



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

FILED

Nov 01, 2023, 11:46 am

OFFICE OF FAIR HEARINGS

[REDACTED],

PETITIONER,

AHCA Case No.: 23-FH1476

Plan ID No.: [REDACTED]

vs.

DENTAQUEST OF FLORIDA, INC.,

RESPONDENT.

\_\_\_\_\_ /

FINAL ORDER

Pursuant to notice, the undersigned Hearing Officer convened a telephonic Medicaid Fair Hearing on the above-styled case on October 9, 2023, at 1:00 p.m., Eastern Standard Time ("EST").

APPEARANCES

For the Petitioner:

[REDACTED]

Petitioner's Authorized Representative

For the Respondent:

Shonda Rushing  
Complaints and Grievance Specialist II  
DentaQuest of Florida, Inc.

STATEMENT OF ISSUE

The issue is whether Petitioner proved by a preponderance of the evidence that Respondent's denial of code D7220 – extraction of impacted tooth, [REDACTED]; code D7230 – extraction of impacted tooth with some bone, [REDACTED]; code D9223 – general anesthesia – each 15 minutes; and code D9612 – drug injection 2 or more (herein after "dental services") was incorrect.

### **PRELIMINARY STATEMENT**

All parties appeared telephonically. [REDACTED] (“[REDACTED]”), Petitioner’s Authorized Representative and [REDACTED] represented Petitioner at the Fair Hearing.

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

Diana Hearod, Medical Healthcare Program Analyst and Fair Hearing Liaison for the Agency for Health Care Administration (“Agency” or “AHCA”), appeared as an observer.

Prior to the Fair Hearing, Petitioner sent to the Office of Fair Hearings and Respondent a six (6)-page evidence packet. The evidence packet appears in the Office of Fair Hearings’ document management system as “23-FH1476 Case evidence.pdf.” Absent an objection from the Respondent, the undersigned admitted the six (6) page packet into evidence as Petitioner’s Composite Exhibit 1 (“PCE 1”).

Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a forty-one (41)-page evidence packet. The evidence packet appears in the Office of Fair Hearings’ case management system as “SFH Packet 23-FH1476 (002).pdf.” Absent an objection from Petitioner, the forty-one (41)-page evidence packet was admitted into evidence as Respondent’s Composite Exhibit 1 (“RCE 1”).

### **FINDINGS OF FACT**

1. Petitioner is an enrolled member of DentaQuest’s Florida Statewide Medicaid Dental Health Program. See RCE 1 at 10. DentaQuest is a Managed Care Organization contracted by AHCA to provide services to eligible Medicaid recipients in Florida.

2. Petitioner is [REDACTED] ([REDACTED]-[REDACTED]) old. *Id.* at 10. Petitioner’s dental services provider submitted an ADA Dental Claim form on behalf of Petitioner requesting preauthorization of dental services. *Id.* Dr. Regina Saenz, D.D.S., (“Provider”), is listed as the treating dentist. *Id.* Petitioner’s Provider requested the following dental services: code D7220 – extraction of impacted tooth, [REDACTED]; code D7230 – extraction of impacted tooth with some bone, [REDACTED]; code D9223 – general anesthesia – each 15 minutes; and code D9612 – drug injection 2 or more. *Id.* at 10, 12, 19 – 20.

3. Petitioner’s Provider a dental x-ray of Petitioner’s teeth. *Id.* at 21.

4. On May 8, 2023, DentaQuest issued a Notice of Adverse Benefit Determination (“NABD”) denying Petitioner’s request for dental services. *Id.* at 12 – 18. DentaQuest stated that Petitioner’s requested dental services were denied because they were not medically necessary. *Id.* The NABD stated as follows, in pertinent part:

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.
- Must meet accepted medical standards and not be experimental or investigational.
- Must be able to be 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.
- Must be furnished in a manner not primarily intended for convenience of the recipient, caretaker, or provider.

*(The convenience factor is not applied to the determination of the medically necessary level of private duty nursing (PDN) for children under the age of 21.)*

...

