IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA HUNTINGTON DIVISION

CHRISTOPHER FAIN; ZACHARY
MARTELL; BRIAN MCNEMAR, SHAWN
ANDERSON a/k/a SHAUNTAE ANDERSON;
and LEANNE JAMES, individually and on
behalf of all others similarly situated,

Plaintiffs,

Civil Action No. 3:20-cv-00740 Hon. Robert C. Chambers, Judge

٧.

WILLIAM CROUCH, in his official capacity as Cabinet Secretary of the West Virginia Department of Health and Human Resources; CYNTHIA BEANE, in her official capacity as Commissioner for the West Virginia Bureau for Medical Services; WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES; JASON HAUGHT, in his official Capacity as Director of the West Virginia Public Employees Insurance Agency; and THE HEALTH PLAN OF WEST VIRGINIA, INC.

DEFENDANTS' FIRST SUPPLEMENTAL RESPONSE TO PLAINTIFF'S FIRST SET OF INTERROGATORIES TO DEFENDANTS WILLIAM CROUCH, CYNTHIA BEANE, AND WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES

INTERROGATORIES

- 5. Identify all conditions, diagnostic codes, or instances where coverage for mastectomy, breast reduction surgery, and chest reconstruction surgery is available under the Health Plans offered through West Virginia's Medicaid Program. Include in that identification:
 - a. Diagnostic code(s);
 - b. Procedure code(s);
 - c. Medical necessity criteria.

SUPPLEMENTAL RESPONSE: Without waiving any objection, please see Exhibits 50, 51, 52, 53, 54, 55, 56, and 57, Bates Numbers DHHRBMS002754 – DHHRBMS002784, which are used as part of the review process.

a. Diagnostic code(s): Below is a sample listing. This is not an all-inclusive listing. Approval is based on many factors other than the diagnosis such as medical history, previous treatment, severity of diagnosis, and combination of other symptoms and conditions.

C50.01	C50.312	C50.619
C50.11	C50.319	C50.821
C50.012	C50.32	C50.822
C50.019	C50.321	C50.911
C50.02	C50.322	C50.929
C50.021	C50.329	N64.81
C50.11	C50.41	N60.2
C50,111	C50.411	Q83.1
C50.112	C50.412	N60.2
C50.119	C50.419	N60.09
C50.12	C50.421	N64.9
C50.2	C50.422	Q83.8
C50.211	C50.429	N64.51
C50.212	C50.511	N60.32
C50.219	C50.512	N60.39
C50.22	C50.519	N64.82
C50.221	C50.521	N60.01
C50.222	C50.522	C79.81
C50.229	C50.529	Z41.1
C50.31	C50.611	Z76.89
C50.311	C50.612	N62

- b. Procedure code(s): 19160, 19162, 19180, 19182, 19200, 19240, 19301, 19302, 19303, 19304, 19305, 19306, 19307, 19340, 19342, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 11920, 11921, 11922, 19350, 15200, 15877, 19318.
- c. Medical necessity criteria. Medically Necessary Services Services and supplies that are appropriate and necessary for the symptoms, diagnosis, or treatment of an illness. They are provided for the diagnosis or direct care of an illness within the standards of good practice and not for the convenience of the plan, member, caregiver, or provider. The appropriate level of care can be safely provided and the most efficient and cost effective services/supplies to meet the member's need. For outpatient surgical procedures that require prior authorization, the surgeon must request prior authorization via the Utilization Management Contractor's (UMC) web-based portal. Nationally accredited, evidence-based, medically appropriate criteria, such as InterQual, or other medical appropriateness criteria approved by BMS, are utilized for reviewing medical necessity of services requested.

WILLIAM CROUCH, CYNTHIA BEANE, and WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES,

By Counsel

/s/Kimberly M. Bandy
Lou Ann S. Cyrus, Esquire (WVSB #6558)
Roberta F. Green, Esquire (WVSB #6598)
Caleb B. David, Esquire (WVSB #12732)
Kimberly M. Bandy, Esquire (WVSB #10081)
SHUMAN MCCUSKEY SLICER PLLC
P.O. Box 3953
Charleston, WV 25339
(304) 345-1400; (304) 343-1826 (fax)
lcyrus@shumanlaw.com
rgreen@shumanlaw.com
cdavid@shumanlaw.com
kbandy@shumanlaw.com

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Defendants.

