

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



FILED

Apr 10, 2023, 11:08 am  
OFFICE OF FAIR HEARINGS

[REDACTED],

PETITIONER,

AHCA Case No.: 22-FH2280

Plan ID No.: [REDACTED]

vs.

DENTAQUEST OF FLORIDA, INC.,

RESPONDENT.

\_\_\_\_\_ /

**FINAL ORDER**

Pursuant to notice, Hearing Officer Jaquetta Johnson with the Office of Fair Hearings convened a telephonic Fair Hearing in the instant case on March 9, 2023, at 1:36 p.m. Eastern Standard Time (“EST”).

**APPEARANCES**

For the Petitioner:

[REDACTED]  
Counsel for Petitioner

For the Respondent:

Shonda Rushing  
Complaints and Grievances 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 four (4) wisdom teeth along with accompanying sedation) was incorrect. code D7240 - extraction of impacted tooth covered by bone ([REDACTED]); code D7230 - extraction of impacted tooth with some



radiographs; and dental records from [REDACTED]. The hearing officer overruled Respondent's objection, and the documents were admitted into evidence a Petitioner's Composite Exhibit 1. The hearing officer also denied Respondent's motion for a continuance.

Prior to the Fair Hearing, Respondent sent to the Office of Fair Hearings and Counsel for Petitioner a thirty-nine (39)-page evidence packet. The evidence packet appears in the Office of Fair Hearings' case management system as "22-FH2280 Evidence Packet.pdf" and includes the following documents: Order Scheduling Fair Hearing by Telephone and Prehearing Instructions ("Scheduling Order"), dated January 18, 2023; ADA Dental Claim Form (Claim/Adjustment Number: [REDACTED]); Notice of Adverse Benefit Determination ("NABD"), dated August 10, 2022; DentaQuest – Authorization Determination, dated August 10, 2022; dental radiograph; DentaQuest's plan appeal notes; DentaQuest – Authorization Determination, appeal determination date August 22, 2022; Notice of Plan Appeal Resolution ("NPAR"), dated August 22, 2022; 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; DentaQuest internal criteria – 18.10 Criteria for Periodontal Treatment; and Exhibit A Benefits Covered for Florida ("FL") Statewide Medicaid Dental Health Program – Adult and Pregnancy Medicaid. Absent an objection, the documents were admitted into evidence a Respondent's Composite Exhibit 1.

#### **FINDINGS OF FACT**

1. Petitioner is an enrolled member of DentaQuest. See Respondent's Composite Exhibit 1, pages 10, 19-20, 24-26. 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] years old. *Id.* at 10. Petitioner's oral surgeon, Dr. Ricardo Ortiz ("Dr. Ortiz"), submitted an ADA Dental Claim Form requesting preauthorization for the following services: code D7240 - extraction of impacted tooth covered by bone ([REDACTED]); code D7230 - extraction of impacted tooth with some bone ([REDACTED]); code D9222 - general anesthesia, first 15 minutes; and code D9223 - general anesthesia, each 15 minutes (3 units). *Id.* at 10, 13. Box 35 on the ADA Dental Claim Form indicates that Petitioner submitted dental radiographs but does not contain any additional "Remarks." *Id.* at 10, 22. Dr. Ortiz's consultation notes, [REDACTED], state in pertinent part:

**Assessment:**

[REDACTED] yo [REDACTED] with history of [REDACTED] presents with third molars that are Non-functional and Non-hygenic. Tooth [REDACTED] and [REDACTED] are infected with [REDACTED] present. Today we discussed the etiology of this pathology. The recommended treatment was removal of third molars under IV sedation due to patient's medical history and complexity of procedure.

Petitioner submitted dental records showing that the requested oral surgery to remove [REDACTED] wisdom teeth was completed on [REDACTED]. *Id.* at 29-39. Petitioner submitted a copy of the bill for the oral surgery procedure, which totalled \$2,614.18. *Id.* at 57.

3. Petitioner submitted the additional records from [REDACTED] dentist in support of the request for dental services. See Petitioner's Composite Exhibit 1, pages 8-45. Petitioner's dentist at The Molar Express, submitted a signed referral, [REDACTED], for an oral surgeon to evaluate and possibly remove Petitioner's wisdom teeth and indicated a "possible history of

██████████.” *Id.* at 19. A second referral from Petitioner’s dentist at The Molar Express, signed on ██████████, indicates “reported pain on impacted ██████████ : (██████████). Evaluation by OS for removal is recommended.” *Id.* at 20.

4. On August 10, 2022, DentaQuest issued an NABD denying Petitioner’s request for dental services 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 D7230 - extraction of impacted tooth with some bone, ██████████; D7240 - extraction of impacted tooth covered by bone, ██████████; D7240 - extraction of impacted tooth covered by bone, ██████████; D7240 - extraction of impacted tooth covered by bone, ██████████; D9222 - general anesthetic - first 15 minutes; D9223 – general anesthesia - each 15 minutes, which we received on ██████████. After our review, this service has been: **DENIED** as of 8/10/2022.

