

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION
OFFICE OF FAIR HEARINGS



FILED

Apr 10, 2023, 9:28 am

OFFICE OF FAIR HEARINGS

[REDACTED]
PETITIONER,

AHCA Case No.: 23-FH0055

Plan ID No.: [REDACTED]

vs.

DENTAQUEST OF FLORIDA, INC.,

RESPONDENT.
_____ /

FINAL ORDER

Pursuant to notice, the undersigned Hearing Officer convened a telephonic Fair Hearing in the instant case on March 16, 2023, at 1:00 p.m. Eastern Standard Time (“EST”).

APPEARANCES

For the Petitioner:

[REDACTED]
Authorized Representative

For the Respondent:

Shonda Rushing
Complaints and Grievances Specialist
DentaQuest of Florida, Inc.

STATEMENT OF ISSUE

The issue is whether Petitioner proved by a preponderance of the evidence that Respondent’s denial of Dental services¹ was incorrect.

PRELIMINARY STATEMENT

¹ Fair Hearing audio timestamp: 2:50-3:30.

All parties appeared for the Fair Hearing telephonically. [REDACTED] (“[REDACTED]”), Petitioner’s Authorized Representative and [REDACTED] appeared for the Fair Hearing to provide testimony on behalf of Petitioner and did not call any witnesses.

Shonda Rushing, a Complaints and Grievances Specialist for DentaQuest of Florida, Inc. (“DentaQuest”) appeared for the Fair Hearing as representative for Respondent. Dr. Daniel Dorrego (“Dr. Dorrego”), the Senior Clinical Dental Consultant for DentaQuest, appeared for the Fair Hearing as a witness for Respondent.

The following persons appeared for the Fair Hearing as an observer: Sandra Durden, a Medical Health Care Program Analyst for the Agency for Health Care Administration (“Agency” or “AHCA”); and Lynne Ringers, a Hearing Officer for the Agency.

Petitioner did not introduce any exhibits at the Fair Hearing. Prior to the Fair Hearing, Respondent sent to the Office of Fair Hearings (“Office”) and Petitioner a 42-page evidence packet,² which was admitted into evidence as Respondent’s Composite Exhibit 1. Respondent’s Composite Exhibit 1 includes the following documents: an Order Scheduling Fair Hearing by Telephone and Prehearing Instructions (“Scheduling Order”) (dated February 22, 2023); an ADA Dental Claim Form (Claim/Adjustment Number: [REDACTED]) a Notice of Adverse Benefit Determination (“NABD”) (dated November 9, 2022); a DentaQuest – Authorization Determination (dated November 10, 2022); a Dental radiograph (dated [REDACTED]); DentaQuest’s plan appeal information; a Notice of Plan Appeal Resolution (“NPAR”) (dated November 28, 2022); a DentaQuest – Authorization Determination (dated November 22, 2022); Exhibit A Benefits Covered for Florida (“FL”) Statewide Medicaid Dental Health Program – Adult

² Filed with the Office on March 13, 2022.

and Pregnancy Medicaid; DentaQuest internal criteria – 18.01 Criteria for Dental Extractions; DentaQuest internal criteria – 18.02 Criteria for Cast Crowns; DentaQuest internal criteria – 18.09 Criteria for General Anesthesia and Intravenous (IV) Sedation; and DentaQuest internal criteria – 18.10 Criteria for Periodontal Treatment.

FINDINGS OF FACT

1. Petitioner is an enrolled member of DentaQuest. *See* Respondent’s Composite Exhibit 1, page 10. DentaQuest is a managed care organization contracted by the Agency to provide services to eligible Medicaid recipients in the state of Florida.

2. As of the date of the Fair Hearing, Petitioner is [REDACTED] old. *Id.* at 10. Petitioner’s Dental provider is Dr. Tarik Elmohd (“Dr. Elmohd”). *Id.* Dr. Elmohd submitted an ADA Dental Claim Form requesting the following Dental services: D7230 ([REDACTED]), D9239, and D9243 (2 units). *Id.* As confirmed by Dr. Dorrego at the Fair Hearing, teeth [REDACTED] are Petitioner’s wisdom teeth. Dr. Elmohd’s Dental narrative states, “PATIENT IN PAIN. [REDACTED] [REDACTED]. DR RECOMMENDS SEDATION.” *Id.* at 10. Dr. Elmohd also submitted a Dental radiograph. *Id.* at 21. DentaQuest approved the following Dental services: D9239, D9243 (2 units); and D7230 ([REDACTED]). *Id.* at 19-20. According to Dr. Dorrego at the Fair Hearing, Petitioner’s teeth are [REDACTED], but [REDACTED] teeth on its on are not grounds for Dental extractions without other circumstances surrounding the teeth at issue.

