

STATE HEARING DECISION

ODHS 4005 (Rev. 9/94)

County CUYAHOGA	District Hearings Section CLEVELAND	Assistance Group Name		Assistance Group Number
Place of Hearing CUYAHOGA CDHS	Initial Hearing Date 12/21/2004	Rescheduled Postponed to 02/01/2005	Rescheduled Postponed to	Rescheduled Postponed to

Appellant/Representative	Appellant Representation
	Local Agency Representation Agency rep: Jeri Bryant, QualChoice, Dr. James Thomas, Doral Dental, Tina Talley, Legal QualCho

Date Notice Mailed 11/16/2004	Date Received by Local Agency	Date Received by ODHS 11/19/2004	Date Appeal Summary Received 12/07/2004	Date Scheduling Notice Mailed 01/10/2005
Appeal Number(s)/Program(s) 1202517/MED				

Notice to Appellant

This is the state hearing decision in your case. All papers and materials introduced at the hearing or otherwise filed make up the hearing record. The hearing record will be maintained by the Ohio Department of Job and Family Services.

If you believe this state hearing decision is wrong, you may request an administrative appeal by writing to: Ohio Department of Job and Family Services, Office of Legal Services, 30 East Broad Street, 31st Floor, Columbus, Ohio 43215-3414 or FAX (614) 728-9574. Your request should state why you think the hearing decision is wrong. You can complete the appeal request form included with this decision. Your written request or appeal form must be received by the Office of Legal Services within 15 calendar days from the date this decision is issued. *(If the 15th day falls on a weekend or holiday, this deadline is extended to the next work day.)* During the 15-day administrative appeal period you, or your representative, may request a free copy of the hearing record and recording of the hearing by calling the Bureau of State Hearings at 1-866-635-3748 (select option 1 from main menu).

If you want information on free legal services but don't know the number of your local legal aid office, you can call the Ohio State Legal Services Association, toll free, at 1-800-589-5888, for the local number.

ISSUE:

Appeal # 1202517:

Medical necessity must be established in order to approve the prior authorization for orthodontic treatment under Ohio's Medicaid program. Doral Dental, a provider for QualChoice HMO Select, which is the Managed Care Plan (MCP) providing Medicaid benefits to the Appellant's Assistance Group (AG), denied the prior authorization request for orthodontic treatment 11/10/04, specifically braces, because the medical information submitted did not establish medical necessity. Is the denial of orthodontic treatment correct?

The 11/10/04 denial of braces is correct because the requirement of medical necessity was not demonstrated in accordance with established rules. Therefore, the appeal is **OVERRULED**.

PROCEDURAL MATTERS:

Notice of adverse action was issued to the Appellant on 11/16/04 denying a request for braces. The

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Appeal(s) OVERRULED 1202517	Date Issued 02/04/2005	Compliance
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Distribution: Original to appellant, one copy to local agency; one copy to district Hearing section; one copy to district office; two copies to State Hearings. *(Photocopy to appellant's authorized representative, if any, and to ODHS units as appropriate.)*

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Appellant disagreed with the denial and requested a state hearing which was received in the Bureau of State hearings (BSH) on 11/19/04. The state hearing was originally scheduled for 12/21/04. The state hearing was rescheduled, upon a show of good cause, and heard 02/01/05. The state hearing scheduling notice was issued to all parties 01/20/05. The Appeal Summary was submitted by the Managed Care Plan and received by the Hearing Officer 12/07/04. The Appellant represented her minor child at the hearing; the Managed Care Plan was represented by the Director of Nursing, legal counsel, and a Senior Dental Director from the provider, Doral Dental.

