



**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**

November 15, 2011

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Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held November 8, 2011. Your hearing request was based on the Department of Health and Human Resources' decision to deny prior authorization for Medicaid payment for Magnetic Resonance Imaging (MRI) of the shoulder.

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 shoulder.

Sincerely,

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

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

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

**IN RE:    -----,**

**Claimant,**

**v.**

**ACTION NO.: 11-BOR-2084**

**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 September 29, 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 for Medical Services

Jens Wiiks, RN, 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 prior authorization for Medicaid payment of a MRI of the shoulder.

#### **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 SmartSheets-2011
- D-3 WVMi Imaging Authorization Request Form with clinical information dated September 19, 2011
- D-4 Notice of Denial for Imaging Services

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

- 1) On September 19, 2011, the Claimant's physician, [REDACTED] D.O., submitted Exhibit D-3, WVMi Imaging Authorization Request Form to West Virginia Medical Institute (WVMi), on behalf of the Claimant, requesting prior authorization for a Magnetic Resonance Image (MRI) of the Claimant's shoulder. The documentation lists the clinical reasons for the study as, "ground-level fall several wks ago-jammed shoulder into stairs. Can't lift arm. Aches deep inside hurts to stand. Suspect labral tear. Normal x-ray."
- 2) On September 21, 2011, WVMi issued Exhibit D-3, Notice of Denial for Imaging Services to the Claimant and his physician. Exhibit D-3 documents 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: InterQual criteria not met. The information submitted did not meet the clinical indications for the request study, MRI shoulder. There is no information provided regarding anterior shoulder pain, shoulder popping/clicking/catching, positive crank test/anterior slide test/active compression test or a completed and failed trial of conservative treatment with four weeks of NSAIDs and four weeks of physical therapy.

Additionally, the Claimant's physician's notice of denial documents that a reconsideration of the determination could be made if a written request and supporting documentation was

submitted to WVMi within sixty days of the receipt of notice. Testimony indicated that the Claimant's period of reconsideration has not expired.

- 3) Mr. Jens Wiiks, testified that he reviewed the prior authorization request and information submitted by the Claimant's physician. Mr. Wiiks testified that he utilized the clinical information in Exhibit D-3 and compared it the criteria for approval of prior authorization outlined in Exhibit D-3; specifically, suspected labral tear. Mr. Wiiks testified that the clinical information documented the Claimant's shoulder injury and shoulder x-ray, but failed to reveal anterior shoulder pain which interferes with average daily living, shoulder popping, clicking, catching, an active compression test, and continued symptoms after non-steroidal anti-inflammatory drugs (NSAID) greater than four weeks and occupational or physical therapy greater than four weeks. Mr. Wiiks purported that the clinical information was submitted to physician reviewer and was subsequently denied for the reasons listed in Exhibit D-4.
- 4) The Claimant indicated that he has completed the NSAID treatment and has two more physical therapy sessions to complete. The Claimant indicated that he is in pain and will have his physician submit a reconsideration request with the missing information.
- 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 authorization for Medicaid coverage of MRI of the Claimant's shoulder in September, 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 shoulder.

**X. RIGHT OF APPEAL:**

See Attachment

**XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

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

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