



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

Joe Manchin III  
Governor

Martha Yeager Walker  
Secretary

October 6, 2008

\_\_\_\_\_ for \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_:

Attached is a copy of the findings of fact and conclusions of law on your hearing held October 3, 2008. Your hearing request was based on the Department of Health and Human Resources' decision to deny prior authorization for Medicaid payment of orthodontic services for \_\_\_\_\_.

In arriving at a decision, the State Hearings 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. Some of these regulations state as follows: Orthodontic services are covered on a limited basis for Medicaid members less than 21 years of age, whose malocclusion creates a disability and impairs their physical development. Medicaid coverage for orthodontic services is provided based on medical necessity (Dental Manual § 524).

The medical documentation submitted at your hearing failed to demonstrate the medical necessity of orthodontic services.

It is the decision of the State Hearings Officer to **uphold** the decision of the Department to deny prior authorization for orthodontic services for \_\_\_\_\_.

Sincerely,

Kristi Logan  
State Hearings Officer  
Member, State Board of Review

Cc: Erika Young, Chairman, Board of Review  
Lorna Harris, Bureau of Medical Services

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

\_\_\_\_\_,

**Claimant,**

**v.**

**Action Number: 08-BOR-1969**

**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 concluded on October 3, 2008 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 October 3, 2008 on a timely appeal, filed August 21, 2008.

**II. PROGRAM PURPOSE:**

The Program entitled Medicaid is set up cooperatively between the Federal and State governments and administered by the West Virginia Department of Health & Human Resources.

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

\_\_\_\_\_, Claimant's Mother

Stacey Hanshaw, Bureau of Medical Services (by phone)  
Dr. Chris Taylor, Orthodontic Consultant, West Virginia Medical Institute (by phone)

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

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

The question(s) to be decided is whether the Department's decision to deny prior authorization for orthodontic services for Claimant was correct.

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

Dental Manual § 505.8

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

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

- D-1 Dental Manual § 505.8, page 1
- D-2 Dental Manual § 505.8, page 2
- D-3 Prior Authorization Request Form for Orthodontic Services
- D-4 X-Rays of Claimant's Teeth
- D-5 X-Rays of Claimant's Teeth
- D-6 X-Rays of Claimant's Teeth
- D-7 Denial Notification Letter dated August 11, 2008 to Claimant
- D-8 Denial Notification Letter dated August 11, 2008 to Dr. \_\_\_\_\_
- D-9 Denial Notification Letter dated August 11, 2008

##### **Claimants' Exhibits:**

- C-1 None

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

- 1) A request for prior authorization for orthodontic services for Claimant was submitted to the West Virginia Medical Institute (WVMI) for approval (D-3) by Dr. \_\_\_\_\_. Claimant's diagnosis as indicated on the form was a Class II dental/skeletal relationship, excessive overbite/overjet and excessive crowding.
- 2) A denial notification letter dated August 11, 2008 was sent to Claimant and Dr. [REDACTED] which reads in part (D-7 and D-8):

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

Documentation provided does not indicate medical necessity – specifically: Overbite and Overjet are less than requirements.

- 3) Dr. Chris Taylor, orthodontic consultant for WVMI, testified to the reasons for the denial of orthodontic services based on the medical documentation provided with the authorization form. Claimant does not have a full cusp Class II Malocclusion. Her overbite is less than 50%, meaning her bottom teeth are visible underneath her front teeth. In order to meet the overbite requirements, the overbite must be deep and impinging; the bottom teeth would actually have to touch the upper palate behind the front teeth. Claimant's overjet was 3-4 millimeters. Policy requires a minimum overjet of 7 millimeters.
- 4) Claimant's mother, [REDACTED] stated that her daughter's jaw is out of alignment. Her jaw pops in and out and she has pain in her jaw joint. Dr. [REDACTED] had advised her that braces would correct this problem.
- 5) Dental Manual § 505.8 states:

Orthodontic services are covered on a limited basis for Medicaid members less than 21 years of age, whose malocclusion creates a disability and impairs their physical development. Medicaid coverage for orthodontic services is provided based on medical necessity.

Medically necessary orthodontic coverage is limited to services for dento-facial anomalies. The following situations, with supporting documentation, will be considered for coverage:

- Member with syndromes or craniofacial anomalies such as cleft palate, Alperst Syndrome or craniofacial dysplasia
- Severe malocclusion associated with dento-facial deformity (e.g. full cusp Class II malocclusion with demonstrable impinging overbite into the palate).

## **VIII. CONCLUSIONS OF LAW:**

- 1) The medical evidence and testimony presented failed to show a severe dento-facial deformity as required by policy. Claimant does not have a full cusp Class II Malocclusion and her overbite and overjet are less than requirements.
- 2) Claimant does not meet the criteria for the medical necessity of orthodontic services.

## **IX. DECISION:**

It is the decision of the State Hearing Officer to **uphold** the decision of the Department to deny prior authorization of Medicaid payment for orthodontic services.

**X. RIGHT OF APPEAL:**

See Attachment

**XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

**ENTERED this 6<sup>th</sup> Day of October, 2008.**

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