



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
9083 Middletown Mall
White Hall, WV 26554

Earl Ray Tomblin
Governor

Rocco S. Fucillo
Cabinet Secretary

July 16, 2012

Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held July 13, 2012. Your hearing request was based on the Department of Health and Human Resources' decision to deny prior authorization for Medicaid payment of a manual wheelchair.

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 for DME (Durable Medical Equipment) services and items requiring prior authorization review for medical necessity by WVMi (West Virginia Medical Institute), it is the responsibility of the prescribing practitioner to submit the appropriate clinical documentation i.e., ICD-9 code(s), all information required on the written prescription, and any other relevant information. The InterQual General Durable Medical Equipment Criteria, is utilized by WVMi for determining medical necessity for DME items – including manual wheelchairs. (WVDHHR Medicaid Policy Manual, Chapter 506, Durable Medical Equipment Manual, Section 506.5)

Information presented at your hearing confirms that your prescribing practitioner failed to provide information necessary to approve prior authorization of Medicaid payment for a manual wheelchair (K0007).

It is the decision of the State Hearing Officer to **uphold** the action of the Department in denying your request for prior authorization for Medicaid payment of a manual wheelchair.

Sincerely,

Thomas E. Arnett
State Hearing Officer
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review
Stacy Broce, BMS

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

IN RE: -----,

Claimant,

v.

ACTION NO.: 12-BOR-1298

**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 hearing was convened on July 13, 2012 on a timely appeal filed on May 10, 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, Bureau for Medical Services (BMS), Department representative
Tina Green, RN, West Virginia Medical Institute (WVMI), Department witness

Presiding at the hearing was Thomas E. Arnett, 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 prior authorization (PA) for Medicaid payment of a manual wheelchair.

V. APPLICABLE POLICY:

Chapter 506, Durable Medical Equipment/Medical Supply Manual

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 Excerpts from Chapter 506, Durable Medical Equipment/Medical Supply Manual
- D-2 InterQual Durable Medical Criteria – Manual Wheelchairs: General
- D-3 Information received from -----, NP
- D-4 Notice of Denial Determination from WVMi – 4/12/12

VII. FINDINGS OF FACT:

- 1) On or about April 12, 2012, the Claimant and her physician were notified (D-4) by the Department via a NOTICE OF DENIAL FOR DURABLE MEDICAL SERVICES (DME) that her request for prior authorization (PA) for Medicaid payment for a wheelchair (K0007) was denied. The denial letter included the following pertinent information:

Your request for an extra heavy duty manual wheelchair cannot be authorized due to the lack of information required for review.

The physician must provide clinical information to review for medical necessity. The following required information was not provided: if the client is unable to safely and efficiently ambulate with a cane or walker and if not, why, if mobility related activities of daily living can be safely and efficiently met with the requested wheelchair, if the client can propel the requested wheelchair, and why the extra seat width is necessary.

The notice sent to the Claimant's medical practitioner (Exhibit D-4) goes on to state:

Reconsideration: If you do not agree with this decision, you may request a reconsideration of this determination. To exercise this right, a written request and supporting documentation must be submitted to WVMi within 60 days of receipt of this notice. WVMi will complete the reconsideration within 30 working days of the request.

- 2) The Department's representative reviewed applicable policy, introduced exhibits, and called its witness, Tina Green, a Registered Nurse (RN) employed by WVMi, to explain why prior authorization was denied. RN Green testified that the InterQual 2011 Durable Medical Equipment Criteria for Manual Wheelchairs (D-2) must be met in order to approve prior authorization. In this case, the Claimant's practitioner failed to include information verifying the Claimant was not able to safely and efficiently ambulate with a cane or walker, or explain if mobility-related activities of daily living could be safely and efficiently met with the requested wheelchair. RN Green further stated that there is no information to confirm the Claimant could propel the requested wheelchair, and there was no explanation why the extra seat width was necessary. It was noted that a reconsideration request was not received from the Claimant's medical practitioner subsequent to the denial notice. Because there was insufficient information included with the original request, prior authorization for Medicaid payment could not be approved.
- 3) The Claimant purported that her current wheelchair needs replaced, but after reviewing the prior authorization criteria cited by the Department, she acknowledged that her medical practitioner failed to supply information needed to meet InterQual criteria.
- 4) The West Virginia Department of Health and Human Resources (WVDHHR) Durable Medical Equipment/Medical Supply Manual, Section 506 states in pertinent part:

For DME services and items requiring prior authorization review for medical necessity by WVMi (West Virginia Medical Institute), it is the responsibility of the prescribing practitioner to submit the appropriate clinical documentation i.e., ICD-9 code(s), all information required on the written prescription and any other relevant information.

Effective March 15, 2006, InterQual General Durable Medical Equipment Criteria, will be utilized by WVMi for determining medical necessity for DME items. These items include the following: Manual Wheelchairs (K0001, K0002, K0003, K0004, K0005, K0006, K0007).

VIII. CONCLUSIONS OF LAW:

- 1) Pursuant to the WVDHHR Durable Medical Equipment/Medical Supplies Manual, prior authorization is required for Medicaid payment of a manual wheelchair (K00007). It is the responsibility of the prescribing practitioner to submit the appropriate clinical documentation – i.e., ICD-9 code(s), all information required on the written prescription, and any other relevant information.
- 2) Evidence demonstrates that the Claimant's prescribing practitioner failed to supply information required to meet prior authorization criteria for Medicaid payment of a manual wheelchair (K00007). As a result, the Department was correct in its decision to deny the Claimant's request for prior authorization/Medicaid payment of a manual wheelchair.

IX. DECISION:

It is the decision of the State Hearing Officer to **uphold** the Department's decision to deny prior authorization for Medicaid payment of a manual wheelchair (K00007).

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.

**Thomas E. Arnett
State Hearing Officer**