

**RYAN WHITE PROGRAM ORAL HEALTH CARE FORMULARY
REVIEW REQUEST FORM**

Date of Request: 9/20/2023

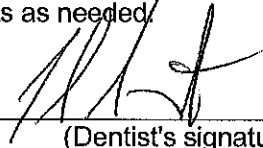
Request for (check one):

Addition Deletion

| FOR OMB-GC USE ONLY | |
|---------------------|--|
| <u>9/20/2023</u> | Date Request Received |
| _____ | Date of Care & Treatment Cmte. |
| _____ | Review/Action (Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No) |
| _____ | Date of Miami-Dade HIV/AIDS Partnership |
| _____ | Review/Action (Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No) |

- (1) Current Dental Terminology (CDT) code and description of dental procedure:
D0367 - Cone beam CT capture & interpretation with field of view of both jaws; with or without cranium
- (2) Please list other procedures currently found in the local Ryan White Program Oral Health Care Formulary which are considered similar to the proposed addition/deletion.
D0330 is for panoramic image but D0367 is for CT 3D imaging.
- (3) Should there be any restrictions on the use/availability of this procedure? Yes No N/A
If yes, please explain. _____
- (4) Please indicate your reason for this request:
 New dental procedure available
 Dental procedure no longer used
 Change in dental code – The replacement code is _____
 Other (specify): _____
- (5) Please justify the reason for the addition or deletion of this code. Provide appropriate references where applicable. (Attach back-up documentation to support your request, as needed.)
We are looking into investing into a CBCT machine to be able to take 3D images. This will allow for better diagnostic and treatment outcomes with the better views received from a 3D image.
- (6) I understand that this request will be considered at the next meeting of the Miami-Dade HIV/AIDS Partnership's ad-hoc Oral Health Care Workgroup, which meets as needed.

Print Name: LAWRENCE A. AMMENTANO
Phone/Pager: 305-585-5326
Dental Clinic Site: ACCENT - JMM



(Dentist's signature)
ME105271

(Dentist's License #)

Please forward this request to (do not include client identifying information):

Carla Valle-Schwenk
Program Administrator
Miami-Dade County Office of Management and Budget-Grants Coordination
Ryan White Program
111 N.W. 1st Street, 22nd Floor
Miami, Florida 33128
Telephone (305) 375-4742 / Fax (305) 375-4454
Electronic mail: carla.valleschwenk@miamidade.gov