



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

**FILED**

Oct 16, 2024, 12:04 pm

OFFICE OF FAIR HEARINGS

[REDACTED],  
PETITIONER,

AHCA Case No.: 24-FH2117

Plan ID No.: [REDACTED]

vs.

DENTAQUEST OF FLORIDA, INC.,

RESPONDENT.  
\_\_\_\_\_ /

**FINAL ORDER**

Pursuant to notice, the undersigned Hearing Officer convened a telephonic Medicaid Fair Hearing on the above-styled case on September 19, 2024, at 9:14 a.m., Eastern Standard Time ("EST").

**APPEARANCES**

For the Petitioner:

[REDACTED]  
Petitioner's Authorized Representative

For the Respondent:

Mayckol Chamorro  
Complaints and Grievance 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 (dental code D0383 CT scan; D7240 extraction of impacted tooth covered by bone, tooth 1,16,17, and 32 (wisdom teeth); D9610 drug injection; D9222 general anesthetic first 15 min; D9223 general anesthesia each 15 min) was incorrect.

**PRELIMINARY STATEMENT**

All parties appeared telephonically. [REDACTED] (“[REDACTED]”), Petitioner’s Authorized Representative and [REDACTED], appeared and testified on behalf of Petitioner at the Fair Hearing.

Mayckol Chamorro, Complaints and Grievance Specialist for DentaQuest of Florida, Inc. (“DentaQuest”), appeared as a representative for Respondent. Dr. Linda Johnson D.M.D. (“Dr. Johnson”), Dental Consultant for DentaQuest, appeared as a witness for Respondent.

Chrissie Simmons, Medical Health Care Provider Analyst and Fair Hearing Liaison for the Agency for Health Care Administration (“Agency” or “AHCA”) appeared as an observer.

Haydee #HMAR appeared and was sworn in to provide English/Spanish translation.

Yvonne # CSSY appeared and was sworn in to provide English/Spanish translation.

Petitioner did not introduce any exhibits at the hearing.

Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a fifty-one (51)-page evidence packet. The evidence packet appears in the Office of Fair Hearings’ case management system as “24-FH2117 Evidence Packet.pdf.” Absent an objection from Petitioner, the undersigned admitted Respondent’s evidence packet into evidence as Respondent’s Composite Exhibit 1.

### **FINDINGS OF FACT**

1. Petitioner is an enrolled member of DentaQuest’s Florida Statewide Medicaid Dental Health Program. See Respondent’s Composite Exhibit 1 on page 16. DentaQuest is a Managed Care Organization contracted by AHCA to provide services to eligible Medicaid recipients in Florida.

2. Petitioner is [REDACTED]. Petitioner’s dental services provider (“Provider”) submitted an ADA Dental Claim Form on behalf of Petitioner requesting preauthorization of dental services. *Id.* at 16. Petitioner’s Provider requested the following dental services: D0383 CT Scan; D7240 Extraction of Impacted Tooth Covered by Bone, Tooth 1,16,17, & 32 (Wisdom teeth); D9610 Drug Injection; D9222 general anesthetic, first 15 min.; D9223 general anesthetic, each 15 min. *Id.* (Note: Dr. Linda Johnson, D.M.D. issued a “medical override” as to tooth [REDACTED]. The medical override approved code D7240; D9610; D9222; & D9223 as to tooth [REDACTED] only.)

3. DentaQuest included in the evidence packet, a sample of the DentaQuest Criteria for Dental Extractions (Section 18.01) and Criteria for General Anesthesia and Intravenous (IV) Sedation (Section 18.09). *Id.* at 43-51.

4. Petitioner’s Provider submitted full frontal dental x-ray image including upper and lower teeth and typewritten office examination notes. *Id.* at 27-28.

5. On June 7, 2024, DentaQuest issued a Notice of Adverse Benefit Determination (“NABD”) denying Petitioner’s request for dental services. *Id.* at 18– 22. DentaQuest stated that Petitioner’s requested dental services were denied because they were not medically necessary. *Id.* The NABD stated 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.
- Must meet accepted medical standards and not be experimental or investigational.
- Must be able to be 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.

- Must be furnished in a manner not primarily intended for convenience of the recipient, caretaker, or provider.  
*(The convenience factor is not applied to the determination of the medically necessary level of private duty nursing (PDN) for children under the age of 21.)*

...

The facts that we used to make our decision are:

The information sent by your dentist does not tell us why you need this type of scan. This is used when you have facial abnormalities, implants or skull fractures. Your dentist and the information sent do not tell us that you have any of these. A CT scan is not medically necessary. We have also told your dentist. Please talk to your dentist.