3. On November 9, 2022, DentaQuest issued an NABD denying Petitioner’s request for Dental services, *supra* ¶ 2, based on medical necessity. *Id.* at 12-16. The NABD explained the basis of the denial of Dental services as follows, in pertinent part:

DentaQuest has reviewed your request for **D7230 - extraction of impacted tooth with some bone, [REDACTED]**; **D7230 - extraction of impacted tooth with some bone, [REDACTED]** **D9243 – IV Sedation each 15 minutes**, which we received on November 9, 2022.

After our review, this service has been: **DENIED** as of 11/9/2022.

We made our decision because:
(Check all boxes that apply)

We determined that your requested services are not medically necessary because the services do not meet the reason(s) checked below: (See Rule 59G-1.010)

...

- Must be needed to protect life, prevent significant illness or disability, or alleviate severe pain.
- Must be individualized, specific, consistent with symptoms or diagnosis of illness or injury and not be in excess of the patient's needs.

...

The facts that we used to make our decision are:

Anesthesia is a medicine your dentist will use to make you relax or sleep during your treatment. The goals of using this medicine are to 1) guard against safety and well-being; 2) reduce your physical discomfort and pain; 3) control your anxiety; 4) change your actions or movement so the dentist can safely complete the procedure; and 5) return you to a state after the procedures that it is safe for your dentist to send you home. The goals are met by using the lowest dose of the drug that is the safest and best for the procedure(s) being done. The time you need to relax or sleep is based on the service(s) your dentist asked for. Our dentist looked at the request and the information your dentist sent. **We have approved part of the time to help you relax or sleep during your treatment for the service(s) that your dentist has asked for. Your dentist asked for more time than our rules say is medically necessary to safely complete the procedure(s) requested.** We have also let your dentist know. Please talk with your dentist if you have questions about this.

This denial applies to this service(s):

· D9243 IV Sedation each 15 minutes

We based this decision on:

· DentaQuest Clinical Criteria for General Anesthesia and IV Sedation

The information your dentist sent shows your tooth does not need to be removed. Your tooth has no sign of infection and your dentist has not told us

that you are in pain. The pain must be more than you may have normally as your tooth is breaking through the gums. Please follow up with your dentist.

This denial applies to this service(s):

· D7230 extraction of impacted tooth with some bone [REDACTED]

We based this decision on:

· DentaQuest Clinical Criteria for Surgical Extraction

· D7230 extraction of impacted tooth with some bone [REDACTED]

We based this decision on:

· DentaQuest Clinical Criteria for Surgical Extraction

...

Sincerely,

Vivian Rejebian, DDS [“Dr. Rejebian”]

Respondent’s Composite Exhibit 1, pages 12-16. (Emphasis added).

4. On November 15, 2022, Petitioner requested a plan appeal citing [REDACTED] [REDACTED] *Id.* at 23-24. On November 28, 2022, DentaQuest issued an NPAR upholding the denial of Dental services. *Id.* at 26-27. The NPAR states the following, in pertinent part:

On 11/15/2022 we received your timely plan appeal request regarding DentaQuest’s Notice of Adverse Benefit Determination dated 11/09/2022, NABD Number [REDACTED], for authorization number [REDACTED] DENYING the SERVICE provided to [Petitioner].

On 11/28/2022 after consideration of the information you provided to DentaQuest in support of your plan appeal, **DentaQuest hereby DENIES your plan appeal.**

We made this decision based on all the information we got during the appeal process. This is a summary of our investigation and our decision about your appeal:

Our dentist looked at the request and the information your dentist sent for the denial of D9243 IV Sedation each 15 minutes. We have approved part of the time to help you relax or sleep during your treatment for the service(s) that your dentist has asked for. Your dentist asked for more time than our rules say is medically necessary to safely complete the procedure(s) requested. We have also let your

dentist know. **The information your dentist sent for D7230 extraction of impacted tooth with some bone [REDACTED], and D7230 extraction of impacted tooth with some bone [REDACTED] shows your teeth do not need to be removed. Your teeth have no sign of infection and your dentist has not told us that you are in pain. The pain must be more than you may have normally as your teeth are breaking through the gums.** Please follow up with your dentist.

Respondent's Composite Exhibit 1, pages 26-27. (Emphasis added).

