



**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**

**Rocco S. Fucillo
Cabinet Secretary**

February 14, 2013

RE: ---- v. WVDHHR
ACTION NO.: 13-BOR-0472

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,

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

cc: Erika H. Young, Chairman, Board of Review
Stacy Broce, BMS, WVDHHR

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

IN RE: ----,

Claimant,

v.

ACTION NO: 13-BOR-0472

**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 February 6, 2013, on a timely appeal filed January 9, 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

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

Paula McComas, RN, 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 an MRI procedure.

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 2012-Imaging Criteria
- D-3 Notices of Denial for Imaging Services dated December 27, 2012
- D-4 WVMi Medicaid Imaging Authorization Request Form received by WVMi on December 26, 2012, and associated medical documentation

VII. FINDINGS OF FACT:

- 1) The Claimant's physician, ----, D.O., submitted a Medicaid Imaging Authorization Request Form (D-3) to West Virginia Medical Institute (WVMi) on December 26, 2012, requesting pre-authorization for Magnetic Resonance Imaging (MRI) of the Claimant's lumbar and thoracic spine.
- 2) The Claimant's request for MRI of the lumbar spine was approved; however the requested MRI procedure for the thoracic spine was denied. WVMi sent Notices of Denial for Imaging Services (D-3) to the Claimant, Dr. ---- and ---- Hospital on December 27, 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:

THORACIC SPINE

InterQual Criteria was not met; there was no documentation of symptoms indicating suspected nerve root compression by thoracic disc herniation/foraminal stenosis or unilateral radiculopathy with motor/sensory deficit in the nerve root distribution.

- 3) The Medicaid Imaging Authorization Request Form and documentation received from Dr. ---- (D-4) indicates that the physician recommended the MRI due to low back pain,

sciatica and thoracic strain. The request indicates that the Claimant has low back pain and sciatica radiating down her right leg.

WVMI Nurse Paula McComas 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. She stated that all documentation provided by the Claimant's physician pertained to the Claimant's lumbar spine; therefore, she could not match the medical documentation to an indication on the SmartSheets pertaining to the thoracic spine.

- 4) The Claimant testified that she has pain in her shoulders, back and right leg. As a result, she has difficulty sleeping, driving and sitting. The WVMI Nurse stated that the MRI for the lumbar spine was approved and should address the pain that radiates down the Claimant's leg. The Claimant indicated that she had not received an approval letter for the lumbar spine MRI.

- 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 thoracic spine in December 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 thoracic spine.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 14th Day of February 2013.

**Pamela L. Hinzman
State Hearing Officer**