



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

Earl Ray Tomblin
Governor

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

February 8, 2012

-----for -----

Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held February 3, 2012. Your hearing request was based on the Department of Health and Human Resources' action to deny Medicaid coverage of your granddaughter's orthodontic services.

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 the Department's Utilization Management Contractor (UMC) reviews prior authorization requests for dental/orthodontia services to determine medical necessity. 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. (WVDHHR Dental Services Manual Chapter 505, Section 505.8)

Information submitted at the hearing fails to demonstrate that your granddaughter's requested orthodontic 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 orthodontic services.

Sincerely,

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

cc: Erika H. Young, Chairman, Board of Review
Amy Workman, WVDHHR, BMS

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

IN RE: -----,

Claimant,

v.

ACTION NO.: 11-BOR-2628

**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 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 telephonically on February 3, 2012 on a timely appeal filed December 16, 2011.

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:

██████████ grandmother/guardian of -----
Virginia Evans, HHR Specialist, Bureau for Medical Services, WVDHHR
Chris Taylor, DDS, Orthodontic Consultant, West Virginia Medical Institute

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

IV. QUESTION 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 orthodontic services.

V. APPLICABLE POLICY:

WVDHHR Dental Services Manual, Chapter 505, Section 505.8

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 WVDHHR Dental Services Manual, Chapter 505, Section 505.8
- D-2 BMS/UMC Comprehensive Orthodontic Treatment Prior Authorization Request
- D-3 Notices of Denial from West Virginia Medical Institute dated November 30, 2011

VII. FINDINGS OF FACT:

- 1) [REDACTED] DDS, submitted a BMS/UMC Comprehensive Orthodontic Treatment Prior Authorization Request Form (D-2) to West Virginia Medical Institute (WVMI) on the Claimant's behalf in November 2011.
- 2) On November 30, 2011, the Department, through WVMI, sent Notices of Denial for Dental Services (D-3) 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: Orthodontia- Documentation provided does not indicate medical necessity- specifically:

After review of the orthodontic services requested the consultant denied due to:

1. Doesn't [sic] meet criteria set by BMS.

- 3) WVMI Orthodontic Consultant Chris Taylor, DDS, reviewed information from Dr. [REDACTED] (D-2), indicating that the diagnoses provided by Dr. [REDACTED] include upper and lower teeth spacing, Class II malocclusion and excessive overbite. Based on the x-rays and medical reports submitted, Dr. Taylor determined that the Claimant does not have a Class II full cusp malocclusion and no palatable impingement. Therefore, the Claimant does not meet medical necessity requirements for Medicaid authorization of orthodontic services.

- 4) The Claimant's grandmother, [REDACTED] testified that her granddaughter is ridiculed about the condition of her teeth, and she believes that a child's mental hygiene/self-esteem should be considered when authorizing orthodontic services. -----stated that her granddaughter also complains about biting the inside of her cheek with her molar at times. Dr. Taylor indicated that no documentation was provided by Dr. [REDACTED] in regard to the child biting her cheek, and that the orthodontist could submit another request for authorization should the Claimant wish to provide new information.
- 5) WVDHHR Dental Services Manual, Chapter 505, Section 505.8, Prior Authorization (D-1), 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 www.wvmi.org/corp/web_sites/links_wvmedicaid.aspx. 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. Refer to *Common Chapter 800, General Administration*, for additional information.

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) Medicaid policy states that the Department's Utilization Management Contractor (UMC) reviews prior authorization requests for dental/orthodontia services to determine medical necessity. 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.

- 2) Evidence submitted at the hearing fails to demonstrate that the Claimant meets medical necessity criteria for Medicaid authorization of orthodontic treatment.
- 3) The Department acted correctly in denying the Claimant's request for Medicaid authorization of orthodontic 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 authorization of orthodontic services.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 8th Day of February, 2012.

**Pamela L. Hinzman
State Hearing Officer**