5. On November 22, 2022, DentaQuest's issued an Authorization Determination (signed by F. Manteiga, DMD) to Petitioner's Dental provider (Dr. Elmohd) explaining the denial of Dental services. *Id.* at 31-33. The remaining Dental Extractions were denied because, "[t]here is no sign of infection or other medical reason for tooth removal." *Id.* The remaining Dental sedation was denied because, "[w]e have approved the amount of anesthesia that is normally needed to safely complete the services requested." *Id.*

6. On January 10, 2023, [REDACTED] requested a Fair Hearing on behalf of Petitioner regarding the denial of Dental services. On February 22, 2023, the undersigned Hearing Officer issued a Scheduling Order, to all parties of record, scheduling the Fair Hearing to be convened by telephone on March 16, 2023, at 1:00 p.m. EST. *Id.* at 2-8.

7. According to [REDACTED]³ presented at the Fair Hearing, Petitioner asserted the Dental provider's recommendation as evidence that the requested Dental services are medically necessary, and should be approved. Petitioner has [REDACTED] [REDACTED] Although two of Petitioner's wisdom teeth have been approved, [REDACTED] [REDACTED] is waiting for the other two wisdom teeth extractions to be approved, before moving forward with the surgical procedure.

³ Fair Hearing audio timestamp: 10:00-12:40.

8. According to Dr. Dorrego’s testimony⁴ presented at the Fair Hearing, Dr. Dorrego is a Florida-licensed Dentist and a Dental Consultant for DentaQuest. The internal criteria, *supra* ¶ 9, used to make a medical necessity determination in this case was created by DentaQuest and approved by the Florida Medicaid program. The extraction of teeth is approved on a tooth-by-tooth basis. Each tooth must meet the clinical criteria for dental extractions for the services to be medically necessary. Dr. Dorrego reviewed the submitted Dental narrative, *supra* ¶ 2, and determined that it was insufficient as the provider did not furnish a narrative that describes pain that is more than normal eruption pain – for example: a description of duration, intensity, medications, or other factors that are more than normal eruption pain – the description of such factors is necessary demonstrate need. *See supra* ¶ 9. Dr. Dorrego reviewed the submitted Dental radiograph and provided the following Dental assessment: “there is [REDACTED] [REDACTED] . . . the Dental provider’s assertion of [REDACTED] is not evident in the x-ray. . . teeth [REDACTED] show absolutely no pathology of any kind. There are no signs of lesions, cysts, or infections. These teeth are erupting in a proper pattern.” DentaQuest will not approve all four (4) wisdom teeth to be extracted if only one tooth is causing pain, so it is important for Petitioner’s Oral Surgeon to furnish a Dental narrative individualized to each of the four (4) wisdom teeth, separately. Dr. Dorrego also opined that, based on the Dental x-rays, the pain that the Petitioner is experiencing would be alleviated by extraction Petitioner’s lower wisdom teeth [REDACTED] which is why DentaQuest approved the Dental services and the accompanying sedation. *See supra* ¶ 2.

⁴ Fair Hearing audio timestamp: 12:50-23:45.

9. The internal criteria that DentaQuest used to make its decision appears in Section 18.01 of the DentaQuest Criteria for Dental Extractions, which provides as follows, in pertinent part:

18.01 Criteria for Dental Extractions

Criteria

The prophylactic removal of asymptomatic teeth (i.e. third molars) or teeth exhibiting no overt clinical pathology (except for orthodontics) is not a covered service. DentaQuest will not reimburse for any surgical extraction of third molars which are asymptomatic or do not exhibit any evidence of pathology or which were extracted for prophylactic reasons only.

...

3. Documentation of medical necessity for oral surgery – evidence of diagnosed pathology or demonstrable need (including ortho), rather than anticipated future pathology.

- a. Pathology
 - i. Provider must submit narrative and x-rays or photos describing pathology
 - ii. Each tooth must show pathology
 - iii. Symptomology or impactions without pathology may not be enough
- b. Demonstrable need
 - i. Narrative describing need
 - ii. Supporting documentation (e.g. x-rays, photos, hospital admissions, etc.)
- c. Extractions in conjunction with approved orthodontic treatment
 - i. Provider must submit request for extractions from orthodontist
 - ii. Needs to be approved orthodontic case
 - iii. To expedite process, provider may also want to submit orthodontic approval

