



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
4190 Washington Street, West
Charleston, WV 25313

Joe Manchin III
Governor

Patsy A. Hardy, FACHE, MSN, MBA
Cabinet Secretary

May 12, 2010

Dear -----:

Attached is a copy of the findings of fact and conclusions of law on your hearing held May 12, 2010. Your hearing request was based on the Department of Health and Human Resources' decision to deny prior authorization of Medicaid payment for a CT scan 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 Medicaid services is based on current policy and regulations. Some of these regulations state that 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. (WVDHHR Hospital Services Manual Chapter 528.7)

The evidence presented at your hearing reveals that the information submitted by your physician for review did not meet the clinical indications for the requested study. There was no information provided regarding the physical/neurological findings upon examination or the duration of the failed trial of conservative treatment with non-steroidal anti-inflammatory (NSAIDS) medications and activity modification. This information is found to be necessary in determining medical necessity for this service.

It is the decision of the State Hearing Officer to **uphold** the action of the Department in denying your request for prior authorization of an CT scan of the lumbar spine.

Sincerely,

Cheryl Henson
State Hearing Officer
Member, State Board of Review

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

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

-----,

Claimant,

v.

Action Number: 10-BOR-879

**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 May 12, 2010 on a timely hearing request filed February 25, 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 witness

Stacy Hanshaw, BMS, Department Representative
Cathy Montali, RN, WVMI, Department's witness

Presiding at the hearing was Cheryl Henson, State Hearing Officer and a member of the State Board of Review.

It should be noted that the Department and its witnesses participated by telephone conference.

IV. QUESTION TO BE DECIDED:

The question to be decided is whether the Department was correct in its decision to deny prior authorization (PA) for Medicaid payment of a CT scan of the lumbar spine.

V. APPLICABLE POLICY:

WVDHHR Medicaid Policy Manual, Chapter 528.7

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 WVDHHR Medicaid Manual Chapter 528.7
- D-2 WVMi Medicaid Imaging Authorization Request Form and Interqual Smart Sheet for CT scan of the lumbar spine
- D-3 Notification letters to Claimant, facility and physician dated December 16, 2009

Claimant's Exhibits:

None

VII. FINDINGS OF FACT:

- 1) On or about December 16, 2009 the Department notified the Claimant via a Notice of Denial (D-3) that his request for prior authorization (PA) for Medicaid payment of a CT (computed tomography) of the lumbar spine was denied. The notice included the following pertinent information:

Reason for Denial: InterQual Criteria not met

CT SCAN OF THE LUMBAR SPINE

The information provided did not meet the clinical indications for the requested study. There was no information provided regarding the physical/neurological findings upon examination or the duration of the failed trial of conservative treatment with NSAIDs and activity modification.

- 2) Evidence presented by the Department (D-1) reveals that PA is required for Medicaid payment of a CT scan of the lumbar spine. West Virginia Medical Institute (WVMI) is the agency contracted to review PA requests and determine eligibility. The WVMI representative, Cathy Montali, a registered nurse, testified that after reviewing the information the Claimant's physician submitted, she was unable to determine medical necessity. She added that she referred the request to the physician reviewer for a decision. She stated that the physician reviewer also was unable to determine, based on the information provided by the physician, whether the Claimant met the clinical indications for prior approval of the scan. She stated that the physician did not indicate what he was trying to rule out, in addition to failing to provide information about physical/neurological findings on examination, and the duration of failed trial of conservative treatment with NSAIDs and activity modification.
- 3) The WVMI nurse explained that the Interqual Smart Sheet (D-2) was used to determine whether the procedure could be approved. She explained that the information provided by the physician was applied first to the indications (100) through (1100) and did not match up with any of them based on a lack of available information.
- 4) The Claimant testified that he cannot stand for very long or walk a long distance. He stated that sometimes the pain in his leg is so bad that he must stop and bend over. He added that an emergency room physician told him he had sciatica.
- 5) The Claimant's wife, ----, testified that her husband used to walk two (2) to three (3) hours daily five (5) or six (6) times per week. She added that now he can only walk five (5) or ten (10) minutes before being in pain.
- 6) WVDHHR Hospital Services Manual, Chapter 528.7 provides in pertinent part:

PRIOR AUTHORIZATION REQUIREMENTS FOR IMAGING PROCEDURES

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.

The UMC reviews all requests for services requiring prior authorization. When the medical documentation does not meet medical necessity criteria or additional information is not received a denial letter is sent to the member or their legal representative, the requesting provider and facility. This denial letter notes the reason for the denial and includes information regarding the member's right to a fair hearing and a Request for Hearing Form for completion. In addition, the letter sent to the provider contains information regarding their right to a reconsideration of the denial.

VIII. CONCLUSIONS OF LAW:

- 1) WVDHHR Hospital Services Manual provides that prior authorization is required for a CT scan of the lumbar spine.
- 2) The evidence reveals that the Department (through WVMI) received a request from the Claimant's physician for PA of Medicaid payment for a CT scan of the lumbar spine. This request failed to show the Claimant meets all the required criteria necessary for approval of PA for the procedure.
- 3) The Claimant's physician failed to document the Claimant's exam findings sufficiently and also failed to document trials of conservative treatments with his pain management medications and activity modification results. The Claimant clearly understood during the hearing that certain information was lacking in the physician's request.
- 4) The Department is correct in its decision to deny PA of Medicaid payment for a CT scan of the lumbar spine.

IX. DECISION:

It is the ruling of the State Hearing Officer to **uphold** the Department's decision to deny prior authorization of Medicaid payment for a CT scan of the lumbar spine.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 13th Day of May, 2010.

**Cheryl Henson
State Hearing Officer**