



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 23, 2012

Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held May 22, 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 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 document medical necessity of a MRI of the lumbar spine based on the criteria set forth in policy.

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 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-953

**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 ----- held on May 22, 2012. 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 March 19, 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
Jeanie Sweeny, 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 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 Imaging Criteria
- D-3 Prior Authorization Request Form dated February 24, 2012, and Patient Notes dated February 24, 2012 from [REDACTED] MD
- D-4 Denial Notification Letters dated March 1, 2012

VII. FINDINGS OF FACT:

- 1) A request for prior authorization of a MRI of Claimant's lumbar spine was submitted on February 24, 2012, by -----, MD, to the West Virginia Medical Institute (WVMI) for approval (D-3). A denial notification letter was issued by WVMI which reads in pertinent part (D-4):

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

The information provided did not meet the clinical indications for the requested study. There was no documentation of a recent failed trial of conservative treatment with NSAIDs (for greater than 3 weeks) and activity modification (for greater than 6 weeks). Therefore, InterQual criteria was [*sic*] not met.

- 2) Jeanie Sweeny, nurse reviewer with WVMI, testified to the reason for the denial of the MRI. According to the prior authorization request form, Claimant was diagnosed with lumbar pain with radiculopathy. The accompanying notes from Dr. ----- found no motor or sensory deficits upon examination. Claimant took Lortab several times daily (D-3).

Ms. Sweeny referred to the InterQual criteria for imaging procedures. Based on the limited information provided by Claimant's physician, Claimant's diagnosis did not

meet any of the indicators found in the InterQual criteria. Furthermore, there was no documentation regarding the duration of failed conservative treatments (D-2 and D-3).

- 3) Claimant testified he is in his fifth week of physical therapy and has been taking Flexoril and ibuprofen. Claimant stated his back was injured in 1999 and has been advised that he has a protruding disc in his spine. Claimant experiences numbness while sitting and standing.
- 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 prior authorization of a MRI of the lumbar spine was denied due to insufficient information from Claimant's physician to meet the InterQual critieria which is required to determine medical necessity.
- 3) WVMi correctly denied the MRI of the lumbar spine 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 spine for Claimant.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 23rd day of May 2012

Kristi Logan
State Hearing Officer