CERTIFICATE OF SERVICE

I, Kimberly M. Bandy, counsel for Defendants William Crouch, Cynthia Beane and West Virginia Department of Health and Human Resources, do hereby certify that on the 30th day of November, 2021, a true and exact copy of **DEFENDANTS' FIRST SUPPLEMENTAL RESPONSE TO PLAINTIFF'S FIRST SET OF INTERROGATORIES TO DEFENDANTS WILLIAM CROUCH, CYNTHIA BEANE, AND WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES was served upon counsel via electronic means as follows:**

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Walt Auvil (WVSB#190)

Counsel for Plaintiffs

The Employment Law Center, PLLC 1208 Market Street Parkersburg, WV 26101-4323 (304) 485-3058 (304) 485-6344 (fax) auvil@thecmploymentlawcenter.com

Anna P. Prakash, Visiting Attorney Nicole J. Schladt, Visiting Attorney *Counsel for Plaintiffs*Nichols Kaster, PLLP IDS Center, 80 South 8th Street Suite 4600
Minneapolis, MN 55402
(612) 256-3200
(612) 338-4878 (fax)
aprakash@nka.com
nschladu@nka.com

Sasha Buchert, Visiting Attorney Counsel for Plaintiffs

Lambda Legal Defense and Education Fund, Inc.

1776 K Street, N.W., 8th Floor Washington, DC 20006-2304 (202) 804-6245 (202) 429-9574 (fax) sbuchert alambdalegal.org

Avatara Smith-Carrington, Visiting Attorney Counsel for Plaintiffs

Lambda Legal Defense and Education Fund, Inc.

3500 Oak Lawn Avenue, Suite 500 Dallas Texas 75219-6722 (214) 219-8585 (214) 219-4455 (fax) asmithearrington@lambdalegal.org

Nora Huppert, Visiting Attorney

Counsel for Plaintiffs

Lambda Legal Defense and Education Fund,

Inc.

4221 Wilshira Roulevard, Suite 280

4221 Wilshire Boulevard, Suite 280 Los Angeles, CA 90010 (213) 382-7600 (213) 351-6050 nhuppert/allambdalegal.org

Carl. S. Charles, Visiting Attorney

Counsel for Plaintiffs

Lambda Legal Defense and Education Fund, Inc.

1 West Court Square, Suite 105 Decatur, GA 30030 (404) 897-1880 (404) 506-9320 (fax) ceharles a landalegal.org

Tara L. Borelli, Visiting Attorney Counsel for Plaintiffs

Lambda Legal Defense and Education Fund, Inc.

1 West Court Square, Suite 105 Decatur, GA 30030 thorellia lambdalegal.org

Perry W. Oxley (WVSB#7211)
David E. Rich (WVSB#9141)
Eric D. Salyers (WVSB#13042)
Christopher K. Weed (WVSB#13868)
Oxley Rich Sammons, PLLC
Counsel for Jason Haught
517 9th Street, P.O. Box 1704
Huntington, WV 25718-1704
(304) 522-1138
(304) 522-9528 (fax)
poxley@oxleylawwy.com
drich@oxleylawwy.com
csalyers@oxleylawwy.com
cweed@oxleylawwy.com

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Stuart A. McMillan (WVSB#6352)

Counsel for The Health Plan of West Virginia, Inc.

BOWLES RICE LLP
600 Quarrier Street
Charleston, WV 25301
(304) 347-1110
(304) 347-1746 (fax)

smcmillan@bowlesrice.com

Aaron C. Boone (WVSB#9479)

Counsel for The Health Plan of West Virginia, Inc.

BOWLES RICE LLP

Fifth Floor, United Square
501 Avery Street, P.O. Box 49

Parkersburg, WV 26102

(304) 420-5501

(304) 420-5587 (fax)

aboone/@bowlesrice.com

/s/Kimberly M. Bandy

Lou Ann S. Cyrus, Esquire (WVSB #6558)
Roberta F. Green, Esquire (WVSB #6598)
Caleb B. David, Esquire (WVSB #12732)
Kimberly M. Bandy, Esquire (WVSB #10081)
Counsel for William Crouch, Cynthia Beane, and
West Virginia Department of Health and Human
Resources, Bureau for Medical Services
SHUMAN MCCUSKEY SLICER PLLC
P.O. Box 3953
Charleston, WV 25339
(304) 345-1400; (304) 343-1826 (fax)
lcyrus/a/shumanlaw.com
rgreen/a/shumanlaw.com
cdavid/a/shumanlaw.com
kbandy/a/shumanlaw.com