



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

FILED

Jan 03, 2023, 9:21 am

OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 22-FH1911

Plan ID No.: [REDACTED]

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, 2022, at 11:00 a.m. Eastern Standard Time ("EST").

**APPEARANCES**

For the Petitioner:

[REDACTED]

Petitioner's Authorized Representative

For the Respondent:

Katie Sikes  
Complaints 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 (the extraction of teeth #1 and #16 along with accompanying sedation) was incorrect.

**PRELIMINARY STATEMENT**

All parties appeared for the Fair Hearing telephonically. [REDACTED] (“ [REDACTED]”), Petitioner’s Authorized Representative and [REDACTED], appeared for the Fair Hearing to provide testimony on behalf of Petitioner and did not call any witnesses.

Katie Sikes, a Complaints and Appeals Specialist for DentaQuest of Florida, Inc. (“DentaQuest”) appeared for the Fair Hearing as representative for Respondent. Dr. Linda Johnson (“Dr. Johnson”), a Dental Consultant for DentaQuest, appeared for the Fair Hearing as a witness for Respondent.

Doris Rivera, a Medical Health Care Program Analyst for the Agency for Health Care Administration (“Agency” or “AHCA”), appeared for the Fair Hearing as an observer.

Petitioner did not introduce any exhibits at the Fair Hearing. Prior to the Fair Hearing, Respondent sent to the Office of Fair Hearings and Petitioner a 38-page evidence packet, which was admitted into evidence as Respondent’s Composite Exhibit 1. Respondent’s Composite Exhibit 1 includes the following documents: an Order Scheduling Fair Hearing by Telephone and Prehearing Instructions (“Scheduling Order”) (dated October 21, 2022); an ADA Dental Claim Form (Claim/Adjustment Number: [REDACTED]); a Notice of Adverse Benefit Determination (“NABD”) (dated October 9, 2022); a DentaQuest – Authorization Determination (dated October 8, 2022); a dental radiograph (undated); DentaQuest’s appeal information; a DentaQuest – Authorization Determination (dated October 17, 2022); Exhibit B Benefits Covered for Florida (“FL”) Statewide Medicaid Dental Health Program – Children Medicaid & MediKids Medicaid; DentaQuest internal criteria – 18.01 Criteria for Dental Extractions; DentaQuest internal criteria – 18.02 Criteria for Cast Crowns; DentaQuest internal criteria – 18.09 Criteria for

General Anesthesia and Intravenous (IV) Sedation; and DentaQuest internal criteria – 18.10 Criteria for Periodontal Treatment.

Prior to the Fair Hearing, Respondent sent to the Office of Fair Hearings and Petitioner a 7-page Notice of Plan Appeal Resolution (“NPAR”) (dated October 17, 2022), which is hereby admitted into evidence as Respondent’s Exhibit 2.

### **FINDINGS OF FACT**

1. Petitioner is an enrolled member of DentaQuest. *See* Respondent’s Composite Exhibit 1, pages 10, 23. DentaQuest is a managed care organization contracted by the Agency to provide services to eligible Medicaid recipients in the state of Florida.

2. As of the date of the Fair Hearing, Petitioner is [REDACTED]. *Id.* at 10. Petitioner’s dental provider is Dr. Mark Kogan (“Dr. Kogan”). *Id.* at 10. Dr. Kogan submitted an ADA Dental Claim Form requesting the following dental services: D7240 (teeth #1, #16, #17, #32), D9230, D9239, and D9243. *Id.* DentaQuest approved the extraction of tooth #32 and two units of sedation. *Id.* at 19-20. Dr. Kogan submitted a dental radiograph. *Id.* at 21.

3. On October 9, 2022, DentaQuest issued an NABD denying Petitioner’s request for dental services, *supra* ¶ 2, based on medical necessity. *Id.* at 12-16. The NABD explained the basis of the denial of dental services as follows, in pertinent part:

DentaQuest has reviewed your request for D7240 - extraction of impacted tooth covered by bone, Tooth 1; D7240 - extraction of impacted tooth covered by bone, Tooth 16; D7240 - extraction of impacted tooth covered by bone, Tooth 17; D9230 - relaxation gas, which we received on October 7, 2022. After our review, this service has been: **DENIED** as of 10/8/2022.

