



**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 18, 2010

Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held October 5, 2010. Your hearing request was based on the Department of Health and Human Resources' decision to deny your prior authorization request for a CT scan of the sinuses.

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 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 CT scan of the sinuses.

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-1748

**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 October 5, 2010 on a timely appeal, filed August 10, 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

Natalie Tappe, 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 the Claimant's prior authorization request for a CT scan of the sinuses.

V. APPLICABLE POLICY:

WVDHHR Bureau for Medical Services Radiology Manual Chapter 528.7

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 WVDHHR Bureau for Medical Services Radiology Manual Chapter 528.7
- D-2 InterQual Smart Sheets-2010-Imaging Criteria
- D-3 Notice of Denial for Imaging Services dated August 4, 2010

VII. FINDINGS OF FACT:

- 1) In August 2010, the West Virginia Medical Institute (WVMI) received a direct data entry request for pre-authorization of a CT scan of the Claimant's sinuses.
- 2) On August 4, 2010, WVMI sent Exhibit D-3, Notice 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: CT of the sinuses. There is no documentation of a physical exam with any abnormal findings such as purulent nasal drainage, facial pain pressure, headache or eye pain noted and no continuation of symptoms after treatment with antibiotics for greater than two weeks was noted (InterQual Criteria 200-220).

Additionally, 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. Natalie Tappe, Nurse Reviewer, WVMI testified that the Claimant's physician did not submit a reconsideration request in the outlined timeframe.

- 3) Ms. Tappe testified that she reviewed the information submitted from the Claimant's physician [REDACTED] M.D. and compared the information to the clinical indications listed on Exhibit D-2, InterQual SmartSheets, to determine the Claimant's approval for prior authorization of services. Ms. Tappe indicated that the information submitted by the Claimant's physician met the clinical indication of decreased sense of smell but failed to meet the additional clinical indication criteria to meet the requirements for rhinosinusitis and the approval of the CT scan. Additionally, Ms. Tappe stated that the information failed to document that the Claimant had been treated with prescribed antibiotics for a two-week period.

Ms. Tappe testified that the Claimant's information was submitted to a Physician Reviewer within WVMi for further examination. Ms. Tappe stated that the Physician Reviewer denied the request due to "no failed treatment for sinusitis" meaning that the Claimant had not been prescribed any antibiotic treatments for her symptoms.

- 4) The Claimant stated that she obtained a virus in May, which resulted in the loss of her sense of smell and taste. The Claimant stated that she discussed a CT scan of the sinuses with an Ear, Nose and Throat Specialist while she was experiencing severe headaches, eye pressure, and pain in her temple. The Claimant stated that the specialist was aware of her symptoms, but failed to prescribe any antibiotic treatments. Upon consultation with her primary care physician she was prescribed a fourteen-day antibiotic treatment on September 15, 2010, which she completed on September 29, 2010. The Claimant stated that the symptoms associated with her sinuses including pain and pressure in her eyes, forehead, ears, and jaw-line still persist. The Claimant stated that she is in need of a CT scan to evaluate her sinuses, as the prescribed antibiotic treatment failed. Ms. Tappe suggested that an additional request could be submitted since the antibiotic treatments were prescribed after the initial pre-authorization 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 a CT scan of the Claimant's sinuses in August 2010 and WVMi denied such request due to insufficient information and failure of the clinical data to meet InterQual criteria. Additionally, the Claimant's antibiotic treatments were prescribed in September 2010, one month after the pre-authorization request and could not be considered for an evaluation request for August 2010.
- 3) Because the Department could not determine that the prior authorization request met eligibility criteria, it acted correctly in denying Medicaid authorization for a CT scan of the sinuses.

IX. DECISION:

It is the decision of the State Hearing Officer to uphold the Department's decision to deny Medicaid authorization for a CT scan of the Claimant's sinuses.

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