



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
1400 Virginia Street
Oak Hill, WV 25901

Earl Ray Tomblin
Governor

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

May 11, 2012

Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held May 10, 2012. Your hearing request was based on the Department of Health and Human Resources' decision to deny prior authorization of a MRI of the lumbar and cervical 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 the Medicaid program is based on current policy and regulations. 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. Prior authorization requests for radiological services must be submitted within the timeframe required by the UMC Radiology Services Manual § 528.7).

The information submitted at your hearing failed to establish medical necessity for the imaging procedure.

It is the decision of the State Hearing Officer to **Uphold** the action of the Department to deny prior authorization of a MRI of the lumbar and cervical spine.

Sincerely,

Kristi Logan
State Hearing Officer
Member, State Board of Review

cc: Chairman, Board of Review
Bureau of Medical Services

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

IN RE: -----,

Claimant,

v.

ACTION NO.: 12-BOR-778

**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 February 22, 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, Bureau of Medical Services
Paula McComas, RN, West Virginia Medical Institute

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

All participants testified by phone.

IV. QUESTION TO BE DECIDED:

The question to be decided is whether or not the Department's denial of prior authorization of a MRI of the lumbar and cervical spine was correct.

V. APPLICABLE POLICY:

Radiology Services Manual § 528.7

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 Radiology Services Manual § 528.7
- D-2 InterQual Criteria – Magnetic Resonance Imaging (MRI), Lumbar Spine
- D-3 InterQual Criteria – Magnetic Resonance Imaging (MRI), Cervical Spine
- D-4 Prior Authorization Request Form dated February 9, 2012
- D-5 Denial Notification Letters dated February 11, 2012

VII. FINDINGS OF FACT:

- 1) A request for prior authorization of a MRI of Claimant's lumbar and cervical spine was submitted on February 9, 2012 by -----, DO, to the West Virginia Medical Institute (WVMI) for approval (D-4). A denial notification letter was issued by WVMI which reads in pertinent part (D-5):

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

InterQual criteria was not met; there was no documentation of time frame for Rx NSAIDs or continued symptoms following activity modification > 6 wks.

- 2) Paula McComas, nurse reviewer with WVMI, testified to the denial of the MRI for Claimant. Ms. McComas referred to the prior authorization request form that was submitted by Claimant's physician. Claimant was diagnosed with radiculopathy with degenerative disc disease and disc space narrowing (D-4). According to the InterQual criteria, Ms. McComas stated a diagnosis of radiculopathy falls under the InterQual criteria indicator 100. Continuing down the criteria checklist, Ms. McComas stated evidence was needed to meet indicator 110, unilateral radiculopathy with motor deficit or 120, unilateral radiculopathy with sensory deficit (D-2 and D-3).

Ms. McComas stated there was no information on the authorization request form to establish if Claimant had either motor or sensory deficits. Additionally, there was insufficient information regarding Claimant's use of NSAIDs in terms of effectiveness and duration (D-4).

Without the information needed to meet the InterQual criteria, Ms. McComas testified medical necessity could not be established.

- 3) Claimant testified he was injured at work two (2) years ago and needs the MRI to determine if he is a candidate for surgery. Claimant stated he has a bone fragment that needs removed and has arthritis wrapped around the nerves in his back. Claimant was advised by his physician he will be on pain medication permanently.

Claimant stated he is on pain medication and has spasms in his arm. Claimant stated he was placed on activity restriction by his physician. Claimant felt as though he was being punished for his physician's omissions on the authorization request form.

- 4) Radiology Services Manual § 528.7 states:

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 request for authorization of a MRI of the lumbar and cervical spine was denied due to insufficient information from Claimant's physician to meet the InterQual criteria which is required to determine medical necessity.
- 3) WVMi correctly denied the MRI for Claimant as medical necessity could not be established.

IX. DECISION:

It is the decision of the State Hearing Officer to **uphold** the decision of the Department to deny prior authorization of a MRI of the lumbar and cervical spine for Claimant.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 11th day of May 2012

Kristi Logan
State Hearing Officer