

Exhibit X – Implant Criteria

I. General Guidelines:

Documentation needed for pre-authorization of procedure:

- A. Detailed treatment plan
- B. Appropriate full mouth radiographs showing clearly the adjacent and opposing teeth must be submitted for authorization review; bitewings, periapical or panorex.

II. Codes

DentaQuest adheres to the code definitions as described in the American Dental Association Current Dental Terminology User's Manual.

III. General Criteria

- A. Implants are covered only for recipients with good oral health and hygiene, good periodontal health (AAP Type I or II), and a favorable prognosis where continuous deterioration is not expected.
- B. Implants will be covered only when developmentally and age appropriate.
- C. When indicated, Four Maxillary and Two Mandibular implants are usually sufficient to retain a denture, except when medically necessary

IV. Criteria: Authorizations for prosthesis do not meet criteria:

- A. If there is a pre-existing prosthesis within the last 8 years or a partial denture has been authorized, when medically necessary.
- B. Implants are developmentally inappropriate before the cessation of growth.
- C. Implants are not covered if there is insufficient space to restore the implant with an anatomically correct crown.
- D. If there are multiple missing teeth, a partial denture would adequately replace the missing teeth.
- E. If documentation received fails to support the necessity of implants to retain a complete denture due to inadequate bone support.
- F. If the remaining teeth have poor prognosis due to inadequate bone support.
- G. If the remaining teeth have excessive restorative needs.
- H. If there is a lower cost alternative that effectively addresses and treats the medical problem

Additional Information

- Services that fail to meet clinical criteria due to prior treatment will require medical necessity review.

Reference:

- OAC 5160-5-01 Dental Services
- OAC 5160-1-01 Medicaid Medical necessity: Definitions and Principles

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