



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

Karen L. Bowling
Cabinet Secretary

August 19, 2015

[REDACTED]

RE: [REDACTED] v. WVDHHR
ACTION NO.: 15-BOR-2329

Dear Ms. [REDACTED]

Enclosed is a copy of the decision resulting from the hearing held in the above-referenced matter.

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.

You will find attached an explanation of possible actions you may take if you disagree with the decision reached in this matter.

Sincerely,

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

Encl: Claimant's Recourse to Hearing Decision
Form IG-BR-29

cc: Angela Signore, BMS, WVDHHR

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

██████████,

Appellant,

v.

Action Number: 15-BOR-2329

**WEST VIRGINIA DEPARTMENT OF
HEALTH AND HUMAN RESOURCES,**

Respondent.

DECISION OF STATE HEARING OFFICER

INTRODUCTION

This is the decision of the State Hearing Officer resulting from a fair hearing for ██████████. This hearing was held in accordance with the provisions found in Chapter 700 of the West Virginia Department of Health and Human Resources' Common Chapters Manual. This fair hearing was convened on August 14, 2015, on an appeal filed June 18, 2015.

The matter before the Hearing Officer arises from the May 5, 2015 decision by the Respondent to deny prior authorization of Medicaid coverage for orthodontia.

At the hearing, the Respondent was represented by Virginia Evans, HHR Specialist, Bureau for Medical Services. Appearing as a witness for the Respondent was Dr. ██████████, Orthodontic Consultant, Bureau for Medical Services. The Appellant was represented by her mother, ██████████. Appearing as a witness for the Appellant was ██████████, LPN, Office Manager, office of ██████████, D.D.S.

All witnesses were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 West Virginia Bureau for Medical Services Provider Manual Chapter 505, Section 505.8
- D-2 West Virginia Medicaid Prior Authorization Form (blank document)
- D-3 Documentation from ██████████, D.D.S.
- D-4 Notices of Initial Denial dated March 28, 2015 and May 5, 2015

After a review of the record, including testimony, exhibits, and stipulations admitted into evidence at the hearing, and after assessing the credibility of all witnesses and weighing the evidence in consideration of the same, the Hearing Officer sets forth the following Findings of Fact.

FINDINGS OF FACT

- 1) On May 5, 2015, the Respondent issued notices (D-4) to the Appellant and [REDACTED] D.D.S., indicating that the Appellant's request for prior authorization of Medicaid payment for orthodontia was denied. The letter indicates that the Appellant's orthodontic services were denied because the clinical information submitted by the provider did not demonstrate medical necessity for the requested service.
- 2) Dr. [REDACTED], Orthodontic Consultant for the Bureau for Medical Services, testified that he reviewed the documentation submitted by the medical provider (D-3) and determined that the request for prior authorization did not meet medical necessity criteria. Specifically, Dr. [REDACTED] indicated that the Appellant's request for orthodontic services was denied because her overbite and overjet are within normal limits. Dr. [REDACTED] noted that the Appellant has one impacted tooth; however, the impaction is not covered in orthodontic services criteria.
- 3) [REDACTED], the Appellant's mother, testified that she adopted the Appellant from foster care and was under the impression that orthodontic services would be covered. She stated that the Appellant's teeth overlap and there is no room for additional teeth to emerge. Ms. [REDACTED] contended that the Appellant has difficulty keeping her mouth closed, and constantly bites the inside of her mouth and tongue. The Department advised Ms. [REDACTED] that the Claimant's practitioner could submit a new request for prior authorization and include additional information for review.

APPLICABLE POLICY

West Virginia Bureau for Medical Services Provider Manual Chapter 505, Section 505.8 (D-1):

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.

DISCUSSION

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. Testimony reveals that the Appellant's request for prior authorization of orthodontia did not meet medical necessity criteria. Therefore, the Department acted correctly in denying the request.

CONCLUSIONS OF LAW

Clinical documentation provided by the Appellant's provider failed to meet medical necessity criteria for the authorization of orthodontia.

DECISION

It is the decision of the State Hearing Officer to UPHOLD the Department's denial of Medicaid authorization for orthodontia.

ENTERED this 19th Day of August 2015.

**Pamela L. Hinzman
State Hearing Officer**