



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

April 1, 2011

Dear -----:

Attached is a copy of the findings of fact and conclusions of law on your hearing held April 1, 2011. Your hearing request was based on the Department of Health and Human Resources' decision to deny prior authorization for Medicaid payment of a hospital bed.

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 that DME (Durable Medical Equipment) receive prior authorization for medical necessity by West Virginia Medical Institute (WVMI). It is the responsibility of the prescribing practitioner to submit the appropriate clinical documentation and all information required on the written prescription and any other relevant information. [West Virginia Bureau for Medical Services Provider Manual, Chapter 506 (Radiology Services), Section 506.5]

Evidence presented at the hearing reveals that the information submitted for your DME (hospital bed) request failed to meet medical necessity. 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 prior authorization request for Medicaid payment of DME.

Sincerely,

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

cc: Erika H. Young, Chairman, Board of Review
Virginia Evans, DHHR Specialist, BMS

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

-----,

Claimant,

v.

Action Number: 11-BOR-506

**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 April 1, 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 originally scheduled to convene on March 17, 2011 but was rescheduled due to the Claimant's illness. The Claimant's appeal was subsequently convened on April 1, 2011 on a timely appeal filed January 26, 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

Virginia Evans, DHHR Specialist, Bureau for Medical Services (BMS), Department Representative

Vickie Phillips, RN, West Virginia Medical Institute (WVMI), Department's witness

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 the Claimant's prior authorization request for Medicaid payment of a hospital bed.

V. APPLICABLE POLICY:

West Virginia Bureau for Medical Services Provider Manual, Chapter 506: Durable Medical Equipment/Medical Supply Manual, §506.5

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 West Virginia Bureau for Medical Services Provider Manual, Chapter 506: Durable Medical Equipment/Medical Supply Manual, §506.5
- D-2 InterQual Durable Medical Equipment Criteria – Hospital Bed
- D-3 Medical information received from [REDACTED] D.O.
- D-4 Notice of Denial For Durable Medical Services (1/18/11)

VII. FINDINGS OF FACT:

- 1) On or about January 18, 2011, the Claimant, the Claimant's physician and the Claimant's service provider were notified via a Notice of Denial For Durable Medical Services (Exhibit D-4) that the Claimant's request for prior authorization (PA) for Medicaid payment of Durable Medical Equipment (DME) – Semi-electric [hospital] bed - was denied. The reason for denial is as follows:

The request for E0260 Semi-electric Hospital Bed cannot be approved, as medical necessity has not been established, due to lack of required review information. WV Medicaid/InterQual criteria requires information including the patient's current weight and the reason frequent/immediate position changes are needed. This information was not provided, therefore, WV Medicaid/InterQual criteria has not been met.

The physician/provider notices go 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 DME and that West Virginia Medical Institute (WVMI) is the agency contracted to review PA requests and determine eligibility.
- 3) The Claimant's request PA request for DME (Exhibit D-3) was reviewed by WVMI and the determination was made that the Claimant did not meet medical necessity requirements for approval. Vickie Phillips, RN, WVMI, testified that pursuant to DME policy guidelines, and InterQual 2010 Durable Medical Equipment Criteria (D-2), the hospital bed selected (E0260) requires the requesting physician to justify why frequent and immediate adjustments in the body position are required. RN Phillips testified that while the Claimant's reconsideration request included the Claimant's weight, there was no clinical information/justification provided by the Claimant's physician to explain why frequent and immediate body adjustments were medically required. As a result, medical necessity could not be established.
- 4) The Claimant did not dispute the evidence provided by the Department and purported that she was not aware that the prior authorization request submitted by her physician was missing information required for Medicaid payment of her hospital bed.
- 5) Policy from the West Virginia Bureau for Medical Services Provider Manual, Chapter 506: Durable Medical Equipment/Medical Supply Manual, §506.5, provides the prior authorization requirements for DME, and states, in pertinent part:

For DME services and items requiring prior authorization review for medical necessity by WVMI, it is the responsibility of the prescribing practitioner to submit the appropriate clinical documentation i.e., ICD-9 code(s), all information required on the written prescription (see 506.4, 2nd paragraph, (2) for clarification) and any other relevant information. Effective March 15, 2006, InterQual General Durable Medical Equipment Criteria, will be utilized by WVMI for determining medical necessity for DME items. These items include - Hospital Beds (E0250, E0255, E0260, E0303, E0304, E0910, E0911, E0912)

VIII. CONCLUSION OF LAW:

- 1) Policy provides that prior authorization is required for Medicaid payment of DME. Evidence submitted in this case clearly demonstrates that the Claimant's DME request did not include sufficient information required to demonstrate medical necessity.
- 2) Based on the evidence, the Department was correct in its decision to deny prior authorization for the requested DME (Semi-electric bed, E0260) services.

IX. DECISION:

It is the decision of the State Hearing Officer to **uphold** the Department's decision to deny prior authorization for Medicaid payment of DME.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this ____ Day of April, 2011.

**Thomas E. Arnett
State Hearing Officer**