



**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 13, 2010

Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held September 24, 2010. Your hearing request was based on the Department of Health and Human Resources' denial of your prior authorization request for Magnetic Resonance Imaging 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 the Medicaid services is based on current policy and regulations. These regulations provide that 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 request for radiological services must be submitted within the timeframe required by the UMC.

The information which was submitted at your hearing revealed that the submitted medical documentation for review did not meet clinical indications to in order to determine your eligibility for services; therefore, your imaging request could not be approved.

It is the decision of the State Hearing Officer to Uphold the action of the Department in denying Medicaid authorization for a MRI of the lumbar spine.

Sincerely,

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

cc: Erika Young, Chairman, Board of Review
Amy Workman, BMS

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

-----,

Claimant,

v.

Action Number: 10-BOR-1599

**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 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, 2010 on a timely appeal, filed July 14, 2010.

It should be noted that the hearing was originally scheduled for August 20, 2010, at which time the Claimant failed to appear. On August 25, 2010, the Board of Review received documentation from the Claimant regarding her good cause for failing to appear on the scheduled date and the hearing was rescheduled to September 24, 2010.

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

Stacy Hanshaw, Program Manager-Bureau for Medical Services, DHHR

Jenns Wiik, Nurse Reviewer-West Virginia Medical Institute

Presiding at the hearing was Eric L. Phillips, State Hearing Officer and a member of the Board of Review.

IV. QUESTION TO BE DECIDED:

The question to be decided is whether or not the Department was correct in its decision to deny Medicaid authorization for MRI of the lumbar spine.

V. APPLICABLE POLICY:

WVDHHR Radiology Manual Chapter 528, Section 528.7

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 WVDHHR Radiology Manual Chapter 528, Section 528.7
- D-2 InterQual SmartSheets 2009 Imaging Criteria
- D-3 WVMI Medicaid Imaging Authorization Request Form and medical documentation from [REDACTED] M.D.
- D-4 Notices of Denial for Imaging Services dated July 3, 2010 sent to the Claimant and [REDACTED] M.D.

VII. FINDINGS OF FACT:

- 1) On June 30, 2010, the Claimant's physician submitted Exhibit D-3, Medicaid Imaging Authorization Request Form to West Virginia Medical Institute (WVMI) requesting pre-authorization for a Magnetic Resonance Imaging (MRI) of the Claimant's lumbar spine.
- 2) On July 3, 2010, WVMI sent Exhibit D-4, Notices of Denial for Imaging Services to the Claimant and her physician. These notices document 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 Not Met. The information submitted did not meet the clinical indications for the requested study, MRI Lumbar Spine. There was no information provided regarding objective abnormal neurological findings on examination or a completed and failed trial of conservative treatment with NSAIDs and activity medication.

Additionally, it should be noted that the physician's notice of denial indicates that a reconsideration of the determination could be made if a written request and supporting documentation was submitted to WVMi within 60 days of the receipt of the notice. Jens Wiik, Nurse Reviewer, WVMi testified that the Claimant's physician did not submit a reconsideration request in the outlined timeframe.

- 3) Mr. Wiiks testified that he reviewed the Medicaid Imaging Authorization Request Form and medical information received from [REDACTED] M.D. Mr. Wiiks obtained the clinical reasons for the requested study from the medical information submitted from the Claimant's physician. This information is documented as:

Chief compliant-low back pain going up in the sides. Mowed Grass and aggravated back, she's had this back pain worse [sic] over the past 2 weeks due to increasing the amount of outside work. She has had paraspinal injections in the past and would like to go back to Dr. [REDACTED] The appointments have been scheduled. Did a urinalysis and xrays [sic] today.

Mr. Wiik indicated that the information concerning the requested MRI must meet an indication listed on Exhibit D-2, InterQual SmartSheets, in order for Medicaid authorization to be approved. Mr. Wiik stated that the documentation was insufficient to determine an indication on the InterQual SmartSheets and the information was submitted to a WVMi physician reviewer for further examination. Testimony indicated that the physician reviewer's examination of the documentation did not warrant any indications on the InterQual SmartSheets and denial notices were issued.

- 4) The Claimant testified that she has suffered from severe back pain for many years, which occasionally limits her ability to ambulate. The Claimant testified that she has been prescribed pain medications over the years and her physician requested an MRI for additional evaluation. The Claimant stated that she informed her physician of the required information to be submitted with her prior authorization request and believed that her physician submitted a reconsideration request.
- 5) WVDHHR Radiology Manual chapter 528, Section 518.7 documents in pertinent 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 request for radiological services must be submitted with the timeframe required by the UMC.

VIII. CONCLUSIONS OF LAW:

- 1) Policy stipulates that the referring physician must submit sufficient documentation for clinical justification of radiology services requiring prior authorization for Medicaid payment.

- 2) Evidence indicates that the Claimant's physician requested authorization for Medicaid coverage of MRI of the Claimant's lumbar spine on June 30, 2010 and WVMI denied such request due to insufficient information and failure of the clinical data to meet InterQual criteria.
- 3) Because the Department could not determine that the prior authorization request met eligibility criteria, it acted correctly in denying Medicaid authorization for a MRI.

IX. DECISION:

It is the decision of the State Hearing Officer to uphold the Department's decision to deny Medicaid authorization for a MRI of the Claimant's lumbar 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 2010.

**Eric L. Phillips
State Hearing Officer**