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 your safety and well-being; 2) reduce your physical discomfort and pain; 3) control your fear; 4) change your actions or movement so the dentist can safely complete the procedure; and 5) return you to a state after the treatment that 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 treatment done. The time you need to relax or sleep is based on the treatment your dentist asked for. Our dentist has approved part of the time to help you relax or sleep during your treatment. Your dentist asked for more time than our rules say is medically necessary to safely complete the treatment. 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):

- D9223 general anesthesia – each 15 minutes

We based this decision on:

- DentaQuest Clinical Criteria for General Anesthesia and IV Sedation

Our dentist reviewed the information sent by your dentist. Our dentist says that we need the name of the drug your dentist will use. We need this drug name to make the decision [if] this is medically necessary. Your dentist can resend the request for this service with the name of the drug. We have also let your dentist know. Please talk with your dentist.

This denial applies to this service(s):

- D9612 drug injection 2 or more

We based this decision on:

- DentaQuest Clinical Criteria for Drugs

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):

- D7220 extraction of impacted tooth [REDACTED]  
We based this decision on:
  - DentaQuest Clinical Criteria for Surgical Extraction
- D7230 extraction of impacted tooth [REDACTED]  
We based this decision on:
  - DentaQuest Clinical Criteria for Surgical Extraction

*Id.* 12 – 13.

5. On or about May 30, 2023, DentaQuest’s dental consultant, Dr. F. Manteiga, D.M.D (“Dr. Manteiga”), reviewed Petitioner’s pre-treatment authorization and all available records, which included all the submitted dental photographs and radiographs. *Id.* at 31 – 33. Dr. Manteiga denied the requested removal of impacted tooth-soft tissue (code D7220) for [REDACTED] because there is no sign of infection or other medical reason for tooth removal. Further, the documentation did not meet the DentaQuest clinical criteria for removal of impacted tooth-soft tissue, and additional documentation was received but it does not support the need for the service. *Id.* at 31. Dr. Manteiga denied the requested removal of impacted tooth-soft tissue (code D7230) for [REDACTED] because there is no sign of infection or other medical reason for tooth removal. *Id.* Further, the documentation did not meet the DentaQuest clinical criteria for removal of impacted tooth-soft tissue, and additional documentation was received but it does not support the need for the service. *Id.* at 32. Dr. Manteiga denied the requested deep sedation/general anesthesia – each subsequent 15 minute increment because the additional time requested is not medically necessary. *Id.* Further, the documentation did not meet the DentaQuest clinical criteria for: sedation/general anesthesia – each subsequent 15 minute increment, and additional documentation was received but it does not support the need for the service. *Id.* Dr. Manteiga denied the requested therapeutic drug injection – 2 or more

medications by report because the name of the drug is needed in order to review the request.

*Id.* Further, the documentation did not meet the DentaQuest clinical criteria for: therapeutic drug injection – 2 or more medications by report, and additional documentation was received but it does not support the need for the service. *Id.*

6. Petitioner appealed the denial of the requested dental services. *Id.* at 26. On May 30, 2023, DentaQuest issued a Notice of Plan Appeal Resolution (“NPAR”), upholding the denial of the dental services. *Id.* at 26 – 30. The NPAR explained as follows, in pertinent part:

On 05/10/2023 we received your timely plan appeal request regarding DentaQuest’s Notice of Adverse Benefit Determination dated 05/08/2023, NABD Number [REDACTED] for authorization number [REDACTED] DENYING the SERVICE provided to [Petitioner].

On 05/30/2023 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:

Anesthesia is a medicine used to make you relax or sleep during your treatment. The time you need to relax or sleep is based on the service your dentist asked for. Our dentist looked at the information your dentist sent. Your dentist asked for more time than our rules say is medically necessary to safely complete the procedures requested. Our dentist reviewed the information sent by your dentist. Our dentist says that we need the name of the drug your dentist will use. We need this drug name to make the decision of this is medically necessary. Your dentist can resend the request for this service with the name of the drug. 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. We have also let your dentist know. Please talk with your dentist.

*Id.* at 26.



- d. In response to Respondent's denial of code D9612 drug injection 2 or more, [REDACTED] referred to the medication listed on the Account Comments page for Petitioner. PCE 1 at 6. The comment reads as follows:

**Comment**

D9612 -- [REDACTED]

- e. [REDACTED] referred to the NABD, stating dental services were approved for half of Petitioner's mouth but not the other half.

