Exhibit X – Implant Criteria

I. General Guidelines:

A. Documentation needed for pre-authorization of procedure:
1. Narrative of medical necessity
2. Full mouth radiographs showing clearly the adjacent and opposing teeth must be submitted for authorization review; bitewings, periapical or panorex.

II. Codes

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

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

A. If there is a lower cost alternative that effectively addresses and treats the medical problem.

IV. Additional Information

A. Services that fail to meet clinical criteria due to prior treatment will be disallowed.

Reference:

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