



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

Earl Ray Tomblin
Governor

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

September 26, 2011

Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held August 30, 2011. Your hearing request was based on the Department of Health and Human Resources' denial of Medicaid authorization for a Magnetic Resonance Imaging (MRI) examination 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 2010 – 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 2010 – Imaging Criteria)

The information presented at your hearing reveals that prior authorization for payment of an MRI of the 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**

IN RE: -----,

Claimant,

v.

ACTION NO: 11-BOR-1555

**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 26, 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 hearing was held by videoconference on August 30, 2011 on a timely appeal filed July 11, 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, WV Bureau for Medical Services, Department's Representative
B. J. Sides, 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 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 Claimant's lumbar spine.

V. APPLICABLE POLICY:

WVDHHR Medicaid Policy Manual, Chapter 320, Chapter 528 and InterQual Smart Sheets 2010 - Imaging Criteria.

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 WV DHHR Medicaid Hospital Services Provider Manual Chapter 528
- D-2 InterQual Smart Sheets – 2010 Imaging Criteria
- D-3 WVMi Medicaid Imaging Authorization Request form from [REDACTED] M.D., dated June 27, 2011
- D-4 Notices of Denial from WV Medical Institute (WVMi) dated June 27, 2011

Claimant's Exhibits:

- C-1 Physician's notes from Claimant's case record, dated August 23, 2011

VII. FINDINGS OF FACT:

- 1) 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.

- 2) WV DHHR Medicaid Hospital Services Provider Manual Chapter 528.5 states in part:

Radiology services provided by Medicaid enrolled providers are considered for reimbursement by West Virginia Medicaid when the services are determined medically necessary to meet the healthcare needs of the member. If the radiology service is a covered service and requires prior approval, the prior authorization is required prior to the service being rendered regardless of the place of service unless medically necessary during an emergent visit at an emergency room. A referring/ treating provider must order all covered services.

...

Radiology services eligible for coverage include, but are not limited to:

- Diagnostic x-ray tests and therapeutic procedures
- CT, MRI, MRA and PET Scans
- Radiation oncology/Interventional Radiology
- Bone Density Tests
- Nuclear medicine services
- Ultrasound services provided by radiologists and certain medical specialists
- Radiopharmaceutical and contrast materials
- One interpretation/report per radiology procedure

- 3) 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.

- 4) Claimant's physician, [REDACTED] M.D., submitted a Medicaid Imaging Authorization Request Form (Exhibit D-3) to the West Virginia Medical Institute (WVMI) on June 27, 2011, requesting pre-authorization for imaging services for Claimant, an MRI of the lumbar spine. Item B of 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 w/o contrast" with CPT code number 72148. On the part of Item B labeled, "Diagnosis Related to Study," the completer has

written, “Back Pain / Sciatica / Radiating L Leg.” Item D of the request form, labeled “Clinical Reasons for Study” states, “[Claimant complains of] long-term back pain radiating into [left] leg to calf, increasing in frequency and severity, slight decrease [in range of motion].” At Item E, “Previous Relative Diagnostic Studies,” it is written, “X-ray shows minor degenerative changes.” At Item F, “Related Medications, Treatments and Therapies (include duration),” it is written, “Tylenol #3.”

- 5) Based on the information from the physician’s Medicaid Authorization Request Form, 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. Claimant’s Imaging Authorization Request was forwarded to WVMI’s physician reviewer, who denied the request for services.
- 6) WVMI sent Notices of Denial (Exhibit D-4) to the Claimant, his physician, and the hospital at which the imaging studies were to be done on June 27, 2011. The notices state in pertinent part:

Reason for Denial:
InterQual Criteria not met.

MRI of the Lumbar Spine

The information submitted for review did not meet the clinical indications for the requested MRI of the Lumbar Spine. The information provided did not document an adequate, failed course of conservative treatment with NSAIDs [Non-Steroidal Anti-Inflammatory Drugs] for greater than three weeks. Therefore, the InterQual criteria was *[sic]* not met and the request for MRI of the Lumbar Spine cannot be approved. There is no documentation of trial of physical therapy and no timeframes for the NSAID trial.

- 7) Department’s witness testified the MRI was denied because of a lack of information. She testified that the documentation from Claimant’s physician did not provide a clear indication that met the InterQual SmartSheets criteria. She stated that the request indicated Claimant was prescribed an NSAID, Tylenol #3, but it did not indicate the length of time for the NSAID trial. She added that policy requires an NSAID trial of at least three weeks’ duration to be documented.
- 8) Claimant testified that he experiences severe pain in his left leg, and his left leg collapses on him occasionally. Claimant submitted into evidence a progress note from his physician dated August 23, 2011 (Exhibit C-1), listing in greater detail his active medication prescriptions and certain physical examination data. Department’s witness stated that the information in the progress note never had been submitted to the WVMI, so she did not have access to this information at the time of the initial authorization request or any time thereafter. Claimant provided no substantive rebuttal to the Department’s testimony or evidence.

VIII. CONCLUSIONS OF LAW:

- 1) Policy requires pre-authorization of Medicaid coverage for MRI examinations.
- 2) The nurse reviewer at the WVMi completed InterQual Smart Sheets to evaluate the merits of the request by Claimant's physician for an MRI of the lumbar spine, 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.
- 3) The physician's Imaging Authorization Request did not provide enough information required for the reviewer to approve the MRI. It did not provide adequate documentation to meet any of the InterQual SmartSheet indications. It did not indicate the length of time of Claimant's NSAID trial.
- 4) 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 the request by Claimant's physician for an MRI of the lumbar spine.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 26th Day of September, 2011.

Stephen M. Baisden
State Hearing Officer