

**RYAN WHITE PROGRAM
Letter of Medical Necessity for
Dental Implants**

Client's Full Name

Prescriber Full Name

Preferred Name

Prescriber License # (D.M.D, D.D.S.)

Date of Birth

Prescriber Telephone #

I certify my client fully meets the following criteria for the use of dental implants:

- The use of these implants is not cosmetic;
- This patient is edentulous and advanced resorption of the bone that supports dentures makes keeping dentures in place difficult; and
- The procedure will improve my client's quality of life.

I understand:

- Approval under this form is limited to codes D6010, D6011, D6191, D6192, D6110, or D6111;
- These dental codes are restricted up to 8 units each;
- Usage of this letter serves as an override to the annual oral health care cap, if any;
- This approval is subject to Part A funding availability;
- This form should be included in the client's dental file and uploaded into scanned documents in the Provide[®] Enterprise Miami (PE Miami) data management system; and
- I must attach the treatment plan to this form.

Prescriber Signature and Date

Please note: All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.). Pursuant to the most current Professional Services Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

Effective 3/1/2023