

STATE OF FLORIDA
DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE OF APPEAL HEARINGS

FILED

FEB 25 2015

OFFICE OF APPEAL HEARINGS
DEPT OF CHILDREN & FAMILIES

APPEAL NO. 14F-09635


PETITIONER,

Vs.

AGENCY FOR HEALTH CARE ADMINISTRATION
CIRCUIT: 11 Dade
UNIT: AHCA

RESPONDENT.
_____ /

FINAL ORDER

Pursuant to notice, a telephonic administrative hearing was convened in this matter before the undersigned hearing officer on December 29, 2014 at 3:16 p.m.

APPEARANCES

For the Petitioner:	Pro se
For the Respondent:	Oscar Quintero, Program Operations Administrator, Agency for Health Care Administration

ISSUE

The Petitioner is appealing the Agency for Health Care Administration's (AHCA) decision to deny the Petitioner's request for a lower arch partial denture (procedure code D5214).

PRELIMINARY STATEMENT

Appearing as witnesses for the Agency were Tracy Parks, R.N., Manager for Clinical Quality with Amerigroup; Susan Hudson, M.D., Dental Director with DentaQuest; and Jacqueline Salcedo, Compliance and Grievance Specialist with DentaQuest. Brittany Grey, Account Executive with Amerigroup, appeared as an observer.

Amerigroup is the managed care provider for the Petitioner, and DentaQuest is Amerigroup's dental services provider under the managed care plan.

Respondent entered one document into evidence which was marked Respondent Exhibits 1. The record was kept open until January 5, 2015 for the Respondent to provide copies of pages in AHCA's Dental Handbook and in DentaQuest's Handbook that was used as the basis for the action. These were received timely and marked as Respondent Exhibit 2 and 3, respectively.

The Petitioner entered a six page document into the record which was marked as Petitioner Exhibit 1, without objection.

FINDINGS OF FACTS

Based on the oral and documentary evidence presented at the final hearing and on the entire record of this proceeding, the following Findings of Fact are made:

1. The Petitioner is a Medicaid recipient enrolled with Amerigroup, a Florida Health Managed Care provider. Dental services for Amerigroup enrollees are provided through DentaQuest of Florida.

2. Amerigroup requires prior authorization for services related to dentures and requires that the dental work be performed by a participating provider within the Amerigroup (and/or DentaQuest) provider network.

3. The Petitioner's dentist submitted a request for prior authorization of a partial upper denture (procedure code D5213) and a partial lower denture (procedure code D5214) to DentaQuest. The request was received by DentaQuest on October 9, 2014.

4. DentaQuest initially denied both the upper and lower partial dentures on October 14, 2014. Upon a re-review on November 6, 2014, DentaQuest approved the upper denture and denied the lower denture. DentaQuest sent a determination notice to the Petitioner's dentist providing the reason(s):

Code	Description	Determination Reason(s)
D5213	Maxillary partial denture-upper arch	Treatment has been approved.
D5214	Mandibular partial denture-lower arch	Per Dental Director review, partial is denied. Masticatory function does not appear to be severely impaired.

5. The Petitioner timely filed her hearing request on November 12, 2014.

6. The Petitioner stated she has lost 60 pounds due to her inability to chew food. She stated she needed the partial lower dentures so she could have a normal life. The Petitioner advised that she has not yet received the upper denture.

7. The Dental Director for DentaQuest testified that the denial of the lower partial denture was based on a determination that the Petitioner had an adequate number of back teeth, in conjunction with the approved upper partial denture, for chewing her food. In reviewing the radiograph sent by the Petitioner's dentist, the doctor stated the

Petitioner has two molars in the bottom right side (# 31 and #32) and one premolar (# 28) on the right side. She also has one premolar (#20) on her left side. She explained that with the upper partial denture the Petitioner will have a total of eight teeth for chewing – six on the right side and two on the left side.

8. The petitioner asserted that she has no molars or “grinders” in her lower teeth and that’s why she is unable to chew food.

9. Respondent reiterated that the Petitioner has two molars, two premolars, and all front teeth in her lower mouth.

CONCLUSIONS OF LAW

10. By agreement between the Agency for Health Care Administration and the Department of Children and Families, the Agency for Health Care Administration has conveyed jurisdiction to the Office of Appeal Hearings to conduct this hearing pursuant to Chapter 120.80, Florida Statutes.

