



**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**

**Michael J. Lewis, M.D., Ph.D.
Cabinet Secretary**

January 26, 2012

Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held January 26, 2012. Your hearing request was based on the Department of Health and Human Resources' decision to deny prior authorization for Medicaid payment for a Magnetic Resonance Imaging (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 Medicaid services is based on current policy and regulations. These regulations provide that 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 request for radiological services must be submitted within the timeframe required by the UMC.

The information which was submitted at your hearing revealed that the submitted medical documentation for review did not meet clinical indications to determine your eligibility for services; therefore, your imaging 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 a MRI of the lumbar spine.

Sincerely,

Eric Phillips
State Hearing Officer
Member, State Board of Review

cc: Erika Young, Chairman, Board of Review
Amy Workman, Bureau of Medical Services

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

IN RE: -----,

Claimant,

v.

ACTION NO.: 11-BOR-2547

**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 fair hearing was convened on a timely appeal, filed December 6, 2011.

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

Stacy Hanshaw, Program Manager-Bureau for Medical Services (BMS)

-----, RN-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 prior authorization for Medicaid payment of a MRI of the lumbar spine.

V. APPLICABLE POLICY:

WVDHHR Radiology Manual Chapter 528, Section 528.7

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 WVDHHR Radiology Manual Chapter 528, Section 528.7
- D-2 InterQual SmartSheets 2011
- D-3 WVMI Imaging Authorization Request Form with clinical information dated November 22, 2011
- D-4 Notice of Denial for Imaging Services dated November 23, 2011

VII. FINDINGS OF FACT:

- 1) On November 22, 2011, the Claimant's physician, [REDACTED] D.O., submitted Exhibit D-3, West Virginia Medical Institute Medicaid Imaging Authorization Request Form to West Virginia Medical Institute (WVMI) on behalf of the Claimant, requesting prior authorization for Medicaid payment of a Magnetic Resonance Image (MRI) of the Claimant's lumbar spine. The documentation lists the clinical reasons for the study as, "severe lumbar spine pain, severe degenerative disc disease at L5-S1, without interval change."
- 2) On November 23, 2011, WVMI issued Exhibit D-4, Notice of Denial for Imaging Services to the Claimant and her physician. Exhibit D-4 documents in pertinent part:

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

Reason for Denial: InterQual Criteria not met. MRI Lumbar Spine-There was no documentation that symptoms have continued after conservative treatment with NSAID's for greater than 3 weeks and activity modification, such as physical therapy for greater than 6 weeks.

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. Testimony indicated that the Claimant's period of reconsideration has expired and the Claimant's physician failed to request reconsideration.

- 3) Ms. -----, testified that she reviewed the prior authorization request and information submitted by the Claimant's physician. ----- testified that she utilized the clinical information in Exhibit D-3 and compared it the criteria for approval of prior authorization for degenerative disc disease by x-ray which is outlined in Exhibit D-2 InterQual SmartSheets. ----
----- stated that while the clinical information submitted by the physician relates lumbar spine pain, it failed to meet the outlined criteria in the InterQual SmartSheets. Specifically, the information failed to establish the Claimant's continued symptoms after the prescribed Non Steroidal Anti-Inflammatory Drugs (NSAID) for greater than three weeks, activity modification for greater than six weeks, and physical therapy for greater than six weeks, and a preoperative evaluation. ----- testified that the clinical information was forwarded to a physician reviewer and was subsequently denied for the reasons listed in Exhibit D-4.
- 4) The Claimant indicated that her previous x-ray revealed bulging disc in her spine and a suspected mass. The Claimant stated that she needs a MRI because she has severe pain in which she has been prescribed oxycodone, and she cannot walk or bend without pain or spasm. The Claimant testified that if prior authorization of the MRI is approved her physician could determine the diagnosis of the suspected mass in her spine.
- 5) WVDHHR Radiology Manual chapter 528, Section 518.7 documents in pertinent part:

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.

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) Evidence reveals that the Claimant's physician requested authorization for Medicaid coverage of MRI of the Claimant's lumbar spine in November, 2011 and WVMH denied such request based on the failure of the clinical data to meet InterQual criteria.
- 3) Because the Department could not determine that the prior authorization request met eligibility criteria, it acted correctly in denying Medicaid authorization for a MRI.

IX. DECISION:

It is the decision of the State Hearing Officer to uphold the Department's decision to deny Medicaid authorization for a MRI of the Claimant's lumbar spine.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this _____ day of January, 2012.

**Eric L. Phillips
State Hearing Officer**