

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

FILED

JUN 08 2015

OFFICE OF APPEAL HEARINGS
DEPT. OF CHILDREN & FAMILIES



APPEAL NO. 15F-02435

PETITIONER,

Vs.

CASE NO.

AGENCY FOR HEALTH CARE ADMINISTRATION

CIRCUIT: 11 Dade

UNIT: AHCA

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned convened a telephonic administrative hearing in the above-referenced matter on April 28, 2015, at 10:45 a.m.

APPEARANCES

For the Petitioner:



the petitioner's grandmother.

For the Respondent:

Dianna Chirino, Senior Program Specialist, Agency
for Health Care Administration (AHCA).

STATEMENT OF ISSUE

At issue is whether the Agency's denial of a dental procedure was correct. The petitioner carries the burden of proving her case by a preponderance of the evidence.

PRELIMINARY STATEMENT

Present as witnesses for the respondent were Carlene Brock, Quality Operations Appeals Nurse with Amerigroup; Jacqueline Salcedo, Complaints and Grievances Representative with DentaQuest; and Dr. Susan Hudson, Dental Director with DentaQuest.

Karina Anderson, with Propio Language Services, provided interpreter services for petitioner who is Spanish speaking.

The respondent submitted into evidence Respondent Exhibit 1.

The hearing was left open for fourteen days for the petitioner to submit additional information from her oral surgeon and for an additional seven days for the respondent to provide a response. No additional information was submitted.

FINDINGS OF FACT

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

1. The petitioner is sixteen years of age and is a Medicaid recipient living in Miami-Dade County, Florida. She is enrolled in the Medicaid MMA (Managed Medical Assistance) Program with Amerigroup. Amerigroup is a Managed Care Organization that has been authorized by AHCA to make certain prior service authorization decisions for individuals enrolled in Medicaid MMA Programs. DentaQuest is contracted by Amerigroup to provide dental services and perform prior authorization reviews.

2. The petitioner has braces for her teeth. She was having problems with pain associated with the braces and went to her oral surgeon. The petitioner's oral surgeon submitted a Dental Claim form on January 28, 2015 to DentaQuest. DentaQuest reviewed this request and provided an Authorization Determination notice to the petitioner's dental provider.

3. The above referenced notice was mailed on January 29, 2015 and indicated that the request for procedure code D7320 was denied. The determination reason provided indicated "there are less than four spaces in the quadrant that require alveoloplasty." Additional procedure codes were also denied, but those codes are directly related to the D7320 code procedure and are not stand alone requests.

4. Amerigroup sent the petitioner a "Notice" on January 29, 2015 regarding the above noted decision which states in part:

Denying your request for D7320-oral surgery to trim bone without extraction, Lower Left Quadrant.

This ruling was made because: Your dentist asked to smooth your bone in an area with less than four tooth spaces. Your dentist is not smoothing bone in that many tooth spaces. We have asked your dentist to fix the code. We have also told your dentist.

5. The petitioner's representative indicated her understanding is that the dental problem for the petitioner involves the number 22 tooth. She argued that the petitioner needs the dental surgery in order for the braces to be reinstalled properly without causing any pain.

6. The respondent witness, DentaQuest's Dental Director, reiterated the requested procedure is not an appropriate procedure for the petitioner based on the information submitted by the petitioner's oral surgeon. Additionally, Jacqueline Salcedo reiterated DentaQuest tried to contact the petitioner's provider to explain the codes and to get more information concerning the request for the dental procedure. She indicated the petitioner's dentist did not respond to DentaQuest. The respondent requested the petitioner contact her oral surgeon to get a more detailed explanation for the dental procedure and additional photos of the petitioner's teeth.

7. The record was left open, as noted above, for the petitioner to get additional information from the oral surgeon and to submit this information to the Agency and Appeal Hearings. No additional information was provided.

PRINCIPLES OF LAW AND ANALYSIS

8. The Department of Children and Families, Office of Appeal Hearings has jurisdiction over the subject matter of this proceeding and the parties, pursuant to § 409.285, Fla. Stat. This order is the final administrative decision of the Department of Children and Families under § 409.285, Fla. Stat.

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

10. In accordance with Fla. Admin. Code R. 65-2.060 (1), the party having the burden shall establish his/her position by a preponderance of the evidence, to the satisfaction of the hearing officer.

11. The Dental Services Coverage and Limitation Handbook (November 2011), which has been incorporated by reference into Chapter 59G-4, Fla. Admin. Code, states on page 2-14:

Alveoloplasty is the surgical preparation of the alveolar ridge for dentures and is indicated in extreme cases without which insertion of dentures would be impossible. The procedures are provided and billed on a quadrant basis, which may or may not be in conjunction with extractions.

12. Fla. Admin. Code R. 59G-1.010 states in part:

(166) "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;
5. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

(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.

13. As shown in the Findings of Fact, Amerigroup, through DentaQuest, denied the petitioner's request for dental procedure code D7320, which is oral surgery to trim bone without extraction, Lower Left Quadrant.

14. For the case at hand, the dental procedure code, as submitted by the petitioner's oral surgeon, was incorrect for the type of dental procedure requested. Additionally, there was insufficient information submitted by the petitioner's provider to indicate the need for the procedure as requested. The hearing officer agrees with the respondent's arguments that there was insufficient information presented by the petitioner's provider.

15. After considering the evidence and all of the appropriate authorities set forth in the findings above, the hearing officer concludes that the petitioner has not met her burden of proof and the Agency's action denying the petitioner's request for the dental procedures is correct.

DECISION

Based upon the foregoing Findings of Fact and Conclusions of Law, this appeal is denied and the Agency action affirmed.

NOTICE OF RIGHT TO APPEAL

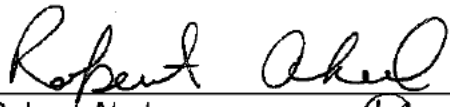
This decision is final and binding on the part of the agency. If the petitioner disagrees with this decision, the petitioner may seek a judicial review. To begin the judicial review, the petitioner must file one copy of a "Notice of Appeal" with the Agency Clerk, Agency for Health Care Administration, 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 petitioner is responsible for any financial obligations incurred as the agency has no funds to assist in this review.

FINAL ORDER (Cont.)

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DONE and ORDERED this 8th day of June, 2015,
in Tallahassee, Florida.


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