



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
9083 Middletown Mall
White Hall, WV 26554

Earl Ray Tomblin
Governor

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

March 7, 2011

Dear -----:

Attached is a copy of the findings of fact and conclusions of law on your hearing held March 4, 2011. Your hearing request was based on the Department of Health and Human Resources' decision to deny prior authorization for Magnetic Resonance Imaging (MRI) services.

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.

Medicaid regulations require prior authorization on all outpatient radiological services, including MRI. The referring or treating provider must submit all pertinent information to be used for clinical justification of the services. This information must be provided, and the prior authorization granted, prior to services being rendered. [West Virginia Bureau for Medical Services Provider Manual, Chapter 528 (Radiology Services), Section 528.7]

Evidence presented at the hearing reveals that the information submitted for your MRI failed to meet clinical justification. As a result, prior authorization was correctly denied.

It is the decision of the State Hearing Officer to **uphold** the action of the Department in its decision to deny your request for Medicaid payment (prior authorization) of MRI services.

Sincerely,

Thomas E. Arnett
State Hearing Officer
Member, State Board of Review

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

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

-----,

Claimant,

v.

Action Number: 11-BOR-424

**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 concluded on March 7, 2011 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 March 4, 2011 on a timely appeal filed January 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 the 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, Department Representative, Bureau for Medical Services (BMS)

Lisa Goodall, RN, West Virginia Medical Institute (WVMI)

Presiding at the Hearing was Thomas E. Arnett, State Hearing Officer and a member of the State Board of Review.

It should be noted that this hearing was convened via telephone conference call.

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 (Medicaid payment) for Magnetic Resonance Imaging (MRI) services.

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, Section 528.7 (Pages 1-2)
- D-2 InterQual Smart Sheets 2010-Imaging Criteria: Magnetic Resonance Imaging (MRI), Thoracic Spine (Pages 3-5)
- D-3 Medical information received from [REDACTED] MD (Pages 6-8)
- D-4 Notice of Denial For Imaging Services dated January 3, 2011 (Pages 9-11)

VII. FINDINGS OF FACT:

- 1) On or about January 3, 2011, the Claimant, the Claimant's physician and the Claimant's service provider were notified via a Notice of Denial For Imaging Services (Exhibit D-4) that the Claimant's request for prior authorization (PA) for Medicaid payment of a MRI of the thoracic spine was denied. The reason for denial is as follows:

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

The physician/provider notices (D-4, pages 9 and 10) goes on to state -

Reconsideration: "If you do not agree with this decision, you may request a reconsideration of this determination. To exercise this right, a written request and supporting documentation must be submitted to WVMI within 60 days of receipt of this notice. WVMI will complete the reconsideration within 30 working days of the request." This section of the notice concludes with information regarding where to send the reconsideration request and additional medical documentation.

- 2) Evidence presented at the hearing reveals that prior authorization (PA) is required for Medicaid payment of a MRI and that West Virginia Medical Institute (WVMI) is the agency contracted to review PA requests and determine eligibility.
- 3) The Claimant's request (Exhibit D-3) was reviewed by WVMI's nurse and the determination was made that the Claimant did not meet the clinical justification required for approval. Lisa Goodall, RN, WVMI, testified that the authorization request failed to include what the Claimant's physician was trying to rule out and it was based on "chronic back pain" - a generic term that fails to meet any of the clinical indications. The Claimant's request was subsequently forwarded to a WVMI physician reviewer who concurred that there was insufficient medical documentation/clinical justification for PA of the requested MRI. As indicated in the Notice of Denial, RN Goodall testified that the request for PA failed to include documentation regarding conservative treatment results (medication therapy through NSAID's or activity modification) which is required under all of the clinical indications. The Department noted that the Claimant's physician was notified of the denial (Exhibit D-4) and a request for reconsideration was not received.
- 4) As a matter of record, the Claimant acknowledged that there was insufficient information submitted with her request for PA of an MRI but requested that she receive a written decision.
- 5) Policy from the West Virginia Bureau for Medical Services Provider Manual, Chapter 528: Radiology Services, §528.7, provides the prior authorization requirements for imaging procedures, and 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. CONCLUSION OF LAW:

- 1) Policy provides that prior authorization is required for imaging services, and that clinical justification must be provided for prior authorization approval. Evidence submitted in this case clearly demonstrates that the Claimant's MRI request did not include sufficient information to meet clinical justification.
- 2) Based on the evidence, the Department was correct in its decision to deny prior authorization for MRI services.

IX. DECISION:

It is the decision of the State Hearing Officer to **uphold** the Department's denial of prior authorization for Magnetic Resonance Imaging services for the Claimant.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this _____ Day of March, 2011.

Thomas E. Arnett
State Hearing Officer