



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

May 13, 2011

Dear -----:

Attached is a copy of the findings of fact and conclusions of law on your hearing held May 12, 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 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 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)

Information presented during the hearing reveals that the submitted medical documentation was insufficient to determine eligibility and your imaging request 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 cervical spine.

Sincerely,

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

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

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

-----,

Claimant,

v.

Action Number: 11-BOR-946

**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 May 12, 2011 on a timely appeal filed April 8, 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, Program Manager, Bureau for Medical Services, DHHR
Jens Wiik, Registered Nurse, 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 cervical 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 Smart Sheets 2010-Imaging Criteria
- D-3 WVMI Medicaid Imaging Authorization Request Form from [REDACTED] M.D.
- D-4 Notices of Denial for Imaging Services dated April 4, 2011 and sent to Claimant, Dr. [REDACTED] and [REDACTED] Hospital Center
- D-5 Written statement from Claimant

VII. FINDINGS OF FACT:

- 1) The Claimant's physician, [REDACTED] M.D., submitted a Medicaid Imaging Authorization Request Form (D-3) to West Virginia Medical Institute (WVMI) on April 1, 2011 requesting pre-authorization for Magnetic Resonance Imaging (MRI) of the Claimant's cervical spine.
- 2) WVMI sent Notices of Denial for Imaging Services (D-4) to the Claimant, Dr. [REDACTED] and [REDACTED] Hospital Center on April 4, 2011 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 CERVICAL SPINE

There is not enough clinical information provided to determine medical necessity. InterQual Criteria 122 not met: There was no documentation of a physical exam with any abnormal focal neurological findings or that symptoms have continued or worsened after conservative treatment with NSAID's [sic] for greater than 3 weeks and activity modification, such as physical therapy for greater than 6 weeks.

- 3) WVMI Registered Nurse Jens Wiik testified regarding the Medicaid Imaging Authorization Request Form and medical information received from Dr. [REDACTED] (D-3). The form lists the clinical reason for the requested study as lower posterior cervical pain with radiation to the left lateral neck and no radicular symptoms. The request form states that the pain began on March 2, 2011.

The WVMI Nurse testified that information concerning the requested MRI must meet an indication listed on InterQual SmartSheets (D-2) in order for Medicaid authorization to be approved. Documentation provided by the Claimant's physician was insufficient to determine a suspected indication. In addition, there was no information regarding the results of conservative treatment.

- 4) The Claimant testified that he is currently undergoing physical therapy, but does not wish to take pain medication.

The WVMI representative indicated that the Claimant's physician could provide additional information and submit a new request for authorization.

- 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 cervical spine in April 2011.
- 3) Evidence indicates that WVMI denied the request due to insufficient information 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 cervical spine.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 13th Day of May 2011.

Pamela L. Hinzman
State Hearing Officer