9. Dr. Dorrego is a Senior Clinical Dental Consultant for DentaQuest. Dr. Dorrego testified as follows:

- a. DentaQuest relied on the Office Reference Manual ("ORM") that outlines the criteria for extractions established by the Agency and Respondent. Dr. Dorrego read the criteria for dental extractions.
- b. Dr. Dorrego reviewed Petitioner's panoramic x-ray, noting that the two teeth that were approved for dental services are on the right side of Petitioner's x-ray, [REDACTED]. [REDACTED] was automatically approved because it was submitted under code D7210, which does not require review. [REDACTED] was approved because it is [REDACTED] in such a position that it will not erupt properly. The teeth in question, [REDACTED] and [REDACTED] on the far-left side, are in a regular, normal, eruption pattern that shows the teeth can erupt into the mouth without any issues being caused.
- c. Code D9223, additional sedation, was denied because it is not required for the teeth that were approved with sedation.

- d. Dr. Dorrego reviewed the ADA Dental Claim Form, noting the narrative provided by the provider. Each individual tooth needs to be addressed. Dr. Dorrego noted that the narrative does not have a tooth specific narrative including a description of duration, intensity, medications, or other factors that are more than normal eruption pain. It is not stated anywhere on the form that Petitioner has more than normal eruption pain.
- e. Code D9612 is for two medications. Dr. Dorrego reviewed the medication listed by Petitioner's provider:
- i. [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- f. Dr. Dorrego opined that based on the criteria and the narrative submitted by the provider, the lack of clinical pathology and evidence on x-ray for [REDACTED] and [REDACTED], the denial of dental services was the correct determination.

10. DentaQuest relied upon their internal Criteria for Dental Extractions in their decision to deny dental services. *Id.* at 35 – 38. The Criteria for Dental Extractions states as follows:

**18.01 Criteria for Dental Extractions**

Not all procedures require review.

Documentation needed for review procedure:

- Appropriate radiographs showing clearly the adjacent teeth should be submitted for review: bitewings, periapicals or panorex.
- Treatment rendered under emergency conditions, when review is not possible, will still require that appropriate radiographs showing clearly the adjacent and opposing teeth be submitted with the claim for review for payment.

- Narrative demonstrating medical necessity

Surgical extractions of erupted teeth are defined as extractions requiring elevation of a mucoperiosteal flap and removal of bone and/or section of the tooth and closure in order to remove the tooth. Elevation of mucoperiosteal flap and removal of bone and/or sectioning of the tooth for the **convenience of the provider** is not a surgical extraction.

The removal of primary teeth whose exfoliation is imminent is not a covered benefit. In most cases, extractions that render a patient edentulous must be deferred until authorization to construct a denture has been given. Extractions performed as a part of a course of orthodontics are covered only if the orthodontic case is a covered benefit

### 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.

1. General Practitioner, Pedodontist, or Orthodontist determines patient may need third molars extracted - no referral is necessary

- a. Can refer patient directly to DQ Oral Surgeon
- b. Provider or member can call DQ - 1-888-468-5509. DQ will assist member in finding an OS

2. Oral Surgeon - Submission of treatment for approval

- a. Non-emergency
  - Pre-payment review – perform treatment and submit documentation with claim – no guarantee provider will get paid for service – procedure must meet medical necessity guidelines for DQ to pay.

...

4. General Approval vs. Denial Guidelines

- a. Probable Approval
  - Pathology =
    1. Non-restorable Decay
    2. Tooth erupting on an angle and impinging on 2nd molars
      - An unerupted third molar must demonstrate, by radiographic evidence, both an aberrant tooth position beyond normal variations **and** substantial (> 50%) root formation.
    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
  - Demonstrable need =

1. In conjunction with approved orthodontics where orthodontist requests 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 necessary to demonstrate need

*Id.* at 35 - 37.

### **CONCLUSIONS OF LAW**

11. The Agency’s Office of Fair Hearings has jurisdiction over the subject matter of this proceeding and the parties pursuant to section 409.285(2), Florida Statutes (2019). This order is the final administrative decision of AHCA under section 409.285(2)(a).

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

13. The burden of proof in this proceeding is governed by Fla. Admin. Code R. 59G-1.100(17)(g), which provides as follows:

The burden of proof is on the party asserting the affirmative of an issue, except as otherwise required by statute. The burden of proof is on the Agency or plan, whichever is applicable, when the issue presented is the suspension, reduction, or termination of a previously authorized service. The burden of proof is on the recipient or enrollee, when the issue presented is the denial or a limited authorization of a service. The party with the burden of proof shall establish its position to the satisfaction of the Hearing Officer by a preponderance of the evidence.

