



State of West Virginia  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Office of Inspector General  
Board of Review  
2699 Park Avenue, Suite 100  
Huntington, WV 25704

Earl Ray Tomblin  
Governor

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

May 5, 2011

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Dear -----:

Attached is a copy of the findings of fact and conclusions of law on your hearing held May 5, 2011. Your hearing request was based on the Department of Health and Human Resources' decision to deny prior authorization for Computed Tomography (CT) imaging 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 radiology services, including CT. 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, §528.7)

Information submitted at your hearing revealed that the necessary information for clinical justification of CT prior authorization was not provided, and the imaging services could not be approved.

It is the decision of the State Hearing Officer to **uphold** the action of the Department to deny prior authorization for CT services.

Sincerely,

Todd Thornton  
State Hearing Officer  
Member, State Board of Review

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

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

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**Claimant,**

**v.**

**Action Number: 11-BOR-680**

**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 May 5, 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 May 5, 2011, on a timely appeal, filed February 23, 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  
Lisa Goodall, Department witness

Presiding at the Hearing was Todd Thornton, State Hearing Officer and a member of the State Board of Review.

#### **IV. QUESTION TO BE DECIDED:**

The question to be decided is whether or not the Department was correct to deny prior authorization for Computed Tomography (CT) services to the Claimant.

#### **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, §528.7
- D-2 InterQual 2010 Imaging Criteria: Computed Tomography (CT), Abdomen and Pelvis
- D-3 WVMi Medicaid Imaging Authorization Request Form
- D-4 Denial notices dated February 17, 2011

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

- 1) Stacy Hanshaw, representative for the Department's Bureau for Medical Services, testified that, in response to a request (Exhibit D-3) for Computed Tomography (CT) services for the Claimant, denial notices were issued on or about February 17, 2011, to the Claimant, her prescribing practitioner, and the servicing provider (Exhibit D-4). The notice explained the reason for denial as follows, in pertinent part:

##### **CT OF THE ABDOMEN AND PELVIS**

The information submitted was too limited. There was no WBC noted, no temperature, and it is not known if there has been any previous diverticulosis noted by a previous study. The interqual criteria was [*sic*] not met.

- 2) Lisa Goodall, a registered nurse employed by West Virginia Medical Institute (WVMi) testified that the Claimant's authorization request (Exhibit D-3) listed the Claimant's diagnoses as diarrhea and abdominal pain, and the reasons for the requested study as the same, in addition to nausea and to rule out diverticulitis. There was nothing listed in the sections for previous relative diagnostic studies or related medications, treatments, and therapies. There was no documentation accompanying the authorization request form.

- 3) Ms. Goodall testified that she reviewed the information she received against the InterQual Imaging Criteria (Exhibit D-2) for CT of the Abdomen and Pelvis. She considered indication 700 – *Suspected diverticulitis*. This indication requires two criteria: lower abdominal pain or mass (710), and either diverticulosis by a prior imaging study (723) or minimum thresholds to be met in temperature (721) or white blood cell (WBC) count (722). Ms. Goodall testified that none of the criteria were met. The Claimant’s request was submitted for physician review, and denied at that level.
- 4) The Claimant testified that her physician told her “there was a lot going on,” and that was why she needed the requested study.
- 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 the proposed imaging services, and that documentation must be provided for prior authorization approval. Undisputed testimony and evidence from the Department showed that the Claimant’s CT request did not include sufficient information to meet the clinical indications for the services. The Department was correct in its decision to deny prior authorization for CT services.

#### **IX. DECISION:**

It is the decision of the State Hearing Officer to **uphold** the Department’s denial of prior authorization for Computed Tomography 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 May, 2011.**

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**Todd Thornton**  
**State Hearing Officer**