



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

Earl Ray Tomblin  
Governor

Rocco S. Fucillo  
Cabinet Secretary

August 27, 2012

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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 your prior authorization request for Medicaid payment for durable medical services, specifically incontinence garments.

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 for durable medical equipment (DME) services and items requiring prior authorization review for medical necessity by West Virginia Medical Institute (WVMI), it is the responsibility of the prescribing practitioner to submit the appropriate clinical documentation, all information required on the written prescription and any other relevant information.

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 durable medical service 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 durable medical services.

Sincerely,

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

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

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

**IN RE:    -----,**

**Claimant,**

**v.**

**ACTION NO.: 12-BOR-1643**

**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 August 15, 2012, on a timely appeal, filed July 5, 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

-----, Claimant's witness

-----, Claimant's witness

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

Regina Adkins, 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 the Claimant's prior authorization request for Medicaid payment for durable medical services.

#### **V. APPLICABLE POLICY:**

Durable Medical Equipment/Medical Supply Manual/Chapter 506.5

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

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

- D-1 Durable Medical Equipment/Medical Supply Manual/Chapter 506.5
- D-2 Adult/Pediatric Incontinence Guidelines
- D-3 WVMI Medicaid DME/Medical Supplies Authorization Request Form dated May 16, 2012
- D-4 Notice of Denial for Durable Medical Services dated May 31, 2012
- D-5 Reconsideration request from -----, M.D. dated June 16, 2012, and medical records from September 2011 and May 2010
- D-6 Notice of Reconsideration Determination by WVMI dated June 19, 2012

#### **VII. FINDINGS OF FACT:**

- 1) On May 16, 2012, the Claimant's physician submitted a request (Exhibit D-3) to WVMI on behalf of the Claimant, requesting prior authorization for Medicaid payment of durable medical services, specifically incontinence undergarments. This exhibit documents the Claimant's clinical diagnosis of urinary incontinence and requests protective undergarments due to the Claimant's inability to ambulate.
- 2) On May 31, 2012, WVMI issued notice (Exhibit D-4) to the Claimant and the requesting physician informing them of the denial of the prior authorization request. This notice documents in pertinent part:

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

Reason for Denial. Documentation provided does not indicate medical necessity-specifically: The request for A4520 Incontinence Garments cannot be approved. WV Medicaid/InterQual criteria requires a diagnosis of urinary and/or fecal incontinence and a secondary diagnosis from the Incontinence Guidelines to explain the cause of the incontinence. The documentation

provided did not contain an approvable secondary diagnosis from the Incontinence Guidelines, therefore, WV Medicaid/InterQual criteria has not been 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.

- 3) On June 12, 2012, the Claimant's physician submitted a reconsideration request (Exhibit D-5) and medical records from May 2010 and September 2011 to support the Claimant's requirement for the requested incontinence supplies. The reconsideration request notes in pertinent part:

[Claimant] is no longer able to ambulate having upper and lower extremity weakness and pain and uses a scooter full time for mobility. He has been experiencing urinary and fecal incontinence due to chronic kidney disease and the lack of mobility. [Claimant] would benefit greatly from the use of under garments. With morbid obesity and lack if [sic] mobility, these under garments could spare and prevent [Claimant] continuous skin breakdowns.

- 4) Upon review of the Claimant's reconsideration request, WVMI upheld the initial denial and issued notice to the Claimant informing him of such decision (Exhibit D-6).
- 5) Regina Adkins, Nurse Reviewer, WVMI, testified that she reviewed the prior authorization request and information submitted by the Claimant's physician. Ms. Adkins testified that the information from the prior authorization request (Exhibit D-3) was compared to the Adult/Pediatric Incontinence Guidelines (Exhibit D-2). Ms. Adkins noted the Claimant's clinical diagnosis of urinary incontinence, but indicated that no secondary diagnosis as described by the guidelines was outlined in the request. Ms. Adkins stated that the prior authorization was submitted to a Physician Reviewer, who subsequently denied the prior authorization request due to a lack of a secondary diagnosis. The Claimant's reconsideration request (Exhibit D-5) was submitted to a secondary Physician Reviewer who upheld the denial (Exhibit D-6) of the prior authorization request because of no documented secondary diagnosis.
- 6) The Claimant's witness, -----, testified that the Claimant has been diagnosed with urinary incontinence and experiences dysuria, polyuria and dribbling. ----- indicated that the Claimant's degenerative disc disease coupled with his morbid obesity limits his mobility and capacity to stand and transfer which affects his incontinence. More recently, the Claimant has experience rectal bleeding and is awaiting a diagnosis of its origin. -----, Claimant's witness, indicated that the Claimant suffers from skin breakdowns due to his urinary incontinence.
- 7) Virginia Evans, DHHR Specialist, BMS, testified that departmental policy (Exhibit D-1) requires that all medical documentation submitted for review must not be more than six months old at the time the prescription is written. Ms. Evans testified that medical records submitted with the reconsideration request (Exhibit D-5) were outside of the established timeframe and could not be considered in WVMI's determination.

- 8) The West Virginia Department of Health and Human Resources (WVDHHR) Durable Medical Equipment/Medical Supply Manual, Section 506 (Exhibit D-1) documents 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.

### **VIII. CONCLUSIONS OF LAW:**

- 1) Policy requires that the referring physician must submit appropriate clinical documentation and relevant information for clinical justification of durable medical services requiring prior authorization for Medicaid payment.
- 2) Evidence reveals that the Claimant's physician requested authorization for Medicaid payment of incontinence undergarments in May 2012 and WVMi denied such request based on the failure of the clinical data to meet a secondary diagnosis as described by the Adult/Pediatric Incontinence Guidelines (Exhibit D-2).
- 3) Because the Department could not determine that the prior authorization request met the secondary diagnosis eligibility criteria, it acted correctly in denying Medicaid authorization for durable medical services.

### **IX. DECISION:**

It is the decision of the State Hearing Officer to uphold the Department's decision to deny Medicaid authorization for durable medical services, specifically incontinence supplies.

### **X. RIGHT OF APPEAL:**

See Attachment

### **XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

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

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**Eric L. Phillips  
State Hearing Officer**