4. General approval v. Denial Guidelines

- a. Probable Approval
 - i. **Pathology =**
 - 1. Non-restorable Decay**
 - 2. Tooth erupting on an angle and impinging on 2nd molars**
 - 3. Recurrent Pericoronitis**
 - 4. Dentigerous Cyst or other growth**
 - 5. Internal or External Root Resorption**
 - 6. 3rd molar has over-erupted due to lack of opposing tooth contact**
 - ii. **Demonstrable Need =**

1. In conjunction with approved orthodontics where orthodontist request the 3rd molars be removed to guarantee the success of the orthodontic case (provide referral from ortho and prior auth approval of ortho if possible)
2. **Pain with no pathology – On a per tooth basis, provider must furnish a narrative that describes pain that is more than normal eruption pain – for example: a description of duration, intensity, medications, or other factors that are more than normal eruption pain – the description of such factors is necessity demonstrate need**

b. Probable Denial

- Impaction or Symptomology =
 1. Impaction with no other pathology
 2. Pain or discomfort with unknown pathology
- **Other 3rd molars have pathology (if one, two, or three teeth show pathology, DQ will not automatically approve the extraction of the remaining non-pathologic teeth)**

Respondent's Composite Exhibit 1, page 35-37. (Emphasis added).

CONCLUSIONS OF LAW

10. The Agency's Office has jurisdiction over the subject matter of this proceeding and the parties pursuant to section 409.285(2) of the Florida Statutes ("Fla. Stat.") (2022). This order is the final administrative decision of AHCA under Fla. Stat. § 409.285(2)(a).

11. This hearing was held as a *de novo* proceeding pursuant to Florida Administrative Code Rule ("Fla. Admin. Code R.") 59G-1.100(17)(b).

12. Because Petitioner is requesting a new service, Fla. Admin. Code R. 59G-1.100(17)(g) assigns the burden of proof to Petitioner. The standard of proof in an administrative hearing is a preponderance of the evidence. The preponderance of the evidence standard requires proof by "the greater weight of the evidence" (Black's Law Dictionary at 1201, 7th Ed.).

13. Petitioner’s request for Dental services is governed by the Florida Medicaid Dental Coverage Policy (August 2018) (“Dental Policy”), which is incorporated by reference in Fla. Admin. Code R. 59G-4.060. The Dental Policy provides the following, in pertinent part:

1.0 Introduction

Florida Medicaid provides dental services for the study, screening, assessment, diagnosis, prevention, and treatment of diseases, disorders, and conditions of the oral cavity.

1.1 Florida Medicaid Policies

This policy is intended for use by providers that render dental services to eligible Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid’s general policies (as defined in section 1.3) and any applicable service-specific and claim reimbursement policies with which providers must comply.

Note: All Florida Medicaid policies are promulgated in Rule Division 59G, Florida Administrative Code (F.A.C.). Coverage policies are available on the Agency for Health Care Administration’s (AHCA) Web site at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

1.2 Statewide Medicaid Managed Care Plans

Florida Medicaid managed care plans must comply with the service coverage requirements outlined in this policy, unless otherwise specified in the AHCA contract with the Florida Medicaid managed care plan. The provision of services to recipients enrolled in a Florida Medicaid managed care plan must not be subject to more stringent service coverage limits than specified in Florida Medicaid policies.

...

4.1 General Criteria

Florida Medicaid reimburses for services that meet all of the following:

- Are determined to be medically necessary
- Do not duplicate another service
- Meet the criteria as specified in this policy

...

4.2 Specific Criteria

Florida Medicaid covers dental services in accordance with the American Dental Association’s Current Dental Terminology Manual, the American Academy of Pediatrics’ Periodicity Schedule, and **the applicable Florida Medicaid fee schedule(s)**, or as specified in this policy:

4.2.9 Surgical Procedures and Extractions

Florida Medicaid covers surgical procedures and extraction services for recipients under the age of 21 years.

Florida Medicaid covers emergency dental services for recipients under age 21 years and older to alleviate pain, infection, or both, and procedures essential to prepare the mouth for dentures.

...

4.3 Early and Periodic Screening, Diagnosis, and Treatment

As required by federal law, Florida Medicaid provides services to eligible recipients under the age of 21 years, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in section 1905(a) of the SSA, codified in Title 42 of the United States Code 1396d(a). As such, services for recipients under the age of 21 years exceeding the coverage described within this policy or the associated fee schedule may be approved, if medically necessary. For more information, please refer to Florida Medicaid's Authorization Requirements Policy.

...

