

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**

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 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)

Evidence presented during your hearing reveals that your request for authorization of an MRI procedure 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 MRI of the lumbar spine.

Sincerely,

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

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

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES BOARD OF REVIEW

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Claimant,

v. Action Number: 10-BOR-2364

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 December 2, 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 Cathy Montali, 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 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 2010 Imaging Criteria
- D-3 WVMI Medicaid Imaging Authorization Request Form and medical documentation from Health Center
- D-4 Notices of Denial for Imaging Services dated November 11, 2010 and sent to the Claimant, M.D., and Medical Center

VII. FINDINGS OF FACT:

- M.D., submitted a Medicaid Imaging Authorization Request Form (D-3) to West Virginia Medical Institute (WVMI) on November 9, 2010 requesting preauthorization for Magnetic Resonance Imaging (MRI) of the Claimant's lumbar spine.
- WVMI sent Notices of Denial for Imaging Services (D-4) to the Claimant, Dr. and Medical Center 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: MRI OF THE LUMBAR SPINE

The information provided did not meet the clinical indications for the requested study. There was no information provided regarding the duration of the failed trial of conservative treatment with NSAIDs and activity modification. Therefore, InterQual criteria was not met.

WVMI Imaging Reviewer Cathy Montali, R.N., testified regarding the Medicaid Imaging Authorization Request Form and medical documentation received from Hawse Health Center (D-3). The form lists no clinical reasons for the study, no symptoms/findings, no previous relative diagnostic studies and abnormal findings, or related medications, treatments and therapies. Accompanying medical documentation

indicates that the Claimant has lower back pain radiating to her legs, was prescribed hydrocodone and previously had steroid injections which seemed to provide some relief

The nurse stated that information concerning the requested MRI must meet an indication listed on InterQual 2010 Imaging Criteria (D-2) in order to be authorized for Medicaid payment, and documentation provided by the Claimant's physician fails to meet one of these indications.

The Claimant addressed her back pain and testified that she normally sees a physician's assistant at Dr. office. She indicated that pain medication provides some relief, however, it does not correct the problem. She indicated that she may ask another physician familiar with her back problems to request the MRI.

The Department and WVMI representatives advised the Claimant to contact her physician, discuss the information required for prior authorization and submit a new request for authorization of the MRI procedure.

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 MRI of the Claimant's lumbar 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 MRI.

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.
х.	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