



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

FILED

Jan 10, 2024, 11:37 am

OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 23-FH2477

Plan ID No.: 00943518

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 November 7, 2023, at 1:00 p.m. Eastern Standard Time ("EST").

APPEARANCES

For the Petitioner:

[REDACTED]

Petitioner's Authorized Representative

For the Respondent:

Mayckol Chamorro
Grievances and Appeals Supervisor
Managed Care of North America, Inc.

STATEMENT OF ISSUE

The issue is whether Petitioner proved by a preponderance of the evidence that Respondent's denial of dental services, code D8080 for braces, code D8670 for monthly visits, and code D8680 for retainer, was incorrect.

PRELIMINARY STATEMENT

All parties and witnesses appeared for the scheduled Fair Hearing telephonically. [REDACTED] [REDACTED] (“[REDACTED]”), Petitioner’s Authorized Representative, appeared on behalf of Petitioner.

Maykol Chamorro, Complaints and Grievances Specialist for DentaQuest of Florida, Inc. (“DentaQuest”) appeared on behalf of the Respondent. Frank Manteigo, DDS, (“Dr. Manteigo”) Dental Consultant for DentaQuest, attended as a witness for Respondent.

Marielisa Amador, a Medical Health Care 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 nine (9)-page evidence packet. The evidence packet appears in the Office of Fair Hearings’ case management system as “DAR and Evidence.pdf.” Without objection, the evidence packet was admitted into evidence as Petitioner’s Composite Exhibit 1.

Prior to the Fair Hearing, Respondent sent to the Office of Fair Hearings and Petitioner a forty-nine (49)-page evidence packet. The evidence packet appears in the Office of Fair Hearings’ case management system as “[REDACTED] Evidence .pdf.” Without objection, the evidence packet was admitted into evidence as Respondent’s Composite Exhibit 1.

FINDINGS OF FACT

1. Petitioner is an enrolled member of DentaQuest, which is a managed care organization contracted by the Agency to provide services to eligible Medicaid recipients in Florida. See page 10 at RCE 1.

2. Petitioner is [REDACTED]. *Id.* at 10. On or around September 14, 2023, Petitioner requested an authorization for comprehensive orthodontic treatment of the adolescent dentition, (code D8080), periodic orthodontic monthly visits (code D8670), and orthodontic retention [retainer] (code D8680). *Id.* at 10, 13.

3. Petitioner's provider, [REDACTED], DDS, Orthodontic Dentist, ("[REDACTED]"), requested pre-treatment authorization for the orthodontic services at issue. *Id.* at 10. [REDACTED] did not complete a Medicaid Orthodontic Initial Assessment Form ("IAF") for the purpose of determining whether orthodontics are medically necessary for Petitioner, by demonstrating qualifying "handicapping malocclusion." *Id.* at 25. [REDACTED] submitted x-rays and photos of Petitioner's mouth. *Id.* at 22-24; *see* pages 7-9 of PCE 1. In a letter dated September 27, 2023, [REDACTED] wrote:

This letter is to appeal the decision to deny orthodontic treatment for patient [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] Please reconsider this patient for orthodontic treatment as it is medically necessary.

Page 6 of PCE 1.

4. Respondent denied the Petitioner's request for Orthodontic services in a Notice of Adverse Benefit Determination ("NABD") dated September 14, 2023. *Id.* at 4 - 8. The NABD gave the following reasons for the denial:

- 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.

X 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:

Our dentist looked at the information sent by your dentist. You did not meet the criteria needed to approve braces. The information sent shows a lack of medical necessity or a handicapping malocclusion. The criteria measure how your teeth are different from normal alignment. It also measures how your teeth are different from normal contact between the teeth when you chew or bite down. The criteria reviewed includes: a deep impinging overbite (this is when your upper teeth come too far down over your lower teeth and the lower teeth cause gum damage to the roof of your mouth); open-bite with your front teeth (this is when there is a space between the biting surface of the front teeth when the back teeth bite together); cross-bite with your front teeth (this is when the front teeth don't line up with the bottom teeth); impacted front teeth (this is when your teeth will not grow in to your mouth without help); over-jet bigger than 9mm or negative over-jet bigger than 3.5mm (this is when your top teeth or bottom teeth are too far forward and do not line up correctly); cleft lip; cleft palate (this is an opening in the roof of your mouth); or issues with your teeth that would need braces and surgery in order to fix them. We have also told your dentist. Please talk to your dentist about your treatment choices.

