



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

FILED

Jun 30, 2023, 3:12 pm

OFFICE OF FAIR HEARINGS

[REDACTED],

PETITIONER,

AHCA Case No.: 23-FH0763

Plan ID No.: [REDACTED]

vs.

DENTAQUEST OF FLORIDA, INC.,

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned convened a telephonic Fair Hearing on the instant case on June 1, 2023, at 1:00 p.m. Eastern Standard Time ("EST").

APPEARANCES

For the Petitioner:

[REDACTED]

Petitioner's Authorized Representative

For the Respondent:

Mayckol Chamarro
Director of Grievances and Appeals
DentaQuest of Florida

STATEMENT OF ISSUE

The issue is whether Petitioner proved by a preponderance of the evidence that Respondent's decision to deny Petitioner's request for dental services was incorrect.

PRELIMINARY STATEMENT

All parties appeared telephonically. Petitioner's Authorized Representative and [REDACTED] [REDACTED] (" [REDACTED]"), appeared on behalf of the Petitioner. [REDACTED], the Recipient and Recipient's [REDACTED] [REDACTED] (" [REDACTED]") appeared as witnesses for the Petitioner.

Mayckol Chamarro, Grievances and Appeals for DentaQuest of Florida ("DentaQuest") appeared on behalf of Respondent. Dr. Daniel Dorrego, Dental Consultant for DentaQuest, attended as a witness for Respondent.

Doris Rivera, Medicaid Program Analyst with the Agency for Health Care Administration appeared for the Agency for Health Care Administration ("Agency" or "AHCA"), appeared as an observer.

Petitioner sent 25 packets of evidence, Photos, and a PowerPoint to the Office of Fair Hearings. These packets appear in the Office of Fair Hearings document management system as file titles "23-FH0763 DAR & Supporting Documents.pdf"; "23-FH0763 Additional Evidence.pdf"; "23-FH0763 Additional Evidence(2).pdf"; "23-FH0763 Emailed Evidence.pdf"; "23-FH0763 Emailed Correspondence .pdf"; "23-FH0763 Emailed Evidence (2). pdf"; "23-FH0763 Emailed Evidence (3).pdf"; "23-FH0763 Emailed Evidence (4).pdf"; "23-FH0763 Emailed Correspondence(2).pdf"; "23-FH0763 Emailed Correspondence (3).pdf"; "23-FH0763 Email Correspondence.pdf"; "23-FH0763 Additional Evidence(3).pdf"; "23-FH0763 Additional Evidence(4).pdf"; "23-FH0763 Additional Hearing Evidence.pdf"; "23-FH0763 Additional Documents.pdf"; "23-FH0763 Additional Documents (2).pdf"; "23-FH0763 Petitioner Evidence.pdf"; "23-FH0763 Emailed Evidence4_Part1.pdf"; "23-FH0763 Emailed Evidence4_Part2.pdf";" 23-FH0763 Additional Supporting Documents.pdf"; "23-FH0763 Email.pdf"; "23-FH0763 Evidence.pdf"; "23-FH0763 Evidence (5).pdf"; "23-FH0763 Email

Correspondence(5).pdf. Absent objection from Respondent, these one thousand six hundred forty-one pages (1,641) were admitted as Petitioner Composite Exhibit 1 (“PCE1”). Petitioner sent three (3) photos to the Office of Fair Hearings. These photos are identified in the Office of Fair Hearings document management system as “23-FH0763 Photo Evidence.pdf”. Absent objection from Respondent, these photos were admitted as Petitioner Composite Exhibit 2 (“PCE2”). Petitioner sent a Power Point presentation to the Office of Fair Hearings. The Power Point presentation is identified in the Office of Fair Hearings document Management system as the file titled “Trial Presentation1.pptx”. Absent objection from Respondent, this was admitted as Petitioner Composite Exhibit 3 (“PCE3”)

Prior to the hearing, Respondent sent to the Petitioner a forty-eight (48)-page evidence packet. The evidence packet appears in the Office of Fair Hearings document management system as file title “23-FH0763 Email Correspondence.pdf”. Absent an objection from the Petitioner, the undersigned admitted the forty-eight (48)-page evidence packet into evidence as Respondent’s Composite Exhibit 1 (“RCE1”).

