



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.
Commissioner

James W. Clyne, Jr.
Executive Deputy Commissioner

MEDICAID OBSTETRICAL AND MATERNAL SERVICES (MOMS)

The New York State Department of Health invites interested physicians, midwives, and nurse practitioners meeting certain eligibility and practice requirements to apply to participate in the Medicaid Obstetrical and Maternal Services (MOMS) program.

PROGRAM DESCRIPTION

The Medicaid Obstetrical and Maternal Services (MOMS) program features enhanced fees for participating obstetricians, family physicians, midwives, and nurse practitioners. PRACTITIONERS PARTICIPATING IN THE MOMS program are required to refer Medicaid eligible pregnant women for non-medical health supportive services such as nutrition and psychosocial assessment and counseling, health education, and care coordination. Health supportive services are provided by approved agencies such as county health departments, certified home health agencies and prenatal clinics certified under Article 28. These agencies are also able to determine presumptive eligibility for Medicaid and assist patients with the Medicaid application process as well as arrange transportation for prenatal care visits and follow-up on missed appointments. Reimbursement for health supportive services are on a separate fee schedule and are not included in fees for obstetrical care. A current list of approved health supportive service providers is attached. For more information or to request an application packet please contact: New York State Department of Health, Perinatal Health Unit, Corning Tower, Albany, New York 12237 or call (518) 474-1911.

REIMBURSEMENT

The obstetrical provider participating in the MOMS program will receive enhanced Medicaid fees for obstetrical care. For reimbursement information please refer to the appropriate provider manual available at www.emedny.org.

MOMS participating obstetrical providers also receive enhanced fees for obstetrical medical ancillary services including sonograms, fetal non-stress test, and biophysical profiles.

BILLING

Participating MOMS providers are assigned a new specialty code that enables them to claim the higher fees for obstetrical procedures using the customary Medicaid procedure codes.

ELIGIBILITY AND PRACTICE REQUIREMENTS

The MOMS eligibility and practice requirements for physicians, midwives, and nurse practitioners are on the following pages.

APPLICATION

The interested physician, midwife, or nurse practitioner may apply to participate in the MOMS program by completing the State Department of Health form, "Application for Enrollment as a Medical (or Dental) Specialist" AND the MOMS Addendum. Every provider applying to participate in MOMS must complete these two forms.

NOTIFICATION

A letter of decision regarding the application will be sent by this Department to the applicant's address as listed on the application. If the application for Medicaid enrollment and MOMS participation are made at the same time, the letter of decision regarding the Medicaid application will be sent first, followed at a later date by the letter of decision regarding MOMS participation.

QUESTIONS

For additional information regarding the Medicaid Obstetrical and Maternal Services (MOMS) program, you may call this Department weekdays between 8:30 and 4:30 p.m. at (518) 474-1911.

ELIGIBILITY AND PRACTICE REQUIREMENTS

Physicians who participate must:

- Be board certified or an active candidate for board certification by the American College of Obstetrics and Gynecologists or board certified or eligible for board certification by the American Academy of Family Practice Physicians for a period of no more than five years from completion of a post graduate training period in obstetrics and gynecology or family practice;
- Have active hospital admitting privileges in an appropriately accredited hospital which includes maternity services;
- Provide medical care in accordance with the practice guidelines established by the American College of Obstetricians and Gynecologists (ACOG);
- Have twenty-four hour telephone coverage;
- Have an agreement with an approved health supportive service provider or prenatal care clinic certified under Article 28 to provide non-medical health supportive services such as health education, nutrition, and psychosocial assessment and counseling, case management, presumptive eligibility, and acting as authorized representative for the Medicaid application;
- Provide medical care coordination and agree to participate in managed care programs if the managed care programs are operational within the physician's geographic practice area;
- Be a provider in good standing;
- Sign an agreement with the Medicaid program, such agreement to be subject to cancellation with 30-day notice by either party.

Midwives who participate must :

- Be a licensed midwife with the New York State Education Department's Division of Professional Licensing Services, and practice in accordance with section 6951 of Education Law;
- Have a collaborative agreement with a Medicaid enrolled physician who is board certified or an active candidate for a period of no more than five years from completion of a post graduate training program in obstetrics/gynecology and who have active hospital admitting privileges in an appropriately accredited hospital which includes maternity services;
- Have hospital admitting privileges in an appropriately accredited hospital which includes maternity services;
- Have twenty-four hour telephone coverage;
- Have an agreement with an approved health supportive service provider or prenatal care clinic certified under Article 28 to provide non-medical health supportive services such as health education, nutrition, and psychosocial assessment and counseling, case management, presumptive eligibility, and acting as an authorized representative for the Medicaid application.

