RYAN WHITE PROGRAM
Letter of Medical Necessity for
Dental Implants
(For Edentulous Clients)

Client's Full Name

Date of Birth

Prescriber's Full Name

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

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 (8 units = 4 implants per arch x 2 arches);

- 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

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