We made our decision because:  
(Check all boxes that apply)

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: 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):

- D7240 extraction of impacted tooth covered by bone Tooth 1

We based this decision on:

- DentaQuest Clinical Criteria for Surgical Extraction
- D7240 extraction of impacted tooth covered by bone Tooth 16

We based this decision on:

- DentaQuest Clinical Criteria for Surgical Extraction

**The medicine to help you relax is part of the anesthesia medicine. Your dentist gave you the anesthesia medicine. We cannot approve both of these services. They cannot be both done on the same day. We have also told your dentist. Please talk to your dentist.**

This denial applies to this service(s):

- D9230 relaxation gas

**To approve this service you must have severe pain in your tooth, the tooth must be in a position that will not let it break through the gum by itself, and your gums or bone around the tooth are diseased. Our dentist looked at the x-ray and the information from your dentist. It does not appear that this tooth follows our rules to be pulled out. we have let your dentist know. Please talk with your dentist if you have questions about this.**

This denial applies to this service(s):

- D7240 extraction of impacted tooth covered by bone Tooth 17

We based this decision on:

- DentaQuest Clinical Criteria for Surgical Extraction

...

Sincerely,  
Sandy Artisuk, DDS ["Dr. Artisuk"]

Respondent's Composite Exhibit 1, pages 12-16. (Emphasis added).

4. On October 11, 2022, Petitioner requested a plan appeal. *Id.* at 23. On October 17, 2022, DentaQuest issued an NPAR upholding the denial of dental services. *See* Respondent's Exhibit 2.

The NPAR states the following, in pertinent part:

On 10/17/2022 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 to remove teeth 1, 16 and 17. We found no sign of infection. Your dentist did not tell us you are in pain that is more than normal eruption pain. Your teeth are in a position that will let them break through the gum on their own. The roots of your teeth have not formed all the way. The associated sedation services (D9230) are denied. The services are not medically necessary.**

Respondent's Exhibit 2. (Emphasis added).

5. On October 17, 2022, DentaQuest issued an Authorization Determination to Petitioner's dental provider (Dr. Kogan) explaining the denial of dental services. *See* Respondent's Composite Exhibit 1, pages 25-27. The Authorization Determination states the following, in pertinent part:

Procedure: D7240 – removal of impacted tooth-completely bony;  
Tooth ID: 1, 16, 17  
Status: Denied  
Determination Type: Clinical | Advisory  
Determination Reason: Per Dental Director review, service is denied. **There is no sign of infection or other medical reason for tooth removal.** | Our Dental Consultant has reviewed the appeal and the initial decision is upheld. The service

requested is denied. Additional documentation was received, but it does not support the need for this service.

...

Procedure: D9230 – inhalation of nitrous oxide/analgesia, anxiolysis

Status: Denied

Determination Type: Admin

Determination Reason: Nitrous oxide is covered as part of the approved anesthesia benefit.

...

Signed,

F. Manteiga, DMD [“Dr. Manteiga”]

Respondent’s Composite Exhibit 1, pages 25-27. (Emphasis added).

6. On October 18, 2022, [REDACTED] requested a Fair Hearing on behalf of Petitioner regarding the denial of dental services. On October 21, 2022, the undersigned Hearing Officer issued a Scheduling Order to all parties of record scheduling the Fair Hearing to be conducted by telephone on November 7, 2022, at 11:00 a.m. EST. *Id.* at 2-6. At the onset of the scheduled Fair Hearing, DentaQuest approved the extraction of wisdom tooth #17. At the Fair Hearing, [REDACTED] asserted the dental provider’s recommendation as evidence that Petitioner’s request for dental extractions (teeth #1, #16) is medically necessary.