- Provide medical coordination and agree to refer for all specialty care;
- Be a provider in good standing;
- Sign an agreement with the Medicaid program, such agreement to be subject to cancellation with 30-day notice by either party.

Nurse practitioners who participate must:

- Be licensed and currently registered as a registered professional nurse in New York State and certified as a nurse practitioner by the Department of Education;
- Have a collaborative agreement with a Medicaid enrolled physician who is board certified or an active candidate for board certification by the American College of Obstetricians and Gynecologists; or board certified or eligible for board certification by the American Academy of Family Practice for a period of no more than five years from completion of a post graduate training program in obstetrics and gynecology or family practice and who has active hospital admitting privileges in an appropriately accredited hospital which includes maternity services.
- Provide twenty-four hour telephone coverage;
- Have an agreement with an approved health supportive service provider or prenatal care clinic certified under Article 28 to provide non-medical health supportive services such as health education, nutrition, and psychosocial assessment and counseling, case management, presumptive eligibility, and acting as authorized representative for the Medicaid application;
- Provide medical care coordination and agree to refer for all specialty care;
- Be a provider in good standing;
- Sign an agreement with the Medicaid program, such agreement to be subject to cancellation with 30-day notice by either party.

MEDICAID OBSTETRICAL AND MATERNAL SERVICES PROGRAM (MOMS)
Applicants to MOMS must complete this ADDENDUM to:

APPLICATION FOR ENROLLMENT AS A MEDICAL or DENTAL SPECIALIST
 New York State Department of Health

- INSTRUCTIONS:**
1. Type or print the information in the space provided.
 2. Attach required documentation.
 - (a) certification by an appropriate specialty board;
 - (b) notice of admissibility to final examination from appropriate specialty board;
 - or
 - (c) evidence of satisfactory completion of residency or fellowship training (family practitioners);
 3. Submit a copy of your current license registration.
 4. Sign and date the Assurances.
 5. Submit completed application, Addendum and required documentation to NYS Department of Health, Bureau of Women's Health, Corning Tower – 18th Floor, Empire State Plaza, Albany, New York 12237.
 6. Application process is approximately 120 days.

SECTION A – IDENTIFYING INFORMATION

1. Last Name: _____
 First Name: _____
2. Business Address _____
3. Daytime Telephone Number (_____) _____ Date of Birth ____/____/____
4. (a) License No. _____ (b) State _____
5. Medical School _____ Year Graduated _____
6. Please complete this question **if you are** an enrolled Medicaid provider:
 National Provider Identifier (NPI) _____ MMIS Provider # _____

SECTION B – PRACTICE INFORMATION

7. If you employ/use the services of one or more nurse practitioners, midwives, and/or physician assistants, please give name(s) and license(s) below:

NAME	LICENSE #	STATE

SECTION C – ACTIVE HOSPITAL PRIVILEGE (Check one)

8. As a physician or licensed midwife, I have an active admitting privilege at an accredited hospital with maternity services. A current copy of my hospital appointment letter is attached.

- As a Nurse Practitioner, I have a collaborative agreement with a Medicaid enrolled physician who is board certified by the American College of Obstetrics and Gynecologists or an active candidate for a period of no more than five years from completion of a post graduate training program in obstetrics and gynecology or board certified by the American Board of Family Practice and who has active admitting privileges at an accredited hospital with maternity services. I assure that for the purposes of this program, my practice will be limited to provision of prenatal and postpartum care.

- A copy of this agreement and the physician's hospital letter are attached.

