



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
4190 W Washington St.
Charleston, WV 25313
304-746-2360 EXT 2227

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

May 7, 2008

Dear Mr. _____:

Attached is a copy of the findings of fact and conclusions of law on your hearing held April 25, 2008. Your hearing request was based on the Department of Health and Human Resources' action to deny your request for a prior authorization for dental services of dental procedure code #D4341.

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: WV Medicaid covers medically necessary services that do not duplicate another provider's services. Covered dental services must meet all the following criteria: Services must be individualized, specific, consistent with the symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the member's needs. Services must not be experimental, investigational, or for research purposes. Services must reflect the level of treatment that can be safely furnished, and for which no equally effective, more conservative, or less costly treatment is available statewide. Services must not be for the convenience of the member, the member's caretaker, or the provider of service.(Chapter 500, Dental Services Manual Volume 5, Section 520, Prior Authorization – Covered Dental Services).

The information submitted at your hearing revealed: You did not meet the West Virginia Medicaid Program criterion for orthodontic services.

It is the decision of this State Hearing Officer to **uphold** the **action** of the Department to **deny** prior authorization.

Sincerely,

Jennifer Butcher
State Hearing Officer
Member, State Board of Review

cc: Erika Young, Chairman, State Board of Review,
Evelyn Whidby, BMS
WVMI

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

_____,
Claimant,

Action Number: 07-BOR-2696

**v.
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 April 25, 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 scheduled for April 25, 2008, on a timely appeal filed November 1, 2007.

It should be noted that the Claimant was currently receiving Medicaid Benefits. He was not represented by Counsel, and a pre-hearing conference was held between the parties prior to the hearing.

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

_____, Step-Father of Claimant

Miranda Walker, RN - Bureau for Medical Services hereafter known as (BMS)

Dr Joey Adkins, DDS, Department Dental consultant, West Virginia Medical Institute here after known as (WVMI)

Presiding at the Hearing was Jennifer Butcher, State Hearing Officer and a member of the State Board of Review.

IV. QUESTIONS TO BE DECIDED:

The question(s) to be decided is: Did _____ meet the eligibility criteria for prior authorization dental services?

V. APPLICABLE POLICY:

Chapter 500, Dental Services Manual Volume 5, Section 524, Prior Authorization – Orthodontic Services.

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 Chapter 500, Dental Services Manual, Section 520, Attachment 1
- D-2 Request for Prior Authorization for Periodontics Treatment from Dr. [REDACTED] dated October 24, 2007
- D-3 Notice of Denial Determination by WVMI dated October 30, 2007 issued to Provider and Claimant.

VII. FINDINGS OF FACT:

- 1) The Claimant is a 19 year old male had an appointment with the Dentist on October 17, 2007 for a general cleaning. During the exam the Dentist notice potential problems that would require a procedure for Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces, per quadrant. This procedure requires Prior Authorization from the Bureau of Medical Services (D-1).
- 2) A WVMI Medicaid Request for Prior Authorization for Dental Periodontics code #D4341 Form was completed by the Claimant's dentist and dated October 17, 2007 (D-2). The reasons given for the treatment were "Robert is a 19 year old male-has not had a general cleaning in 2years. He admits to only brushing once a week. We seen him [sic] today-He has heavy-thick calculus buildup, gum bleeding, reaction already present. He is already having sensitivity. We are asking to do 4 quad SCDP to restore his gingiva and prevent any bone lose".
- 3) Chapter 500, Dental Services Manual Volume 5, Section 520, Covered Dental Services in part:

- WV Medical covers medically necessary services that do not duplicate another provider's services. Covered dental services must meet all of the following criteria:
- Services must be individualized, specific, consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the member's needs
- Services must reflect the level of treatment that can be safely furnished, and for which no equally affective, more conservative or less costly treatment is available statewide.
- Written prior authorization must be given by the Bureau for Medical Services' designated representative (WVMI) before the dental work is started.

When submitting a treatment plan for prior authorization, please include all necessary supporting documentation such as x-ray, study notes, etc. (A prior authorization number will be issued for each procedure.)

- 4) WVMI Dental Consultant reviewed the request for dental services and submitted a Notice of Denial to the Claimant and her Dentist on October 30, 2007 (Exhibit D-3). The reasons for the denial stated in part:

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

Documentation provided does not indicate medical necessity- specifically: Radiographs do not support planned treatment. No visible evidence of bone loss or subgingival calculus.

Policy applied Dental Manual, Chapter 500, Section 520

- 5) According to testimony from the Claimant he had explained to the Dentist before any work began on his teeth he had a medical card and he was not sure of what the card would pay for and what it would not. If the card will not pay for it he did not want it done.
- 6) The Claimant had asked for this hearing based on his believing the medical card was not going to pay for his general cleaning. He did not understand at the time his dentist was trying to get another procedure approved to do a deep cleaning on his teeth.
- 7) The Department's Dental Consultant asked the Claimant if the general cleaning was completed on his teeth, he replied "yes." The Dental Consultant also asked the BMS Nurse to make sure the medical card paid for this service. After checking with the billing department the cleaning was paid for on October 17, 2007.
- 8) The Dental Consultant explained the other procedure the Claimant's dentist wanted to perform and with the lack of information that was provided with the request it did not

seem necessary for claimant to have this procedure completed. The Consultant stated “Radiographs do not support planned treatment. No visible evidence of bone loss or subgingival calculus.” Therefore he saw no need for the service.

- 9) After explaining the request for additional dental work and why it was denied to Claimant he stated “If I didn’t need it then I will not have it done.” He thought this hearing was for the non payment of the dental cleaning, he knew nothing about the additional service the dentist was requesting.

VIII. CONCLUSIONS OF LAW:

- 1) The policy states in part, when submitting a treatment plan for prior authorization, please include all necessary supporting documentation such as x-ray, study notes, etc.
- 2) The documentation and medical testimony do not support the fact that the Claimant’s need for dental services is medically needed.
- 3) The Claimant now understands the request for additional dental service was denied because WVMJ found there was not enough documentation and did not show the need to approve the additional deep cleaning. Also his original general cleaning was paid by his medical card.

IX. DECISION:

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

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant’s Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 7th Day of May, 2008.

Jennifer Butcher
State Hearing Officer