



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

January 21, 2010

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Dear -----:

Attached is a copy of the findings of fact and conclusions of law on your hearing held January 7, 2010. Your hearing request was based on the Department of Health and Human Resources' decision to deny your prior authorization for Medicaid payment of a CT scan of the pelvis.

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 are based on current policy and regulations. Some of these regulations state that prior authorization (PA) is required on all outpatient radiological services that included Computerized Tomography (CT). Prior authorization requirements governing the provisions of all West Virginia Medicaid services will apply pursuant to Chapter 300 General Provider Participation Requirements, in the provider manual. It is the responsibility of the ordering provider to obtain the prior authorization. Failure to obtain prior authorization will result in denial of the services. The Imaging Criteria found on the 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 510.8.1 & InterQual Smart Sheet 2009-Imaging Criteria

The information which was submitted at your hearing revealed that prior authorization for Medicaid payment of a CT scan was not approved because there was insufficient documentation to meet InterQual eligibility criteria.

It is the decision of the State Hearing Officer to Uphold the action of the Department to deny your request for prior authorization of Medicaid coverage for a CT scan.

Sincerely,

Eric Phillips  
State Hearing Officer  
Member, State Board of Review

cc: Chairman, Board of Review  
Lorna Harris, BMS

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

-----,

**Claimant,**

**v.**

**Action Number: 09-BOR-2222**

**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 January 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 fair hearing was convened on January 11, 2010 on a timely appeal, filed November 12, 2009.

**II. PROGRAM PURPOSE:**

The 1965 Amendment 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 process claims for reimbursements to providers participating in the program.

**III. PARTICIPANTS:**

-----, Claimant

-----, [REDACTED] Claimant's representative

-----, [REDACTED] Claimant's representative

Virginia Evans, DHHR Specialist, Bureau for Medical Services

Jens Wilks, 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 prior authorization request of the Claimant for Medicaid payment of a Computerized Tomography Scan of the pelvis.

#### **V. APPLICABLE POLICY:**

WVDHHR Medicaid Policy Manual, Chapter 510.8.1 & InterQual SmartSheets 2009-Imaging Criteria

#### **VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:**

##### **Department's Exhibits:**

- D-1 WVDHHR Medicaid Manual (Hospital Manual), Chapter 510, Section 510.8.1
- D-2 Prior Authorization request from [REDACTED] M.D. dated September 8, 2009 and reconsideration dated September 9, 2009.
- D-2a InterQual SmartSheets-2009 Imaging Criteria
- D-3 Notice of Denial dated September 8, 2009

##### **Claimants' Exhibits:**

- C-1 Various medical documentation from Claimant's physician and Rockingham Memorial Hospital.

#### **VII. FINDINGS OF FACT:**

- 1) On September 8, 2009, a prior authorization request was submitted to West Virginia Medical Institute by [REDACTED] M.D. on behalf of the Claimant (Exhibit D-2). The prior authorization was requested for a Computerized Tomography (CT) scan of the pelvis. The diagnosis related to the study was listed as swelling and clinical reasons for the study were listed as:

"R/O Iliac Vein DVT – Hx Pe x 2 (Pulmonary Embolism)"

- 2) On September 8, 2009, Exhibit D-3, Notice of Denial, was issued to the Claimant and her physician notifying them of the Department's decision to deny the request for prior authorization. This notice documents 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 was not met.

The information submitted did not meet the clinical indications for the requested study, CT Pelvis. There was no information provided regarding the finding of a

mass on physical examination or by KUB. There is no suspicion [sic] of Pelvic Inflammatory Disease or Ovarian Abscess.

Notice was also sent to the Claimant's physician that included a statement regarding the possible reconsideration of the decision. The statement on the physician's denial notice documents in part:

Reconsideration: If you do not agree with this decision, you may request a reconsideration of this determination. To exercise this right, a written request and supporting documentation must be submitted to WVMJ within 60 days of receipt of this notice. WVMJ will complete the reconsideration with 30 working days of the request.

- 3) The Claimant's physician submitted a reconsideration of denial (Exhibit D-2) on September 9, 2009. The request listed the same clinical reasons and diagnosis as the prior request documented on September 8, 2009. Submitted with the reconsideration for prior authorization were medical records from the physician dated September 3, 2009. This information documents in pertinent part:

"Impression-1. History of recurrent pulmonary emboli. There has been no documented source in her legs to cause this. I would be certainly concerned about a pelvic source of clot."

