



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

Earl Ray Tomblin
Governor

Michael J. Lewis, M.D., Ph.D.
Cabinet Secretary

June 17, 2011

-----for -----

Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held June 3, 2011. Your hearing request was based on the Department of Health and Human Resources' decision to deny 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. These regulations provide that Orthodontia services, covered for children up to 21 years, must be medically necessary, and require prior authorization before the service is provided (Dental Service Provider Manual § 505.4).

The information submitted at your hearing failed to demonstrate the medical necessity of orthodontic services for -----.

It is the decision of the State Hearings Officer to **Uphold** the action of the Department to deny ----- orthodontic services.

Sincerely,

Kristi Logan
State Hearings Officer
Member, State Board of Review

cc: Chairman, Board of Review
Bureau of Medical Services

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

IN RE: -----,

Claimant,

v.

ACTION NO.: 11-BOR-802

**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 June 3, 2011 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 a timely appeal, filed March 8, 2011.

II. PROGRAM PURPOSE:

The program entitled Medicaid is administered by the West Virginia Department of Health and 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:

-----, Representative for Claimant

Stacey Hanshaw, Bureau of Medical Services
Chris Taylor, DDS, West Virginia Medical Institute

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

All participants testified by phone.

IV. QUESTION TO BE DECIDED:

The question to be decided is whether or not the Department's decision to deny orthodontic services is correct.

V. APPLICABLE POLICY:

Dental Services Provider Manual § 505.4 and 505.8

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 Dental Services Provider Manual § 505.8
- D-2 Prior Authorization Request Form dated February 9, 2011
- D-3 Denial Notification Letters dated February 25, 2011

VII. FINDINGS OF FACT:

- 1) A request for prior authorization for orthodontic services for Claimant was submitted to the West Virginia Medical Institute (WVMI) on February 9, 2011 (D-2). A denial notification letter was issued by the Department which reads in pertinent part (D-3):

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: Overbite and overjet are within normal limits.

- 2) Chris Taylor, DDS and orthodontic consultant with WVMI testified to the reasons for the denial of orthodontic services. Dr. Taylor referred to the prior authorization request form submitted by Claimant's orthodontist indicating Claimant had a diagnosis of a class I malocclusion and spacing. Claimant's overbite was rated at 75% and his overjet at 3 millimeters (D-2).

Dr. Taylor stated a class I malocclusion means that Claimant's molars fit bite together properly. The guidelines for the orthodontic program require that the overjet be at least 7 millimeters and the overbite be 100%, or with palatal impingement. Dr. Taylor testified that Claimant did not meet the medical necessity criteria as found in policy.

- 3) -----, Claimant's mother, testified that Claimant has spacing between his teeth that needs closed with braces. -----is afraid her son may be teased because of his spacing and they have not dental insurance to cover the service.
- 4) Dental Services Provider Manual § 505.4 states:

Orthodontia services, covered for children up to 21 years, must be medically necessary, and require prior authorization before the service is provided.

5) Dental Services Provider Manual § 505.8 states:

Effective with this manual, medical necessity review criteria may be based on adaptations of dental standards developed by the Periodicity and Anticipatory Guidance Recommendations by the American Academy of Pediatric Dentistry (AAPD), the American Academy of Pediatrics (AAP), the American Dental Association (ADA), and research-based, nationally accredited medical appropriateness criteria, such as InterQual, OR other appropriate criteria approved by BMS. Prior authorization request forms are available at the BMS' Utilization Management Contractor (UMC) website. Prior authorization does not guarantee approval or payment.

The UMC reviews all requests for services requiring prior authorization. It is the responsibility of the treating/prescribing practitioner to submit the appropriate Prior Authorization Request Form with medical documentation to the UMC. The treating practitioner is responsible to assure the assigned prior authorization number is documented on the appropriate claim form when submitting the claim for payment consideration.

When a request for service is denied based on medical necessity, the denial is communicated with the reason(s) of denial to the provider of service and the member or their legal guardian by the UMC. Information related to the member's right to a fair hearing and the provider's right to a reconsideration of the denial is included in the communication.

VIII. CONCLUSIONS OF LAW:

- 1) The evidence submitted failed to demonstrate the medical necessity of orthodontic services for Claimant. Claimant's overbite and overjet were less than the requirements found in policy.
- 2) The Department correctly denied Claimant orthodontic services.

IX. DECISION:

It is the decision of the State Hearing Officer to **uphold** the decision of the Department to deny orthodontic services for Claimant.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 17th day of June 2011.

Kristi Logan
State Hearing Officer