SECTION D – ASSURANCES

1. I recognize that I continue to be bound by the rights, obligations, duties, or interests accrued or conferred as a result of my enrollment in the New York State Medicaid Program.
2. As an obstetrical care physician, midwife, or nurse practitioner, I assure the provision of comprehensive medical care services to Medicaid patients who are pregnant or postpartum, in accordance with the practice guidelines established by the American College of Obstetricians and Gynecologists or the American Academy of Family Practice Physicians or the American College of Nurse Midwives.
3. I assure that I will provide prenatal diagnostic and treatment services including but not limited to the following:
 - (i) an initial comprehensive assessment including history, review of systems, and physician examinations;
 - (ii) standard laboratory tests and procedures;
 - (iii) needed special laboratory tests as indicated by comprehensive assessment and initial or preliminary test findings;
 - (iv) evaluation of risk;
 - (v) discussion with the woman of options for treatment, care and technological support that are expected to be available at the time of labor and delivery together with the advantages and disadvantages of each option;
 - (vi) postpartum counseling, evaluation and referral to professional care and services, as required, to include preconception counseling as appropriate.
4. As an obstetrical care physician, midwife, or nurse practitioner, I agree to provide medical care coordination as a part of my care, such medical care coordination to include at a minimum: the scheduling of elective hospital admissions; where possible, assistance with emergency admissions; management of and/or participation in hospital care and discharge planning; scheduling of referral appointments with written referral as necessary and with request for follow-up report; and the maintenance of a complete medical record to include but not to be limited to notation of referrals and hospitalizations, and copies of test results and reports.
5. As a participating practitioner, I assure that all Medicaid eligible women under my care will have access to non-medical health supportive services such as health education, nutrition assessment and counseling, psychological assessment and counseling, non-medical case management, determining presumptive eligibility for Medicaid, acting as authorized representative for the Medicaid application process, and HIV counseling and testing. I understand that I may apply to provide this service directly or that I will have an agreement with an approved health supportive service provider or prenatal care clinic certified under Article 28. I understand that this agreement requires me to refer all women in this category by means of a written referral. I understand that the New York State Department of Health has provided me with a list of approved health supportive service providers. If I do not provide these services directly, I agree to sign an agreement with one or more of these providers to accept referrals from me of pregnant Medicaid recipients. I agree to list at No. 14a of this application a health supportive service provider with which is will sign an agreement. If not in a Health Supportive Services Provider arrangement, but providing services through subcontract with a prenatal care clinic certified under Article 28, please list the name of the prenatal care clinic certified under Article 28 at No. 14.b

SECTION D – ASSURANCES, Continued...

6. As an obstetrical care physician, licensed midwife, or nurse practitioner, I assure that I will maintain twenty-four hour telephone coverage which will include timely access to a practitioner qualified to respond to the Medicaid patient's health concerns. I recognize that this requirement cannot be met by a recording referring patients to the emergency room.
7. I assure that I will request, as necessary, from the New York State Department of Health, and display conspicuously on my premises, designated informational materials that serve to inform the public regarding Medicaid eligibility and services for pregnant women and children.
8. I assure that I will notify the New York State Department of Health within thirty (30) days of circumstances resulting in my *ineligibility* to continue this agreement and/or my *inability* to perform the activities and services required under this agreement.
9. I recognize that the State may determine new visit types and rates during the term of this agreement and that the new visit types and rates may supersede those available at the time of this agreement.
10. I assure that I will abide by all reasonable policies, procedures, and instructions provided by the State to implement and execute the Medicaid Obstetrical and Maternal Services program, and will bill Medicaid in accordance with the reimbursement methodology established by the State.
11. I recognize that the New York State Department of Health may cancel my participation in the Medicaid Obstetrical and Maternal Services program at any time, giving me not less than thirty (30) days written notice that on or after the date therein specified, my participation will end. I accept that cause for cancellation of my participation in the Medicaid Obstetrical and Maternal Services program will include but not be limited to my failure to comply with these assurances.
12. I recognize that I may request cancellation of participation in the Medicaid Obstetrical and Maternal Services program when there are extenuating circumstances, giving the New York State Department of Health not less than thirty (30) days of written notice. I assure that such cancellation will include a description of the basis for the termination. I assure that I will assist patients to maintain continuity of care; provide them with information to assist them to transfer their care; and make timely transfer of their records upon request.
13. I accept that, upon my designation by the New York State Department of Health to participate in the Medicaid Obstetrical and Maternal Services program, these ASSURANCES will be effective beginning with the date of this application (Item 17) and may continue in effect thereafter with the consent of both parties and so long as Federal financial participation is available. I accept that services rendered prior to October 1, 1992 will not be eligible for reimbursement through the Medicaid Maternal and Obstetrical Services program.

SECTION D – ASSURANCES, Continued...

