

## **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.

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

- A. If there is a pre-existing prosthesis within the last 5 years or a partial denture has been authorized.
- 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.