# 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