



State of West Virginia  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Office of Inspector General  
Board of Review  
1027 N. Randolph Ave.  
Elkins, WV 26241

Earl Ray Tomblin  
Governor

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

April 11, 2012

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Dear ----- :

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held April 5, 2012. Your hearing request was based on the Department of Health and Human Resources' denial of Medicaid authorization for your son's Magnetic Resonance Imaging (MRI) procedure.

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 as follows: 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. (WVDHHR Radiology Manual Chapter 528, Section 528.7)

Information presented during the hearing reveals that the submitted medical documentation was insufficient to determine eligibility and your son's 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 an MRI procedure.

Sincerely,

Pamela L. Hinzman  
State Hearing Officer  
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review  
Alva Page III, Esq., BMS, WVDHHR

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

**IN RE:**     ---- ----,

**Claimant,**

**v.**

**ACTION NO: 12-BOR-743**

**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 telephonically on April 5, 2012 on a timely appeal filed February 13, 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's mother

---- ----, Claimant's father

Stacy Hanshaw, Program Manager, Bureau for Medical Services, WVDHHR

Cathy Montali, RN, Imaging Nurse Reviewer, West Virginia Medical Institute

Presiding at the hearing was Pamela L. Hinzman, State Hearing Officer and a member of the State Board of Review.

#### **IV. QUESTION TO BE DECIDED:**

The question to be decided is whether the Department was correct in its decision to deny Medicaid authorization for MRI of the chest.

#### **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 Smart Sheets 2011-Imaging Criteria
- D-3 WVMI Medicaid Imaging Authorization Request Form and documentation from ---- ----, M.D.
- D-4 Notices of Denial for Imaging Services dated February 8, 2012 sent to Claimant, ---- ---- and [REDACTED] General Hospital

##### **Claimant's Exhibits:**

- C-1 Medical documentation from [REDACTED]
- C-2 Documentation from [REDACTED] Imaging (dorsal spine x-ray report)
- C-3 Documentation from [REDACTED] Healthcare

#### **VII. FINDINGS OF FACT:**

- 1) The Claimant's physician, ---- ----, M.D., submitted a Medicaid Imaging Authorization Request Form (D-3) to West Virginia Medical Institute (WVMI) on or about February 8, 2012 requesting pre-authorization for Magnetic Resonance Imaging (MRI) of the Claimant's chest.
- 2) WVMI sent Notices of Denial for Imaging Services (D-4) to the Claimant, ---- ---- and Raleigh General Hospital on February 8, 2012, which state, 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:

MRI CHEST

Criteria was not met; there was no documentation of the CXR (chest x-ray) report and pain is reported as chronic.

- 3) WVMI Nurse Cathy Montali testified regarding the Medicaid Imaging Authorization Request Form and medical information received from ---- (D-3). Documentation indicates that the physician recommended the study to determine the source of the Claimant's chronic mid back pain.

The WVMI Nurse testified that information concerning the requested MRI procedure must meet an indication listed on InterQual SmartSheets (D-2) in order for Medicaid authorization to be granted. Documentation provided by the Claimant's physician did not meet clinical indications for the requested study. The nurse stated that no documentation was submitted concerning the results of a chest x-ray for the Claimant.

- 4) The Claimant's parents, ---- and ----, testified that the physician is puzzled about the origin of the Claimant's ongoing pain and has indicated that an MRI will be critical in attempting to diagnosis the problem. They stated that the Claimant, age 17, plans to pursue a career in auto mechanics and that his pain could pose a problem in regard to future employment.

- 5) WVDHHR Radiology Manual Chapter 528, Section 528.7 (D-1) 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.

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 Claimant's physician requested authorization for Medicaid coverage of an MRI scan of the Claimant's chest in February 2012.
- 3) Evidence indicates that WVMi denied the request due to failure to meet InterQual criteria.
- 4) Because the Department could not determine that the prior authorization request met eligibility criteria, it acted correctly in denying Medicaid authorization for the MRI procedure.

**IX. DECISION:**

It is the ruling of the State Hearing Officer to **uphold** the Department's decision to deny Medicaid authorization for an MRI scan of the Claimant's chest.

**X. RIGHT OF APPEAL:**

See Attachment

**XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

**ENTERED this 11th Day of April, 2012.**

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**Pamela L. Hinzman**  
**State Hearing Officer**