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 information your dentist sent shows your tooth does not need to be removed. Your tooth has no sign of ██████████ 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 ██████████

We based this decision on:  
· DentaQuest Clinical Criteria for Surgical Extraction  
· D7240 extraction of impacted tooth covered by bone ██████████

We based this decision on:

- DentaQuest Clinical Criteria for Surgical Extraction
- D7240 extraction of impacted tooth covered by bone [REDACTED]

We based this decision on:

- DentaQuest Clinical Criteria for Surgical Extraction
- D7230 extraction of impacted tooth with some bone [REDACTED]

We based this decision on:

- DentaQuest Clinical Criteria for Surgical Extraction

Your dentist has asked for anesthesia (a medicine to make you sleep) for a service that has been denied. The request to make you sleep is also denied. We have also told your dentist. Please talk to your dentist.

This denial applies to this service(s):

- D9223 general anesthesia - each 15 minutes

We based this decision on:

- DentaQuest Clinical Criteria for General Anesthesia and IV Sedation

- D9222 general anesthetic - first 15 minutes

We based this decision on:

- DentaQuest Clinical Criteria for General Anesthesia and IV Sedation

Respondent's Composite Exhibit 1 at pages 12-16.

5. On August 10, 2022, Petitioner requested a plan appeal. *Id.* at 23. On August 22, 2022, DentaQuest issued an NPAR upholding the denial of dental services. *Id.* at 28-29. The NPAR states the following, in pertinent part:

On 08/22/2022 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 [REDACTED]. We found no sign of [REDACTED]. 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 associated sedation services (D9222/D9223) are denied. The services are not medically necessary.

Respondent's Composite Exhibit 1 at pages 28-29.

6. On August 22, 2022, DentaQuest also issued an Authorization Determination to Dr. Ortiz explaining the denial of services. *Id.* at 24-26. The Authorization Determination stated the following reason for the denial of codes D7240 and D7230: "[t]here is no sign of [REDACTED] or other medical reason for tooth removal . . . Additional documentation was received, but it does not support the need for this service." *Id.* The Authorization Determination stated the following reason for the denial of codes D9222 and D9223: "[a]nesthetic services are only covered when the associated services are approved." *Id.*

7. On December 12, 2022, [REDACTED] requested a Fair Hearing on behalf of Petitioner regarding the denial of the dental services at issue. On January 18, 2023, Hearing Officer Jaquetta Johnson issued a Scheduling Order to all parties of record, scheduling the Fair Hearing on February 7, 2023, at 1:30 p.m. EST. *Id.* at 2-6. On February 6, 2023, Counsel for Petitioner's motion for continuance was granted based on a showing of Good Cause. On February 8, 2023, a Scheduling Order was issued to all parties of record rescheduling the Fair Hearing to be convened on March 9, 2023, at 1:30 p.m. EST.

8. At the Fair Hearing, Counsel for Petitioner argued that the recommendations of Petitioner's dentist and oral surgeon are sufficient to establish that the clinical criteria were met and that the requested dental services are medically necessary. Counsel for Petitioner did not request corrective action to cover out of pocket expenses incurred by Petitioner.

9. According to Petitioner's testimony presented at the Fair Hearing, Petitioner experienced [REDACTED] since [REDACTED] and had [REDACTED]. Petitioner's Dentist and Oral Surgeon

recommended the extraction of Petitioner's wisdom teeth. No evidence was presented to show that Petitioner's dentist and oral surgeon reviewed the clinical criteria for Dental Extractions or the Florida Medicaid program's Medical Necessity definition with regard to the services at issue. Petitioner testified that [REDACTED] received the requested services, in full, in [REDACTED] and is no longer experiencing dental pain or swelling.

10. The internal criteria, *supra* ¶ 9, used to make a medical necessity determination in this case was approved by the Florida Medicaid program. Dr. Dorrego reviewed the submitted Dental radiograph and determined that Petitioner's case presents Dental pain with [REDACTED]. The specific criteria not met is as follows: Pain with [REDACTED] – 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. Dr. Dorrego determined that the Dental provider's Dental records do not establish, on an individual tooth basis, describing pain that is more than normal eruption pain. Dr. Dorrego also reviewed the submitted Dental radiographs and provided the following Dental assessment: Absolutely [REDACTED] [REDACTED] associated to Petitioner's wisdom teeth; there is no indication of [REDACTED] [REDACTED] in Petitioner's wisdom teeth; and there is no evidence Petitioner's wisdom teeth are in [REDACTED]. Based on DentaQuest's review of the Dental records and Dental radiographs, DentaQuest determined that the clinical criteria for the approval of Dental Extractions was not, the request is not medically necessary, and the request is more than the Petitioner needs at this time. If the requested Dental Extractions are approved, then the requested Sedation would also be approved.

11. 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 34-36. (Emphasis added).

**CONCLUSIONS OF LAW**

12. 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 (2022). This order is the final administrative decision of AHCA under section 409.285(2)(a).

13. This hearing was held as a *de novo* proceeding pursuant to Rule 59G-1.100(17)(b), Florida Administrative Code ("F.A.C.").