This denial applies to this service(s):

D0383 CT scan

We based this decision on:

DentaQuest Clinical Criteria for Radiographic Services

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

D7240 extraction of impacted tooth covered by bone Tooth 17

We based this decision on:

DentaQuest Clinical Criteria for Surgical Extraction

D7240 extraction of impacted tooth covered by bone Tooth 32

We based this decision on:

DentaQuest Clinical Criteria for Surgical Extraction

This service can only be approved when the other services are approved. The other services were not approved. We have also told your dentist. Please talk to your dentist.

This denial applies to this service(s):

D9610 drug injection

We based this decision on:

DentaQuest Clinical Criteria for Drugs

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 anesthesia – first 15 minutes

We based this decision on:

DentaQuest Clinical Criteria for General Anesthesia and IV Sedation

*Id.* at 18-19.

6. Petitioner appealed the denial of the requested dental services. *Id.* at 37. On

June 26, 2024, DentaQuest issued a Notice of Plan Appeal Resolution (“NPAR”)

upholding the denial of the dental services. *Id.* at 37. The NPAR explained as follows:

On 06/10/2024 we received your timely plan appeal request regarding DentaQuest’s Notice of Adverse Benefit Determination dated 06/06/2024, NABD Number [REDACTED], for authorization number [REDACTED] DENYING the SERVICE provided to [Petitioner].

On 06/26/2024 after consideration of the information you provided to DentaQuest in support of your plan appeal, DentaQuest hereby DENIES your plan appeal.

Our Dentist looked at your request to remove teeth 1, 16, 17 and 32. 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 associated sedation services are denied. The services are not medically necessary. We based this decision on: DentaQuest Clinical Criteria for General Anesthesia and IV Sedation and DentaQuest Clinical Criteria for Surgical Extraction. The information sent by your dentist does not tell us why you need this type of scan. This is used when you have facial abnormalities, implants or skull fractures. Your dentist and the information sent do not tell us that you have any of these. A CT scan is not medically necessary. We based this decision on: DentaQuest Clinical Criteria for Radiographic Services.

*Id.* at 37.

7. DentaQuest relied upon their internal Clinical Criteria for Dental Extractions and Criteria for General Anesthesia and Intravenous (IV) Sedation in their decision to deny dental services.

The Clinical Criteria for Dental Extractions states as follows:

**18.01 Clinical Criteria for Dental Extractions**

...

Documentation needed for review procedure:

Appropriate radiographs showing clearly the adjacent teeth should be submitted for review.

Treatment rendered under emergency conditions, when review is not possible

Narrative demonstrating medical necessity.

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.

4. General Approval vs. Denial Guidelines ...

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

*Id.* at 43-44.

#### **18.09 Criteria for General Anesthesia and Intravenous (IV) Sedation**

##### Criteria

Request 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. . . .

*Id.* at 46.

8. On June 27, 2024, [REDACTED] requested a Medicaid Fair Hearing on behalf of Petitioner, based on DentaQuest's denial of Petitioner's request for dental services. The undersigned scheduled the Fair Hearing for September 19, 2024, at 9:00 a.m. EST, and all parties were duly notified.

9. [REDACTED] is Petitioner's parent. [REDACTED] believes that Petitioner needs dental/surgery services based on the Providers recommendation. Also, [REDACTED] stated that [REDACTED] should not need to be in extra pain before being approved for the surgery. [REDACTED] stated that [REDACTED] said that [REDACTED] teeth "bothered [REDACTED]." [REDACTED] testified that all four wisdom teeth needed to be removed but the provider stated that at the very least the two bottom teeth should be taken out now.

10. Dr. Johnson is a licensed Florida dentist and a Dental Consultant with DentaQuest. Referring to section 18.01 of DentaQuest's Clinical Criteria for Dental Extractions, Dr. Johnson noted that none of the four teeth in question met the criteria for extraction with the exception of tooth [REDACTED]. Dr. Johnson testified that tooth [REDACTED] was on an angle that would push into the 2<sup>nd</sup>

molar. The other three teeth, [REDACTED] did not show any of the criteria for extraction and had room to erupt naturally in the recipient's mouth. The pain described by the recipient to [REDACTED] provider appears to be normal eruption of the tooth through the gum. Since [REDACTED] specifically spoke of the bottom wisdom teeth being removed, Dr. Johnson explained that based upon [REDACTED] review of the documentation and photos submitted by Petitioner's Provider, bottom tooth [REDACTED] was approved for extraction, however bottom tooth [REDACTED] did not have the same growth angle as did [REDACTED], and therefore tooth [REDACTED] was not approved for removal. Teeth [REDACTED] were not approved for extraction as they appeared to have sufficient space to enter the mouth area normally. Dr. Johnson personally reviewed all documentation submitted to Respondent for this case, including all documents admitted in evidence, and agreed with Respondent's denial in this case as the Petitioner did not qualify for extraction services for teeth number [REDACTED] at this time. Dr. Johnson did state that the Petitioner could re-apply for services if there were changes in recipients' dental circumstances.