This denial applies to this service(s):

- D8080 braces
We based this decision on:
 - DentaQuest Clinical Criteria for Comprehensive Orthodontics

- D8670 monthly visit
We based this decision on:
 - DentaQuest Clinical Criteria for Other Orthodontic Services

- D8680 retainer
We based this decision on:
 - DentaQuest Clinical Criteria for Other Orthodontic Services

...

Pages 13 - 14 of RCE 1.

5. Petitioner requested a plan appeal on August 10, 2023. *Id.* at 13. On or around August 21, 2023, MCNA's Clinical Reviewing Dentist, Dr. Henry S. Hammer, DDS, MS, FACD, FICD, FADI,

who did not participate in the initial decision, reviewed Petitioner’s pre-treatment authorization and all available records, which included dental photographs and radiographs. *Id.* at 18 – 25. Dr. Hammer completed an IAF, which shows that none of the auto-qualifying conditions are met and gives Petitioner a non-qualifying HLD score of [REDACTED] *Id.* at 21-22. With no auto-qualifying conditions, a minimum score of twenty-six (26) is required to qualify for orthodontic care. *Id.* at 21. Dr. Hammer denied the requested Orthodontic services, stating as follows:

[T]he member does not meet the required criteria necessary to qualify for Medicaid benefits. The provider shared on the Orthodontic Initial Assessment Form (IAF) that the member scored a non-qualifying total score of [REDACTED] even with the provider mis-scoring the member in the [REDACTED] areas. This reviewer scored the malocclusion at an IAF total of a non-qualifying total score of [REDACTED]. The member presented with [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] Summarizing, Deny 8080.

Page 19, 22 at RCE 1.

6. On September 26, 2023, Respondent issued a Notice of Plan Appeal Resolution (“NPAR”) upholding the denial of D8080 Comprehensive Orthodontic Treatment, based on medical necessity. *Id.* at 37 - 40. The NPAR included the rationale for the denial, as follows:

On 09/26/2023 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:

Our Dentist looked at your request for braces. The denial is upheld. The documentation from your dentist did not show any medical need for braces.

...

Pages 37 of RCE 1.

7. Petitioner timely requested a Fair Hearing on September 27, 2023. The Office of Fair Hearings issued an Order Scheduling Fair Hearing by Telephone and Prehearing Instructions on October 18, 2023. The order set this matter for hearing on November 7, 2023, at 1:00 p.m. EST. *Id.* at 2 – 8.

8. [REDACTED] testified that Petitioner's orthodontic services are medically necessary, as two (2) of [REDACTED] dental providers have recommended. [REDACTED] explained that Petitioner's canine teeth are not coming in properly, that [REDACTED] cannot chew and [REDACTED] does not brush [REDACTED] teeth well because it is painful.

9. Dr. Manteigo testified that three (3) dentists independently reviewed all the documentation, photographs and e-rays submitted by [REDACTED], Petitioner's dental provider. Dr. Manteigo testified that after all was taken into consideration, each reviewer agreed with the denial of orthodontic services, based on the Medicaid guidelines that they are required to follow. Dr. Manteigo further explained that on the required IAF, with the necessary criteria for braces to be scored, none of the criteria applied in this case. Dr. Manteigo concluded that Petitioner does not meet the medical necessity criteria for orthodontic treatment under the Florida Medicaid dental plan.

10. The DentaQuest of Florida, Inc. (July 27, 2023), Current Dental Terminology at American Dental Association, contains the following criteria:

18.11. Clinical Criteria for Orthodontics

Florida Medicaid requires that for any orthodontic case to be determined as medically necessary the case must demonstrate a "handicapping malocclusion". The state defines "handicapping malocclusion" as "a condition that results in a disability or impairment to the recipient's physical development." DentaQuest has set the criteria in the Orthodontic Criteria Index Form included below. Please note,

that if a provider does not check any criteria, DentaQuest will deny the case. The Pre-orthodontic visit (code D8660) is only covered on denied prior authorization requests for comprehensive orthodontic care. The pre-orthodontic visit includes diagnostic casts, photographs, radiographs (panoramic and cephalometric), a Orthodontic form, a ADA claim form, and a narrative including the diagnosis and treatment plan. These services are not reimbursed separately.

