



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
1400 Virginia Street
Oak Hill, WV 25901

Earl Ray Tomblin
Governor

Rocco S. Fucillo
Cabinet Secretary

August 17, 2012

Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held August 15, 2012. Your hearing request was based on the Department of Health and Human Resources' decision to deny prior authorization of Medicaid payment for a 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 the Medicaid program is based on current policy and regulations. These regulations state that 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 (Radiology Services Manual § 528.7).

The information submitted at your hearing failed to document medical necessity of a MRI of the lumbar spine based on the criteria set forth in policy.

It is the decision of the State Hearing Officer to **uphold** the action of the Department to deny prior authorization of a MRI of the lumbar spine.

Sincerely,

Kristi Logan
State Hearing Officer
Member, State Board of Review

cc: Chairman, Board of Review
Bureau of Medical Services

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

IN RE: -----,

Claimant,

v.

ACTION NO.: 12-BOR-1629

**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 ----- held on August 15, 2012. This hearing was held in accordance with the provisions found in the West Virginia Department of Health and Human Resources' Common Chapters Manual, Chapter 700. This fair hearing was convened on a timely appeal, filed May 29, 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

-----, Witness for Claimant

Stacy Hanshaw, Bureau of Medical Services (testified by phone)

Lisa Goodall, RN, West Virginia Medical Institute (testified by phone)

Presiding at the hearing was Kristi Logan, 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 to deny prior authorization of a MRI for Claimant.

V. APPLICABLE POLICY:

Radiology Services Manual § 528.7

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 Radiology Services Manual § 528.7
- D-2 InterQual 2012 Imaging Criteria
- D-3 Imaging Authorization Request Form dated May 8, 2012
- D-4 Notice of Denial dated May 9, 2012

VII. FINDINGS OF FACT:

- 1) A request for prior authorization of a MRI of Claimant's lumbar spine was submitted on May 8, 2012, by -----, MD, to West Virginia Medical Institute (WVMI) for approval (D-3). A denial notification letter was issued by WVMI on May 9, 2012, which reads in pertinent part (D-4):

A request for prior authorization was submitted for imaging services. Based on the medical information provided, the request has been denied.

The interqual criteria for an MRI of the Lumbar Spine was not met. There were no failed courses along with timeframes noted of any NSAIDs or activity modifications.

- 2) Lisa Goodall, nurse reviewer with WVMI, testified to the denial of Claimant's MRI. Ms. Goodall stated according to the imaging authorization request form submitted by Claimant's physician, Claimant was diagnosed with low back pain with bilateral lower extremity pain. Ms. Goodall stated Claimant's physician omitted information regarding prior clinical studies, related medications and treatments and the reason for the requested MRI (D-2). Ms. Goodall stated without specific symptoms or conditions to be ruled-out, none of the InterQual criteria indicators were met (D-3).

Ms. Goodall stated she was unable to approve the MRI and the request was then forwarded to a reviewing physician. The physician reviewer denied the MRI due to a lack of medical documentation to establish medical necessity of the procedure.

- 3) Claimant testified that he is allergic to NSAIDs [non-steroidal anti-inflammatory drug] and tried physical therapy for one (1) month. Claimant stated he was released from physical therapy because there was no improvement in his condition. Claimant stated he has had X-rays and ultrasounds, but his physician has requested the MRI to find the cause of his condition. Claimant stated he cannot walk or care for himself and needs the MRI to be referred to a spinal surgeon.
- 4) Radiology Services Manual § 528.7 states:

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.

The UMC reviews all requests for services requiring prior authorization. When the medical documentation does not meet medical necessary criteria or additional information is not received a denial letter is sent to the member or their legal representative, the requesting provider and facility. This denial letter notes the reason for the denial and includes information regarding the member's right to a fair hearing and a Request for Hearing Form for completion. In addition, the letter sent to the provider contains information regarding their right to a reconsideration of the denial.

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 request for prior authorization of a MRI of the lumbar spine contained insufficient information from Claimant's physician to meet the InterQual criteria which is required to determine medical necessity.
- 3) The evidence demonstrates that WVMi correctly denied the MRI of the lumbar spine for Claimant as medical necessity could not be established.

IX. DECISION:

It is the decision of the State Hearing Officer to **uphold** the Department's denial of prior authorization of a MRI of the lumbar spine.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 17th day of August 2012

Kristi Logan
State Hearing Officer