



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
203 E. 3rd Avenue
Williamson, WV 25661

Earl Ray Tomblin
Governor

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

June 10, 2011

Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held May 4, 2011. Your hearing request was based on the Department of Health and Human Resources' denial of Medicaid authorization for a Magnetic Resonance Imaging (MRI) examination 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 that prior authorization (PA) is required on all outpatient radiological services that include an MRI. Failure to obtain prior authorization will result in denial of the service. The 2010 – Imaging Criteria found on InterQual Smart Sheet is used to determine the medical appropriateness of health care services. If the individual fails to meet the clinical indications criteria during the nurse's review, the request is forwarded to a physician reviewer to determine medical appropriateness. (WVDHHR Medicaid Policy Manual, Chapter 510, and InterQual Smart Sheets 2010 – Imaging Criteria)

The information presented at your hearing reveals that prior authorization for payment of an MRI of the cervical spine was not approved because the information your physician submitted does not meet the InterQual initial clinical indications criteria and there was insufficient documentation for the physician reviewer to determine medical appropriateness.

It is the decision of the State Hearing Officer to **uphold** the action of the Department to deny Medicaid authorization for an MRI.

Sincerely,

Stephen M. Baisden
State Hearing Officer
Member, State Board of Review

cc: Erika Young, Chairman, Board of Review
Amy Workman, WV Bureau of Medical Service

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

IN RE: -----,

Claimant,

v.

Action Number(s): 11-BOR-796

**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 June 10, 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 hearing was held by telephone conference call on May 4, 2011 on a timely appeal filed March 15, 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 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, Bureau for Medical Services, Department's Representative
Cathy Montali, RN, West Virginia Medical Institute, Department's Witness

Presiding at the hearing was Stephen M. Baisden, State Hearing Officer and a member of the State Board of Review.

The Hearing Officer placed all participants under oath at the beginning of the hearing.

IV. QUESTION TO BE DECIDED

The question to be decided is whether the Department was correct in its decision to deny Medicaid payment for a Magnetic Resonance Imaging (MRI) examination of Claimant's cervical spine.

V. APPLICABLE POLICY:

WVDHHR Medicaid Policy Manual, Chapter 510, Chapter 528 and InterQual Smart Sheets 2010 - Imaging Criteria.

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

D-1 WV DHHR Medicaid Hospital Services Provider Manual Chapter 528

D-2 InterQual Smart Sheets – 2010 Imaging Criteria

D-3 WVMi Medicaid Imaging Authorization Request form from [REDACTED] MD, dated February 22, 2011

D-4 Notices of Denial from WV Medical Institute (WVMi) dated February 13, 2011

VII. FINDINGS OF FACT:

- 1) WV DHHR Medicaid Hospital Services Provider Manual Chapter 512.14 states in part:

Effective 10/01/05, prior authorization will be required on all outpatient radiological services that include Computerized Tomography (CT), Magnetic Resonance Angiography (MRA), Magnetic Resonance Imaging (MRI), Positron Emission Tomography Scans (PET), and Magnetic Resonance Cholangiopancreatography (MRCP). Prior authorization requirements governing the provisions of all West Virginia Medicaid services will apply pursuant to Chapter 300 General Provider Participation Requirements, provider manual.

- 2) WV DHHR Medicaid Hospital Services Provider Manual Chapter 528.7 (Exhibit D-1) states in 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.

- 3) WV DHHR Medicaid Hospital Services Provider Manual Chapter 320. 3 states in part:

Various in-state and out-of-state services (for example, but not limited to, hospital inpatient care, nursing facility services, etc.) covered by the WV Medicaid Program must be approved in advance before payment can be made. Pre-service review and prior authorization may be required to initiate treatment or extend treatment beyond the amount, scope, or duration that is routinely allowed or was originally approved. It is the responsibility of the provider of the service to secure prior approval before rendering the service.

...

The provider must submit written documentation demonstrating the medical necessity and appropriateness of the proposed treatment.

