



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

FILED

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OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 24-FH1074

Plan ID No.: [REDACTED]

vs.

DENTAQUEST OF FLORIDA, INC.,

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned convened a telephonic Fair Hearing in the instant case on May 15, 2024, at 9:00 a.m. Eastern Standard Time ("EST").

APPEARANCES

For the Petitioner:

[REDACTED]

Petitioner's Authorized Representative

For the Respondent:

Shonda Rushing
Grievance and Appeals 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 services, code D 8080, braces and code D 8670, monthly visits, was incorrect.

PRELIMINARY STATEMENT

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

Shonda Rushing, Complaints and Grievances Specialist for DentaQuest of Florida, Inc. (“DentaQuest”) appeared on behalf of the Respondent. Linda Johnson, DDS, (“Dr. Johnson”) Dental Consultant for DentaQuest, attended as a witness for Respondent.

Sandra Durden, 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, Respondent sent to the Office of Fair Hearings and Petitioner a fifty-two (52)-page evidence packet. The evidence packet appears in the Office of Fair Hearings’ case management system as file titles: “SFH Packet 24-1074 [PETITIONER].pdf,” and “SFH Packet 24-FH1074 Part 2.pdf.” Without objection, the 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, 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 February 27, 2024, Petitioner requested an authorization for comprehensive orthodontic treatment (code D8080), and periodic orthodontic monthly visits (code D8670). *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.

4. [REDACTED] submitted an Orthodontic Criteria Index Form (“OCIF”) for the purpose of determining whether orthodontics are medically necessary for Petitioner. The form did not identify any criteria that had been met. *Id.* at 23. [REDACTED] submitted x-rays and photos of Petitioner’s mouth. *Id.* at 22. In a note dated February 19, 2024, [REDACTED] wrote:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Id. at 25.

5. Respondent denied the Petitioner’s request for Orthodontic services in a Notice of Adverse Benefit Determination (“NABD”) dated February 29, 2024. *Id.* at 13 - 17. 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.

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

Id. at 13-14.

6. On March 26, 2024, Respondent issued a Notice of Plan Appeal Resolution (“NPAR”) upholding the denial of D8080 Comprehensive Orthodontic Treatment, based on medical necessity. *Id.* at 30. The NPAR included the rationale for the denial, as follows:

On March 26, 2024, 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 information your dentist sent. You did not meet the needs to get braces. The information shows your teeth are not different enough from normal or that you do not have a bad problem with how your teeth fit together. The rules measure how your teeth are different from teeth that fit together right. It also measures how your teeth touch each other when you chew or bite down. The rules looked at: If your top teeth come down too far over your bottom teeth and hurt the top of your mouth. If there is a space between your front teeth when you bite with your back teeth. If your front teeth do not line up right with your bottom teeth. If your teeth will not grow into your mouth without help. If your top or bottom teeth stick out too far and do not line up right.

If you have a split lip. If you have a split roof of your mouth. If your teeth need braces and surgery to fix them. We based this decision on: DentaQuest Clinical Criteria for Comprehensive Orthodontics.

Id. at 30.

7. Petitioner timely requested a Fair Hearing on April 2, 2024. The Office of Fair Hearings issued an Order Scheduling Fair Hearing by Telephone and Prehearing Instructions on April 9, 2024. The order set this matter for hearing on May 15, 2024, at 9:00 a.m. EST.

8. [REDACTED], Petitioner's Authorized Representative and [REDACTED] testified as follows:

a. [REDACTED] does not understand why these services were not authorized because [REDACTED] believes it is a medical condition.

b. [REDACTED]
[REDACTED].

9. Dr. Johnson testified as follows:

a. The clinical criteria do not support authorization of the services requested. *Id.* at 44.

b. [REDACTED]
[REDACTED]
[REDACTED]

c. [REDACTED]
[REDACTED]. *Id.* at 22.

d. [REDACTED] *Id.* at 23.

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

Id. at 44-45.

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.

15. 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.

16. 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.

17. Petitioner is under age 21, and therefore EPSDT applies to [REDACTED] 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.

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 NPAR, determined that orthodontic services are not "medically necessary" for Petitioner. 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.

19. 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 ¶ 5, 6. Specifically, DentaQuest determined the services failed the following 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 ¶ 5.

20. Florida Medicaid provides, in part, that orthodontic treatment of the adolescent dentition services is 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 ¶ 10.

21. The Dental Coverage Policy, in section 4.2.4, states that Florida Medicaid covers orthodontic services for recipients with handicapping malocclusions. See ¶ 14-15. In this case, Petitioner's provider completed an Orthodontic Criteria Index Form that shows none of the

required conditions to meet the criteria for orthodontic treatment. See ¶ 4. As Dr. Johnson's testimony and evidence in the record established, none of the criteria on Orthodontic Criteria Index Form are applicable to Petitioner's teeth. See ¶ 4, 9. Therefore, based on the record evidence and testimony, Petitioner does not have a qualifying handicapping malocclusion.

22. ██████ asserted that Petitioner's teeth affect ██████ speech. See ¶ 8. Further, ██████ stated the requested Orthodontic services should be approved because Petitioner's dental provider recommended the orthodontic treatment. See ¶ 8. 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 ¶ 18.

23. As the Petitioner bears the burden of proof, ██████ must show by a preponderance of the evidence that Respondent's decision was incorrect. As established on the record, Petitioner did not demonstrate the presence of a handicapping malocclusion. See ¶ 8. 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.

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

DECISION

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

DONE and ORDERED this 12th day of August, 2024, in Tallahassee, Leon County, Florida.



Lynne Ringers
24-FH1074
2024.08.12 07:35:25 -04'00'

LYNNE RINGERS, 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:



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