



State of West Virginia  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Office of Inspector General  
Board of Review  
P. O. Box 468  
Hamlin, WV 25523

Joe Manchin III  
Governor

Martha Yeager Walker  
Secretary

February 25, 2009

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Dear -----:

Attached is a copy of the findings of fact and conclusions of law on your hearing held February 24, 2009. Your hearing request was based on the Department of Health and Human Resources' decision to deny prior authorization for payment of 31 Coude Catheters (A4352).

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) must be obtained for Durable Medical Equipment (DME) when service limits are exceeded. 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 31 Coude Catheters (A4352) was not approved due to the fact that policy limits this equipment to eight (8) per month without prior authorization, and the documentation provided was not sufficient to approve payment in excess of the policy limits.

It is the decision of the State Hearing Officer to **uphold** the action of the Department in denying your request for prior authorization of 31 Coude Catheters (A4352).

Sincerely,

Cheryl Henson  
State Hearing Officer  
Member, State Board of Review

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

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

-----,

**Claimant,**

**v.**

**Action Number: 08-BOR-2632**

**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 February 24, 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 February 24, 2009 on a timely appeal filed December 19, 2008.

**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's mother, by telephone

Virginia Evans, BMS, by telephone

Tina Green, WVMI, by telephone

Vickie Phillips, WVMI, by telephone, observing

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 31 Coude Catheters (A4352).

### **V. APPLICABLE POLICY:**

Chapter 506, Durable Medical Equipment/Medical Supply Manual, and Palmetto, Region C Medical Necessity Criteria for covered services.

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

#### **Department's Exhibits:**

D-A Chapter 506, Durable Medical Equipment/Medical Supply Manual

D-B Information from Dr. \_\_\_\_\_, M.D. and Patient's Choice

D-C Request for additional information by WVMI

D-D Notice of Denial Determination by WVMI

#### **Claimant's Exhibits:**

None

### **VII. FINDINGS OF FACT:**

- 1) On or about October 15, 2008 the Claimant was notified via a Notice of Denial (D-D) that the request for prior authorization (PA) for Medicaid payment for 31 Coude Catheters (A4352) was denied. The denial letter included the following pertinent information:

Reason for Denial:

Your request for 31 coude catheters cannot be authorized due to the lack of information required for review.

The documentation provided did not explain the number of urinary tract infections the patient has had within the past 6 months with culture reports or explain what treatments have been provided due to urinary tract infections.

- 2) Evidence presented by the Department reveals that PA (prior authorization) is required for Medicaid payment for coude catheters (A4352) in excess of eight (8) per month. West Virginia Medical Institute (WVMI) is the agency contracted to review PA requests and determine eligibility. The Claimant's request (D-B) was reviewed by West Virginia Medical Institute (WVMI) and the determination was made that not enough information was submitted for a determination to be made. WVMI requested additional information from the physician (D-C) by fax on November 5, 2008. The physician was asked to answer four (4) questions. The physician was asked to explain why the patient requires diapers for urinary incontinence when also requesting urinary catheters. He responded with "incontinence bowels, urine". He was asked to provide a letter of medical necessity explaining why the patient's condition requires over the allowable limit of catheters per month. He responded with a copy of a form which shows a diagnosis of Spina Bifida, urinary incontinence and incontinent stool. The attached form also indicates that reusable products would be appropriate. The physician was asked to explain why the urinary catheters cannot be washed and re-used. He responded "because of infection, Pt. (patient) is in school, not allowed in school." He was asked to explain how many UTI's the patient has had within the past 6 months, along with culture growth/colony count and treatments. He responded "fairly new Pt.(patient)." The physician failed to answer completely, with some answers contradictory. WVMI determined not enough information was provided for a decision to be made.
- 3) The Claimant's mother testified that she just moved her from [REDACTED] in June 2008 and the physician here did not have detailed information about her son. She stated that he needs to change the catheter three to four times daily. She stated they cannot be saved and reused because he is in school and the school will not allow it. She states he does not have much of a record of numerous urinary tract infections because she changes the catheter so often.
- 4) Durable Medical Equipment/Medical Supply Manual Section 506 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.

Items requiring PA not listed above will follow Palmetto, Region C, medical necessity criteria for covered services.

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.

#### ATTACHMENT I – COVERED/NON-COVERED DME/MEDICAL SUPPLY SERVICES WITH ASSIGNED HCPCS CODES

HCPCS CODES	DESCRIPTION	SERVICE LIMIT
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETCL.), EACH	8 PER ROLLING MONTH

- 4) The Palmetto, Region C medical necessity criteria states in pertinent part:

#### INTERMITTENT CATHETERIZATION

Intermittent catheterization is covered when basic coverage criteria are met and The patient or caregiver can perform the procedure.

For each episode of covered catheterization, Medicare will cover:

- A. One catheter (A4351 or A4352) and an individual packet of lubricant (A4332); or

5. The patient has had distinct, recurrent urinary tract infections, while on A program of sterile intermittent catheterization with A4351/A4352 and Sterile lubricant A4332, twice within the 12-month prior to the initiation Of sterile intermittent catheter kits.

A patient would be considered to have a urinary tract infection if they have A urine culture with greater than 10,000 colony forming units of a urinary pathogen AND concurrent presence of one or more of the following signs, symptoms or laboratory findings:

- Fever (oral temperature greater than 100.4 degrees
- Systemic leukocytosis
- Change in urinary urgency, frequency, or incontinence
- Appearance of new or increase in autonomic dysreflexia
- Physical signs of prostatitis, epididymitis, orchitis
- Increased muscle spasms
- Pyuria (greater than 5 white blood cells per high-powered field

**VIII. CONCLUSIONS OF LAW:**

- 1) WVDHHR Medicaid Durable Medical Equipment Manual states that prior authorization (PA) is required for approval of coude catheters (A4352) in excess of eight (8) per month. Policy also stipulates that specific information is required in order to determine if prior-authorization in excess of the limit is to be approved.
- 2) The Claimant's physician failed to provide sufficient information necessary for the Department to determine eligibility for prior-authorization in excess of the limit. The information provided was vague and contradictory.
- 3) Evidence is clear in that the Department followed policy in its evaluation and subsequent denial of the physician's request for prior-authorization of coude catheters (A4352) in excess of eight (8) per month.

**IX. DECISION:**

It is the ruling of the State Hearing Officer to **uphold** the Department's decision to deny prior authorization of payment for 31 Coude Catheters.

**X. RIGHT OF APPEAL:**

See Attachment

**XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

**ENTERED this 25<sup>th</sup> day of February, 2009**

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**Cheryl Henson  
State Hearing Officer**