



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
2699 Park Avenue, Suite 100
Huntington, WV 25704

Earl Ray Tomblin
Governor

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

March 23, 2012

Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held February 22, 2012. Your hearing request was based on the Department of Health and Human Resources' decision to deny prior authorization for imaging services.

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.

Medicaid regulations require prior authorization on radiological services such as the requested imaging procedure. The referring or treating provider must submit the appropriate codes and clinical documentation and any other pertinent information to be used for clinical justification of services by the Utilization Management Contractor (UMC). The information must be provided to the UMC, and the prior authorization granted, prior to services being rendered. (West Virginia Bureau for Medical Services Provider Manual, Chapter 528: Radiology Services, §528.7)

Information submitted at your hearing revealed that the necessary information for clinical justification of prior authorization for the requested imaging procedure was not provided, and the imaging services could not be approved.

It is the decision of the State Hearing Officer to **uphold** the action of the Department to deny prior authorization for imaging services.

Sincerely,

Todd Thornton
State Hearing Officer
Member, State Board of Review

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

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

IN RE: -----,

Claimant,

v.

ACTION NO.: 11-BOR-2591

**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 concluded on March 23, 2012, 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 February 22, 2012, on a timely appeal, filed December 12, 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 the 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 Keaton, Department witness

Presiding at the Hearing was Todd Thornton, State Hearing Officer and a member of the State 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 for imaging services to the Claimant.

V. APPLICABLE POLICY:

West Virginia Bureau for Medical Services Provider Manual, Chapter 528: Radiology Services, §528.7

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 West Virginia Bureau for Medical Services Provider Manual, Chapter 528: Radiology Services, §528.7
- D-2 InterQual 2011 Imaging Criteria: Magnetic Resonance Imaging (MRI), Lumbar Spine; InterQual 2011 Imaging Criteria: Magnetic Resonance Imaging (MRI), Hip
- D-3 Information received from [REDACTED] MD
- D-4 Denial notices dated October 24, 2011
- D-5 Reconsideration denial notices dated October 28, 2011

VII. FINDINGS OF FACT:

- 1) Stacy Hanshaw, representative for the Department's Bureau for Medical Services, testified that, in response to a request (Exhibit D-3) for Magnetic Resonance Imaging (MRI) services for the Claimant, denial notices were issued on or about October 24, 2011, to the Claimant, her prescribing practitioner, and the servicing provider (Exhibit D-4). The notice explained the reason for denial as follows, in pertinent part:

InterQual criteria not met.

MRI Left Hip
MRI Lumbar Spine

The information submitted did not meet the clinical indications for the requested studies. Specifically, there was a lack of information [sic] regarding recent failed conservative treatment with NSAIDS, PT, and/or activity modification. Symptoms were not indicated as new or a change.

- 2) A reconsideration request was received by the Department and denial notices were issued to the same three parties. This notice states, in pertinent part:

WVMI has received your request for reconsideration of the following studies: MRI Hip and MRI Lumbar Spine

After review of all provided information via the reconsideration process, WVMI has upheld the initial denial. Member with chronic hip pain. Has had MRI then CT of hip. She has same type of pain and no improvement with injection. No evidence that additional MRI would be of benefit. No back pain or specific radicular symptoms or examination findings. No documentation of recent NSAID or activity modification.

- 3) Karen Keaton, a Registered Nurse employed by West Virginia Medical Institute (WVMI) testified that she reviewed the information with the Claimant's request (Exhibit D-3) against the InterQual criteria (Exhibit D-2). She testified that the Claimant's physician did not submit enough information regarding what he was suspecting or trying to rule out with an MRI of the lumbar spine. She testified that for this reason she could not determine an indication pathway to consider for criteria comparison with documentation. She testified that regarding an MRI of the hip, the documentation indicated the physician was requesting this study to rule out an avulsed psoas tendon. Ms. Keaton testified that this condition is not on the InterQual indication list for an MRI of the hip, so she did not have criteria for comparison with documentation. Ms. Keaton was unable to approve the requested imaging procedure, and submitted it for physician review; the request was subsequently denied by the physician reviewer. She testified that a reconsideration request was reviewed and denied by a different physician from the initial reviewing physician.
- 4) The Claimant testified that she had an accident in the past that caused the problems for which she is requesting these studies. She testified that she has had an MRI and other imaging studies in the past. She testified that she did physical therapy in the past but is unable to do it presently. She testified that she has been using ibuprofen – an NSAID – to keep inflammation down but it has not resolved the problem. She testified that she needs the MRI for her physician to be able to take further steps to resolve the problem.
- 5) Policy from the West Virginia Bureau for Medical Services Provider Manual, Chapter 528: Radiology Services, §528.7, provides the prior authorization requirements for imaging procedures, and states, 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. CONCLUSION OF LAW:

Policy provides that prior authorization is required for the proposed imaging services, and that documentation must be provided for prior authorization approval. Testimony and evidence from the Department clearly shows that the Claimant's request for imaging services did not include sufficient information to meet the clinical indications for those services. For the lumbar spine, an indication pathway could not be identified; for the hip, the request reason was not on the listing of indications. The Department was correct in its decision to deny prior authorization for imaging services.

IX. DECISION:

It is the decision of the State Hearing Officer to **uphold** the Department's denial of prior authorization for imaging services for the Claimant.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this _____ Day of March, 2012.

Todd Thornton
State Hearing Officer