14. a. I agree to refer all pregnant Medicaid recipients (or those who may be eligible) to an approved MOMS Health Supportive Services Provider.:

Name of Health Supportive Service Provider: _____

b. If applying for MOMS as a prenatal care clinic certified under Article 28 subcontractor, please list the name of the prenatal care clinic certified under Article 28. As a prenatal care clinic certified under Article 28 subcontractor, I understand that I am only eligible to bill Medicaid for deliveries.

There are no health supportive service providers or prenatal care clinics certified under Article 28 in my area; please contact me.

Please send an application to provide health supportive services.

15. PRINT NAME _____

16. SIGNATURE _____

17. DATE _____

**DIRECTORY OF
MOMS HEALTH
SUPPORTIVE
SERVICE
PROVIDERS**

NEW YORK STATE DEPARTMENT OF HEALTH

1/2010

**DIRECTORY OF APPROVED MOMS
HEALTH SUPPORTIVE SERVICES PROVIDERS**

ALBANY COUNTY

Northeast Health Care (Cohoes FHC)	Virginia Dunigan	518-271-0063
------------------------------------	------------------	--------------

BROOME COUNTY

Cortland County Health Department	Sarah Waller	607-753-5028
PP of South Central NY (PP of Broome/Chenango)	Mary Beth Clark	315-336-8269
United Health Services Hospital	Linda Sebesta	607-763-6415

CATTARAUGUS COUNTY

Cattaraugus County Health Department	Sue Andrews	716-373-8050
--------------------------------------	-------------	--------------

CAYGUA COUNTY

Cortland County Health Department	Sarah Waller	607-753-5028
Cayuga County Health Department	Joan Knight	315-253-1454

CHAUTAUQUA COUNTY

Chautauqua County Health Department	Patricia Allenson	716-753-4491
VNA of Western New York	Kathy Duke	716-635-0101

CHEMUNG COUNTY

Arnot Ogden Medical Center	Lucy Keith	607-737-8150
----------------------------	------------	--------------

CHENANGO COUNTY

Cortland County Health Department	Sarah Waller	607-753-5028
P.P. of South Central NY (P.P. of Broome/Chenango)	Mary Beth Clark	607-336-8269
United Health Services Hospital	Linda Sebesta	607-763-6415

CLINTON COUNTY

Clinton County Department of Health	Nancy Jarvis	518-565-4848
-------------------------------------	--------------	--------------

CORTLAND COUNTY

Cortland County Health Department	Sarah Waller	607-753-5028
United Health Services Hospital	Linda Sebesta	607-763-6415

DELAWARE COUNTY

United Health Services Hospital	Linda Sebesta	607-763-6415
---------------------------------	---------------	--------------

ERIE COUNTY

VNA of Western New York	Rose Julius	716-630--8000
-------------------------	-------------	---------------

ESSEX COUNTY

Clinton County Department of Public Health	Nancy Jarvis	518-565-4848
Essex County Public Health Nursing Services	Kathy Daggett	518-873-3500

FRANKLIN COUNTY

St. Lawrence County Public Health Nursing Services	Patricia Ward	315-265-3730
Northern Adirondack Planned Parenthood	Sylvia King	518-483-7150

GENESEE COUNTY

Genesee County Health Department	Ginny Sellan	585-344-2580
United Memorial Hospital (formerly Genesee Memorial Hosp)	Sheryl Hazlett	585-344-5355
Wyoming County Community Health System	Ann Judkins	585-786-3230

HAMILTON COUNTY

Oneida County Health Department	Joan Calimo	
St. Luke's Memorial Hospital Center	Pi Gentile	315-895-7474
St. Elizabeth Hospital	Karen Gross	315-798-8357

JEFFERSON COUNTY

Jefferson County Public Health	Donna Grant	315-786-3720
--------------------------------	-------------	--------------

LEWIS COUNTY

Lewis County Public Health Agency	Irene Uttendorfsky	315-376-5453
-----------------------------------	--------------------	--------------

LIVINGSTON COUNTY

United Memorial Hospital (formerly Genesee Memorial Hosp)	Michelle Williams-Moscick	716-344-5355
Nicholas Noyes Memorial Hospital	Gail Wratny-Feather	716-335-4231
Wyoming County Community Hospital	Ann Judkins	716-786-3230

