



**State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General**

**Joe Manchin III
Governor**

**Board of Review
P.O. Box 1736
Romney, WV 26757**

**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' denial of your prior authorization request for outpatient surgery, specifically a suburethral sling.

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 prior authorization is required for all outpatient surgeries. Failure to obtain prior authorization will result in the denial of the service. During the nurse's review, if the individual fails to meet the clinical indications for the outpatient surgery as indicated on the InterQual SmartSheets the request is forwarded to the physician reviewer for an evaluation to determine the medical appropriateness of the health care service (WVDHHR Bureau for Medical Services Provider Manual Chapter 519).

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

It is the decision of the State Hearing Officer to Uphold the action of the Department in denying Medicaid authorization of outpatient surgery.

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-1840

**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 27, 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

-----, Claimant's husband

-----, Family Nurse Practitioner and Claimant's witness

Virginia Evans, Program Manager Bureau for Medical Services (BMS)

Barbara Green, Nurse Reviewer West Virginia Medical Institute (WVMI)

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 Medicaid authorization for outpatient surgery.

V. APPLICABLE POLICY:

WVDHHR Bureau for Medical Services Provider Manual Chapter 519

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 WVDHHR BMS Provider Manual Chapter 519.20.1 with Attachment 17 Outpatient Surgery PA Requirements
- D-2 InterQual SmartSheet-2010 Procedures Adult Criteria-Bladder Neck Suspension Sling
- D-3 WVMI Medicaid Outpatient Services Authorization Request Form and information submitted by [REDACTED] M.D.
- D-4 Notice of Denial for Outpatient Services dated August 19, 2010

VII. FINDINGS OF FACT:

- 1) On August 25, 2010, the Claimant's physician submitted Exhibit D-3, WVMI Medicaid Outpatient Services Authorization Request Form to West Virginia Medical Institute (WVMI) requesting pre-authorization for an outpatient surgery for the Claimant. This exhibit notes the surgical procedure requested as a cystoscopy suburethral sling.
- 2) On August 19, 2010, WVMI sent Exhibit D-4, Notice of Denial for Outpatient Services to the Claimant and her physician. These notices document in pertinent part:

A request for prior authorization was submitted for outpatient services. Based on the medical information provided, the request has been denied.

Reason for Denial: Adult Surgical InterQual criteria for suburethral sling were not met. There was no documentation of symptoms equal to or greater than six months that the symptoms interfere with activity of daily living. There was also no documentation of a negative urine culture.

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. Testimony indicated that the Claimant's physician did not submit a reconsideration request in the outlined timeframe.

- 3) Barbara Green, Nurse Reviewer WVMI testified the Claimant's physician submitted a prior authorization request form for a cystoscopy suburethral sling. The Claimant's physician listed the Claimant's diagnosis concerning the requested surgical procedure as "mixed

incontinence.” As part of the prior authorization request, the Claimant’s physician submitted clinical information from a cystogram report completed on August 10, 2010. Testimony indicated that the submitted information concerning the requested outpatient surgery must meet an indication listed on Exhibit D-2, InterQual SmartSheets, in order for Medicaid authorization to be approved.

Ms. Green stated that the supplied information failed to indicate the length of time in which the Claimant had suffered from the symptoms associated with her incontinence and the date of onset of such symptoms. Additionally, the information failed to demonstrate that the Claimant’s symptoms interfered with her activities of daily living (ADL). Ms. Green purported that the requested outpatient surgery requires a urine culture to determine if any bacteria are present in the individual’s urine and the Claimant’s information failed to indicate that such urine culture had been completed.

Ms. Green testified that the documentation provided 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 Smart Sheets and denial notices were issued.

- 4) The Claimant stated that she has experienced her symptoms for an extended amount of time. The Claimant stated that although she utilizes incontinence supplies, her symptoms do affect her daily living as she is no longer able to go to the store because she fears she will have an embarrassing incontinence episode.

-----, FNP testified that she examined the Claimant on June 8, 2010 and the Claimant reported a chief complaint of abdominal pain without burning and that coughing and sneezing triggered her incontinence. Ms. [REDACTED] stated that a urinalysis was completed at the visit and that the Claimant was prescribed Vesicare, which has assisted in her incontinence but she still experiences episodes of stress incontinence.

- 5) WVDHHR Bureau for Medical Services Provider Manual Chapter 519.20.1 documents in pertinent part:

Certain surgeries performed in place of service 22 (Outpatient Hospital) and 24 (Ambulatory Surgical Center) will require prior authorization, effective February 15, 2006. The selected surgeries that require prior authorization through the BMS review contractor are listed in Attachment 17, along with the PA form that may be utilized.

WVDHHR Bureau for Medical Services Provider Manual Attachment 17, Outpatient Surgery PA Requirements lists “Repair bladder defect” as a selected surgical procedures which requires prior authorization.

VIII. CONCLUSIONS OF LAW:

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

- 2) Evidence indicates that the Claimant's physician requested authorization for Medicaid coverage of outpatient surgery on August 25, 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 outpatient surgery.

IX. DECISION:

It is the decision of the State Hearing Officer to uphold the Department's decision to deny Medicaid authorization for the Claimant's outpatient surgery.

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**