



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
203 E. 3rd Avenue
Williamson, WV 25661

Joe Manchin III
Governor

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

September 21, 2010

Dear -----:

Attached is a copy of the findings of fact and conclusions of law on your hearing held June 17, 2010. Your hearing request was based on the Department of Health and Human Resources' denial of Medicaid authorization for a Magnetic Resonance Imaging (MRI) test 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 an MRI. Failure to obtain prior authorization will result in denial of the service. 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, and InterQual Smart Sheets 2008 – Imaging Criteria)

The information presented at your hearing reveals that prior authorization for payment of a MRI of your lumbar spine was not approved because the information your physician submitted does not meet the InterQual initial clinical indications criteria and there was insufficient documentation for the physician reviewer to determine medical appropriateness.

It is the decision of the State Hearing Officer to **uphold** the action of the Department to deny Medicaid authorization for an MRI.

Sincerely,

Stephen M. Baisden
State Hearing Officer
Member, State Board of Review

cc: Erika Young, Chairman, Board of Review
Amy Workman, WV Bureau of Medical Service

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

-----,

Claimant

v.

Action Number(s): 10-BOR-1110

**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 September 21, 2010 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 hearing was held on June 17, 2010 on a timely appeal filed March 25, 2010.

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

Virginia Evans, Bureau for Medical Services, Department's Representative
Kathy Montali, RN, West Virginia Medical Institute, Department's Witness

Presiding at the hearing was Stephen M. Baisden, State Hearing Officer and a member of the State Board of Review.

The hearing convened at the [REDACTED] County Office of the WV DHHR, in [REDACTED] WV. Department representatives participated via telephone conference call.

The Hearing Officer placed all participants under oath at the beginning of the hearing.

IV. QUESTION TO BE DECIDED

The question to be decided is whether the Department was correct in its decision to deny Medicaid payment for a Magnetic Resonance Imaging (MRI) examination of the Claimant's lumbar spine.

V. APPLICABLE POLICY:

WVDHHR Medicaid Policy Manual, Chapter 510, Chapter 528 and InterQual Smart Sheets 2008 - Imaging Criteria.

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 WV DHHR Medicaid Hospital Services Provider Manual Chapter 528
- D-2 WVMi Medicaid Imaging Authorization Request form from [REDACTED] MD, dated February 22, 2010.
- D-3 InterQual Smart Sheets – 2009 Imaging Criteria
- D-4 Notices of Denial from WV Medical Institute (WVMi) dated February 26, 2010

VII. FINDINGS OF FACT:

- 1) WV DHHR Medicaid Hospital Services Provider Manual Chapter 512.14 states in 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.

- 2) WV DHHR Medicaid Hospital Services Provider Manual Chapter 528.7 (Exhibit D-1) states in part:

For radiology services requiring prior authorization for medical necessity by the Utilization Management Contractor (UMC), the referring/treating provider must submit the appropriate CPT code with clinical documentation and any other pertinent information to be used for clinical justification of services by the UMC. The information must be provided to the UMC, and the prior authorization granted, prior to services being rendered. Prior authorization requests for radiological services must be submitted within the timeframe required by the UMC.

- 3) WV DHHR Medicaid Hospital Services Provider Manual Chapter 320. 3 states in part:

Various in-state and out-of-state services (for example, but not limited to, hospital inpatient care, nursing facility services, etc.) covered by the WV Medicaid Program must be approved in advance before payment can be made. Pre-service review and prior authorization may be required to initiate treatment or extend treatment beyond the amount, scope, or duration that is routinely allowed or was originally approved. 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.