FINDINGS OF FACT:

1. Appellant's minor child is twelve years old and receives Low-Income Children's and Families Medicaid (MA C) through QualChoice HMO Select, which is the Managed Care Plan.
2. Doral Dental, the dental provider, received a request for prior authorization for orthodontic treatment, specifically braces on 11/09/04.
3. Based on the models and x-rays provided the child does not have a deep impinging over bite, a true anterior open bite, a large anterior-posterior discrepancy, an anterior cross bite, a posterior transverse discrepancy, significant posterior open bites, or impacted canines that will not erupt without intervention.
4. The prior authorization was denied on 11/10/04 because the teeth did not meet any of the seven criteria for medical necessity.
5. The Appellant states her child has protruding front teeth and a large space and is barely able to close her mouth. Two dentists have recommended that the child have braces.

CONCLUSIONS OF POLICY:

Policy

1. Ohio Administrative Code (OAC) § 5101:3-1-01 (A) (2002) states "Medical necessity" is the fundamental concept underlying the Medicaid program. Physicians, dentists, and limited practitioners render or authorize services within the scope of their licensure and based on their professional judgment of those services needed by an individual. "Medically necessary services" are services which are necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part or significant pain and discomfort. A medically necessary service must: (1) meet accepted standards of medical/dental practice; (2) be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; (3) be appropriate to the intensity of service and level of setting; (4) provide unique, essential, and appropriate information when used for diagnostic purposes.
2. Ohio Administrative Code (OAC) § 5101:3-5-10 (2003) states, in part, coverage of orthodontics is limited to the most severe handicapping orthodontic conditions. Coverage is limited to children under age 21. Only one course of orthodontic treatment per recipient, per lifetime is covered. A patient must demonstrate a minimum of five symptoms identified on the Referral Evaluation Criteria for Comprehensive Orthodontic

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Treatment (ODHS form 3630), with at least two of the symptoms appearing under dentofacial abnormality before the provider submits a request for consideration. In order to meet medical necessity, one of the seven following conditions must be met (See EXHIBIT B): (1) deep impinging over bite that shows palatal impingement of the majority of lower incisors; (2) true anterior open bite (not including one or two teeth slightly out of occlusion or where the incisors have not fully erupted); (3) demonstrates a large anterior-posterior discrepancy (Class II and Class III malocclusions that are virtually a full length Class II or Class III); (4) anterior cross bite (involves more than two teeth in cross bite); (5) posterior transverse discrepancy (Involves several posterior teeth in cross-bite, not a single tooth in cross-bite); (6) significant posterior open bites (Not involving partially erupted teeth or one or two teeth slightly out of occlusion); or (7) impacted canines that will not erupt into the arches without orthodontic or surgical intervention (Does not include cases where canines are going to erupt ectopically).

3. Ohio Administrative Code (OAC) § 5101:3-5-10 (2003) states, in part, in order for orthodontic services to be determined medically necessary, a patient must demonstrate a minimum of five symptoms identified on the Referral Evaluation Criteria For Comprehensive Orthodontic Treatment (ODHS form 3630), with at least two of the symptoms appearing under dentofacial abnormality before the provider submits a request for consideration.

Analysis

Based on the medical information provided, which included models and x-rays, the Appellant's child did not meet any of the criteria to establish medical necessity. The minor child does not have a deep impinging over bite, true anterior open bite, large anterior-posterior discrepancy, anterior cross bite, posterior transverse discrepancy, significant posterior open bite, or impacted canines that will not erupt without intervention. Although the Appellant indicated her child has protruding teeth and her dentist recommended braces, the medical evidence does not support the requirement of a deep impinging over bite. Since none of the criteria was met to establish medical necessity, the denial of the prior authorization for braces is in accordance with the rules.

HEARING OFFICER'S RECOMMENDATIONS:

Appeal # 1202517 - The appeal is OVERRULED. The 11/10/04 denial of prior authorization for braces is affirmed.

FINAL ADMINISTRATIVE DECISION AND ORDER:

Finding the Hearing Officer's decision to be supported by the evidence, the recommendation above is adopted.

EXHIBITS:

Exhibit A: Appeal Summary

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Date Issued: 02/04/2005