



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

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

January 28, 2011

Dear -----:

Attached is a copy of the findings of fact and conclusions of law on your hearing held January 20, 2011. Your hearing request was based on the Department of Health and Human Resources' denial of Medicaid authorization for a CT Scan of the cervical 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)

Evidence presented during your hearing reveals that your request for authorization of a CT Scan does not meet eligibility criteria and 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 cervical spine.

Sincerely,

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

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

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

-----,

Claimant,

v.

Action Number: 10-BOR-2327

**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 January 20, 2011 on a timely appeal filed November 22, 2010.

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, DHHR

Lisa Goodall, RN, Imaging Reviewer, 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 a CT Scan of the cervical 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 2010 Imaging Criteria
- D-3 WVMI Medicaid Imaging Authorization Request Form and medical documentation from [REDACTED] Neurology
- D-4 Notices of Denial for Imaging Services dated November 11, 2010 and sent to the Claimant, [REDACTED] M.D., and [REDACTED] Hospital

VII. FINDINGS OF FACT:

- 1) [REDACTED] M.D., submitted a Medicaid Imaging Authorization Request Form (D-3) to West Virginia Medical Institute (WVMI) on November 8, 2010 requesting pre-authorization for a CT Scan of the Claimant's cervical spine.
- 2) WVMI sent Notices of Denial for Imaging Services (D-4) to the Claimant, Dr. [REDACTED] and [REDACTED] Hospital on November 11, 2010 which state, in 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: CT OF THE CERVICAL SPINE

The clinical indicators for a CT was [sic] not met as there are no interqual indicators for HNP. There were no NSAID therapy trials noted. The interqual criteria was not met.

- 3) WVMI Imaging Reviewer Lisa Goodall, R.N., testified regarding the Medicaid Imaging Authorization Request Form and medical documentation received from [REDACTED] Neurology (D-3). The form – which indicates that the Claimant has been diagnosed with paresthesias of the left upper extremity and neck pain – refers WVMI to accompanying documentation to identify clinical reasons for the study, but no information was provided on the form in regard to previous relative diagnostic studies, or related medications, treatments and therapies. The information indicates that the physician is ruling out a herniated disc. The WVMI Nurse testified that the request does

not meet InterQual criteria and the physician did not indicate why an MRI procedure would not meet the Claimant's needs.

- 4) The Claimant questioned whether he could see another physician in regard to his condition.

The Department and WVMi representatives advised the Claimant to contact the physician, discuss the information required for prior authorization and submit a new request for authorization of the CT Scan.

- 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.

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 a CT Scan of the Claimant's cervical spine in November 2010.
- 3) Evidence indicates that WVMi denied the request due to insufficient information regarding failed trials of conservative treatments 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 CT Scan.

IX. DECISION:

It is the ruling of the State Hearing Officer to **uphold** the Department's decision to deny Medicaid authorization for a CT Scan of the Claimant's cervical spine.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 28th Day of January, 2011.

Pamela L. Hinzman
State Hearing Officer