



State of West Virginia  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Office of Inspector General  
Board of Review  
1027 N. Randolph Ave.  
Elkins, WV 26241

Joe Manchin III  
Governor

Martha Yeager Walker  
Secretary

January 21, 2009

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

\_\_\_\_\_

\_\_\_\_\_

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

Attached is a copy of the findings of fact and conclusions of law on your hearing held January 14, 2009. Your hearing request was based on the Department of Health and Human Resources' action to deny Medicaid coverage of a tooth crown.

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.

Eligibility for Medicaid Program services is determined based on current regulations. One of these regulations states that orthodontic services for individuals under 21 years of age are covered on a limited basis. Medically necessary orthodontic coverage will be limited to dento-facial anomalies or severe malocclusion. [Dental Manual, Chapter 505, Section 505.8, Prior Authorization for Orthodontic Services]

Information submitted at the hearing fails to demonstrate that your requested dental services are medically necessary.

It is the decision of the State Hearing Officer to **uphold** the action of the Department in denying your request for Medicaid coverage of a tooth crown.

Sincerely,

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

cc: Erika H. Young, Chairman, Board of Review  
Lorna Harris, BMS

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

\_\_\_\_\_ for \_\_\_\_\_,

**Claimant,**

**v.**

**Action Number: 08-BOR- 2420**

**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 January 21, 2009 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 January 14, 2009 on a timely appeal filed November 7, 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's mother

Dr. Robert Krieg, Dental Consultant, Bureau for Medical Services

Cindy Knighten, RN, Bureau for Medical Services

Virginia Evans, HHR Specialist, Bureau for Medical Services

Patricia Woods, RN, Office Director, Bureau for Medical Services

Presiding at the hearing was Pamela L. Hinzman, State Hearing Officer and a member of the State Board of Review.

It should be noted that all parties participated telephonically.

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

The question to be decided is whether the Department was correct in its action to deny the Claimant's request for Medicaid coverage of a tooth crown.

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

Dental Manual, Chapter 505, Section 505.8, Prior Authorization for Orthodontic Services

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

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

D-A Dental Manual, Chapter 505, Section 505.8, Prior Authorization for Orthodontic Services

D-B Prior Authorization for General Dentistry Services request from Dr. [REDACTED]

D-C Notices of Denial for Dental Services from West Virginia Medical Institute dated October 22, 2008

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

- 1) Dr. [REDACTED] requested that Medicaid authorize payment for general dentistry services for the Claimant, who was 14 years old at the time the request was submitted. Dr. [REDACTED] submitted a Prior Authorization for General Dentistry Services request (D-B) to West Virginia Medical Institute (WVMI) on or about October 14, 2008. It should be noted that the request concerned two teeth, identified as Numbers 8 and 9. Dental services were approved for tooth Number 8, however the request for a crown on tooth Number 9 was denied.
- 2) On October 22, 2008, the Department, through WVMI, sent Notices of Denial for Dental Services (D-C) to both the Claimant and Dr. [REDACTED]. These notices state, in part:

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

Reason for Denial: Documentation provided does not indicate medical necessity- specifically: The enclosed x-ray did not show sufficient break down for consideration of a crown at this time.

- 2) The Dental Consultant testified that the Claimant's dental x-ray did not show sufficient tooth breakdown for consideration of a crown. He testified that he could not identify sufficient areas of decay or chipping in the tooth to warrant medical necessity for the procedure. The dentist noted that at least 1/4 to 1/3 of a tooth must be missing in order for a crown to be determined medically necessary.
- 3) The Claimant's mother testified that her daughter was struck in the front of the mouth during physical education class at school, causing one tooth to fall out and the other tooth to chip. Dental procedures were approved for one tooth, but the second tooth has chipped three times. The Claimant's mother believes that it would be economically beneficial to crown the tooth instead of paying for continual repairs.
- 4) Dental Manual, Chapter 505, Section 505.8, Prior Authorization for Orthodontic Services (D-A) 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. However, because a member meets criteria submitted for consideration, does not mean that coverage is automatic. All requests for treatment are subject to prior approval review by the Bureau's contracting agency. Treatment is routinely accomplished through fixed appliance therapy and maintenance visits.

NOTE: Orthognathic surgical procedures associated with orthodontic treatment will be covered even if the member exceeds 21 years of age if the needed surgery is documented in the original orthodontic request and is requested before the member becomes 21 years of age.

Medically necessary orthodontic coverage is limited to services for dento-facial anomalies. This excludes impacted teeth, crowding and cross bites. 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., a patient with a full cusp Class II malocclusion with a demonstrable impinging overbite into the palate).

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

- 1) Medicaid policy provides that medically necessary orthodontic coverage is limited to services for dento-facial anomalies. Only cleft palate and other skeletal problems, as well as severe malocclusions associated with dento-facial deformity, are considered medically necessary conditions for which orthodontic services can be approved.
- 2) Evidence and testimony presented during the hearing reveals that the Claimant does not meet medical necessity criteria for authorization of Medicaid coverage of a tooth crown.
- 3) The Department acted correctly in denying the Claimant's request for Medicaid payment of dental services.

#### **IX. DECISION:**

It is the decision of the State Hearing Officer to **uphold** the action of the Agency in denying the Claimant's request for Medicaid payment of a tooth crown.

#### **X. RIGHT OF APPEAL:**

See Attachment

#### **XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

**ENTERED this 21st Day of January, 2009.**

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**Pamela L. Hinzman**  
**State Hearing Officer**