



State of West Virginia  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Office of Inspector General  
Board of Review  
1027 N. Randolph Ave.  
Elkins, WV 26241

Earl Ray Tomblin  
Governor

Michael J. Lewis, M.D., Ph.D  
Cabinet Secretary

March 25, 2011

-----  
-----  
-----

Dear -----:

Attached is a copy of the findings of fact and conclusions of law on your hearing held March 24, 2011. Your hearing request was based on the Department of Health and Human Resources' denial of Medicaid authorization for a CT Scan of the abdomen/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 is based on current policy and regulations. Some of these regulations state as follows: 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. (WVDHHR Radiology Manual Chapter 528, Section 528.7)

Evidence presented during your hearing reveals that your request for authorization of a CT Scan does not meet eligibility criteria and could not be approved.

It is the decision of the State Hearing Officer to **uphold** the action of the Department in denying Medicaid authorization for a CT Scan of the abdomen/pelvis.

Sincerely,

Pamela L. Hinzman  
State Hearing Officer  
Member, State Board of Review

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

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

-----,

**Claimant,**

**v.**

**Action Number: 11-BOR-509**

**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 March 24, 2011 on a timely appeal filed January 25, 2011.

**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

Stacy Hanshaw, Program Manager, Bureau for Medical Services, DHHR  
Paula McComas, RN, Imaging Reviewer, West Virginia Medical Institute

Presiding at the hearing was Pamela L. Hinzman, State Hearing Officer and a member of the State Board of Review.

**IV. QUESTION TO BE DECIDED:**

The question to be decided is whether the Department was correct in its decision to deny Medicaid authorization for a CT Scan of the abdomen/pelvis.

**V. APPLICABLE POLICY:**

WVDHHR Radiology Manual Chapter 528, Section 528.7

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

**Department's Exhibits:**

- D-1 WVDHHR Radiology Manual Chapter 528, Section 528.7
- D-2 InterQual 2010 Imaging Criteria
- D-3 Notices of Denial for Imaging Services dated January 12, 2011 and sent to the Claimant, [REDACTED] M.D., and [REDACTED] Memorial Hospital

**VII. FINDINGS OF FACT:**

- 1) The Claimant's physician submitted a Medicaid Imaging Authorization Request to West Virginia Medical Institute (WVMI) requesting pre-authorization for a CT Scan of the Claimant's abdomen/pelvis.
- 2) WVMI sent Notices of Denial for Imaging Services (D-3) to the Claimant, Dr. [REDACTED] and [REDACTED] Memorial Hospital on January 12, 2011 which state, in 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: CT ABDOMEN/PELVIS

There were no abnormal labs, no U/S and no findings on physical exam.

- 3) WVMI Imaging Reviewer Paula McComas, R.N., testified regarding the medical documentation received from the Claimant's physician and stated that back pain was listed as the reason for the CT Scan, along with a diagnosis of SUI 628.6. Ms. McComas stated that she was unable to determine the meaning of SUI 628.6 and there were no indications listed on the information submitted. She testified that WVMI could not determine the reason for the CT Scan, or match the request to an indication on InterQual 2010 Imaging Criteria (D-2), as a number of organs are located in the abdomen/pelvic area. Ms. McComas advised the Claimant about the type of information needed from the physician.

- 4) The Claimant testified that she has back pain, and has had urinary tract infections and possible kidney stones.
- 5) WVDHHR Radiology Manual Chapter 528, Section 528.7 (D-1) 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. CONCLUSIONS OF LAW:**

- 1) Policy stipulates that the referring physician must submit sufficient documentation for clinical justification of radiology services requiring prior authorization for Medicaid payment.
- 2) The Claimant's physician requested authorization for Medicaid coverage of a CT Scan of the Claimant's abdomen/pelvis.
- 3) Evidence indicates that WVMi denied the request due to insufficient information.
- 4) Because the Department could not determine that the prior authorization request met eligibility criteria, it acted correctly in denying Medicaid authorization for the CT Scan.

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

It is the ruling of the State Hearing Officer to **uphold** the Department's decision to deny Medicaid authorization for a CT Scan of the Claimant's abdomen/pelvis.

#### **X. RIGHT OF APPEAL:**

See Attachment

#### **XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

**ENTERED this 25th Day of March, 2011.**

---

**Pamela L. Hinzman**  
**State Hearing Officer**