14. Because Petitioner requested a new service, Fla. Admin. Code R. 59G-1.100(17)(g) assigns the burden of proof to the 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.)

15. Petitioner's request for dental services is governed by the Florida Medicaid Dental Services Coverage Policy (August 2018) ("Dental Policy"), which is incorporated by reference in Fla. Admin. Code R. 59G- 4.060. The Dental Policy provides as follows:

**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.

...

**1.4.4 Handicapping Malocclusion**

A condition that results in a disability or impairment to the recipient's physical development.

...

**1.4.6 Medically Necessary/Medical Necessity**

As defined in Rule 59G-1.010, F.A.C.

...

**2.2 Who Can Receive**

Florida Medicaid recipients requiring medically necessary dental services. Some services may be subject to additional coverage criteria as specified in section 4.0.

If a service is limited to recipients under the age of 21 years, it is specified in section 4.0. Otherwise, the service is covered for recipients of all ages.

...

**4.1 General Criteria**

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

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

**4.2 Specific Criteria**

Florida Medicaid reimburses for the following services in accordance with the American Dental Association 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:

...

**4.2.4 Orthodontic Services**

Florida Medicaid covers orthodontic services for recipients under the age of 21 years with handicapping malocclusions as follows:

- Up to 24 units within a 36 month period, including the removal of the appliances and retainers at the end of treatment
- One replacement retainer(s) per arch, per lifetime

...

#### **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.

...

#### **5.1 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 Specific 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 screening
- Individual periapical radiograph(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

16. Petitioner is under age 21, and therefore eligible for EPSDT services. However, a state may place appropriate limits on a service based on such criteria as medical necessity. See 42 C.F.R. §§ 440.230(a), (b), (d). 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.

17. Section 409.905(2), Florida Statutes, limits EPSDT services with a medical necessity standard:

The [Agency] shall pay for early and periodic screening and diagnosis of a recipient under age 21 to ascertain physical and mental problems and conditions and all services determined by the agency to be medically necessary for the treatment, correction, or amelioration of these problems and conditions, including personal care, private duty nursing, durable medical equipment, physical therapy, occupational therapy, speech therapy, respiratory therapy, and immunizations.

18. Based on Petitioner’s age, both the Dental Policy and the EPSDT requirements necessitate review of Respondent’s denial of Petitioner’s request for orthodontic services according to “medical necessity.” Respondent, through the issuance of the NABD and NPAR, determined that orthodontic services are not “medically necessary” for Petitioner. See supra ¶ 4, 6. Section 2.83 of the Florida Medicaid Definitions Policy (August 2017), which is incorporated by reference in Fla. Admin. Code R. 59G-1.010, defines medically necessary or medical necessity as follows:

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 severe 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.

Definitions Policy at page 7.

19. Petitioner is under age 21, *see supra* ¶ 2, and therefore eligible for EPSDT services. *See supra* ¶ 16. Fla. Stat. § 409.905(2) limits EPSDT services with a medical necessity standard, and requires that the Agency “pay for early and periodic screening and diagnosis of a recipient under age 21 to ascertain physical and mental problems and conditions and all services determined by the agency to be medically necessary for the treatment, correction, or amelioration of these problems and conditions . . . .” *See supra* ¶ 17.

20. Section 2.2 of the Dental Policy reflects that “Florida Medicaid recipients requiring medically necessary dental services” may receive services. *See supra* ¶ 15. Pursuant to section 2.83 of the Definitions Policy, the five (5) conditions of medical necessity must be met in order for “medical or allied care, goods, or services furnished or ordered” to be determined medically necessary. *See supra* ¶ 18. Accordingly, all five (5) of the conditions must be met in order for DentaQuest to approve the requested dental services.

21. Florida Medicaid reimburses for services that meet all of the following: are determined medically necessary; do not duplicate another service; and meet the criteria as specified in this policy. *See supra* ¶ 17.

22. As established on the record, Respondent denied Petitioner's request for comprehensive orthodontic treatment services and periodic orthodontic treatment visits because the services were not medically necessary. *See supra* ¶ 4 – 6. Specifically, DentaQuest determined the services failed the following two medical necessity criteria: "must be needed to protect life, prevent significant illness or disability, or alleviate severe pain;" and "must be individualized, specific, consistent with symptoms or diagnosis or illness or injury and not be in excess of the patient's need." *See supra* ¶ 4.