- 4) Claimant's physician, [REDACTED] MD, submitted a Medicaid Imaging Authorization Request Form (Exhibit D-3) to the West Virginia Medical Institute (WVMI) dated February 22, 2011, requesting pre-authorization for imaging services, an MRI of the cervical spine. Item B of the request form, labeled "Imaging Study Requested," asks the medical professional to enter the name and Current Procedural Terminology (CPT) code for the requested imaging study. The person who completed this form has entered "MRI Cervical spine without contrast" with CPT code number 72141. On the part of Item C labeled, "Diagnosis Related to Study," the completer has written, "Severe neck pain, headache, numbness in both arms." Item D of the request form, labeled "Clinical Reasons for Study" states, "Severe headache, neck pain, numbness in both arms, suspect ruptured disc in cervical spine." At Item E, "Previous Relative Diagnostic Studies," it is written, "Cervical spine x-ray reveals degenerative disc disease at C5-6, facet changes at C3-4, MRI needed for more thorough evaluation of severe pain." At Item F, "Related Medications, Treatments and Therapies," it is written, "NSAID therapy, Fiorinal, no relief from pain."
- 5) Based on the information from the physician's Medicaid Authorization Request Form, the WVMI reviewer completed an imaging criteria screening form, known as InterQual Smart Sheets. (Exhibit D-2.) The nurse reviewer found that there was insufficient information to approve the request. Claimant's Imaging Authorization Request was forwarded to WVMI's physician reviewer, who denied the request for services.
- 6) WVMI sent Notices of Denial (Exhibit D-4) to the Claimant, the hospital at which the imaging studies were to be done, and her physician on September 26, 2010. The notices state in pertinent part:

Reason for Denial:

The information provided did not meet the clinical indications for the requested study. There was no information provided regarding

the onset of symptoms, the physical / neurological findings upon examination or the duration of the failed trial of conservative treatment with NSAIDs and activity modification. Therefore, InterQual criteria was [*sic*] not met.

- 7) Department's witness testified that Claimant's physician submitted x-ray results along with the Pre-Authorization Request. She testified that based on the x-ray results and the Imaging Authorization Request, she selected indication #100, "Suspected nerve root compression by cervical disc herniation/spondylosis (spinal stenosis)" on the InterQual Smart Sheet. (Exhibit D-2.) She stated that under this indication, the request should document unilateral radiculopathy and motor deficit, or numbness and weakness on one side of the individual's body. She stated that the documentation indicated Claimant had numbness and weakness in both arms. She stated that because of this, she could not continue with her evaluation of the pre-authorization request, and submitted the request to the physician reviewer. She stated that the physician reviewer noted the results of the NSAID therapy, but found that there was no indication of the NSAID therapy duration. She stated that the physician-reviewer found no indication of the results of activity modification. She stated there were no indications of physical or neurological examination findings, and there was no indication of when the symptoms began. Department's witness stated that because the request did not contain these elements, the physician reviewer denied the Imaging Authorization Request.
- 8) Claimant testified that she still was experiencing severe headaches and neck pain, and still had weakness her arms. She stated she hoped an MRI would help her determine the cause of her medical problems. Claimant provided no substantive rebuttal to the Department's testimony or evidence.

VIII. CONCLUSIONS OF LAW:

- 1) Policy requires pre-authorization of Medicaid coverage for MRI examinations.
- 2) The nurse reviewer at the WVMi completed InterQual Smart Sheets to evaluate the merits of the request by Claimant's physician for an MRI of the cervical spine, and determined that there was insufficient medical information for her to approve the MRI. She forwarded the request to WVMi's physician reviewer, who issued a denial of the requested imaging service.
- 3) The physician's Imaging Authorization Request did not provide enough information required for the reviewer to approve the MRI. It did not document the date of symptom onset, the duration of the NSAID therapy, the results of activity modification, or the physical or neurological examination findings.
- 4) The medical evidence submitted by the Claimant's physician failed to meet prior authorization criteria; therefore, the Department acted correctly in denying the Claimant's request for Medicaid payment of an MRI examination of the cervical spine.

IX. DECISION:

It is the ruling of the State Hearing Officer to **uphold** the Department's decision to deny the request by Claimant's physician for an MRI of the cervical spine.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 10th Day of June, 2011.

Stephen M. Baisden
State Hearing Officer