"I think a CT of the pelvis to look at the iliac veins would be in order to see if we see any abnormality there."

- 4) The WVMJ Nurse Reviewer testified that in order to evaluate a prior authorization for approval, the submitting physician's documentation must reveal an indication as described on the InterQual SmartSheets (Exhibit D-2a). According to the InterQual SmartSheets (Exhibit D-2a, prior authorization is approved with there is suspected appendicitis, abdominal hemorrhage, acute abdominal pain, suspected abscess, or trauma to the pelvic region. The Nurse Reviewer testified that the Claimant's information was submitted to a Physician Review and was subsequently denied due to a lack of indication noted on in the request. The Physician Reviewer has documented in request for reconsideration, Exhibit D-2, the following:

"No letter of reconsideration submitted. There is no record of Doppler finding since last pulmonary embolism in Feb. [sic] The study at that time was negative, the lack of another source until pulmonary embolism suggest need for (illegible) filter. If filter in place no need to make diagnosis as no further (illegible) needed."

- 5) Additional information was submitted as part of the hearing record, Exhibit C-1, various medical records from [REDACTED] Hospital. This information was forwarded to Bureau for Medical Services and West Virginia Medical Institute. The information was received on January 4, 2010 and considered untimely for reconsideration of the denial.
- 6) The Claimant testified that she is under the care of [REDACTED] Hospital for treatment of multiple pulmonary embolisms. The Claimant stated that on both occurrences of the embolisms the Doppler exams did not reveal any embolism in her legs and her physician

had requested the CT of her pelvic area. The Claimant indicated that she has had a hysterectomy and her physician informed her that the cause of her problems may be coming from the pelvic area. The Claimant purported that she suffers from continuous edema in her legs and feet and the request scan will be used to determine the root cause of the condition. The Claimant also reported that she is a candidate for filters and the required test will determine if the procedure is necessary. -----, the Claimant's representative from [REDACTED] Hospital stated that the Claimant's physician is requiring the CT scan to determine if there are any blockages in the pelvic area which would relate to the Claimant's edema.

- 7) WVDHHR Medicaid Manual Prior Authorization Requirements for Outpatient Services, documents in pertinent part:

Effective 10/01/05, prior authorization will be required on all outpatient radiological services that included Computerized Tomography (CT), Magnetic Resonance Angiography (MRA), Magnetic Resonance Imaging (MRI), Positron emission Tomography Scans (PET), and Magnetic Resonance Cholangiopancreatography (MRCP). Prior authorizations requirements governing the provisions of all West Virginia Medicaid services will apply pursuant to Chapter 300 General Provider Participation Requirements, provider manual. Diagnostic services required during an emergency room episode will not require prior authorization. It is the responsibility of the ordering provider to obtain the prior authorization. Failure to obtain prior authorization will result in denial of the services; the Medicaid member cannot be billed for failure to receive authorization for these services.

Prior authorization must be obtained from West Virginia Medical Institute (WVMI) prior to the provision of the service. Failure to obtain prior authorization will result in denial of the service; the Medicaid member cannot be billed for failure to receive authorization for these services.

### **VIII. CONCLUSIONS OF LAW:**

- 1) WVDHHR Medicaid Policy Manual documents that prior authorization is required on all outpatient radiological services that include Computerized Tomography (CT). Failure to obtain prior authorization will result in denial of the services. The 2009-Imaging Criteria found on the InterQual SmartSheet is used to determine the medical appropriateness of health care services. If the individual fails to meet the clinical indications criteria during the nurses' review, the request is forwarded to a physician reviewer for further evaluation of medical appropriateness.
- 2) Evidence presented during the hearing indicated that WVMI received a request for prior authorization of the Medicaid payment for a CT scan. The reviewing nurse and physician reviewer relied on clinical information provided by the requesting physician to determine medical necessity for the CT scan. The prior authorization request by the Claimant's physician failed to justify the medical necessity for authorization of Medicaid payment for the CT scan.

**IX. DECISION:**

It is the ruling of the State Hearing Officer to uphold the Department's decision to deny the prior authorization request for Medicaid payment of the CT scan of the pelvis.

**X. RIGHT OF APPEAL:**

See Attachment

**XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

**ENTERED this \_\_\_\_\_ day of January 2010.**

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**Eric L. Phillips**  
**State Hearing Officer**