



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

October 15, 2012

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Dear Mr. ----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held October 10, 2012. Your hearing request was based on the Department of Health and Human Resources' denial of prior authorization for 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 (WV Medicaid Provider Manual - Radiology Services § 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 for Medical Services

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

**IN RE:    ----,**

**Claimant,**

**v.**

**ACTION NO.: 12-BOR-1977**

**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 held on October 10, 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 August 15, 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 Representative

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

Jeanie Sweeny, 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:**

WV Medicaid Provider Manual - Radiology Services § 528.7

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

**Department's Exhibits:**

- D-1 WV Medicaid Provider Manual - Radiology Services § 528.7
- D-2 InterQual Imaging Criteria
- D-3 Medicaid Imaging Authorization Request Form dated June 21, 2012 and Diagnostic Imaging Report dated June 20, 2012
- D-4 Denial Notification Letters dated June 22, 2012

**Claimants' Exhibits:**

- C-1 Medical Records

**VII. FINDINGS OF FACT:**

- 1) A request for prior authorization (D-3) of a MRI of Claimant's lumbar spine was submitted on June 21, 2012, by ----, MD, to West Virginia Medical Institute (WVMI) for approval. WVMI issued a denial notification letter (D-4) on June 22, 2012, which reads in pertinent part:

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

The information submitted did not meet the clinical indications for the requested study. Specifically, there were no documentation of back pain interfering with ADLs [activities of daily living], no neurologic symptoms/findings; x-ray findings of osteophyte formation, and end-plate sclerosis; or continued symptoms after conservative treatment with NSAIDs [non-steroidal anti-inflammatory drug] greater than 3 weeks and activity modification with PT [physical therapy] greater than 6 weeks.

- 2) Jeanie Sweeny, nurse reviewer with WVMI, testified to the denial of Claimant's MRI. Ms. Sweeny stated according to the imaging authorization request form (D-3) submitted by Claimant's physician, Claimant was diagnosed with back pain and degenerative disc disease (DDD). The clinical reason for the requested study was to rule out the presence of bulging discs and nerve impingements. Included with the authorization request form was a diagnostic report (D-3) from an x-ray dated from June 20, 2012.

Ms. Sweeny referred to the InterQual imaging criteria (D-2), stating degenerative disc disease diagnosed by x-ray is listed under indicator 400. Ms. Sweeny stated the criteria listed under indicator 400 could not be met, specifically, 410 – back pain interferes with ADLs, 420 – no neurologic symptoms/findings, 432 – osteophyte formation, 433 – end-plate sclerosis and 440 – continued symptoms after conservative treatments. Ms. Sweeny stated the medical documentation submitted for approval omitted information required to establish medical necessity of a MRI.

- 3) ----, Claimant's representative, stated he agreed with the denial of the MRI based on the information received by WVMI that accompanied the authorization request. Mr. ---- represents Claimant in his Social Security Disability claim, and submitted additional medical records (C-1) to supplement the information that was lacking from Claimant's physician.

- 4) WV Medicaid Provider Manual - Radiology Services § 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 critieria 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 15<sup>th</sup> day of October 2012**

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**Kristi Logan**  
**State Hearing Officer**