FINDINGS OF FACT

1. Petitioner is an enrolled member of DentaQuest. *See* page 19 of RCE 1. DentaQuest is a managed care organization contracted by the Agency to provide services to eligible Medicaid recipients in Florida.
2. Petitioner is a member of the Florida SMDHP Children Medicaid, the dental plan provided by DentaQuest. *Id.*
3. Petitioner is [REDACTED] old. *Id.* at 10.

4. Petitioner requested dental treatment, specifically: D7220- extraction of impacted tooth, [REDACTED]; D7220-extraction of impacted tooth, [REDACTED]; D7230- extraction of impacted tooth with some bone, [REDACTED]; D7230- extraction of impacted tooth with some bone, [REDACTED]; D9222-general anesthetic-first 15 minutes; D9223- general anesthesia-each 15 minutes. *Id.* at 14. In a Notice of Adverse Benefit Determination (“NABD”), dated March 21, 2023, Respondent denied Petitioner’s request. The NABD explained the basis of the denial as follows:

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 were in pain. The pain you must be more than you may normally have as your tooth is breaking through the gums. Please follow up with your dentist.

This denial applies to this services(s):

- D7220 extraction of impacted tooth [REDACTED]

We based this decision on:

- DentaQuest Clinical Criteria for Surgical extraction

- D 7220 extraction of impacted tooth [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 of Surgical Extraction

- D7230 extraction of impacted tooth with some bone [REDACTED]

We based this decision on:

- DentaQuest Clinical Criteria of 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)

- D 9223 general anesthesia-each 15 minutes
We based this decision on:
- DentaQuest Clinical Criteria for General Anesthesia and IV Sedation

- D 9222 general anesthetic for first 15 minutes
We base this decision on
- DentaQuest Clinical Criteria for General Anesthesia and IV Sedation

...

RCE1 p. 12-18

5. Petitioner requested a plan appeal and received a Notice of Plan Appeal (“NPAR”) dated March 27, 2023, upholding the denial. The NPAR explained as follows:

On 3/27/2023 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 [REDACTED] appeal:

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 have normally as your tooth is breaking through the gums. 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.

...

RCE1 p. 34

6. On April 7, 2023, Petitioner requested a Fair Hearing regarding the denial of dental services. On April 26, 2023, the undersigned issued an Order Scheduling Fair Hearing and Prehearing Instructions, setting the hearing for June 1, 2023, at 1:00 pm. EST.

7. Petitioner’s [REDACTED] and Authorized Representative, [REDACTED], testified to the following:

a. Petitioner “has the right to treatment for an emergency.”

b. [REDACTED] asserted that:

- i. "Impacted teeth should be removed to prevent gingival disease."
 - ii. "Air pockets in the impacted teeth have the possibility of continued progression toward infection."
 - iii. "According to the Mayo Clinic, impacted teeth coupled with cavity causing bacteria have the potential to lead to pain."
- c. [REDACTED] believes that Petitioner's pain is more than normal eruption pain and [REDACTED] is on each tooth.
- d. [REDACTED] asserted that Petitioner now has "[REDACTED] [REDACTED]."
- e. The recommendations for the procedure came from an oral surgeon.
- f. Chart notes from oral surgeon read: [REDACTED], [REDACTED] to palpation for teeth: [REDACTED] impacted teeth indicated for removal to prevent disease, caries, symptoms and periodontal disease, abscess formation and spread of infection.
- g. Areas around teeth collect bacteria and food.

8. Recipient, [REDACTED] testified to the following:

- a. The pain began in February.
- b. The pain has gotten worse and is at a [REDACTED]
- c. Worst spells of pain [REDACTED] [REDACTED].
- d. Has to [REDACTED] [REDACTED] to make sure it actually does not get infected.
- e. [REDACTED] is experiencing [REDACTED] because [REDACTED] is afraid of permanent damage.

