



State of West Virginia  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Office of Inspector General  
Board of Review  
1027 N. Randolph Ave.  
Elkins, WV 26241

Earl Ray Tomblin  
Governor

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

November 4, 2011

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Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held November 3, 2011. Your hearing request was based on the Department of Health and Human Resources' denial of Medicaid authorization for Magnetic Resonance Imaging (MRI) 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 as follows: 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. (WVDHHR Radiology Manual Chapter 528, Section 528.7)

Information presented during the hearing reveals that the submitted medical documentation was insufficient to determine eligibility and 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 MRI of the lumbar spine

Sincerely,

Pamela L. Hinzman  
State Hearing Officer  
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review  
Amy Workman, BMS, WVDHHR

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

**IN RE:** -----,

**Claimant,**

**v.**

**Action No.: 11-BOR-2000**

**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 telephonically on November 3, 2011 on a timely appeal filed September 6, 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

-----, Chiropractic Assistant, [REDACTED] Chiropractic Clinic

Stacy Hanshaw, Program Manager, Bureau for Medical Services, WVDHHR

Lisa Gooddall, RN, West Virginia Medical Institute

Presiding at the hearing was Pamela L. Hinzman, State Hearing Officer and a member of the State Board of Review.

#### **IV. QUESTION TO BE DECIDED:**

The question to be decided is whether 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 2011-Imaging Criteria

D-3 WVMI Medicaid Imaging Authorization Request Form and documentation from [REDACTED] D.C.

D-4 Notices of Denial for Imaging Services dated August 17, 2011 sent to Claimant and [REDACTED]

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

- 1) The Claimant's physician, [REDACTED] D.C., submitted a Medicaid Imaging Authorization Request Form (D-3) to West Virginia Medical Institute (WVMI) on or about August 16, 2011, requesting pre-authorization for Magnetic Resonance Imaging (MRI) of the Claimant's lumbar spine.
- 2) WVMI sent Notices of Denial for Imaging Services (D-4) to the Claimant and [REDACTED] Hospital on August 17, 2011, which state, 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:

The interqual criteria for an MRI if [sic] the Lumbar Spine was not met. There were no specific symptoms or findings on examination and no conservative treatment durations and outcomes noted of any NSAID therapy and activity modifications.

WVMI Registered Nurse Lisa Gooddall testified that the letter was also sent to Dr. [REDACTED] however, that copy was not provided with the Department's evidence.

- 3) The WVMI Nurse testified regarding the Medicaid Imaging Authorization Request Form and medical information received from Dr. [REDACTED] (D-3). The form states that the clinical reason for the study is “suspected nerve root compression by lumbar disc herniation/foraminal.” The documentation lists no symptoms or findings, and does not indicate whether conservative treatment had been attempted. An imaging examination report of November 13, 2010 included in the information indicates that “Disc height is well maintained and the alignment is normal. No fracture or bone abnormality is noted. Impression: Negative exam. No change from 8/18/10.” An imaging report of August 18, 2010 states, “Studies of the lumbosacral vertebrae show no bone or joint abnormalities. Three views obtained.”

The WVMI Nurse testified that information concerning the requested MRI procedure must meet an indication listed on InterQual SmartSheets (D-2) in order for Medicaid authorization to be approved. Documentation provided by the Claimant’s physician did not meet clinical indications for the requested study.

- 4) -----, Chiropractic Assistant at [REDACTED] Clinic, testified that the MRI procedure has been requested twice and both authorization requests were denied. The WVMI Nurse explained that a new request for the procedure could be submitted with additional information.
- 5) WVDHHR Radiology Manual Chapter 528, Section 528.7 (D-1) 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.

The UMC reviews all requests for services requiring prior authorization. When the medical documentation does not meet medical necessary 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.

**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) The Claimant's physician requested authorization for Medicaid coverage of MRI of the Claimant's lumbar spine in August 2011.
- 3) Evidence indicates that WVMI denied the request due to insufficient information and failure to meet InterQual criteria.
- 4) Because the Department could not determine that the prior authorization request met eligibility criteria, it acted correctly in denying Medicaid authorization for the MRI procedure.

**IX. DECISION:**

It is the ruling of the State Hearing Officer to **uphold** the Department's decision to deny Medicaid authorization for an MRI scan of the Claimant's lumbar spine.

**X. RIGHT OF APPEAL:**

See Attachment

**XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

**ENTERED this 4th Day of November, 2011.**

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**Pamela L. Hinzman**  
**State Hearing Officer**