



**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**

January 25, 2017

[REDACTED]
[REDACTED]
[REDACTED]

RE: [REDACTED] v. WVDHHR
ACTION NO.: 16-BOR-3102

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: Appellant'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: 16-BOR-3102

**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 January 18, 2017, on an appeal filed November 16, 2016.

The matter before the Hearing Officer arises from the October 13, 2016 decision by the Respondent to deny prior authorization of Medicaid coverage for orthodontia.

At the hearing, the Respondent was represented by Anita Ferguson, Managed Care Specialist, Bureau for Medical Services. Appearing as a witness for the Respondent was Dr. ██████████, Orthodontic Consultant, ██████████. Also in attendance were ██████████, Medicaid Director, ██████████, and ██████████, Medicaid Appeals Coordinator, ██████████. The Appellant was represented by her mother, ██████████.

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

Department's Exhibits:

- D-1 West Virginia Medicaid Prior Authorization Form (blank document)
- D-2 West Virginia Bureau for Medical Services Provider Manual Chapter 505
- D-3 Provider Prior Authorization Fax Notice dated September 15, 2016
- D-4 Medical documentation from Dr. ██████████
- D-5 Notification of Denial of Dental Coverage dated September 13, 2016
- D-6 Notice of Receipt dated September 19, 2016
- D-7 Appeal Letter-Adverse Determination Decision, Final Denial for a Pre-Service Request dated October 13, 2016

Appellant's Exhibits:

A-1 WVU Dental Care appointment letter

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 October 13, 2016, the Respondent issued a final denial notice (D-7) to the Appellant, indicating that the Appellant's request for prior authorization of orthodontia was denied. The letter states that the Appellant's request was denied because the clinical information submitted by the provider did not demonstrate medical necessity for the requested service.
- 2) Dr. [REDACTED], Orthodontic Consultant for [REDACTED], reviewed the documentation submitted by Dr. [REDACTED] (D-4) and determined that the request for prior authorization did not meet medical necessity criteria. Specifically, the reason for the request was crowding and a Class III bite. Exhibit D-4 also indicates that the Appellant may require orthodontic surgery in the future depending on growth.
- 3) Orthodontic treatment for crowding is not covered under Medicaid criteria, and an individual's bite must be considered a full cusp to meet policy requirements for medical necessity.
- 4) [REDACTED], the Appellant's mother, testified that the Appellant's lower jaw is outgrowing her upper jaw, and that braces could help her avoid potential surgery in the future. She also indicated that the Appellant has a referral to WVU Dental Care (D-8 and A-1) in regard to issues with temporomandibular joint dysfunction (TMJ). Dr. [REDACTED] indicated that the Appellant could submit a new prior authorization request if additional information can be provided.

APPLICABLE POLICY

West Virginia Bureau for Medical Services Provider Manual Chapter 505, Section 505.1 (D-1):

Orthodontic services for children up to 21 years of age must be medically necessary and require prior authorization before services are provided. Clinical documentation to include a treatment plan of care, radiograph results, and photographs must be available to the Utilization

Management Contractor (UMC) for prior authorization review and final determination of approval.

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 <https://providerportal.apshealthcare.com>. Prior authorization does not guarantee approval or payment.

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 Respondent acted correctly in denying the request.

CONCLUSIONS OF LAW

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 Respondent's denial of Medicaid authorization for orthodontia.

ENTERED this 25th Day of January 2017.

**Pamela L. Hinzman
State Hearing Officer**