



State of West Virginia  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Office of Inspector General  
Board of Review  
203 E. 3<sup>rd</sup> Avenue  
Williamson, WV 25661

Joe Manchin III  
Governor

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

September 13, 2010

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Dear -----:

Attached is a copy of the findings of fact and conclusions of law on your hearing held June 10, 2010. Your hearing request was based on the Department of Health and Human Resources' denial of Medicaid authorization for a Magnetic Resonance Imaging (MRI) test 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 prior authorization (PA) is required on all outpatient radiological services that include an MRI. Failure to obtain prior authorization will result in denial of the service. The 2008 – Imaging Criteria found on 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, and InterQual Smart Sheets 2008 – Imaging Criteria)

The information presented at your hearing reveals that prior authorization for payment of a MRI of your lumbar spine was not approved because the information your physician submitted does not meet the InterQual initial clinical indications criteria and there was insufficient documentation for the physician reviewer to determine medical appropriateness.

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

Sincerely,

Stephen M. Baisden  
State Hearing Officer  
Member, State Board of Review

cc: Erika Young, Chairman, Board of Review  
Amy Workman, WV Bureau of Medical Service

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

-----,

**Claimant**

**v.**

**Action Number(s): 10-BOR-999**

**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 September 13, 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 hearing was held on June 10, 2010 on a timely appeal filed March 16, 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 spouse

Stacy Hanshaw, DHHR Specialist, Bureau for Medical Services, Department's Representative  
Paula McComas, RN, West Virginia Medical Institute, Department's Witness

Presiding at the hearing was Stephen M. Baisden, State Hearing Officer and a member of the State Board of Review.

The hearing convened at the [REDACTED] County Office of the WV DHHR. Department representatives participated via telephone conference call.

The Hearing officer placed all participants under oath at the beginning of the hearing.

#### **IV. QUESTION TO BE DECIDED**

The question to be decided is whether the Department was correct in its decision to deny Medicaid payment for a Magnetic Resonance Imaging (MRI) examination of the Claimant's lumbar spine.

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

WVDHHR Medicaid Policy Manual, Chapter 510, Chapter 528 and InterQual Smart Sheets 2008 - Imaging Criteria.

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

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

- D-1 WV DHHR Medicaid Hospital Services Provider Manual Chapter 528
- D-2 WVMi Medicaid Imaging Authorization Request form from [REDACTED] DO, dated March 2, 2010.
- D-3 InterQual Smart Sheets – 2008 Imaging Criteria
- D-4 Notices of Denial from WV Medical Institute (WVMi) dated October 20, 2009

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

- 1) WV DHHR Medicaid Hospital Services Provider Manual Chapter 512.14 states in part:

Effective 10/01/05, prior authorization will be required on all outpatient radiological services that include Computerized Tomography (CT), Magnetic Resonance Angiography (MRA), Magnetic Resonance Imaging (MRI), Positron Emission Tomography Scans (PET), and Magnetic Resonance Cholangio-pancreatography (MRCP). Prior authorization requirements governing the provisions of all West Virginia Medicaid services will apply pursuant to Chapter 300 General Provider Participation Requirements, provider manual.

- 2) WV DHHR Medicaid Hospital Services Provider Manual Chapter 528.7 (Exhibit D-1) states in 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.

- 3) WV DHHR Medicaid Hospital Services Provider Manual Chapter 320. 3 states in part:

Various in-state and out-of-state services (for example, but not limited to, hospital inpatient care, nursing facility services, etc.) covered by the WV Medicaid Program must be approved in advance before payment can be made. Pre-service review and prior authorization may be required to initiate treatment or extend treatment beyond the amount, scope, or duration that is routinely allowed or was originally approved. It is the responsibility of the provider of the service to secure prior approval before rendering the service.

...

The provider must submit written documentation demonstrating the medical necessity and appropriateness of the proposed treatment.

- 4) The Claimant's physician, [REDACTED] DO, submitted a Medicaid Authorization Request Form (Exhibit D-2) to the West Virginia Medical Institute (WVMI) on March 2, 2010, requesting pre-authorization for imaging services, an MRI of the lumbar spine. Item B on the request form, labeled "Imaging Study Requested," asks the medical professional to enter the name and Current Procedural Terminology (CPT) code for the requested imaging study. The person who completed this form has entered "MRI L Spine" with CPT code number 72148. Item D on the form, labeled "Clinical Reasons for Study," stated "R lumbar radiculitis and chronic low back pain." At item E, labeled "Previous diagnostic studies (e.g. ultrasound, CT Scans, X-Ray, MRI, labs), the person who completed the form wrote "x rays." Item F, labeled "Related Medications, Treatments and Therapies," was not completed. Attached to the Authorization Request Form was additional information from [REDACTED] Hospital reporting x-ray results, current medications and other clinical data concerning Claimant. Current medications include ASA (or aspirin), 325 milligrams, once per day, and Allopurinol, 300 milligrams once per day. Both of these medications are considered non-steroidal anti-inflammatory drugs, or NSAIDs.
- 5) Based on the information from the physician's Medicaid Authorization Request Form and additional information, the WVMI reviewer completed an imaging criteria screening form, known as InterQual Smart Sheets. (Exhibit D-2.) The nurse reviewer found that there was insufficient information to approve the request. There was no indication of the onset date of Claimant's medical condition. There was no indication of

- 6) WVMi sent Notices of Denial (Exhibit D-3) to the Claimant, his physician and [REDACTED] Hospital on March 5, 2010. The notices state in pertinent part:

Reason for Denial: InterQual criteria not met:

**MRI OF THE LUMBAR SPINE**

The information provided did not meet the indications for the study.  
There was not any documentation submitted regarding date of onset of symptoms or adequate conservative care given.

- 7) Claimant testified that his back problems are bad and are getting progressively worse. He stated that he needed the MRI so that he and his physician can develop an effective strategy to deal with this situation. Neither he nor his wife provided any substantive rebuttal to the Department's testimony and evidence.

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

- 1) Policy requires pre-authorization of Medicaid coverage for MRI examinations.
- 2) Claimant's physician requested pre-authorization for an MRI examination on March 2, 2010.
- 3) The nurse reviewer at the WVMi completed InterQual Smart Sheets to evaluate the merits of the request, and determined that there was insufficient medical information for her to approve the MRI. She forwarded the request to WVMi's physician reviewer, who issued a denial of the requested imaging service.
- 4) The physician's pre-authorization request failed to indicate the date of onset of Claimant's medical situation. It documented the use of conservative care in the form of NSAIDs, but it failed to document the duration or results/outcomes of NSAID treatment. The documentation did not include any information about conservative care in the form of activity modification.
- 5) The medical evidence submitted by the Claimant's physician failed to meet prior authorization criteria; therefore, the Department acted correctly in denying the Claimant's request for Medicaid payment of an MRI examination of the lumbar spine.

#### **IX. DECISION:**

It is the ruling of the State Hearing Officer to **uphold** the Department's decision to deny Claimant's physician's request for an MRI.

**X. RIGHT OF APPEAL:**

See Attachment

**XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

**ENTERED this 13th Day of September, 2010.**

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**Stephen M. Baisden  
State Hearing Officer**