MADISON COUNTY

Cortland County Health Department	Sarah Waller	607-753-5028
-----------------------------------	--------------	--------------

MONROE COUNTY

United Memorial Hospital (formerly Genesee Memorial Hosp)	Michelle Williams-Moscick	716-344-5403
---	---------------------------	--------------

NIAGARA COUNTY

VNA of Western New York	Rose Julius	716-630-8000
-------------------------	-------------	--------------

ONEIDA COUNTY

Oneida County Health Department	Joan Galimo	315-798-5826
Faxton St. Lukes Memorial Hospital	Christine Usmail	315-624-6241

ONTARIO COUNTY

Ontario County Public Health Nursing Services	Laura Doley	716-396-4343
---	-------------	--------------

ORLEANS COUNTY

United Memorial Hospital (formerly Genesee Memorial Hosp)	Sheryl Hazlett	585-344-5355
Wyoming County Community Health System	Ann Judkin	585-786-3230

RENSSELAER COUNTY

Northeast Health Care (Cohoes FHC)	Virginia Dunigan	518-271-0063
------------------------------------	------------------	--------------

SCHUYLER COUNTY

Schuyler Hospital	Indy Miner	607-535-7121
-------------------	------------	--------------

SENECA COUNTY

Lifetime Health Care Home Health	Toni McGhan	315-332-2505
Schuyler Hospital	Indy Miner	607-535-7121

ST. LAWRENCE COUNTY

St. Lawrence County Public Health	Kindra Cousineau	315-386-2325
-----------------------------------	------------------	--------------

STEUBEN COUNTY

Guthrie Health Services	Debra Marmuscak	607-937-8659
St. James Mercy Hospital	Pam Manktelow	607-324-8760
Steuben County Public Health Nursing Service	Gail Wechsler	607-776-9631

SUFFOLK COUNTY

University Associates in OB/GYN	Karen Coburn	631-444-4686
---------------------------------	--------------	--------------

TIOGA COUNTY

Cortland County Health Department	Sarah Waller	607-753-5028
Guthrie Clinic, Ltd	Miriam Burgess	570-882-2554
United Health Services Hospital	Linda Sebesta	607-763-6415

TOMPKINS COUNTY

Cortland County Health Department	Sarah Waller	607-753-5028
Tompkins County Health Department	Karen Bishop	607-274-6614

WARREN COUNTY

Warren County Health Services	Patricia Auer	518-761-6415
-------------------------------	---------------	--------------

WASHINGTON COUNTY

Washington County Public Health Services	Patricia Hunt	518-746-2400
--	---------------	--------------

WAYNE COUNTY

Wayne County Public Health Services	Susan Sheets	315-946-5749
Lifetime Health Care Home Health	Toni McGhan	315-332-2505

WYOMING COUNTY

United Memorial Hosp (formerly Genesee Memorial Hospital)	Michelle Williams-Moscick	716-344-5355
Wyoming County Community Hospital	Ann Judkin	585-786-3230

YATES COUNTY

Schuyler Hospital	Indy Miner	607-535-7121
Yates County Public Health	Debra Minor	315-536-5160

Application for Enrollment as a Specialist
NEW YORK STATE DEPARTMENT OF HEALTH

INSTRUCTIONS: (1) Type or print the information requested in the space provided.

- (2) Submit a copy of ALL of the following appropriate documents:**
 (a) certification by an appropriate specialty board; or
 (b) notice of admissibility to final examination from appropriate specialty board; or
 (c) evidence of satisfactory completion of residency or fellowship training.
- (3) Submit completed application and required documentation to**

Computer Sciences Corporation
P.O. Box 4610
Rensselaer, NY 12144-4610.

SECTION A - APPLICANT INFORMATION

1. Name [_____] Last [_____] First [_____] MI [____]
2. Address _____
3. (a) License No. [_____] (b) State [____] (c) National Provider Identifier [_____]
 (d) MMIS # [_____]
4. Soc. Sec. # [____ - ____ - ____]
5. (a) Specialty(ies) Requested _____ (b) Code nos. [____] [____] [____]
 (See Reverse)

SECTION B - EDUCATION AND TRAINING

	Name and address of institution (city and state or country if outside USA)	Dates From To Mo. Yr. Mo. Yr. [_/ _] [_/ _]	Degree/Specialty
MEDICAL/DENTAL	_____	[_/ _] [_/ _]	_____
INTERNSHIP	_____	[_/ _] [_/ _]	_____
RESIDENCY	_____	[_/ _] [_/ _]	_____
FELLOWSHIP	_____	[_/ _] [_/ _]	_____

