WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BOARD OF REVIEW

IN RE: ----,

Claimant,

v. **ACTION NO.: 12-BOR-2274**

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 held on December 7, 2012, by telephone conference. This hearing was held in accordance with the provisions found in the West Virginia Department of Health and Human Resources Common Chapters Manual, Chapter 700. This fair hearing was convened on a timely appeal filed September 28, 2012.

II. PROGRAM PURPOSE:

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 Representative

Virginia Evans, Bureau for Medical Services
----, DDS, Orthodontic Consultant, Bureau for Medical Services

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

IV. QUESTION TO BE DECIDED:

The question to be decided is whether or not the Department's denial of prior authorization of orthodontic services for Claimant was correct.

V. APPLICABLE POLICY:

WV Medicaid Provider Manual § 505.8

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

D-1 WV Medicaid Provider Manual § 505.8
D-2 Request for Prior Authorization for Comprehensive Orthodontic Treatment Form dated August 28, 2012
D-3 Notice of Denial dated September 7, 2012

VII. FINDINGS OF FACT:

1) On August 28, 2012, ----, DDS, submitted a Request for Prior Authorization for Comprehensive Orthodontic Treatment (D-2) on behalf of Claimant to the West Virginia Medical Institute (WVMI). WVMI issued a denial letter (D-3) on September 7, 2012, which reads in pertinent 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:
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> The patient's malocclusion does not meet any of the criteria for treatment to be covered by BMS. No criteria was marked.

2) ----, DDS, Orthodontic Consultant for BMS, reviewed the prior authorization request (D-2) and explained how the medical findings relate to established policy. Claimant's dental provider documented (D-2) Claimant's diagnoses as Class I skeletal, Class I molars, Class II cuspids, Mild Mx [maxillary] transverse deficiency, mild Mx dental spacing and excessive overjet. The criteria for orthodontic services is included with the Request for Prior Authorization for Comprehensive Orthodontic Treatment, which reads in pertinent part:

1) Overjet in excess of 7mm
2) Severe malocclusion associated with dento-facial deformity
3) True anterior open bite
4) Full cusp classification from normal (Class II or Class III)
5) Palatal impingement of lower incisors into the palatal tissue causing tissue trauma
6) Cleft palate, congenital or developmental disorder
7) Anterior crossbite (2 or more teeth and in cases where gingival stripping from the cross bite is demonstrated and not correctable by limited orthodontic treatment)
8) Unilateral posterior crossbite with deviation or bilateral posterior crossbite involving multiple teeth including at least one molar
9) True posterior open bite (Not involving partially erupted teeth or one or two teeth slightly out of occlusion and not correctable by habit therapy)
10) Impacted teeth (excluding 3rd molars) cuspids and laterals only

3) Dr. ---- testified that Claimant's diagnoses of Class I skeletal and Class I molars are normal classifications. Class II cuspids mean that Claimant is biting forward, however according to the documentation he reviewed, Claimant does not have a full cusp Class II, which is required by policy. Dr. ---- stated there are no provisions in policy to allow treatment for dental spacing. Dr. ---- stated Claimant's overjet was less than seven (7) millimeters. Dr. ---- pointed out that Claimant's dental practitioner did not indicate that Claimant met any of the criteria as indicated above.

4) ----, Claimant's mother, testified that she was advised by Dr. ---- that Claimant's bone structure was "pushing out" and the overbite had caused a chipped tooth. Ms. ---- stated she was afraid of excessive wear and breakage on her daughter's teeth if orthodontic services were not approved.

5) WV Medicaid Provider Manual § 505.8 documents in pertinent part:

> 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 researched-based, nationally accredited medical appropriateness criteria, such as InterQual, OR other appropriate criteria approved by BMS.
>
> The Utilization Management Contractor (UMC) reviews all request 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.

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 services and the member or their legal guardian by the UMC.

VIII. CONCLUSIONS OF LAW:

1) Policy stipulates that prior authorization is reviewed by the Utilization Management Contractor (UMC) and it is the responsibility of the treating/prescribing practitioner to submit the appropriate Prior Authorization Request Form with medical documentation to the UMC. 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 his or her legal guardian by the UMC.

2) Testimony and evidence presented during the hearing reveals that the Claimant's condition at the time of the request for prior authorization failed to demonstrate medical necessity for orthodontic services. Therefore, the Department was correct in its decision to deny the Claimant's prior authorization request for Medicaid payment of 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 13th day of December 2012

Kristi Logan
State Hearing Officer