck pain with a limited range of motion.
- 2) On June 23, 2009, the Claimant and his physician were notified of the denial for the request for prior authorization, via Exhibit D-3, Notice of Denial, this notice documents in pertinent part:

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

Reason for Denial: InterQual criteria was not met.

The information provided did not meet the clinical indications for the requested study. There was no information provided regarding a worsening of the chronic symptoms, the physical/neurological findings upon examination or the duration of the failed trial of conservative treatment with NSAIDs and activity modification.

The Department testified that the notice sent to the physician included a statement regarding the possible reconsideration of the decision. This statement on the physicians Notice of Denial documents in part:

Reconsideration: If you do not agree with this decision, you may request a reconsideration of this determination. To exercise this right, a written request and supporting documentation must be submitted to WVMI within 60 days of receipt of this notice. WVMI will complete the reconsideration within 30 working days of the request.

The documentation further directs the physician to a corresponding mailing address to submit any supporting documentation regarding the individual's condition.

The West Virginia Medical Institute (WVMI) nurse testified that the Claimant's physician failed to submit additional documentation for reconsideration.

- 3) The WVMI nurse testified that a previous authorization request was granted for the Claimant for a period of April 7, 2009 through July 6, 2009, and that a corresponding authorization number should have been sent to the Claimant's physician. The Claimant testified that he was unaware of the approval of the previous request.
- 4) The WVMI nurse testified that in order to evaluate prior authorizations for approval the submitting physician must list an indication on the InterQual SmartSheets. Exhibit D-2a, the InterQual SmartSheets, did not list an indication in the areas of cervical radiculopathy or myelopathy. Testimony revealed that the authorization was denied because the physician failed to submit an indication on the documentation. The WVMI nurse further testified that the authorization was submitted to the WVMI Physician Reviewer, in which it was denied for the lack of the indication.
- 5) Exhibit D-1, WVDHHR Medicaid Manual Prior Authorization Requirements for Outpatient Services, states in pertinent part:

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. Diagnostic services required during an emergency room episode will not require prior authorization. It is the responsibility of the ordering provider to obtain the 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.

- 6) The Claimant testified that he has experienced back pain for the last twenty years. He stated that the medication that he has been prescribed is no longer effective. The Claimant contended that a pinched nerve in his neck has led to persistent neck pain that progresses from his neck to his fingers. The Claimant reiterated the need for the MRI so his physician can adequately treat his condition.

#### **VIII. CONCLUSIONS OF LAW:**

- 1) WVDHHR Medicaid Policy Manual states that prior authorization is required on all outpatient radiological services that include Magnetic Resonance Imaging (MRI). Failure to obtain prior authorization will result in denial of the service. The 2008 – Imaging Criteria found on the InterQual SmartSheet is used to determine the medical appropriateness of health care services. If the individual fails to meet the clinical indications criteria during the nurse’s review, the request is forwarded to a physician reviewer for further evaluation of medical appropriateness.
- 2) Evidence presented during the hearing indicated that WVMI received a request for prior authorization of the Medicaid payment for a MRI. Testimony by the Department revealed the Claimant had been authorized previously for the MRI for the dates of April 7, 2009 through July 6, 2009. The basis of the requested hearing was for a denial of services for the request received June 18, 2009. The reviewing nurse and physician reviewer relied on clinical information provided by the requesting physician to determine medical necessity for the MRI procedure. The evidence submitted on the prior authorization request by the Claimant’s physician failed to justify the medical necessity for prior authorization of the requested MRI.

#### **IX. DECISION:**

It is the ruling of the State Hearing Officer to **uphold** the Department’s decision to deny the June 2009 prior authorization request for Medicaid payment of 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 \_\_\_\_ day of October.**

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**Eric L. Phillips**  
**State Hearing Officer**