



**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 24, 2012

Dear Ms. ----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held October 16, 2012. Your hearing request was based on the Department of Health and Human Resources' denial of prior authorization for Medicaid payment of 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

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

IN RE: ----,

Claimant,

v.

ACTION NO.: 12-BOR-2164

**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 16, 2012, by videoconference. 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 September 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

----, Witness for Claimant

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

Kathy Montalli, 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 Criteria – Imaging Criteria
- D-3 WVMi Medicaid Imaging Authorization Request Form dated July 31, 2012, and Medical Records
- D-4 Notice of Denial dated July 31, 2012

VII. FINDINGS OF FACT:

- 1) A request for prior authorization (D-3) for a MRI of Claimant's lumbar spine was submitted on July 31, 2012, by ----, DO, to West Virginia Medical Institute (WVMI) for approval. WVMI issued a denial notification letter (D-4) on July 31, 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 provided did not meet the clinical indications for the requested study. There was no information provided regarding the duration of the failed trial of conservative treatment with NSAIDs [non-steroidal anti-inflammatory drug] and activity modification. Therefore, InterQual criteria was not met.

- 2) Kathy Montalli, nurse reviewer with WVMI, testified to the denial of the MRI for Claimant. According to the authorization request and medical records (D-3) submitted by Claimant's physician, Claimant was diagnosed with low back pain with referral. Ms. Montalli stated this diagnosis did not meet a specific indicator on the InterQual criteria (D-2), therefore all indicators were reviewed. Ms. Montalli stated there was no information regarding failed conservative treatments for Claimant. When Ms. Montalli was unable to approve the request, it was forwarded to a physician reviewer, who denied the request as medical necessity of the MRI could not be established.

3) Claimant testified that she understood that her physician failed to submit the necessary documentation for the approval of the MRI. Claimant stated she was in the process of gathering her medical records from all her treating physicians to give to Dr. ---- to resubmit the request.

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 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 24th day of October 2012

Kristi Logan
State Hearing Officer