



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

March 20, 2012

Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held March 20, 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 hip.

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 hip.

Sincerely,

Eric L. 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.: 12-BOR-622

**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 January 30, 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, Program Manager-Bureau for Medical Services (BMS)

-----, Nurse Reviewer-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 hip.

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 January 19, 2012
- D-4 Notice of Decision dated January 23, 2012

VII. FINDINGS OF FACT:

- 1) On January 19, 2012, the Claimant's neurologist, [REDACTED] M.D., 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 hip. The documentation lists the diagnosis related to the study as, "hip pain with torn ligament." Included in the submission was clinical information as it relates to the Claimant's medical history. This information is documented in pertinent part as:

I had the pleasure of seeing Mrs. ----- in our [REDACTED] Neurology Clinic for a followup [sic] consultation on 1/19/2012. As you know, [REDACTED] is a 43-year-old, right handed, pleasant lady with a history of profound daily fatigue, numbness of her right arm and leg, gain atzia, right hip and back pain, and headaches. The patient states that she is concerned that she may have MS due to her multiple problems that she has had in the past and the fact that she has one medullary sponge kidney and an enlarged tongue. The patient also has decreased sensation in her right arm and leg since _____ [sic] and since April 2011, she also has decreased sensation in her left leg. She states she has low set ears and her left leg is much shorter than her right. Since her last office visit, not much has transpired. The patient states that when she was much younger and had migraine headaches a CT scan of the brain was performed and she was told that she had an enlarged pituitary. Not much was done for that. She does complain of feeling cold when other people are comfortable in a room. The patient also states that she had difficulty emptying her bladder quite some time

ago, requiring a catheter being placed in her bladder. Since then, however, she has been free of bladder problems. Most recently, she now has complaints of loss of sensation when emptying her bowel. The patient did have an urologist in town that she intends to have a followup [sic] with and evaluate these problems further. [REDACTED] also states that she has had multiple brain injuries while married to her previous husband and she did have a brain injury in 1992 that was quite severe with prolonged loss of consciousness.

Additionally, the neurologist completed a motor exam and neuromuscular examination. The neurologist's findings are documented as:

Motor Exam-There is give way weakness in the right lower extremity due to right hip pain of the proximal and distal muscle groups. Bulk and tone are normal for age. No cogwheel rigidity. No abnormal movements.

Neuromuscular-Deep palpation. There is tenderness to deep palpation of the cervical and lumbar muscle groups tested with decreased range of motion in all directions of the cervical and lumbar spine. There was tenderness of the right hip to light touch with decreased range of motion in all directions of the right.

- 2) On January 23, 2012, 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. The information submitted did not meet the clinical indications for the requested study, MRI Hip. There is no information provided regarding a recently completed and failed trial of conservative treatment with four week of NSAIDs [sic] and six weeks of physical therapy and no hip xray [sic] results.

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 not expired; however, the Claimant's physician has not submitted a request for reconsideration.

- 3) Mr. -----, Nurse Reviewer WMVI, testified that he reviewed the prior authorization request and information submitted by the Claimant's neurologist. Mr. Wiiks testified that he utilized the clinical information in Exhibit D-3 and compared it the criteria for approval of prior authorization for chronic monarticular joint pain which is outlined in Exhibit D-2, InterQual SmartSheets. Mr. Wiiks testified that the information submitted by the neurologist indicated joint pain and limited range of motion but failed to provide additional findings at the hip, an hip x-ray, or continued symptoms after the prescribed Non Steroidal Anti-Inflammatory Drugs

(NSAID) or physical therapy. Mr. Wiiks 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 she experiences pain of the hip which has progressed to polyneuropathy. She indicated that the problems with her hip have affected her abilities including her ability to ambulate, but her physicians have never prescribed physical therapy. She indicated that multiple physicians have submitted authorizations for an MRI, but have either been denied or submitted incomplete information. The Claimant indicated that her neurologist submitted the prior authorization request for an MRI of the hip in order to improve the Claimant's overall health.

- 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 hip in January, 2012 and WVMI 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 hip.

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.

Eric L. Phillips
State Hearing Officer