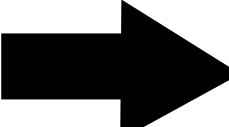


Clinical Criteria Revisions to the New York State Medicaid Program Dental Policy and Procedure Code Manual

ii. Revisions: The revised “Implant Services” section will read:

Dental implants, including single implants, and implant related services will be covered by Medicaid when medically necessary. Prior approval requests for implants must have supporting documentation from the patient’s dentist.



The patient’s dentist’s office must submit a completed Form documenting, among other things, the patient’s medical history, current medical conditions being treated, list of all medications currently being taken by the patient, explaining why implants are medically necessary and why other covered functional alternatives for prosthetic replacement will not correct the patient’s dental condition, and certifying that the patient is an appropriate candidate for implant placement. If the patient’s dentist indicates that the patient is currently being treated for a serious medical condition, the Department may request further documentation from the patient’s treating physician.

General Guidelines:

- The dentist’s explanation as to why other covered functional alternatives for prosthetic replacement will not correct the patient’s dental condition will be reviewed based on the presence/absence of eight (8) points of natural or prosthetic posterior occlusal contact and/or one (1) missing maxillary anterior or two (2) missing mandibular teeth.
- A complete treatment plan addressing all phases of care is required and should include the following:
 - Accurate pretreatment charting;
 - Complete treatment plan addressing all areas of pathology;
 - Inter-arch distances;
 - Number, type and location of implants to be placed;
 - Design and type of planned restoration(s);
 - Sufficient number of current, diagnostic radiographs and/or CT scans allowing for the evaluation of the entire dentition.
- If bone graft augmentation is needed there must be a 4 to 6-month healing period before a dental implant can be placed.
- Dental implant code D6010 will be re-evaluated via intraoral radiographs or CT scans prior to the authorization of abutments, crowns, or dentures four to six months after dental implant placement.
- Treatment on an existing implant/implant prosthetic will be evaluated on a case-by-case basis.
- Documentation must include a list of all medications currently being taken and all conditions currently being treated.
- All cases will be considered based upon supporting documentation and current standards of care.