



State of West Virginia  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Office of Inspector General

Earl Ray Tomblin  
Governor

Board of Review  
1400 Virginia Street  
Oak Hill, WV 25901

Rocco S. Fucillo  
Cabinet Secretary

January 31, 2013

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RE: ---- v. WV DHHR  
ACTION NO.: 13-BOR-448

Dear Ms. ----:

Enclosed is a copy of the decision resulting from the hearing held in the above-referenced matter.

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.

If you believe the decision was reached in error, you may appeal. See the attached explanation of Claimant's Recourse.

Sincerely,

Kristi Logan  
State Hearing Officer  
Member, State Board of Review

cc: Bureau for Medical Services  
Chairman, Board of Review

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

**IN RE:    ----,**

**Claimant,**

**v.**

**ACTION NO.: 12-BOR-448**

**WEST VIRGINIA DEPARTMENT OF  
HEALTH AND HUMAN RESOURCES,**

**Respondent.**

**DECISION OF STATE HEARING OFFICER**

**I.     INTRODUCTION:**

This is the decision of the State Hearing Officer resulting from a fair hearing convened on January 30, 2013. This hearing was held in accordance with the provisions found in the West Virginia Department of Health and Human Resources' Common Chapters Manual, Chapter 700. This fair hearing was convened on a timely appeal, filed January 3, 2013.

**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

----, Witness for Claimant

Stacy Hanshaw, Bureau for Medical Services  
Kathy Montalli, RN, West Virginia Medical Institute

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

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

The question to be decided is whether the Department's denial of prior authorization for Medicaid payment of a MRI for Claimant was correct.

#### **V. APPLICABLE POLICY:**

WV Medicaid Provider Manual - Radiology Services § 528.7

#### **VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:**

##### **Department's Exhibits:**

- D-1 WV Medicaid Provider Manual - Radiology Services § 528.7
- D-2 InterQual Imaging Criteria – MRI, Knee
- D-3 Medicaid Imaging Authorization Request Form dated December 21, 2012, and Medical Records
- D-4 Notices of Denial dated December 26, 2012

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

- 1) A request for prior authorization (D-3) of a MRI of Claimant's knees was submitted on December 21, 2012, by ----, MD, to West Virginia Medical Institute (WVMI) for approval. WVMI issued a denial notification letter (D-4) on December 26, 2012, which reads in pertinent part:

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 studies. There was no information provided regarding joint line tenderness, effusion or pain with movement or the duration of activity modification (for greater than 4 weeks). Therefore, InterQual criteria was not met.

- 2) Kathy Montalli, nurse reviewer with WVMI, testified to the denial of Claimant's MRI. Ms. Montalli stated according to the imaging authorization request form (D-3) submitted by Claimant's physician, the MRI was ordered to rule out possible meniscal tears of both knees. Included with the authorization request form were Dr. ----'s findings upon physical examination of Claimant and x-rays.

Ms. Montalli referred to the InterQual Criteria (D-2) used to determine medical necessity for imaging services. According to the InterQual Criteria, a suspected

meniscal tear falls under the indicator 300. Ms. Montalli stated the criteria under indicator 300 could not be met, specifically 311 – effusion by PE [physical exam], 312 – joint line tenderness, 313 – pain with flexion, and 314 – knee fiving way by Hx [history]. Ms. Montalli stated some of the criteria were met regarding Continued Symptoms/Findings after Medications – 320, for example Claimant’s failed use of non-steroidal anti-inflammatory medication – 321, and physical therapy - 322, but there was no information regarding activity modification – 323. Ms. Montalli stated the medical documentation submitted for approval omitted information required to establish medical necessity of a MRI.

- 3) -----, Claimant’s son, testified that he understood the reason for the denial, and his mother would have her physician resubmit the necessary information for a reconsideration of the denial.

- 4) WV Medicaid Provider Manual - Radiology Services § 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 knees contained insufficient information from Claimant’s physician to meet the InterQual Critieria which is required to determine medical necessity.

- 3) The evidence demonstrates that WVMi correctly denied the MRI of the knees for Claimant as medical necessity could not be established.

**IX. DECISION:**

It is the decision of the State Hearing Officer to **uphold** the Department's denial of prior authorization for Medicaid payment of a MRI the knees for Claimant.

**X. RIGHT OF APPEAL:**

See Attachment

**XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

**ENTERED this 31<sup>st</sup> day of January 2013**

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**Kristi Logan**  
**State Hearing Officer**