



State of West Virginia  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Office of Inspector General  
Board of Review  
1400 Virginia Street  
Oak Hill, WV 25901

Earl Ray Tomblin  
Governor

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

June 28, 2011

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Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held June 21, 2011. Your hearing request was based on the Department of Health and Human Resources' decision to deny prior authorization of a MRI of the shoulder.

In arriving at a decision, the State Hearings 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 the Medicaid program is based on current policy and regulations. These regulations provide that it is the responsibility of the ordering provider to obtain the prior authorization of radiological services (Provider Manual § 510.8.1).

The information submitted at your hearing was insufficient in determining medical necessity of a MRI.

It is the decision of the State Hearings Officer to **Uphold** the action of the Department to deny prior authorization of a MRI of the shoulder.

Sincerely,

Kristi Logan  
State Hearings Officer  
Member, State Board of Review

cc: Chairman, Board of Review  
Bureau of Medical Services

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

**IN RE:**     -----,

**Claimant,**

**v.**

**ACTION NO.: 11-BOR-1098**

**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 June 21, 2011 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 a timely appeal, filed April 8, 2011.

**II.    PROGRAM PURPOSE:**

The program entitled Medicaid is administered by the West Virginia Department of Health and Human Resources.

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

Virginia Evans, Bureau of Medical Services (testified by phone)

Natalie Tapee, RN, West Virginia Medical Institute (testified by phone)

BJ Sides, RN, West Virginia Medical Institute (observing)

Presiding at the Hearing was Kristi Logan, 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's decision to deny prior authorization of a MRI for Claimant was correct.

**V. APPLICABLE POLICY:**

Provider Radiology Manual Chapter § 510.8.1 and 528.7

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

**Department's Exhibits:**

- D-1 Provider Radiology Manual Chapter § 528.7
- D-2 InterQual Smartsheet for Imaging Criteria
- D-3 Prior Authorization Request Form dated March 22, 2011
- D-4 Denial Notification Letters dated March 22, 2011
- D-5 Medical Records for Claimant

**VII. FINDINGS OF FACT:**

- 1) A request for authorization for a MRI of the shoulder was submitted on March 22, 2011 by Claimant's physician, [REDACTED] MD (D-3). A denial letter was issued by the Department on March 22, 2011 which reads in pertinent part (D-4):

A request for prior authorization was submitted for imaging services. Based on the medical information provided, the request has been denied.

There is no documentation of a physical exam with any abnormal findings such as monarticular joint pain or locking, no shoulder x-ray nondiagnostic etiology for pain was provided, or that symptoms/findings continued after treatment with NSAID for greater than 4 weeks, or activity modification such as OT/PT for greater than 6 weeks.

- 2) Natalie Tapee, nurse reviewer with the West Virginia Medical Institute (WVMI) testified to the reasons for the denial of the MRI for Claimant. The information submitted by Claimant's physician indicated a possible diagnosis of a torn rotator cuff at the shoulder with pain and discomfort with limited movement. Ms. Tapee stated the request form noted an x-ray for Claimant was done, but did not include the findings

from the x-ray. The authorization request form also indicated Claimant had been given two (2) injections and had tried physical therapy, both with no improvement in Claimant's condition (D-3).

Ms. Tapee referred to the InterQual Smartsheet for imaging criteria. According to the imaging criteria, Claimant's diagnosis of a torn rotator cuff would fall under indicator 300 for acute or 400 for chronic. Ms. Tapee stated there was no date of onset on the authorization request form so she was unable to determine if Claimant's condition was acute or chronic. Ms. Tapee stated there was no information regarding physical examination findings from Claimant's physician or the types of injections Claimant had been given and how long Claimant tried physical therapy. Ms. Tapee stated without this information, she could not approve the MRI based on the imaging criteria (D-2 and D-3).

- 3) Claimant submitted medical records from his physician and physical therapist. Claimant went to physical therapy from January 19, 2011 through February 23, 2011. The radiology report from an x-ray taken on Claimant's shoulder in January 2011 reported no fractures or dislocations and degenerative changes in acromioclavicular joint (D-5).

Progress notes from Dr. [REDACTED] dated March 22, 2011 stated Claimant has pain and discomfort in this shoulder not related to exertion and his pain is worse with range of motion. Claimant did not continue with his physical therapy because it made his pain worse. Dr. [REDACTED] noted that Claimant has degenerative nodules in the second and third DIP and PIPs and positive impingement in the right shoulder. Claimant has been seeing Dr. [REDACTED] since December 2009 for his shoulder pain (D-5).

- 4) Radiology Manual Chapter § 528.7 states:

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.

5) Radiology Manual Chapter § 510.8.1 states:

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 Cholangiopancreatography (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. 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 service; 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) Policy stipulates that the referring physician must submit sufficient documentation for clinical justification of radiology services requiring prior authorization for Medicaid payment.
- 2) Evidence indicates that WVMI denied the request due to insufficient information regarding findings of a physical examination and failed trials of conservative treatments and failure to meet InterQual criteria.
- 3) Although Claimant submitted medical documentation that satisfied some of the omitted information on the authorization request form, it is the responsible of the prescribing physician to submit any medical documentation required in determining medical necessity of the MRI and the information provided by the Claimant cannot be considered.
- 4) Because the Department could not determine that the prior authorization request met eligibility criteria, it acted correctly in denying prior authorization for the MRI.

**IX. DECISION:**

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

**X. RIGHT OF APPEAL:**

See Attachment

**XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

**ENTERED this 28<sup>th</sup> day of June 2011.**

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**Kristi Logan**  
**State Hearing Officer**