9. Dr. Dorrego Dental Consultant for DentaQuest, testified to the following:
- a. Per page 40 of evidence packet; 18.01 Criteria for Dental Extractions: “The prophylactic removal of asymptomatic teeth is not a covered service if they do not exhibit evidence of pathology.”
 - b. Provider must provide a narrative on a per tooth basis with a description of more than normal eruption pain.
 - c. It is commonly known that when wisdom teeth come in, there is pain like in babies when they have teeth come in.
 - d. Per p.22, of RCE 1, submitted by Petitioner’s oral surgeon, the narrative has no description of duration of pain or severity of pain.
 - e. Per p. 23 of RCE1, Oral surgeon describes [REDACTED] and [REDACTED] [REDACTED] without description of dental disease. Oral surgeon states [REDACTED] [REDACTED]. Dr. Dorrego sees no indication of infectious pathology in the Oral surgeon’s records.
 - f. No high-risk features noted on imaging.
 - g. P. 21 upon review of panoramic x-ray, Dr. Dorrego observes that there is no evidence of pathology and x-ray shows normal eruption of wisdom teeth.
 - h. Removal “to prevent” symptoms like infection mean the requested procedure is a preventative measure and thus is not a covered service.

10. **18.01 Criteria for Dental Extractions**

Not all procedures require review.

Documentation needed for review procedure:

- Appropriate radiographs showing clearly the adjacent teeth should be submitted for review: bitewings, periapicals or panorex.

- Treatment rendered under emergency conditions, when review is not possible, will still require that appropriate radiographs showing clearly the adjacent and opposing teeth be submitted with the claim for review for payment.
- Narrative demonstrating medical necessity.

Surgical extractions of erupted teeth are defined as extractions **requiring** elevation of a mucoperiosteal flap and removal of bone and/or section of the tooth and closure in order to remove the tooth. Elevation of mucoperiosteal flap and removal of bone and/or sectioning of the tooth for the **convenience of the provider** is not a surgical extraction.

The removal of primary teeth whose exfoliation is imminent is not a covered benefit. In most cases, extractions that render a patient edentulous must be deferred until authorization to construct a denture has been given. Extractions performed as a part of a course of orthodontics are covered only if the orthodontic case is a covered benefit.

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.

1. General Practitioner, Pedodontist, or Orthodontist determines patient may need third molars extracted - no referral is necessary
 - a. Can refer patient directly to DQ Oral Surgeon
 - b. Provider or member can call DQ - 1-888-468-5509. DQ will assist member in finding an OS
2. Oral Surgeon - Submission of treatment for approval
 - a. Non-emergency
 - Pre-payment review – perform treatment and submit documentation with claim – no guarantee provider will get paid for service – procedure must meet medical necessity guidelines for DQ to pay.
 - Prior authorization – submit documentation prior to performing treatment. If DQ approves, provider is guaranteed payment as long as patient is eligible on date of service.
 - b. Emergency (treatment necessary within 24 hours) – if want prior approval - fax request to (262) 387-3736. Requests must still include documentation when required

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

a. Pathology

- Provider must submit narrative and x-rays or photos describing pathology
- Each tooth must show pathology
- Symptomology or impactions without pathology may not be enough

b. Demonstrable need

- Narrative describing need
- Supporting documentation (e.g. x-rays, photos, hospital admissions, etc.)

c. Extractions in conjunction with approved orthodontic treatment

- Provider must submit request for extractions from orthodontist
- Needs to be an approved orthodontic case
- To expedite process, provider may also want to submit orthodontic approval

4. General Approval vs. Denial Guidelines

a. Probable Approval

- Pathology
 1. Non-restorable Decay
 2. Tooth erupting on an angle and impinging on 2nd molars
 - An unerupted third molar must demonstrate, by radiographic evidence, both an aberrant tooth position beyond normal variations **and** substantial (> 50%) root formation.
 3. Recurrent Pericoronitis
 4. Dentigerous Cyst or other growth
 5. Internal or External Root Resorption
 6. 3rd molar has over-erupted due to lack of opposing tooth contact
- Demonstrable need =
 1. In conjunction with approved orthodontics where orthodontist requests the 3rd 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 necessary to demonstrate need

b. Probable Denial

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

5. Denials

- a. If administrative denial (e.g. lack of documentation) - Resubmit according to deficiencies noted in EOB.
- b. If clinical denial:
 - Resubmit with documentation showing additional clinical evidence for extraction
 - Advise member service is not covered
 1. Member can appeal following appeal process in member handbook.
 2. Provider and member may work out an out of pocket arrangement.

6. The extraction of primary or permanent teeth does not require authorization unless:

- a. Teeth are impacted wisdom teeth.
- b. Residual roots requiring surgical removal.
- c. Surgical extraction of erupted teeth.

The removal of primary teeth whose exfoliation is imminent does not meet criteria.