14. Because Petitioner is requesting a new service, Rule 59G-1.100(17)(g), F.A.C., 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.).

15. 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 Rule 59G-

4.060, F.A.C. The Florida Medicaid 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.

...

**5.0 Exclusion**

**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

16. The Florida Medicaid Definitions Policy (August 2017), incorporated by reference in Rule 59G-1.010, F.A.C., provides definitions of commonly used terms that are applicable to all sections of Rule Division 59G, F.A.C., unless specifically stated otherwise in a service-specific coverage policy or rule. The Florida Medicaid Definitions Policy defines “Medically Necessary” or “Medical Necessity” as follows:

**2.83 Medically Necessary or Medical Necessity**

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).

17. Petitioner requested the extraction of their four (4) wisdom teeth [REDACTED], as well as sedation that accompanies the surgical procedure, based on experiencing [REDACTED]. See supra ¶ 2, 8. In the NABD, Respondent’s dental consultant, Dr. Korb, denied

Petitioner's request based on the submitted documentation and Respondent's internal Criteria for Dental Extractions. *See supra* ¶ 3. Dr. Korb determined, "[t]he information your dentist sent shows your tooth does not need to be removed. Your tooth has no sign of [REDACTED], 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." *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." *See supra* ¶ 3. Subsequently, Respondent's Dental profession, Dr. Manteiga, also reviewed Petitioner's case and determined "[t]here is no sign of [REDACTED] or other medical reason for tooth removal." *See supra* ¶ 5. Respondent's three Dental professionals (Dr. Korb, Dr. Manteiga, and Dr. Dorrego) determined that the clinical criteria for the requested Dental services were not met because Petitioner's wisdom teeth did not show signs of [REDACTED] and Petitioner is not experiencing more pain than normal eruption. *See supra* ¶ 3, 5, 9. Respondent collaborated with the Florida Medicaid program in establishing specific medical necessity criteria for Dental Extractions requests to be medically necessary, and ultimately approved. *See supra* ¶ 9.

18. 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 ([REDACTED]) were not "in excess of the patient's needs." As shown by the record, it is not clear that there is no sign of [REDACTED] [REDACTED] *supra* ¶ 9, that warrant extractions of these teeth. *See supra* ¶ 3, 5, 8-9. Petitioner's

Dental provider declared that Petitioner's wisdom teeth are [REDACTED], however, Respondent's three Dental professional disagree that an [REDACTED] exists. Dr. Dorrego reviewed Petitioner's Dental radiographs (these specific documents are used to review requests whether to approve requests for Dental extractions) and provided the following assessment in his testimony: Absolutely no [REDACTED] associated to Petitioner's wisdom teeth; there is no indication of [REDACTED] [REDACTED] in Petitioner's wisdom teeth; and there is no evidence Petitioner's wisdom teeth are in [REDACTED]. See supra ¶ 9. Counsel for Petitioner did not present a Dental professional to dispute Dr. Dorrego's assessment by reviewing the Dental radiograph on the record and explaining what the undersigned Hearing Officer is reviewing. The undersigned Hearing Officer found Dr. Dorrego's testimony to be credible and reliable.

19. Petitioner submitted several dental records. However, there is no evidence that Petitioner experiences dental [REDACTED]. As a result, it appears Respondent was correct to review Petitioner's request for Dental [REDACTED]. Upon review, the record does not establish that the following criteria is met: "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. Dr. Dorrego provided credible and persuasive testimony determined that the dental records do not establish, on an individual tooth basis, pain that is more than normal eruption pain." See supra ¶ 9. It appears that at the time of the request, Petitioner was experiencing [REDACTED], but it was not shown that the [REDACTED] [REDACTED]. Furthermore, it is undisputed that at the time of the Fair Hearing, Petitioner was not experiencing any dental pain. See supra ¶ 8.

20. Counsel for Petitioner argued that the provider recommendations and Petitioner's testimony is all the evidence that is needed for the request to be approved. *See supra* ¶ 7. In contrast, Respondent had three Dental Consultants review Petitioner's dental radiograph and, ultimately, they disagree with the Petitioner's dentist and oral surgeon based on Medicaid criteria. *See supra* ¶ 3, 5, 9. As the medical necessity definition states, that the fact that a provider has recommended services does not, in itself, make such services medically necessary. *See supra* ¶ 15.

21. The undersigned Hearing Officer considered the recommendations of Petitioner's dentist and Oral Surgeon. However, the record does not reflect that Petitioner met the clinical criteria for dental extractions ( [REDACTED] ) based on Dr. Dorrego's testimony. *See supra* ¶ 9. As such, Petitioner did not show that her 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.

22. Upon consideration of the testimony provider, evidence submitted, and applicable policies, the undersigned Hearing Officer 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 Hearing Officer 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 extraction of four (4) wisdom teeth along accompanying sedation) is hereby **AFFIRMED**. Petitioner's appeal based on Respondent's denial of Dental services is hereby **DENIED**.

**DONE and ORDERED** this 10th day of April, 2023, in Tallahassee, Leon County, Florida.

Laura Gallagher

22-FH2280

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**LAURA GALLAGHER, 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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