5.0 Exclusion

5.1 General Non-Covered Criteria

Services related to this policy are not covered when any of the following apply:

- The service does not meet the medical necessity criteria listed in section 1.0
- The recipient does not meet the eligibility requirements listed in section 2.0
- The service unnecessarily duplicates another provider's service

5.2 Specified Non-Covered Criteria

Florida Medicaid does not cover the following as part of this service benefit:

- Anesthesia for restorative services, when billed separately
- Dental screening and assessment performed by an RDH on the same date of service as an evaluation performed by a dentist
- Fixed partial dentures for recipients 21 years and older
- Full mouth scaling performed on the same date of service as root planning or periodontal scaling
- Individual periapical radiographs(s) on the same date of service when the reimbursement amount exceeds that of a complete series
- Intraoral-completes series and a panoramic film on the same date of service

14. Because Petitioner is under the age of 21 years, the requirements of Early and Periodic Screening, Diagnostic, and Treatment ("EPSDT") apply. According to 42 U.S.C. § 1396d(r)(5), EPSDT services mean, in relevant part, the following items and services:

(3) Dental Services

(A) which are provided –

(i) at intervals which meet reasonable standards of dental practice, as determined by the State after consultation with recognized dental organizations involved in child health care, and

(ii) at such other intervals, indicated as medically necessary, to determine the existence of a suspected illness or condition; and

(B) which shall at a minimum include relief of pain and infections, restoration of teeth, and maintenance of dental health.

Further, according to 42 U.S.C. § 1396d(r)(5), EPSDT include, the following items and services:

Such other necessary health care, diagnostic services, treatment, and other measures described in subsection (a) of this section to correct or ameliorate defects and physical and mental illness and conditions discovered by the screen services, whether or not such services are covered under the state plan.

15. The Florida Medicaid Definitions Policy (August 2017), incorporated by reference in Fla. Admin. Code R. 59G-1.010, provides definitions of commonly used terms that are applicable to all sections of Rule Division 59G, Florida Administrative Code (F.A.C.), unless specifically stated otherwise in a service-specific coverage policy or rule. The Florida Medicaid Definitions Policy defines “Medically Necessary” or “Medical Necessity” as follows:

2.83 Medically Necessary or Medical Necessity

The medical or allied care, goods, or services furnished or ordered must meet the following conditions:

- Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate pain
- **Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs**
- Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational
- Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide
- Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient’s caretaker, or the provider

The fact that a provider has prescribed, recommended or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.

(Emphasis added).

19. Petitioner requested the extraction of their four (4) wisdom teeth ([REDACTED]), as well as sedation that accompanies the surgical procedure. See supra ¶ 2. Respondent approved the Dental extractions of teeth [REDACTED] and accompanying sedation. See supra ¶ 2. In a NABD, Respondent denied Petitioner’s remaining request based on the submitted documentation and their internal Criteria for Dental Extractions. See supra ¶ 3. Respondent explained that Petitioner’s request was not medically necessary, as Petitioner’s request was not “needed to protect life, prevent significant illness or disability, or alleviate severe pain” nor was it “individualized, specific, consistent with symptoms or diagnosis of illness or injury” and was “in excess of the patient’s needs.” *Id.* Respondent determined that the criteria for wisdom teeth were not met because Petitioner’s wisdom teeth did not show signs of infection and Petitioner is not experiencing more pain than normal eruption. See supra ¶ 3, 8. Based on this assessment, Petitioner’s Dental provider did not show Petitioner’s remaining wisdom teeth need to be removed. See supra ¶ 3-5, 8.

20. As Petitioner bears the burden of proof, Petitioner must show by a preponderance of the evidence that Respondent’s decision was incorrect. Here, Petitioner did not establish that the extractions of Petitioner’s wisdom teeth ([REDACTED]) were not “in excess of the patient’s needs.” As shown by the record, there is no sign of infection or pathology, *supra* ¶ 9, that warrant extractions of these teeth. See supra ¶ 3-5, 8. Moreover, Petitioner’s teeth at issue are [REDACTED] [REDACTED] and do not present any

