



**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**

October 24, 2011

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Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held October 14, 2011. Your hearing request was based on the Department of Health and Human Resources' decision to deny prior authorization for Medicaid payment of a CT scan of the abdomen.

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 the Medicaid services is based on current policy and regulations. These regulations provide that radiology services require 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 CT scan of the abdomen.

Sincerely,

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

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

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

**IN RE:**     -----,

**Claimant,**

**v.**

**ACTION NO.: 11-BOR-1733**

**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 August 12, 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

Stacey Hanshaw, Program Manager-Bureau for Medical Services

Lisa Goodall, RN, Nurse Reviewer-Bureau for Medical Services

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 prior authorization of a CT scan of the abdomen.

**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 Smart Sheets-2010-Imaging Criteria
- D-3 WVMI Medicaid Imaging Authorization Request Form and information from [REDACTED] M.D.
- D-4 Notice of Denial for Imaging Services dated July 26, 2011

**VII. FINDINGS OF FACT:**

- 1) On July 22, 2011, the Claimant's physician submitted Exhibit D-3, WVMI Medicaid Imaging Authorization Request Form to West Virginia Medical Institute, hereinafter WVMI, on behalf of the Claimant requesting prior authorization for Medicaid payment of a CT scan of the Claimant's abdomen.
- 2) On July 26, 2011, WVMI issued the Claimant and her physician Exhibit D-4, Notice of Denial for Imaging Services. This documentation list the reason for denial as:

Interqual [sic] criteria was not met. The information submitted for review did not meet the clinical indications for the CT of the Abdomen [sic]. The information provided did not include physical examination findings or laboratory reports. Therefore, the Interqual [sic] criteria was not met and the request for the CT of the Abdomen cannot be approved.

Additionally, it should be noted that the physician's Notice of Denial for Imaging Services 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. Testimony revealed that a reconsideration request was not submitted in the outlined timeframe.

- 3) Ms. Lisa Goddall, Nurse Reviewer-WVMI reviewed the information outlined in Exhibit D-3 and the clinical information submitted from the Claimant's physician. Exhibit D-3 documents the clinical reasons for the request study as "abdominal pain, diarrhea, spasms in the rectum and pain." Additionally, the Claimant's physician submitted an ultrasound of the Claimant's pelvis and a previous CT scan of the Claimant's abdomen and pelvis from October, 2009. Ms. Goddall testified that the information submitted from the physician failed to meet a clinical indication for the requested study as outlined in Exhibit D-4, InterQual Smartsheets and the Claimant's request was denied. Ms. Goodall testified that the information was forwarded for a review by a Physician Reviewer and was subsequently denied because the information supplied was limited and did not reveal any laboratory or examination findings of the Claimant's abdomen.
- 4) The Claimant indicated she has experienced a history of chronic pain in her abdomen since 2004 and listed several problems she has experienced with her digestive system including peptic ulcer disease, Gastroesophageal reflux disease (GERD), and rectal pain with spasms. Additionally, the Claimant acknowledged a family history of stomach cancer and her desire for the study for preventive measures. The Claimant indicated a need for the requested study to "try to fix the problem and know what's going on."
- 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 reveals that the Claimant's physician requested prior authorization for Medicaid payment of a CT scan of the Claimant's abdomen on July 22, 2011 and WVMI denied such request based on the failure of 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 CT scan.

**IX. DECISION:**

It is the decision of the State Hearing Officer to uphold the Department's decision to deny Medicaid authorization for a CT scan of the Claimant's abdomen.

**X. RIGHT OF APPEAL:**

See Attachment

**XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

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

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