#### **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), Florida Statutes. This order is the final administrative decision of AHCA under section 409.285(2)(a).
12. This hearing was held as a *de novo* proceeding pursuant to Florida Administrative Code Rule ("Fla. Admin. Code R.") 59G-1.100(17)(b).
13. The burden of proof in this proceeding is governed by Fla. Admin. Code R. 59G-1.100(17)(g), which provides as follows:

The burden of proof is on the party asserting the affirmative of an issue, except as otherwise required by statute. The burden of proof is on the Agency or plan, whichever

is applicable, when the issue presented is the suspension, reduction, or termination of a previously authorized service. The burden of proof is on the recipient or enrollee, when the issue presented is the denial or a limited authorization of a service. The party with the burden of proof shall establish its position to the satisfaction of the Hearing Officer by a preponderance of the evidence.

14. Because Petitioner requested a new service, Fla. Admin. Code R. 59G-1.100(17)(g) assigns the burden of proof to the 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 Services Coverage Policy (August 2018) (“Dental Policy”), which is incorporated by reference in Fla. Admin. Code R. 59G- 4.060. The Dental Policy provides as follows:

**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.

**1.1 Florida Medicaid Policies**

This policy is intended for use by providers that render dental services to eligible Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid’s general policies (as defined in section 1.3) and any applicable service-specific and claim reimbursement policies with which providers must comply.

...

**1.2 Statewide Medicaid Managed Care Plans**

Florida Medicaid managed care plans must comply with the service coverage requirements outlined in this policy, unless otherwise specified in the AHCA contract with the Florida Medicaid managed care plan. The provision of services to recipients enrolled in a Florida Medicaid managed care plan must not be subject to more stringent service coverage limits than specified in Florida Medicaid policies.

...

**1.4 Definitions**

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid Definitions Policy.

...

#### **1.4.4 Handicapping Malocclusion**

A condition that results in a disability or impairment to the recipient's physical development.

...

#### **1.4.6 Medically Necessary/Medical Necessity**

As defined in Rule 59G-1.010, F.A.C.

...

#### **2.2 Who Can Receive**

Florida Medicaid recipients requiring medically necessary dental services. Some services may be subject to additional coverage criteria as specified in section 4.0.

If a service is limited to recipients under the age of 21 years, it is specified in section 4.0. Otherwise, the service is covered for recipients of all ages.

...

#### **4.1 General Criteria**

Florida Medicaid reimburses for services that meet all of the following:

- Are determined medically necessary
- Do not duplicate another service
- Meet the criteria as specified in this policy

#### **4.2 Specific Criteria**

Florida Medicaid reimburses for the following services in accordance with the American Dental Association Current Dental Terminology Manual, the American Academy of Pediatrics Periodicity Schedule, and the applicable Florida Medicaid fee schedule(s), or 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 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.

...

### 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

16. States must provide Early and Periodic Screening, Diagnostic, and Treatment ("EPSDT") services to Medicaid-eligible children under age 21 when requested under the Medicaid state plan. *See* 42 U.S.C. § 1396a(a)(43); 42 U.S.C. § 1396d(a)(4). According to 42 U.S.C. § 1396d(r)(3) and (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.

...

(5) 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. Petitioner is under age 21, and therefore eligible for EPSDT services. However, a state may place appropriate limits on a service based on such criteria as medical necessity. *See* 42 C.F.R. §§ 440.230(a), (b), (d). Section 409.905(2), Florida Statutes, limits EPSDT services with a medical necessity standard:

The [Agency] shall pay for early and periodic screening and diagnosis of a recipient under age 21 to ascertain physical and mental problems and conditions and all services determined by the agency to be medically necessary for the treatment, correction, or amelioration of these problems and conditions, including personal care, private duty nursing, durable medical equipment, physical therapy, occupational therapy, speech therapy, respiratory therapy, and immunizations.

18. The Florida Medicaid Definitions Policy (May 2024) (“Definitions Policy”), which is incorporated by reference in Fla. Admin. Code R. 59G-1.010, defines “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 severe pain
  - This requirement applies only to recipients age 21 years or older.
- 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.

Definitions Policy at page 7.

19. In the instant case, Petitioner requested dental services (wisdom teeth extraction). See supra ¶ 2 & 4. The evidence admitted and testimony presented in this case establish that Respondent denied Petitioner’s request for dental services, because the requested services were not medically necessary according to section 2.83 of the Definitions Policy. See supra ¶ 5 and 6.