Orthodontic services will not be covered for the following conditions:

- Treatment primarily for cosmetic purposes; or
- Split phase treatment, with exception of cleft palate cases
- Cases that do not meet one of the auto qualifiers in the orthodontic form.

Documentation

Orthodontic treatment requires the following documentation to show medical necessity:

- Prior Authorization by DentaQuest
- Orthodontic Form
- Examination and records that show a narrative or rationale including diagnosis/prognosis/treatment plan

Page 42 of RCE 1.

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 Fla. Admin. Code R. 59G-1.100(17)(b).

13. 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.)

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

1.0 Introduction

Florida Medical Dental services provide 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.

...

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 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 25 units within a 36 month period, including the removal of the appliances and retainers at the end of treatment
- Once 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 1396(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.

Dental Coverage Policy at pages 1-3.

16. The Dental Coverage Policy also establishes dental services specifically not covered under Florida Medicaid:

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 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

Dental Coverage Policy at page 5.

17. 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.

18. Petitioner is under age 21, and therefore EPSDT applies to his request for services.

However, a state may place medical necessity limitations on EPSDT services. See 42 C.F.R.

§§440.230(a), (b), (d). 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.

19. Section 2.83 of the Florida Medicaid Definitions Policy (August 2017)(“Definitions Policy”), 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.

20. As established on the record, Respondent denied Petitioner's request for comprehensive orthodontic treatment of the adolescent dentition because the services were not medically necessary. *See supra* ¶ 4, 6. Specifically, DentaQuest determined the services failed the following four 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.

21. Florida Medicaid provides, in part, that orthodontic treatment of the adolescent dentition services are limited to those circumstances where the enrollee's condition creates a disability and impairs their physical development, and services will not be covered if services are for limited or interceptive treatment, or primarily cosmetic purposes. *See supra* ¶ 10.

22. The Dental Coverage Policy, in section 4.2.4, states that Florida Medicaid covers orthodontic services for recipients with handicapping malocclusions. *See supra* ¶ 23. In this case, Petitioner's provider did not complete an IAF to demonstrate that has an auto-qualifying score to meet the criteria for orthodontic treatment. *See supra* ¶ 3. As Dr. Manteigo's testimony and evidence in the record established, DentaQuest's dental clinical reviewers have determined that none of the criteria on the IAF are applicable to Petitioner's teeth. *See supra* ¶ 5, 6, 9. Therefore, based on the record evidence and testimony, Petitioner does not have a qualifying handicapping malocclusion.

23. ██████████ testified that Petitioner has pain from ██████ teeth not erupting properly, causing ██████ not to chew food and brush ██████ teeth properly. *See supra* ¶ 8. ██████████ further

asserted that the requested Orthodontic services should be approved because Petitioner's dental provider recommended the orthodontic treatment. See supra ¶ 3. However, "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." See supra ¶ 19.

24. As the Petitioner bears the burden of proof, [REDACTED] must show by a preponderance of the evidence that Respondent's decision was incorrect. As established on the record, Petitioner did not meet the criteria for a qualifying malocclusion condition based on the incomplete IAF Criteria Index form submitted by Petitioner's provider as well as the radiographs and photos submitted. As such, the greater weight of evidence shows that the requested orthodontic services are not individualized, specific, consistent with symptoms or diagnosis or illness of injury and are in excess of the patient's need. Therefore, Petitioner did not demonstrate that the requested orthodontic 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.

25. Accordingly, Petitioner did not prove by a preponderance of the evidence that Respondent's denial of code D8080 for braces, code D8670 for monthly visits, and code D8680 for retainer, was incorrect.

DECISION

The Respondent's denial of code D8080 for braces, code D8670 for monthly visits, and code D8680 for retainer, is **AFFIRMED**. The Petitioner's appeal based on Respondent's denial is hereby **DENIED**.

DONE and ORDERED this 10th day of January, 2024, in Tallahassee, Leon County, Florida.



Debbie K. Winicki
23-FH2477
2024.01.10 08:51:30 -05'00'

DEBBIE WINICKI, Hearing Officer
Agency for Health Care Administration
Office of Fair Hearings
2727 Mahan Drive, Mail Stop # 11
Tallahassee, FL 32308-5407

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:

[REDACTED]
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