- 4) The Claimant's physician, [REDACTED] MD, submitted a Medicaid Authorization Request Form (Exhibit D-2.) to the West Virginia Medical Institute (WVMI) on February 22, 2010, requesting pre-authorization for imaging services, an MRI of the lumbar spine. Item B of the request form, labeled "Imaging Study Requested," asks the medical professional to enter the name and Current Procedural Terminology (CPT) code for the requested imaging study. The person who completed this form has entered "MRI of the lumbar spine [without] contrast" with CPT code number 721.48 and IDC-9-CM code number 724.5. On item D of the form, labeled "Clinical Reasons for Study," a medical office staff member has written, "Chronic back pain." On item E, labeled "Previous Relative Diagnostic Studies," the staff member has written, "X-ray of lumbar spine 5 views. There is a narrowing of L5-S1. There is no spondylolysis. No evidence of fracture or subluxation." Item F of the form, labeled "Related Medications, Treatments and Therapies" has been left blank. Attached to the Authorization Request Form was additional information from Dr. de Mesa's office, in the form of a Diagnostic Imaging Report from x-rays taken on February 18, 2010.
- 5) Based on the information from the physician's Medicaid Authorization Request Form and additional information, the WVMI reviewer completed an imaging criteria screening form, known as InterQual Smart Sheets. (Exhibit D-3.) The nurse reviewer found that the request did not include documentation of any of the possible indications for which an MRI may be considered for approval. There was no indication of the results of conservative care for Claimant, either by non-steroidal anti-inflammatory drugs (NSAIDs) or activity modification. Claimant's Pre-Authorization request was forwarded to WVMI's physician reviewer, who denied the request for services.
- 6) WVMI sent Notices of Denial (Exhibit D-4) to the Claimant, her physician and Boone Memorial Hospital on February 26, 2010. The notices state in pertinent part:

Reason for Denial:
MRI LUMBAR

The information submitted did not meet the InterQual criteria indications for the requested study.

There was insufficient information provided regarding:

- physical/neurological examination findings such as: weakness/atrophy in the nerve root distribution
- a failed trial of conservative treatment with: NSAIDs and activity modification such as physical therapy or home exercise program with time frames

- 7) Department's witness testified that there was nothing on the Pre-Authorization Request or the attached information for the nurse reviewer to determine which indication the MRI was intended to address. She stated that without this indication, the nurse reviewer was unable to evaluate the request or determine whether or not the requesting physician provided adequate information. She added that the physician's office did not provide results of the examination of Claimant which lead to the MRI request. Therefore, she stated, WVMI could not determine if the physician had found weakness or lack of sensation, if Claimant's pain was radiating to an extremity, or if conservative treatments such as NSAIDs, physical therapy or exercises had been attempted.
- 8) Claimant testified that she had tried various home remedies, and had asked her physician to refer her to physical therapy. She testified that her physician had not done this. She stated that her physician had prescribed Naproxin. Department's witness responded that her physician did not document the reason why she did not refer Claimant to physical therapy. Department's witness added that Naproxin is an NSAID, but that Claimant's physician did not document that this was prescribed. Claimant provided no substantive rebuttal to the Department's testimony or evidence.

VIII. CONCLUSIONS OF LAW:

- 1) Policy requires pre-authorization of Medicaid coverage for MRI examinations.
- 2) Claimant's physician requested pre-authorization for an MRI examination on February 22, 2010.
- 3) The nurse reviewer at the WVMI completed InterQual Smart Sheets to evaluate the merits of the request, and determined that there was insufficient medical information for her to approve the MRI. She forwarded the request to WVMI's physician reviewer, who issued a denial of the requested imaging service.
- 4) The physician's pre-authorization request failed to provide indications for which the MRI was intended to address. It did not document any physical or neurological examination findings or the use and outcomes of conservative treatments such as activity modification and NSAIDs.
- 5) The medical evidence submitted by the Claimant's physician failed to meet prior authorization criteria; therefore, the Department acted correctly in denying the Claimant's request for Medicaid payment of an MRI examination of the lumbar spine.

IX. DECISION:

It is the ruling of the State Hearing Officer to **uphold** the Department's decision to deny Claimant's physician's request for an 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 21st Day of September, 2010.

Stephen M. Baisden
State Hearing Officer