20. Florida Medicaid reimburses for services that meet all of the following: are determined medically necessary; do not duplicate another service; and meet the criteria as specified in this policy. *See supra* ¶ 15.

21. Section 2.2 of the Dental Policy reflects that “Florida Medicaid recipients requiring medically necessary dental services” may receive services. *See supra* ¶ 15. Pursuant to section 2.83 of the Definitions Policy, the five (5) conditions of medical necessity must be met in order for “medical or allied care, goods, or services furnished or ordered” to be determined medically necessary. *See supra* ¶ 18. Accordingly, all five (5) of the conditions must be met in order for DentaQuest to approve the requested dental services.

22. Petitioner is under age 21, and therefore eligible for EPSDT services. *See supra* ¶ 2 and 17. Fla. Stat. § 409.905(2) limits EPSDT services with a medical necessity standard and requires that the Agency “pay for early and periodic screening and diagnosis of a recipient under age 21 to ascertain physical and mental problems and conditions and all services determined by the agency to be medically necessary for the treatment, correction, or amelioration of these problems and conditions . . .” *See supra* ¶ 17. Pursuant to 42 U.S.C. § 1396d(r)(3), EPSDT services includes medically necessary dental services and “at a minimum include relief of pain and infections, restoration of teeth, and maintenance of dental health.” *See supra* ¶ 16.

23. The testimony and evidence presented in this case reflects that Respondent’s denial of dental services was warranted under the circumstances of this case, as Petitioner failed to demonstrate the medical necessity of the requested services. [REDACTED] believes that Petitioner needs dental surgery to prevent dental issues and relieve the discomfort (pain) [REDACTED] [REDACTED] is experiencing. *See supra* ¶ 9. However, Petitioner’s Provider did not submit evidence

of the criteria that each tooth met in order for an extraction to be preauthorized. This is with the exception of tooth [REDACTED]. Dr. Johnson, a licensed dentist and Dental Consultant for DentaQuest, explained that based upon [REDACTED] review of the documentation, and photos submitted by Petitioner's provider, there are no criteria qualifiers that would apply to teeth # [REDACTED], at this time to authorize the extraction. *See supra* ¶ 10.

24. Section 2.83 of the Definitions Policy sets forth the definition of medical necessity, which mandates that “[t]he medical or allied care, goods, or services furnished or ordered must . . . [b]e 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.” *See supra* ¶ 18. Regarding the DentaQuest Criteria, DentaQuest’s Criteria for Dental Extractions states, “Pathology – 1. Non-restorable decay, 2. Tooth erupting on an angle and impinging on 2<sup>nd</sup> molar, 3. Recurrent Pericoronitis, 4. Dentigerous Cyst or other growth, 5. Internal or external root resorption and 6. 3<sup>rd</sup> molar has over-erupted due to lack of opposing tooth contact. *See supra* ¶ 7. In this case, Petitioner’s Provider failed to satisfy the requirements of Respondent’s criteria for approval of dental extraction. Based upon Dr. Johnson’ review of the documentation submitted by Petitioner’s Provider, Petitioner did not meet any of the criteria set forth on the DentaQuest Criteria for Dental Extractions as to teeth [REDACTED]. *See supra* ¶ 10. Given these facts, Petitioner has not demonstrated that the requested dental services are “individualized, specific, consistent with symptoms or diagnosis of illness or injury” and not “in excess of the patient’s needs.” *See supra* ¶ 18.

25. The record also reflects that Petitioner’s Provider submitted an ADA Dental Claim form on behalf of Petitioner requesting preauthorization of dental services. *See supra* ¶ 2. However,


section 2.83 of the Definitions Policy mandates that “[t]he 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.” See supra ¶ 18. Therefore, the ADA Dental Claim form does not make the requested dental service a covered service.

26. In light of the testimony and evidence presented, and the applicable laws and policies, the undersigned Hearing Officer finds that Petitioner failed to establish that the requested dental services are medically necessary. Looking at all the evidence relevant to the particular needs of Petitioner, Petitioner did not demonstrate that the requested services are necessary to correct or ameliorate a defect or a physical and mental illness or condition. Accordingly, Petitioner did not prove by a preponderance of the evidence that Respondent’s denial of Petitioner’s request for dental services was incorrect.

**DECISION**

Respondent’s denial of Petitioner’s request for dental services (Wisdom teeth extraction) is **AFFIRMED**. Petitioner’s request for relief is **DENIED**.

**DONE and ORDERED** this 16<sup>th</sup> day of October 2024, in Tallahassee, Leon County, Florida.

 George L. Winslow, Jr.  
24-FH2117  
2024.10.16 09:50:28  
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**GEORGE WINSLOW, 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]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**DentaQuest of Florida, Inc.**  
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