23. As Petitioner bears the burden of proof, Petitioner must show by a preponderance of the evidence that Respondent's decision was incorrect. *See supra* ¶ 14. Here, Petitioner did not establish that the requested dental services for ██████ and ██████ at issue were not "in excess of the patient's needs." *See supra* ¶ 4, 18. The record shows that Petitioner has not demonstrated infection or pathology in Petitioner's dental x-ray that warrant the extraction of ██████ and ██████. *See* ¶ 9. Dr. Dorrego testified that Petitioner's teeth in question, ██████ and ██████ on the far-left side, are in a regular, normal, eruption pattern that shows the teeth can erupt into the mouth without any issues being caused. *See* ¶ 9. ██████ testified that Petitioner is having ██████ with ██████ wisdom teeth. *See* ¶ 8. However, Dr. Dorrego pointed out that the narrative provided in the ADA Dental Claim Form does not have a tooth specific narrative, including a description of duration, intensity, medications, or other factors that are more than normal eruption pain. *See* ¶ 9. Pursuant to DentaQuest's Criteria for Dental Extractions, "[o]n 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." *See* ¶ 10. ██████' testimony

with regards to Petitioner's pain was considered, but Petitioner's dental provider has not submitted a tooth specific narrative to substantiate the extent to which Petitioner's pain is more than normal eruption pain. Accordingly, Petitioner did not demonstrate that the requested dental services were medically necessary.

24. Further, regarding Petitioner's request for sedation and medication, Petitioner did not provide any testimony or evidence on the record as to why these services would be medically necessary once the underlying dental services are denied as to [REDACTED] and [REDACTED]. As noted in the DentaQuest - Authorization Determination, the sedation component of the dental services, dental code D9223, and the therapeutic drug injection component, dental code D9612, are not medically necessary for the extractions of the approved dental services. See supra ¶ 5. Because Petitioner has not established that the extractions are medically necessary, the sedation and medication component of the dental services are not medically necessary. See ¶ 11. Further, Respondent requested the name of the therapeutic drug injection that Petitioner's provider included in the ADA Dental Claim Form request. See ¶ 4 – 6. [REDACTED] testified that the name of the requested sedation and medication were provided to Respondent. See supra 8. However, Dr. Dorrego clarified via testimony that three of the four medications listed by Petitioner's provider were not approved, and that code D9612 is for two medications. See ¶ 9. [REDACTED] argued that the requested dental services should be approved because Petitioner's dentist recommended Petitioner receive the extractions of [REDACTED] and [REDACTED]. See supra ¶ 8.

25. The record reflects that Petitioner's provider submitted an ADA Dental Claim form on behalf of Petitioner, requesting the preauthorization of dental services. See supra ¶ 2. However, the submission of the ADA Dental Claim Form, *prima facie*, does not make the requested dental

service a covered service. Section 2.83 of the Definitions Policy mandates that “[t]he 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.” See supra ¶ 18. Therefore, the ADA Dental Claim Form does not, in itself, make the requested dental services medically necessary.

26. In light of both parties’ testimony, Petitioner’s Composite Exhibit 1, Respondent’s Composite Exhibit 1, and the applicable laws and policies, the undersigned Hearing Officer finds that Petitioner failed to establish that the requested dental services are medically necessary. Looking at all the evidence relevant to the particular needs of Petitioner, Petitioner did not demonstrate that the requested services are necessary to correct or ameliorate a defect or a physical and mental illness or condition nor necessary to provide “relief of pain and infections, restoration of teeth, and maintenance of dental health” Accordingly, the undersigned Hearing Officer concludes that Petitioner failed to prove by a preponderance of the evidence that Respondent’s denial of dental services was incorrect.

**DECISION**

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

**DONE and ORDERED** this 1st day of November 2023, in Tallahassee, Leon County, Florida.



Kameisha Presley

23-FH1476

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**KAMEISHA PRESLEY, Hearing Officer**  
**Agency for Health Care Administration**  
**Office of Fair Hearings**  
**2727 Mahan Drive, Mail Stop # 11**

**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.

**Copies Furnished To:**



**DentaQuest of Florida, Inc.  
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**AHCA Medicaid Hearing Unit  
MedicaidHearingUnit@ahca.myflorida.com**