SECTION C - HOSPITAL APPOINTMENT INFORMATION (for last five years only)

Name & address	Dates From To Mo. Yr. Mo. Yr. [_/ _] [_/ _]	Title & Specialty	Average Hours/Week [____]
_____	[_/ _] [_/ _]	_____	[____]
_____	[_/ _] [_/ _]	_____	[____]

SECTION D - U.S. SPECIALTY BOARD CERTIFICATION(S)

Name of Board _____ Certification Date MO DA YR [_] [_] [_]

_____ Certification Date [_] [_] [_]

SECTION E - ORTHODONTISTS ONLY

If not in exclusive practice, what % of practice is devoted to orthodontics? [____ %]
 M D Y M D Y M D Y M D Y
 General Practice from [_] [_] [_] to [_] [_] [_] Orthodontics from [_] [_] [_] to [_] [_] [_]

≡ SIGNATURE _____ DATE _____

PROVIDER SPECIALTY CODES
PHYSICIAN SPECIALTY CODES

<u>CODE</u>	<u>SPECIALTY</u>	<u>CODE</u>	<u>SPECIALTY</u>
010	ALLERGY AND IMMUNOLOGY		PEDIATRICS
		150	Pediatrics
020	ANESTHESIOLOGY	151	Pediatric Cardiology
		152	Pediatric Hematology-Oncology
102	ASTHMA EDUCATOR	154	Pediatric nephrology
		155	Neonatal-Perinatal Medicine
	DERMATOLOGY	156	Pediatric Endocrinology
040	Dermatology	157	Pediatric Pulmonology
041	Dermatopathology	161	Pediatric Critical Care
		163	Pediatric Gastroentology
103	DIABETES EDUCATOR		
		160	PHYSICAL MEDICINE & REHABILITATION
250	EMERGENCY MEDICINE		
050	FAMILY PRACTICE	162	OSTEOPATHIC MANIPULATIVE MEDICINE
	INTERNAL MEDICINE		
060	Internal Medicine		PREVENTIVE MEDICINE
062	Cardiovascular Disease	182	General Preventive Medicine
063	Endocrinology & Metabolism	183	Occupational Health
064	Gastroenterology	184	Public Health
065	Hematology	185	Aerospace Medicine
066	Infectious Disease		
067	Nephrology		PSYCHIATRY AND NEUROLOGY
068	Pulmonary Disease	191	Child Psychiatry
069	Rheumatology	192	Psychiatry
241	Medical Oncology	193	Child Neurology y
		194	Neurology
080	NUCLEAR MEDICINE	195	Psychiatry and Neurology
	OBSTETRICS AND GYNECOLOGY		
089	Obstetrics and Gynecology		RADIOLOGY
092	Maternal & Fetal Medicine	200	Radiology
093	Reproductive Endocrinology	201	Diagnostic Radiology
242	Gynecologic Oncology	202	Diagnostic Radiology with Special Competence in Nuclear Radiology
			Therapeutic Radiology
100	OPHTHALMOLOGY	205	
120	OTOLARYNGOLOGY	187	MEDICAL GENETICS
	PATHOLOGY		SURGERY
131	Blood Banking	030	Colon and Rectal Surgery
135	Clinical Pathology	070	Neurological Surgery
136	Forensic Pathology	110	Orthopedic Surgery
137	Hematology	153	Pediatric Surgery
138	Chemical Pathology	170	Plastic Surgery
139	Medical Microbiology	210	General Surgery
141	Neuropathology	220	Thoracic Surgery
142	Anatomic Pathology		
143	Dermatopathology	230	UROLOGY
146	Anatomic & Clinical Pathology		
148	Radioisotopic Pathology		

DENTAL SPECIALTY CODES

<u>CODE</u>	<u>SPECIALTY</u>	<u>CODE</u>	<u>SPECIALTY</u>
801	Orthodontics	806	Periodontics
802	Endodontics	807	Public Health
803	Oral Pathology	808	Oral Surgery
804	Pedodontics	809	Dental Anesthesiology
805	Prosthodontics	810	Parenteral Conscious Sedation