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

October 22, 2010

[redacted]

Dear -----:

Attached is a copy of the findings of fact and conclusions of law on your hearing held June 23, 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 head.

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 an MRI of your head 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-1303**

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 22, 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 23, 2010 on a timely appeal filed May 3, 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
Paula McComas, 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 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 head.

V. APPLICABLE POLICY:

WVDHHR Medicaid Policy Manual, Chapter 510, Chapter 528 and InterQual Smart Sheets 2009 - Imaging Criteria.

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

D-1 WV DHHR Medicaid Hospital Services Provider Manual Chapter 528
D-2 InterQual Smart Sheets – 2009 Imaging Criteria
D-3 WVMI Medicaid Imaging Authorization Request form from [redacted] MD, dated March 10, 2010.
D-4 Notices of Denial from WV Medical Institute (WVMI) dated March 12, 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 Cholangio-pancreatography (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.
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> . . .
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> 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-3) to the West Virginia Medical Institute (WVMI) on March 10, 2010, requesting pre-authorization for imaging services, an MRI of the head. 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 Head" with CPT code number 70551 and IDC-9-CM code number 784.0. On item D of the form, labeled "Clinical Reasons for Study," the document contains the information, "Headache (occipital) and vertigo." Item E, labeled "Previous Relative Diagnostic Studies," has been left blank. 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. [redacted] office, mostly concerning tests and examinations unrelated to Claimant's headache issue.

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-2.) The nurse reviewer found that the request did not include documentation of any of the possible indications for which an MRI of the head may be considered for approval. 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 and her physician on March 12, 2010. The notices state in pertinent part:

Reason for Denial:
InterQual criteria subset MRI brain, 420, 430 was not met. The documentation provided did not note if the headaches was [*sic*] new [or] chronic. Also there were no neurological findings or previous imaging results provided.

7) Department's witness testified that there was no documentation on the Pre-Authorization Request or the attached information for the nurse reviewer to determine if Claimant's headaches were due to Papillidema, were new or were chronic, and there were no neurological findings to indicate if her headaches were new or chronic. She added that because of this, the nurse reviewer could go no further to evaluate the request or determine whether or not the requesting physician provided adequate information. She added that a nurse reviewer may not deny any services, so the reviewer forwarded the request to WVMI's physician reviewer, who issued the denial.

8) Claimant testified that these headaches were a recent phenomenon. She stated that she had never suffered from migraines or anything like that before the onset of this condition. Department's witness responded that this information must be documented by her physician before the WVMI may consider it. 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 whether Claimant's headaches were due to papilledema, or whether the headaches were a new or a chronic condition.

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 head.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 22nd Day of October, 2010.

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Stephen M. Baisden
State Hearing Officer