7. According to Dr. Johnson’s testimony presented at the Fair Hearing, Dr. Johnson is a Florida-licensed Dentist and a Dental Consultant for DentaQuest. The internal criteria, *supra* ¶ 8, used to make a medical necessity determination in this case was approved by the Florida Medicaid program. Dr. Johnson reviewed the submitted documentation and determined that Petitioner’s case presents pain but does not meet any of the six dental conditions that constitute pathology. *Id.* at 29-31. As a result, DentaQuest’s internal criteria has very specific criteria for the approval of dental extractions. *Id.* DentaQuest’s internal criteria requires that, in cases where the recipient exhibits pain with no pathology, the dental provider must furnish a narrative that

describes pain that is more than normal eruption pain for each specific tooth. *Id.* at 29-31. Dr. Johnson reviewed the submitted dental narrative and determined that it was insufficient because the dental provider grouped all four wisdom teeth together and did not explain why each tooth needed to be extracted, there was no explanation of Petitioner's pain, and no mention of over-the-counter medication to treat pain. The extractions of #17 and #32 were approved based on DentaQuest reviewing the submitted dental radiograph and determining that the extractions are medically necessary ( [REDACTED] ); wisdom teeth #1 and #16 do not present similar conditions. DentaQuest will not approve all four wisdom teeth to be extracted just because one wisdom tooth was approved to be extracted, and approval of services is not based on speculation of possible adverse dental conditions that may or may not occur in the future. With respect to Petitioner's request for nitrous oxide, this request was denied because Petitioner was already approved for the appropriate amount of IV sedation (2 units) for the extraction of two wisdom teeth.

8. The internal criteria that DentaQuest used to make its decision appears in Section 18.01 of the DentaQuest Criteria for Dental Extractions, which provides as follows, in pertinent part:

**18.01 Criteria for Dental Extractions**

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.**

...

3. Documentation of medical necessity for oral surgery – evidence of diagnosed pathology or demonstrable need (including ortho), rather than anticipated future pathology.

- a. Pathology
    - i. Provider must submit narrative and x-rays or photos describing pathology
    - ii. Each tooth must show pathology
    - iii. Symptomology or impactions without pathology may not be enough
  - b. Demonstrable need
    - i. Narrative describing need
    - ii. Supporting documentation (e.g. x-rays, photos, hospital admissions, etc.)
  - c. Extractions in conjunction with approved orthodontic treatment
    - i. Provider must submit request for extractions from orthodontist
    - ii. Needs to be approved orthodontic case
    - iii. To expedite process, provider may also want to submit orthodontic approval
4. General Approval v. Denial Guidelines
- a. Probable Approval
    - i. **Pathology =**
      - 1. **Non-restorable Decay**
      - 2. **Tooth erupting on an angle and impinging on 2<sup>nd</sup> molars**
      - 3. **Recurrent Pericoronitis**
      - 4. **Dentigerous Cyst or other growth**
      - 5. **Internal or External Root Resorption**
      - 6. **3<sup>rd</sup> molar has over-erupted due to lack of opposing tooth contact**
    - ii. **Demonstrable Need =**
      - 1. In conjunction with approved orthodontics where orthodontist request the 3<sup>rd</sup> 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 necessity demonstrate need**
  - b. Probable Denial
    - Impaction or Symptomology =

1. Impaction with no other pathology
2. Pain or discomfort with unknown pathology
- **Other 3<sup>rd</sup> molars have pathology (if one, two, or three teeth show pathology, DQ will not automatically approve the extraction of the remaining non-pathologic teeth)**

Respondent's Composite Exhibit 1, page 29-31. (Emphasis added).

### CONCLUSIONS OF LAW

9. 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) of the Florida Statutes (2019). This order is the final administrative decision of AHCA under Fla. Stat. § 409.285(2)(a).

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

11. 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.).

12. Petitioner's request for dental services is governed by the Florida Medicaid Dental Coverage Policy (August 2018) ("Dental Policy"), which is incorporated by reference in Fla. Admin.

