



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
2699 Park Avenue, Suite 100
Huntington, WV 25704

Earl Ray Tomblin
Governor

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

July 14, 2011

Dear -----:

Attached is a copy of the findings of fact and conclusions of law on your hearing held June 7, 2011. 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 radiological services such as the requested MRI. The referring or treating provider must submit the appropriate codes and clinical documentation and any other pertinent information to be used for clinical justification of services by the Utilization Management Contractor (UMC). The information must be provided to the UMC, 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
Amy Workman, Department Representative

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

IN RE: -----,

Claimant,

v.

ACTION NO.: 11-BOR-1152

**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 July 14, 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 June 7, 2011, on a timely appeal, filed May 2, 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 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
Stacy Hanshaw, Department representative
Julie Mobayed, Department witness

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 InterQual 2010 Imaging Criteria: Magnetic Resonance Imaging (MRI), Lumbar Spine
- D-3 Information received from [REDACTED] MD
- D-4 Denial notices dated March 31, 2011

VII. FINDINGS OF FACT:

- 1) Stacy Hanshaw, representative for the Department's Bureau for Medical Services, testified that, in response to a request (Exhibit D-3) for Magnetic Resonance Imaging (MRI) services for the Claimant, denial notices were issued on or about March 31, 2011, to the Claimant, her prescribing practitioner, and the servicing provider (Exhibit D-4). The notice explained the reason for denial as follows, in pertinent part:

MRI LUMBAR SPINE

The information submitted did not meet the clinical indications for the requested study. There was no information provided regarding a failed trial of conservative treatment with NSAIDs for at least 3 weeks and activity modification for at least 6 weeks.

- 2) Julie Mobayed, a registered nurse employed by West Virginia Medical Institute (WVMI) testified that she reviewed the information with the Claimant's request (Exhibit D-3) against the InterQual criteria (Exhibit D-2), under indication 100 – *Suspected nerve root compression by lumbar disc herniation/foraminal stenosis*. Ms. Mobayed testified that the information she reviewed did not meet the requirements under areas 122-1-A-1 and 122-1-B, which require documentation of a failed trial of NSAID usage lasting at least three weeks, and a failed trial of activity modification lasting at least six weeks, respectively. Ms. Mobayed noted usage of ibuprofen by the Claimant, but testified that it was not documented with time frames. Ms. Mobayed was unable to approve the requested imaging procedure, and submitted it for physician review; the request was subsequently denied by the physician reviewer.
- 3) The Claimant had no dispute of the Department testimony that there was insufficient medical documentation to support approval of the requested MRI. She testified that she has never tried physical therapy, but will undergo a trial and reapply for the MRI.

- 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, and that documentation must be provided for prior authorization approval. Undisputed testimony and evidence from the Department showed that the Claimant's MRI request did not include sufficient information to meet the clinical indications for the services. 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 July, 2011.

Todd Thornton
State Hearing Officer