



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
9083 Middletown Mall
White Hall, WV 26554

Earl Ray Tomblin
Governor

Karen L. Bowling
Cabinet Secretary

June 10, 2015

[REDACTED]

RE: [REDACTED] v. WVDHHR
ACTION NO.: 15-BOR-1962

Dear Ms. [REDACTED]

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.

You will find attached an explanation of possible actions you may take if you disagree with the decision reached in this matter.

Sincerely,

Thomas E. Arnett
State Hearing Officer
Member, State Board of Review

Encl: Appellant's Recourse to Hearing Decision
Form IG-BR-29

cc: Stacy Broce, BMS, WVDHHR

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

██████████,

Appellant,

v.

Action Number: 15-BOR-1962

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

Respondent.

DECISION OF STATE HEARING OFFICER

INTRODUCTION

This is the decision of the State Hearing Officer resulting from a fair hearing for ██████████. This hearing was held in accordance with the provisions found in Chapter 700 of the West Virginia Department of Health and Human Resources' Common Chapters Manual. This fair hearing was convened on June 9, 2015, on an appeal filed April 30, 2015.

The matter before the Hearing Officer arises from the April 16, 2015 decision by the Respondent to deny prior authorization for Medicaid coverage of Magnetic Resonance Imaging (MRI) of the upper extremity (shoulder).

At the hearing, the Respondent appeared by Virginia Evans, Health and Human Resources Specialist, Bureau for Medical Services, WVDHHR. Appearing as a witness for the Respondent was ██████████, RN, Nurse Reviewer, West Virginia Medical Institute. The Appellant appeared pro se. All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 West Virginia Bureau for Medical Services Provider Manual Chapter 528, Covered Services, Limitations, and Exclusions for Radiology Services, Section 528.7
- D-2 InterQual 2014 Imaging Criteria
- D-3 Information received from Appellant's physician
- D-4 Notice of Initial Denial dated April 16, 2015

After a review of the record, including testimony, exhibits, and stipulations admitted into evidence at the hearing, and after assessing the credibility of all witnesses and weighing the evidence in consideration of the same, the Hearing Officer sets forth the following Findings of Fact.

FINDINGS OF FACT

- 1) On April 16, 2015, Respondent issued notice (D-4) to the Appellant, her physician, and [REDACTED] advising of the denial of Prior Authorization (PA) for Medicaid payment of Magnetic Resonance Imaging (MRI). The notice states, in pertinent part – “The request for MRI Upper Extremity (Left Shoulder) cannot be approved as it did not meet InterQual criteria. No xrays findings [sic] were provided. Additionally, according to InterQual criteria, documentation must include a recent failed trial of NSAIDs or acetaminophen for greater than or equal to 3 weeks.”
- 2) West Virginia Medical Institute (WVMI) Nurse Reviewer [REDACTED] testified that the medical documentation submitted by the Appellant’s physician (D-3) failed to meet clinical indications found in the InterQual criteria (D-2) used to determine PA. Specifically, Nurse [REDACTED] cited InterQual criteria (D-2) and indicated that clinical scenario 5 of 10 (suspected chronic rotator cuff tear or tendonitis) was used to determine PA in this case, and requires that an x-ray and a documented failed trial of NSAIDs be provided. Because this information was not included with the Appellant’s request, PA for Medicaid payment of the MRI could not be granted.
- 3) As a matter of record, the Appellant acknowledged that she neither had an x-ray completed, nor a failed trial of NSAIDs prior to the April 16, 2015 denial notice. Appellant purported that she is scheduled to return to her orthopedic doctor on July 1, 2015, and that a new PA request for an MRI procedure of her shoulder will be submitted.

APPLICABLE POLICY

West Virginia Bureau for Medical Services Provider Manual Chapter 528, Covered Services, Limitations, and Exclusions for Radiology Services, Section 528.7:

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 necessity criteria or additional information is not received, a denial letter is sent to the member or their legal representative, the requesting provider and facility. The 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. To obtain a copy of the prior authorization form and a list of radiological procedures requiring prior authorization, refer to www.wvdhhr.org.

If services are provided before the prior authorization is confirmed, the provider and/or facility shall not be reimbursed. Prior authorization does not guarantee payment. Prior authorization is required regardless of the place of service unless the service is medically necessary during a documented emergent visit at an emergency room.

National recognized appropriateness criteria, or other criterion that has been approved by BMS, may be utilized for medical necessity reviews of radiology services requiring prior authorization.

Retrospective authorization is available (1) for West Virginia Medicaid covered services denied by the member's primary payer (2) retroactive Medicaid eligibility; and, (3) the next business day following a medically necessary emergency procedure occurring on weekends, holidays, or at times when the UMC is unavailable. A request for consideration of retrospective authorization does not guarantee approval or payment.

DISCUSSION

Policy states that the West Virginia Medicaid Program covers medically necessary services to eligible beneficiaries. Failure to obtain prior authorization from West Virginia Medical Institute will result in the denial of services. Evidence submitted at the hearing confirms that the documentation submitted by the Appellant's physician was insufficient to determine medical necessity for an MRI procedure of the left shoulder.

CONCLUSIONS OF LAW

The evidence demonstrates that there was insufficient documentation to support medical necessity for Medicaid authorization of an MRI procedure.

DECISION

It is the decision of the State Hearing Officer to UPHOLD the Department's decision to deny prior authorization for Medicaid payment of an MRI.

ENTERED this _____ Day of June 2015.

**Thomas E. Arnett
State Hearing Officer**