Code R. 59G-4.060. The Dental Policy provides the following, in pertinent part:

#### **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.

...

#### **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

...

#### **4.2.9 Surgical Procedures and Extractions**

Florida Medicaid covers surgical procedures and extraction services for recipients under the age of 21 years.

Florida Medicaid covers emergency dental services for recipients under age 21 years and older to alleviate pain, infection, or both, and procedures essential to prepare the mouth for dentures.

...

#### **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.

13. The Dental 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 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 Specified 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 scaling
- Individual periapical radiographs(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

14. 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.

15. The Florida Medicaid Definitions Policy (August 2017) (“Definitions Policy”), 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 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.**

(Emphasis added).

### **Wisdom Teeth #17**

19. On October 7, 2022, Petitioner submitted an ADA Dental Claim Form requesting the extraction of wisdom tooth #16 and wisdom tooth #32. *See supra* ¶ 2-3. Subsequently, on October 19, 2022, Petitioner requested a Fair Hearing based on Respondent's denial of this Dental service. *See supra* ¶ 6.

20. Pursuant to Fla. Admin. Code R. 59G-1.100(9)(b)(6), the Hearing Officer is authorized to dismiss a request for a Fair Hearing because it is moot. The Florida Supreme Court explained in *Godwin v. State*, 593 So.2d 211 (1992) (citing *Dehoff v. Imeson*, 153 Fla. 553 (1943)) that "[a]n issue is moot when the controversy has been so fully resolved that a judicial determination can have no actual effect. . . . A case is 'moot' when it presents no actual controversy or when the issues have ceased to exist." *See also J.W. v. Agency for Health Care Admin.*, 178 So. 3d 542, 544–45 (Fla. 1st DCA 2015) (explaining that because J.W. received the requested treatment, "DCF was correct to dismiss J.W.'s fair hearing request under these circumstances because, once he received the continued psychiatric treatment he'd asked for, he no longer needed agency review of Magellan's decision not to authorize the treatment. Rather, the issue at that point became whether Flagler Hospital could be paid by Medicaid for the services it had rendered *without prior authorization.*") (Emphasis in original).

21. Respondent confirmed that Petitioner's request for the extraction of wisdom tooth #17 was approved. See supra ¶ 2, 6. At the Fair Hearing, [REDACTED] did not assert that the extraction of wisdom tooth #17 still presents an issue for the Hearing Officer to adjudicate currently. Both Petitioner and Respondent confirmed the approval at the Fair Hearing. See supra ¶ 2, 6-7. Based on the testimony and evidence presented at the Fair Hearing, there are no additional issues that the Office of Fair Hearings has jurisdiction to address regarding the extraction of wisdom tooth #16.

#### **Wisdom Teeth #1, #16 and Nitrous Oxide**

22. Petitioner requested the extraction of [REDACTED] two (2) wisdom teeth (tooth #1, #16), as well as nitrous oxide/relaxation gas. See supra ¶ 2. In an NABD, dated October 9, 2022, Respondent denied Petitioner's request based on the submitted documentation. See supra ¶ 3. Respondent explained that Petitioner's request was not medically necessary, as Petitioner's request was not "needed to protect life, prevent significant illness or disability, or alleviate severe pain" nor was it "individualized, specific, consistent with symptoms or diagnosis of illness or injury" and was "in excess of the patient's needs." *Id.* Respondent approved the extraction of wisdom teeth (#17, #32) and accompanying sedation. See supra ¶ 2, 6-7. Respondent determined that the criteria for wisdom teeth (#1, #16) were not met because Petitioner's wisdom teeth did not show signs of infection and Petitioner is not experiencing more pain than normal eruption. See supra ¶ 7.