pathology. *See supra* ¶ 8. Petitioner submitted a Dental narrative. *See supra* ¶ 2. However, the Dental narrative contained only one sentence, and was not specific and individualized to each wisdom tooth ([REDACTED]) in describing how each tooth is causing pain beyond normal discomfort, there is pathology and/or infection in each tooth. *See supra* ¶ 2, 8-9. Thus, Petitioner failed to submit a sufficient Dental narrative fully attributing Petitioner's Dental pain to each wisdom tooth and describing in the Dental narrative pain that is more than normal expected eruption. *See supra* ¶ 8. The undersigned Hearing Officer considered the Dental narrative to be a recommendation and took it into consideration. However, the fact that a provider has recommended services does not, in itself, make such services medically necessary. *See supra* ¶ 15. In other words, just because the Dentist/Oral Surgeon requested and stated that the Petitioner needs their wisdom teeth extracted does not mean that said Dental services are automatically approved on their word alone. Thus, the Hearing Officer must weigh the professional assessment of Petitioner's dental provider (Dr. Elmohd) against the professional assessment of Respondent's three (3) dental consultants (Dr. Dorrego, Dr. Rejebian, and Dr. Manteiga). It is the Petitioner's burden to show that their Dentist made the correct assessment and Respondent's three (3) dental consultants' (Dr. Dorrego, Dr. Rejebian, and Dr. Manteiga) that Petitioner's teeth do not need to be removed, is incorrect. However, here, the undersigned Hearing Officer found Dr. Dorrego's testimony, *supra* ¶ 8, regarding Petitioner's dental condition and Dental needs to be credible and reliable.

21. Dr. Dorrego's credible testimony at the Fair Hearing established that he is qualified in making medical necessity determinations regarding the extractions of wisdom teeth. *See supra* ¶ 8. Dr. Dorrego's professional assessment is that the Petitioner's wisdom teeth do not need to

be extracted at this time because the Petitioner's teeth present the following condition: "there is [REDACTED] [REDACTED] . . . the Dental provider's assertion of [REDACTED] [REDACTED] is not evident in the x-ray. . . [REDACTED] [REDACTED] and show absolutely no pathology of any kind. There are no signs of lesions, cysts, or infections. These teeth are erupting in a proper pattern." See supra ¶ 8. The record indicates that Petitioner's request for Dental services is based on them experiencing Dental pain. See supra ¶ 2. There is evidence that Petitioner has not yet extracted the approved wisdom teeth, and Petitioner's Dental pain would be alleviated after receiving these Dental services as the Dental pain is not attributed to the remaining wisdom teeth at issue. See supra ¶ 8. As of right now, Petitioner is not experiencing more pain to be expected when new teeth are growing in for the remaining wisdom teeth based on Dr. Dorrego's assessment of the Dental x-rays. See supra ¶ 8. As such, Petitioner did not show that his request was "individualized, specific, [and] consistent with the symptoms or diagnosis of illness or injury" and not "in excess of the patient's needs." Further, regarding Petitioner's request for sedation, Petitioner did not provide any testimony or evidence on the record as to why this service would be medically necessary once the underlying services are denied. Although Petitioner may benefit from the extraction of all four wisdom teeth at once, there is insufficient evidence that all four wisdom teeth meet the clinical criteria for Dental extractions. As such, Petitioner did not demonstrate that the requested Dental services were medically necessary.


22. Upon consideration of the testimony provided, the documentation evidence submitted, and applicable policies, the undersigned Hearing Officer concludes that Petitioner did not prove by a preponderance of the evidence that the requested services are medically necessary. Looking at all the evidence relevant to the particular needs of Petitioner, Petitioner has not shown that

the requested services are necessary to provide “relief of pain and infections, restoration of teeth, and maintenance of dental health” or to correct or ameliorate a defect or a physical and mental illness or condition. Accordingly, the undersigned finds that Petitioner has not proved by a preponderance of the evidence that Respondent’s denial of Dental services was incorrect.

IT IS THEREFORE ORDERED AND ADJUDGED:

Respondent’s denial of Dental services is hereby **AFFIRMED**. Petitioner’s appeal based on Respondent’s denial of Dental services is hereby **DENIED**.

DONE and ORDERED this 10th day of April, 2023, in Tallahassee, Leon County, Florida.

 Joseph Mabry
23-FH0055
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JOSEPH MABRY, Hearing Officer
Agency for Health Care Administration
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NOTICE OF A RIGHT TO JUDICIAL REVIEW

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO JUDICIAL REVIEW, WHICH SHALL BE INSTITUTED BY FILING THE ORIGINAL NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A COPY, ALONG WITH THE FILING FEE PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE AGENCY MAINTAINS ITS HEADQUARTERS OR WHERE A PARTY RESIDES. REVIEW PROCEEDINGS SHALL BE CONDUCTED IN ACCORDANCE WITH THE FLORIDA APPELLATE RULES. THE NOTICE OF APPEAL MUST BE FILED WITHIN 30 DAYS OF THE RENDITION OF THE ORDER TO BE REVIEWED.

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