Alveoloplasty (code D7310) is a covered service only when the procedure is done in conjunction with four or more extractions in the same quadrant. D7310 will not pay for surgical extracts. Smoothing and contouring of ridges in conjunction with the surgical removal of a tooth is considered an inclusive part of the complete surgical extraction procedure unless rationale is submitted indicating necessity of the additional surgical bone removal. D7310 will pay with simple extractions (D7140). It is set to not pay with surgical extractions (where as part of extraction bone is removed – so alveoloplasty (bone remove and smoothing) with surgical extractions is redundant).

18.09 Criteria for General Anesthesia and Intravenous (IV) Sedation

Documentation needed for review of procedure:

- Treatment plan (authorized if necessary).
- Narrative describing medical necessity for general anesthesia or IV sedation.
- Treatment rendered under emergency conditions, when review is not possible, will still require submission of treatment plan and narrative of medical necessity with the claim for review for payment.

Criteria

Requests for general anesthesia or IV sedation will be authorized (for procedures covered by health plan) if any of the following criteria are met:

Extensive or complex oral surgical procedures such as:

- Impacted wisdom teeth.
- Surgical root recovery from maxillary antrum.
- Surgical exposure of impacted or unerupted cuspids.
- Radical excision of lesions in excess of 1.25 cm.

And/or one of the following medical conditions:

- Medical condition(s) which require monitoring (e.g. cardiac problems, severe hypertension).
- Underlying hazardous medical condition, which could include a physical, medical, developmental or behavioral issue (such as cerebral palsy, epilepsy, mental retardation, Down's syndrome, or situational anxiety that has failed to respond to the lesser methods to prevent or reduce anxiety which would render patient non-compliant
- Documented failed sedation or a condition where severe periapical infection would render local anesthesia ineffective.
Patients 3 years old and younger with extensive procedures to be performed.

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) of the Florida Statutes (2019). This order is the final administrative decision of AHCA under Fla. Stat. § 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 requests for dental services are 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:

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.

...

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.

15. 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

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. 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.

18. In a Notice of Adverse Benefit Determination (“NABD”), dated March 21, 2023 Respondent denied Petitioner’s request for dental services on the basis of lack of medical necessity due to the services not being: “needed to protect life, prevent significant illness or disability, or alleviate severe pain” and “individualized, specific, consistent with symptoms or diagnosis of illness or injury and not be in excess of the patient’s needs”. See ¶ 4.

19. According to DentaQuest’s Policy for Dental extractions “The prophylactic removal of asymptomatic teeth (i.e. third molars) or teeth exhibiting no overt clinical pathology (except for

██████████) is *not a covered service.*" (emphasis added). See ¶ 11. According to DentaQuest's Policy for General Anesthesia IV Sedation: "Criteria Requests for general anesthesia or IV sedation will be authorized (*for procedures covered by health plan*). (emphasis added). *Id.*

20. In this case, Recipient is a █████-████-old who is experiencing █████ due to the eruption of wisdom teeth. █████ oral surgeon has recommended extraction of the wisdom teeth which DentaQuest has denied on the basis of medical necessity. Dr. Dorrego testified that the procedure that was requested is preventative and not due to an existing pathology. See ¶ 10. Indeed, the records of the oral surgeon show no indication of infection, only the recommendation that the teeth be removed to prevent any infection. According to DentaQuest Policy, this is not a covered service. Thus, the assertion by █████ that █████ has a █████ to support the authorization of the service, the █████ in any of the medical records or medical testimony.

21. As provided by the EPSDT requirements, the recipient must meet the medical necessity criteria as outlined in Fla. Admin. Code R. 59G-1.010. In the instant case, Petitioner has not shown that the dental services requested meet the following criteria: "needed to protect life, prevent significant illness or disability, or alleviate severe pain" and "individualized, specific, consistent with symptoms or diagnosis of illness or injury and not be in excess of the patient's needs".

22. With regard to the request for general anesthesia, as the service associated with this benefit is not authorized, it is unnecessary for the undersigned to render a ruling on this request.

23. Accordingly, the undersigned finds that based on the evidence, testimony and documents provided, 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 is **AFFIRMED**. Petitioner's appeal based on Respondent's denial is **DENIED**.

DONE and ORDERED this 30th day of June, 2023, in Tallahassee, Leon County, Florida.



LYNNE RINGERS
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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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