



State of West Virginia
WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
4190 Washington Street, West
Charleston, WV 25313

Earl Ray Tomblin
Governor

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

February 17, 2012

Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held February 16, 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 Medicaid services is based on current policy and regulations. Some of 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. (WVDHHR Hospital Services Manual Chapter 528.7)

The evidence presented at your hearing reveals that the information submitted by your physician for review did not meet the clinical indications for the requested study.

It is the decision of the State Hearing Officer to **uphold** the action of the Department in denying your request for prior authorization for a MRI of the lumbar spine.

Sincerely,

Cheryl Henson
State Hearing Officer
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review
Amy Workman, BMS

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

IN RE: -----,

Claimant,

v.

ACTION NO.: 11-BOR-2554

**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 February 16, 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

Stacy Hanshaw, Department representative
Karen Casey, Department's witness

Presiding at the hearing was Cheryl Henson, State Hearing Officer and a member of the State Board of Review.

It should be noted that the hearing was conducted via conference call.

IV. QUESTION TO BE DECIDED:

The question to be decided is whether the Department was correct in its decision to deny prior authorization (PA) for Medicaid payment for a MRI of the lumbar spine.

V. APPLICABLE POLICY:

WVDHHR Medicaid Policy Manual, Chapter 528.7

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 WVDHHR Medicaid Manual Chapter 528, Section 528.7
- D-2 InterQual Smart Sheets – 2011-Imaging Criteria
- D-3 Information received from [REDACTED] M.D.
- D-4 Notice of Denial Determination from WVMI dated October 31, 2011

Claimant's Exhibits:

None

VII. FINDINGS OF FACT:

- 1) On or about October 31, 2011, the Department notified the Claimant and her physician via a Notice of Denial (D-4) that her request for prior authorization [PA] for Medicaid payment for a MRI [Magnetic Resonance Imaging] of the lumbar spine was denied. The notice included the following pertinent information:

Reason for Denial:

Subset MRI lumbar spine was not met. The information provided did not note pain/paresthesias/numbness worse with walking, pain/paresthesias/numbness worse with spinal extension, pain/paresthesias/numbness improved with forward flexion, NSAID Rx for 3 weeks and activity modification for 6 weeks.

- 2) Evidence presented by the Department (D-1) reveals that prior authorization is required for Medicaid payment for a MRI of the lumbar spine. West Virginia Medical Institute (WVMI) is the agency contracted to review prior authorization requests and determine eligibility. The WVMI representative, Karen Casey, a Registered Nurse, testified that after reviewing the information the Claimant's physician submitted, WVMI was unable to determine medical necessity. She added that the request was referred to the physician reviewer for a decision. She stated that the physician reviewer also was unable to determine, based on the information provided by the physician, whether the Claimant met the clinical indications for prior approval of the scan.
- 3) The WVMI nurse explained that the InterQual Smart Sheet (D-2) was used to determine whether the procedure could be approved. She explained that the information provided by the physician was applied first to the indications (100) through (1200) and did not match up with any of them based on a lack of available information provided by the physician. She added that the physician also did not indicate whether pain/paresthesias/numbness was worse with walking or spinal extension, and did not indicate whether pain/paresthesias/numbness was improved with forward flexion. Additionally, she stated there was no information regarding whether NSAIDS were prescribed for three (3) weeks and whether activity modification was completed for six (6) weeks. She stated that the InterQual Smart Sheet (D-2) requires this information to consider approval of the MRI for suspected lumbar spinal stenosis.
- 4) The Claimant testified that in addition to the physician who completed the recent MRI request, she also sees another physician for pain management. She stated that she has endured injections for the pain. She stated that she has tried pain medications for 10 to 12 years and that her condition is getting worse. She stated that she believes pain medication is a temporary fix for the problem and that the physician needs to determine the exact problem by conducting tests such as the MRI of the lumbar spine. She conceded that after hearing the nurse explain the procedure for prior authorization for an MRI of the lumbar spine, she understands that her physician submitted insufficient information for review.
- 5) WVDHHR Hospital Services Manual, Chapter 528.7 provides in pertinent part:

PRIOR AUTHORIZATION REQUIREMENTS FOR IMAGING PROCEDURES

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 necessity 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) WVDHHR Hospital Services Manual specifies that prior authorization is required for an MRI of the lumbar spine.
- 2) The evidence reveals that the Department (through WVMI) received a request from the Claimant's physician for prior authorization of Medicaid payment for an MRI of the lumbar spine. This request failed to show the Claimant meets all the required criteria necessary for approval of prior authorization for the procedure.
- 3) The Department utilizes the Inter-Qual Smart Sheet in order to determine whether a prior authorization request can be approved. The Smart Sheet requires evidence of whether pain/paresthesia/numbness is worse with walking and with spinal extension, and whether pain/paresthesia/numbness is improved with forward flexion. Furthermore, the Smart Sheet requires information regarding whether NSAIDs have been prescribed for more than 3 weeks, and whether activity modification has been tried for 6 weeks. This information was not provided with the physician request.
- 4) The Claimant's testimony regarding her use of pain medications for 10 to 12 years is compelling; however, it was not available to the Department at the time this adverse decision was made and is not specific enough to answer the questions necessary for prior authorization approval for an MRI of the lumbar spine. Additionally, this information must be submitted by the physician and not the patient.
- 5) The Department is correct in its decision to deny prior authorization of Medicaid payment for an MRI of the lumbar spine.

IX. DECISION:

It is the ruling of the State Hearing Officer to **uphold** the Department's decision to deny prior authorization of Medicaid payment for 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 February, 2012.

**Cheryl Henson
State Hearing Officer**