



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
4190 Washington Street, West
Charleston, WV 25313

Joe Manchin III
Governor

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

November 23, 2009

Dear -----:

Attached is a copy of the findings of fact and conclusions of law on your hearing held November 19, 2009. Your hearing request was based on the Department of Health and Human Resources' decision to deny prior authorization of Medicaid payment for an 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 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. (WVDHHR Hospital Services Manual, Chapter 510.8.1.3)

The evidence presented at your hearing reveals that the information submitted by your physician for review fails to meet the indications necessary on the Interqual Smart Sheet for approval of an MRI of the lumbar spine.

It is the decision of the State Hearing Officer to **uphold** the action of the Department in denying your request for prior authorization of an MRI of the lumbar spine.

Sincerely,

Cheryl Henson
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-2068

**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 November 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 November 19, 2009 on a timely hearing request filed October 13, 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, representing himself

Stacy Hanshaw, BMS, Department Representative
Lisa Goodall, RN, WVMI, Department's witness

Presiding at the hearing was Cheryl Henson, State Hearing Officer and a member of the State Board of Review.

It should be noted that the hearing was conducted by telephone conference.

IV. QUESTION TO BE DECIDED:

The question to be decided is whether the Department was correct in its decision to deny prior authorization (PA) for Medicaid payment of an MRI of the lumbar spine.

V. APPLICABLE POLICY:

WVDHHR Medicaid Policy Manual, Chapter 510.8.1

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 WVDHHR Medicaid Manual Chapter 510.8.1
- D-2 Interqual Smart Sheet for MRI, Lumbar Spine
- D-3 Notification letters to Claimant and physician dated October 5, 2009

Claimant's Exhibits:

None

VII. FINDINGS OF FACT:

- 1) On or about October 5, 2009 the Department notified the Claimant via a Notice of Denial (Exhibit D-3) that his request for prior authorization (PA) for Medicaid payment of an MRI of the lumbar spine was denied. The notice included the following pertinent information:

Reason for Denial: InterQual Criteria not met

MRI OF THE LUMBAR SPINE

There were no physical or neurological examination findings that support the study and no conservative treatment durations and outcomes noted.

- 2) Evidence presented by the Department (D-1) reveals that PA is required for Medicaid payment of an MRI of the lumbar spine. West Virginia Medical Institute (WVMI) is the agency contracted to review PA requests and determine eligibility. The WVMI representative, Lisa

Goodall, a registered nurse, testified that the information was submitted on October 5, 2009 by telephone from the physician's office for review and included the following:

I received a phone review on October 5th for -----. The ordering physician was [REDACTED] and it was for an MRI of the lumbar spine. The information given was that the patient was hit by a truck in 1992 and had to have a rod placed from his hip down his left femur. Now, two weeks ago he fell off a truck and reinjured himself. And, on exam the patient's left leg was found to be shorter than the other. He also has pain in his left leg and it was tender around the sciatic nerve – left side. Patient was referred to an "Ortho" doctor – the physician ordering this was an "Ortho" – from his primary care doctor. He had been prescribed Ibuprofen and Ultram. They said the patient had traveled a long way and they wanted to do the scan. They had an x-ray of the lumbar spine which showed no acute processes identified.

- 3) The WVMI nurse explained that the Interqual Smart Sheet (D-2) was used to determine whether the procedure could be approved. She explained that the information provided by the physician was applied first to the indications (100) through (1100) and did not match up with any of them. She stated "basically, they really didn't tell us what they were looking for". She went on to say that the information was then sent to the Physician Reviewer. The Physician Reviewer did find evidence to support an MRI of the hip if it was requested. She testified that she "talked to the lady on the phone" and was told the doctor declined to authorize a request for an MRI of the hip. There were no nerve findings and outcomes of conservative treatments. She stated when the notification was sent to the physician (D-3) they were given the opportunity to submit additional information and they did not submit anything further.
- 4) The Claimant testified that he has a rod inside his bone on his femur, and his right leg from his knee down is frozen and nothing moves. He stated he can move his toes with his fingers only. He added that his right leg is one (1) inch shorter than his left leg. He continued by saying he was unaware that the physician failed to send all the information necessary.
- 5) WVDHHR Hospital Services Manual, Chapter 510.8.1 provides in pertinent part:

Prior Authorization Requirements For Outpatient Services

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. 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 services; the Medicaid member cannot be billed for failure to receive authorization for these services.

VIII. CONCLUSIONS OF LAW:

- 1) WVDHHR Hospital Services Manual provides that prior authorization is required for an MRI of the lumbar spine.
- 2) The evidence reveals that the Department (through WVMI) received a telephone request from the Claimant's physician for PA of Medicaid payment for MRI of the lumbar spine. This request failed to show the Claimant meets all the required criteria necessary for approval of PA for the procedure.
- 3) The Claimant's physician failed to document the Claimant's exam findings sufficiently and also failed to document trials of conservative treatments with his pain management medications. The Claimant clearly understood during the hearing that certain information was lacking in the physician's request.
- 4) The Department is correct in its decision to deny PA of Medicaid payment for an MRI of the lumbar spine.

IX. DECISION:

It is the ruling of the State Hearing Officer to **uphold** the Department's decision to deny prior authorization of Medicaid payment for MRI of the lumbar spine.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 23rd Day of November, 2009.

**Cheryl Henson
State Hearing Officer**