

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

Date of Request: 10/26/23

Request for (check one):

Addition Deletion

FOR OMB-GC USE ONLY	
<u>10/26/2023</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:
D7953 - bone replacement graft for ridge preservation -per site

(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.
N/A

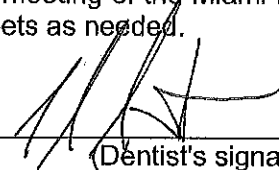
(3) Should there be any restrictions on the use/availability of this procedure? Yes No N/A
If yes, please explain. _____

(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.)
This procedure benefits the patient in restoration of preservation of bone volume. Bone grafting repairs jaw bone in order to support dental restorations

(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: Jacob Leinbry
 Phone/Pager: 305-585-6935
 Dental Clinic Site: Sackson Health System
ACC East



 (Dentist's signature)
MG1052-1

 (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
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