11. This proceeding is a de novo proceeding pursuant to Fla. Admin. Code R. 65-2.056.

12. Because the matter under appeal involves a request for services, the burden of proof was assigned to the Petitioner in accordance with Fla. Admin. Code R. 65-2.060 (1).

13. Florida Statutes 409.971 – 409.973 establishes the requirement for Medicaid recipients to be enrolled in the statewide managed medical assistance program and the minimum benefits the managed care plans shall cover. Dental services is one of the mandatory services that must be provided.

14. § 409.912, Fla. Stat. also provides that the Agency may mandate prior authorization for Medicaid services.

15. Fla. Admin. Code R. 59G-1.010 defines "prior authorization" as:

(226) "Prior authorization" means the approval by the Medicaid office for a Medicaid provider, or by a prepaid health plan for its affiliated providers, to deliver Medicaid covered medical or allied care, goods, or services in advance of the delivery of the care, goods, or services.

16. Fla. Admin. Code R. 59G-1.010 (166) R. also provides:

"Medically necessary" or "medical necessity" means that the medical or allied care, goods, or services furnished or ordered must:

(a) Meet the following conditions:

1. Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain;
2. 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;
3. Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational;
4. **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; and**
5. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider [emphasis added].

(b) "Medically necessary" or "medical necessity" for inpatient hospital services requires that those services furnished in a hospital on an inpatient basis could not, consistent with the provisions of appropriate medical care, be effectively furnished more economically on an outpatient basis or in an inpatient facility of a different type.

(c) 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.

17. The Florida Medicaid Dental Services Coverage and Limitations Handbook- November 2011 (Handbook), incorporated by reference into Chapter 59G-4, Fla. Admin. Code, sets standards for covered adult dental services (ages 21 and over) and states on page 2-3:

The adult dental program provides for the reimbursement of full and removable partial dentures. Extractions and other surgical procedures essential to the preparation of the mouth for dentures are reimbursable if the patient is to receive dentures. Procedures relating to dentures such as repairs, relines and adjustments are reimbursable.

18. On page 2-31 of the Handbook it further states:

Partial dentures refer to the prosthetic appliance that replaces missing teeth and is on a framework that is removed by the patient. Prior authorization is required for reimbursement of removable partial dentures and must be submitted to the dental consultant for determination of **medical necessity** prior to the procedure being performed [emphasis added].

19. The Petitioner argued that she should receive lower partial dentures because she is currently unable to chew food and has lost 60 pounds as a result.

20. The Respondent argued that the Petitioner has sufficient molars and premolars in her lower mandible to chew food when she gets her upper denture. The Respondent's witness offered testimony sufficient to support DentaQuest's decision that the Petitioner will be able to chew food when she gets her upper partial denture. As a result, the lower partial denture is not medically necessary at this time. The Petitioner failed to meet her burden of proof to support her request.

DECISION

Based on the evidence presented at the final hearing and on the entire record of this proceeding, the Agency for Health Care Administration acted correctly when it

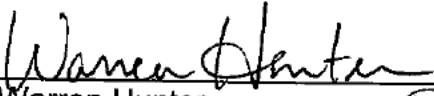
denied the petitioner's request for procedure D5214-lower partial denture. Therefore, the Petitioner's appeal is hereby denied.

NOTICE OF RIGHT TO APPEAL

This decision is final and binding on the part of the agency. If the petitioner disagrees with this decision, the petitioner may seek a judicial review. To begin the judicial review, the petitioner must file one copy of a "Notice of Appeal" with the Agency Clerk, Agency for Health Care Administration, 2727 Mahan Drive, Tallahassee, FL 32308-5403. The petitioner must also file another copy of the "Notice of Appeal" with the appropriate District Court of Appeal. The Notices must be filed within thirty (30) days of the date stamped on the first page of the final order. The petitioner must either pay the court fees required by law or seek an order of indigency to waive those fees. The agency has no funds to assist in this review, and any financial obligations incurred will be the petitioner's responsibility.

DONE and ORDERED this 25th day of February 2015,

in Tallahassee, Florida.



Warren Hunter
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Copies Furnished To: [REDACTED] Petitioner
Rhea Gray, Area 11, AHCA Field Office Manager