23. As Petitioner bears the burden of proof, Petitioner must show by a preponderance of the evidence that Respondent's decision was incorrect. Here, Petitioner did not establish that the extractions of Petitioner's wisdom teeth (tooth #1, #16) were not "in excess of the patient's needs." As shown by the record, there is no sign of infection or pathology that warrant

extractions of these teeth. *See supra* ¶ 3-5, 7. Moreover, Petitioner's teeth at issue are erupting in a normal eruption pattern with some discomfort to be expected and do not present any pathology. *See supra* ¶ 7. However, Dr. Kogan's dental narrative was not specific and individualized to each tooth in describing how each tooth is causing pain beyond normal discomfort. *See supra* ¶ 7. Thus, Petitioner failed to submit a sufficient dental narrative fully attributing Petitioner's dental pain to tooth #1, #16 and describing in the dental narrative pain that is more than normal expected eruption. *See supra* ¶ 7. The Hearing Officer considered the dental narrative to be a recommendation and took it into consideration. However, the fact that a provider has recommended services does not, in itself, make such services medically necessary. *See supra* ¶ 18. In other words, just because Dr. Kogan requested and stated that the Petitioner needs ■ wisdom teeth extracted does not mean that said services are automatically approved on the provider's word alone. Thus, the Hearing Officer must weigh the professional assessment of Petitioner's dental provider (Dr. Kogan) against the professional assessment of Respondent's dental consultant (Dr. Johnson). However, here, the Hearing Officer found Dr. Johnson's testimony regarding Petitioner's dental condition and needs to be credible and reliable.

24. Dr. Johnson presented credible testimony at the Fair Hearing regarding her professional assessment of Petitioner's dental condition. *See* ¶ 7. The evidence indicates that, as of right now, Petitioner's remaining wisdom teeth do not need to be extracted, but when Petitioner's dental condition changes, ■ may submit a new request for services. The record indicates that the Petitioner is experiencing dental pain. However, in light of Respondent approving two wisdom teeth to be extracted, it is unclear whether the Petitioner's dental pain will be alleviated after teeth #17 and #32 are extracted. As such, Petitioner did not show that ■ request was


“individualized, specific, [and] consistent with the symptoms or diagnosis of illness or injury” and not “in excess of the patient’s needs.” Further, regarding Petitioner’s request for sedation, Petitioner did not provide any testimony or evidence on the record as to why this service would be medically necessary once the underlying services are denied. As such, Petitioner did not demonstrate that the requested dental services were medically necessary.

25. Upon consideration of the testimony provided, evidence submitted, and applicable policies, the undersigned concludes that Petitioner did not prove by a preponderance of the evidence that the requested services are medically necessary. Looking at all the evidence relevant to the particular needs of Petitioner, Petitioner has not shown that the requested services are necessary to provide “relief of pain and infections, restoration of teeth, and maintenance of dental health” or to correct or ameliorate a defect or a physical and mental illness or condition. Accordingly, the undersigned finds that Petitioner has not proved by a preponderance of the evidence that Respondent’s denial of dental services was incorrect.

**IT IS THEREFORE ORDERED AND ADJUDGED:**

Respondent’s denial of dental services (the extractions of teeth #1 and #16 along with nitrous oxide) is hereby **AFFIRMED**. Petitioner’s appeal based on Respondent’s denial of dental services is hereby **DENIED**.

**DONE and ORDERED** this 3rd day of January, 2023, in Tallahassee, Leon County, Florida.

Joseph Mabry  
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**JOSEPH MABRY, Hearing Officer**  
**Agency for Health Care Administration**  
**Office of Fair Hearings**

2727 Mahan Drive, Mail Stop # 11  
Tallahassee, FL 32308-5407  
Office: (850) 412-3649  
Fax: (850) 487-1423  
Email: [OfficeOfFairHearings@ahca.myflorida.com](mailto:OfficeOfFairHearings@ahca.myflorida.com)

**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]

DentaQuest  
[CGATeam3@dentaquest.com](mailto:CGATeam3@dentaquest.com)

AHCA Medicaid Hearing Unit  
[MedicaidHearingUnit@ahca.myflorida.com](mailto:MedicaidHearingUnit@ahca.myflorida.com)