



**State of West Virginia  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Office of Inspector General**

**Board of Review**  
P.O. Box 1736  
Romney, WV 26757

**Earl Ray Tomblin  
Governor**

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

August 29, 2011

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Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held August 22, 2011. Your hearing request was based on the Department of Health and Human Resources' decision to deny your prior authorization request for a Magnetic Resonance Imaging (MRI) of the left knee.

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. These regulations provide that 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 request for radiological services must be submitted within the timeframe required by the UMC.

The information which was submitted at your hearing revealed that the submitted medical documentation for review did not meet clinical indications to determine your eligibility for services; therefore, your imaging request 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 MRI of the left knee.

Sincerely,

Eric L. Phillips  
State Hearing Officer  
Member, State Board of Review

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

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

**IN RE:    -----,**

**Claimant,**

**v.**

**ACTION NO.: 11-BOR-1542**

**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 a timely appeal, filed July 7, 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 of Medical Services

Natalie Tappe, Nurse Reviewer-West Virginia Medical Institute

Presiding at the hearing was Eric L. Phillips, 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 was correct in its decision to deny Medicaid authorization for MRI of the lumbar spine.

#### **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 Smart Sheets-2010 Imaging Criteria
- D-3 WVMI Medicaid Imaging Authorization Request Form from [REDACTED] F.N.P. dated June 13, 2011.
- D-4 Notice of Denial for Imaging Services dated June 16, 2011
- D-5 Letter from the Claimant dated July 7, 2011

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

- 1) On June 13, 2011, [REDACTED] F.N.P submitted Exhibit D-3, Medicaid Imaging Authorization Request Form to West Virginia Medical Institute (WVMI), on behalf of the Claimant, requesting pre-authorization for a Magnetic Resonance Imaging (MRI) of the Claimant's left knee. The documentation lists a clinical reason for the study as, "pt. c/o more pain in the left knee. She has a hx of meniscal tear several years ago. c/o pain when fulling [sic] extending lt. knee. Stay off the knee as much as possible."
- 2) On June 16, 2011, WVMI sent Exhibit D-4, Notice of Denial for Imaging Services to the Claimant and [REDACTED] F.N.P. These notices document in pertinent 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: MRI of the Knee. The information submitted for review did not meet the clinical indications for the requested MRI of the Knee [sic]. The information provided did not document an adequate failed course of conservative treatment with NSAIDs for greater than 3 weeks. Therefore, the Interqual criteria was not met and the request for the MRI of the Knee [sic] cannot be approved.

Additionally, it should be noted that [REDACTED] F.N.P's notice of denial indicates that a reconsideration of the determination could be made if a written request and supporting

documentation was submitted to WVMi within 60 days of the receipt of the notice. Natalie Tappe, Nurse Reviewer, WVMi testified that Ms. Baisden did not submit a reconsideration request in the outlined timeframe.

- 3) Ms. Tappe, Nurse Reviewer-WVMi testified that she reviewed the Medicaid Imaging Authorization Request Form and the information submitted by [REDACTED] F.N.P. Exhibit D-3 documents the Claimant's related medications, treatments, and therapies as "Tramadol (50mg bid, prn for pain, cyclobenzaprine 5mg tid, celebrex 200 mg, stay of [sic] knee as much as possible." Ms. Tappe indicated that the information was sent to a physician reviewer and, at the time of the physician's review, the documentation listed in Exhibit D-3, failed to support a failed course of Non-Steroidal Anti-Inflammatory Drugs (NSAID) for greater than three weeks. Additionally, Ms. Tappe indicated that the documentation did not note any swelling or limited range of motion that the Claimant was experiencing in her knee.
- 4) The Claimant indicated that she was prescribed Naproxen (NSAID) in January and February which yielded negative results and has been prescribed Celebrex for an unknown time. The Claimant indicated that she has had physical therapy on her back and the therapist provided her with pro bono therapy on her knee. The Claimant stated that she has not experienced any swelling in her knee and is in consistent pain which affects her ability to stand and walk. Ms. Tappe indicated that the information submitted from [REDACTED] F.N.P. noted a prescription of Celebrex, but failed to document a failed course for greater than three weeks, and the documentation did not note a prescription of the additional NSAID indicated by the Claimant during the hearing process. Ms. Tappe indicated that the Claimant could resubmit her request for prior authorization of an MRI which should document the appropriate activity modification.
- 5) WVDHHR Radiology Manual chapter 528, Section 518.7 documents 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) Evidence indicates that the Claimant's physician requested authorization for Medicaid coverage of MRI of the Claimant's left knee on June 13, 2011 and WVMi denied such request based on the failure of the clinical data to meet InterQual criteria.

- 3) Because the Department could not determine that the prior authorization request met eligibility criteria, it acted correctly in denying Medicaid authorization for a MRI.

**IX. DECISION:**

It is the decision of the State Hearing Officer to uphold the Department's decision to deny Medicaid authorization for a MRI of the Claimant's left knee.

**X. RIGHT OF APPEAL:**

See Attachment

**XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

**ENTERED this \_\_\_\_\_ day of August, 2011.**

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**Eric L. Phillips**  
**State Hearing Officer**