

State of West Virginia DEPARTMENT OF HEALTH AND HUMAN RESOURCES Office of Inspector General Board of Review P.O. Box 1736 Romney, WV 26757

Rocco S. Fucillo Cabinet Secretary

July 10, 2012

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Dear -----:

**Earl Ray Tomblin** 

Governor

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held July 5, 2012. Your hearing request was based on the Department of Health and Human Resources' decision to deny prior authorization for Medicaid payment for Magnetic Resonance Imaging (MRI) of the lumbar 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. 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 medical documentation submitted 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 for a MRI of the lumbar spine.

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-1275**

## 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 July 5, 2012, on a timely appeal, filed March 22, 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 Stacy Hanshaw, Program Manager-Bureau for Medical Services Cathy Montali, Nurse Reviewer-West Virginia Medical Institute

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 MRI of the lumbar spine.

## V. APPLICABLE POLICY:

WVDHHR Radiology Manual Chapter 528, Section 528.7

## VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

### **Department's Exhibits:**

- D-1 WVMI Medicaid Imaging Authorization Request Form
- D-2 Notice of Denial for Imaging Services dated April 10, 2012
- D-3 InterQual SmartSheets-2011
- D-4 WVDHHR Radiology Manual Chapter 528, Section 528.7

# VII. FINDINGS OF FACT:

- 1) On April 9, 2012, the Claimant's physician submitted Exhibit D-1, WVMI Imaging Authorization Request Form to West Virginia Medical Institute (WVMI), on behalf of the Claimant, requesting prior authorization for a Magnetic Resonance Image (MRI) of the Claimant's lumbar spine. The exhibit documents the clinical reasons for the study as "lumbar pain with ridiculer pain both legs, questionable vertebral fracture."
- 2) On April 10, 2012, WVMI issued Exhibit D-2, Notice of Denial for Imaging Services to the Claimant and her physician. Exhibit D-2 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: MRI of the lumbar spine. The information provided did not meet the clinical indications for the requested study. There was no documentation of a recent failed trial of conservative treatment with NSAIDs (for greater than 3 weeks) and activity modification (for greater than 6 weeks). Therefore, InterQual criteria was not met.

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 indicated that the Claimant's period of reconsideration expired and no reconsideration request has been submitted.

- 3) Cathy Montali, Nurse Reviewer WVMI testified that she reviewed the prior authorization request and information submitted by the Claimant's physician. Ms. Montali testified that she utilized the clinical information in Exhibit D-1 and compared it the criteria for approval of prior authorization outlined in Exhibit D-2 InterQual Smartsheets; specifically foraminal stenosis. Ms. Montali indicated that the information submitted by the Claimant's physician was forwarded to a Physician Reviewer and it was determined that the information did not indicate a failed trial of conservative treatment including the types of medications and treatment that the Claimant had been prescribed.
- 4) The Claimant's indicated his physician requested an MRI after an x-ray of his lumbar spine revealed scoliosis, stenosis, and arthritis in the lumbar spine. The Claimant indicated that he is participating in physical therapy and is experiencing difficulty walking. The Claimant indicated that he was advised not to take NSAIDs because he is taking blood thinners; however, he has been prescribed a low dosage of aspirin.
- 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 MRI of the Claimant's lumbar spine 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 MRI.

# IX. DECISION:

It is the decision of the State Hearing Officer to uphold the Department's decision to deny Medicaid authorization for a MRI of the Claimant's lumbar spine.

# X. RIGHT OF APPEAL:

See Attachment

## XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this \_\_\_\_\_ day of July 2012.

Eric L. Phillips State Hearing Officer