



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
2699 Park Avenue, Suite 100

Joe Manchin III
Governor

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

May 14, 2010

Dear -----:

Attached is a copy of the findings of fact and conclusions of law on your hearing held April 21, 2010. Your hearing request was based on the Department of Health and Human Resources' decision to deny prior authorization for Magnetic Resonance Imaging (MRI) services.

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.

Medicaid regulations require prior authorization on all outpatient radiological services, including MRI. The referring or treating provider must submit all pertinent information to be used for clinical justification of the services. This information must be provided, and the prior authorization granted, prior to services being rendered. (West Virginia Bureau for Medical Services Provider Manual, Chapter 528: Radiology Services, §528.7)

Information submitted at your hearing revealed that the necessary information for clinical justification of MRI prior authorization was not provided, and the imaging services could not be approved.

It is the decision of the State Hearing Officer to **uphold** the action of the Department to deny prior authorization for MRI services.

Sincerely,

Todd Thornton
State Hearing Officer
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review
Lorna Harris, Department Representative

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

-----,

Claimant,

v.

Action Number: 10-BOR-898

**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 May 14, 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 April 21, 2010 on a timely appeal, filed February 18, 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 the 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

-----, Claimant's witness

-----, Claimant's witness

Stacy Hanshaw, Department Representative, Bureau for Medical Services

Lisa Goodall, RN, West Virginia Medical Institute

Presiding at the Hearing was Todd Thornton, State Hearing Officer and a member of the State Board of Review.

IV. QUESTION TO BE DECIDED:

The question to be decided is whether or not the Department was correct to deny prior authorization for Magnetic Resonance Imaging (MRI) services to the Claimant.

V. APPLICABLE POLICY:

West Virginia Bureau for Medical Services Provider Manual, Chapter 528: Radiology Services, §528.7

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

D-1 West Virginia Bureau for Medical Services Provider Manual, Chapter 528: Radiology Services, §528.7

D-2 Medical information from [REDACTED] MD

D-3 InterQual SmartSheets, 2009 – Imaging Criteria, for Magnetic Resonance Imaging (MRI), Extremity, Knee, Cervical Spine, Lumbar Spine, Thoracic Spine, Shoulder, and Brain

D-4 Denial notices dated February 3, 2010

VII. FINDINGS OF FACT:

- 1) Stacy Hanshaw, representative for the Department's Bureau for Medical Services, testified that, in response to a telephone request and supporting documentation (Exhibit D-2) for Magnetic Resonance Imaging (MRI) services for the Claimant, denial notices were issued on or about February 3, 2010 to the Claimant, her prescribing practitioner, and the servicing provider (Exhibit D-4). The notice provided the reason for denial as follows, in pertinent part:

InterQual Criteria Not Met:

MRI OF THE BILATERAL LOWER EXTREMITIES, MRI OF THE BILATERAL KNEES, MRI OF THE CERVICAL, LUMBAR AND THORACIC SPINES, MRI OF THE SHOULDERS, AND MRI OF THE HEAD.

The information available did not meet the clinical indications for the interqual criteria. The condition is chronic of 18 years and no history of recent changes or increase in symptoms. There were no significant physical or neurological examination findings noted. Also there were no specific findings of the shoulders or knees noted.

- 2) Lisa Goodall, the reviewing nurse from the West Virginia Medical Institute (WVMI), testified that she received the Claimant's MRI request by phone on February 2, 2010, and additional information (Exhibit D-2) was submitted by fax. She reviewed the information provided with the request against the criteria specific to imaging requests on the InterQual SmartSheets (Exhibit D-3). She testified that she noted, as part of her review, that the Claimant suffers from pain in the head and neck, radiating into the shoulders, since a 1992 car accident. She noted that the pain restricted the Claimant's ability to perform activities of daily living, that the Claimant is prescribed pain medication, and that the Claimant suffers from weakness in all four extremities. When assessing the information against the InterQual criteria, Ms. Goodall testified that it was unclear what the Claimant's physician was trying to establish or rule out through use of the MRI, and that the information was too limited to evaluate against a particular indication. She testified that the request was submitted to physician review, and denied at that level. She testified that after the denial notices were issued, there was no reconsideration request submitted on the Claimant's behalf.

- 3) The Claimant testified regarding her medical history. She testified that she does not currently have a primary care physician, but is looking for one. She testified she had her pulmonologist submit the MRI request. She testified that she is unable to see a doctor who can address her pain without a recent MRI. ----- testified on the Claimant's behalf, indicating that the Claimant's doctor stated the Claimant needed an MRI. ----- testified that the Claimant's pain prevents her from being able to sleep at night. ----- testified that she helps to provide the Claimant's care, and that the Claimant requires help dressing because she is in too much pain to dress herself. Ms. [REDACTED] reiterated the Claimant's testimony that she is currently trying to locate a primary care physician.
- 4) Policy from the West Virginia Bureau for Medical Services Provider Manual, Chapter 528: Radiology Services, §528.7, provides the prior authorization requirements for imaging procedures, and states, 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 requests for radiological services must be submitted within the timeframe required by the UMC.

VIII. CONCLUSION OF LAW:

- 1) Policy provides that prior authorization is required for the proposed imaging services. The undisputed testimony and evidence provided by the Department showed that the Claimant's MRI request did not include sufficient information to meet the clinical indications for the services. Without information documenting changes or increasing symptoms for a chronic condition, the criteria for approving an MRI for the Claimant could not be met. The Department was correct in its decision to deny prior authorization for MRI services.

IX. DECISION:

It is the decision of the State Hearing Officer to **uphold** the Department's denial of prior authorization for Magnetic Resonance Imaging services for the Claimant.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this _____ Day of May, 2010.

Todd Thornton
State Hearing Officer