



State of West Virginia  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Office of Inspector General

Board of Review  
P.O. Box 1736  
Romney, WV 26757

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

Earl Ray Tomblin  
Governor

June 18, 2012

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Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held June 12, 2012. Your hearing request was based on the Department of Health and Human Resources' decision to deny prior authorization for Medicaid payment of a CT scan of the head.

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. These regulations provide that 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 request for radiological services must be submitted within the timeframe required by the UMC.

The information which was submitted at your hearing revealed that the submitted medical documentation for review did not meet clinical indications to determine your eligibility for services; therefore, 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 of a CT scan of the head.

Sincerely,

Eric L. Phillips  
State Hearing Officer  
Member, State Board of Review

cc: Erika Young-Chairman, Board of Review  
Stacy Broce, Bureau for Medical Services

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

**IN RE:** -----,

**Claimant,**

**v.**

**ACTION NO.: 12-BOR-1179**

**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 Chapter 700 of the West Virginia Department of Health and Human Resources' Common Chapters Manual. This fair hearing was convened on June 12, 2012, a timely appeal, filed April 9, 2012.

**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

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

Jens Wiik, RN-Nurse Reviewer-West Virginia Medical Institute (WVMI)

Presiding at the hearing was Eric L. Phillips, State Hearing Officer and a member of the Board of Review.

**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 for Medicaid payment of a CT scan of the head.

**V. APPLICABLE POLICY:**

WVDHHR Radiology Manual Chapter 528, Section 528.7

**VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:**

**Department's Exhibits:**

- D-1 WVMi Imaging Authorization Request Form with clinical information dated April 3, 2012
- D-2 Notice of Denial dated April 3, 2012
- D-3 InterQual Smartsheets 2011 Imaging Criteria
- D-4 WVDHHR Radiology Manual Chapter 528, Section 528.7

**VII. FINDINGS OF FACT:**

- 1) On April 3, 2012, the Claimant's physician submitted a WVMi Medicaid Imaging Authorization Request Form (Exhibit D-1), on behalf of the Claimant, requesting prior authorization for Medicaid payment of a CT scan of the Claimant's head. This document lists "recurrent dizziness, loss of consciousness, light headedness, develops tunnel vision, see [sic] spots and loses consciousness" as the clinical reasons for the study. Additionally, the Claimant's physician submitted pertinent clinical neurological information along with the request which documents the Claimant's history of present illness and the need to evaluate the Claimant for stroke or intracranial mass.

- 2) On April 3, 2012, WVMi issued Exhibit D-4, Notice of Denial for Imaging Services to the Claimant and his physician. Exhibit D-4 documents in pertinent 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: InterQual Criteria Not Met. The information submitted did not meet the clinical indications for the request study, CT Head. There is no information provided regarding a reason MRI is not feasible.

Additionally, the Claimant's physician's notice of denial documents that a reconsideration of the determination could be made if a written request and supporting documentation was

submitted to WVMi within sixty days of the receipt of notice. Testimony revealed that a reconsideration request was not submitted to WVMi in the appropriate timeframe.

- 3) Jens Wiik, Nurse Reviewer WMVI, testified that he reviewed the prior authorization request and information submitted by the Claimant's physician. Mr. Wiik testified that he utilized the clinical information submitted with the request (Exhibit D-1) and compared it to the criteria for approval of prior authorization for "acute onset persistent neurologic symptoms and findings" outlined in the InterQual Smartsheets (Exhibit D-3). Mr. Wiik testified that the clinical information submitted by the Claimant's physician failed to indicate symptoms greater than twenty-four hours and failed to document the reasons why a Magnetic Resonance Image (MRI) was not feasible.
- 4) The Claimant indicated that he experienced a "black-out" which resulted in injury during his loss of consciousness around four months prior to the request for the CT scan. The Claimant offered no additional testimony to contest the Department's denial.
- 5) WVDHHR Radiology Manual chapter 528, Section 518.7 documents 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) Evidence reveals that the Claimant's physician requested authorization for Medicaid coverage of CT scan of the Claimant's head in April 2012, and WVMi denied such request based on the failure of the clinical data to meet InterQual criteria.
- 3) Because the Department could not determine that the prior authorization request met eligibility criteria, it acted correctly in denying Medicaid authorization for a CT scan.

### **IX. DECISION:**

It is the decision of the State Hearing Officer to uphold the Department's decision to deny Medicaid authorization for a CT scan of the Claimant's head.

**X. RIGHT OF APPEAL:**

See Attachment

**XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

**ENTERED this \_\_\_\_\_ day of June 2012.**

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**Eric L. Phillips**  
**State Hearing Officer**