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New Zealand Dental Assoc.

ACC Dental Implant Patient Selection Criteria

2021 update of ACC Dental Implant patient selection criteria (2010)

Introduction

These patient selection criteria must be met for ACC to consider contributing towards the cost of dental implants. The criteria aim to mitigate the risk of implant failure and ensure appropriate patient selection. This would enable functional, maintainable and predictable restorations for ACC clients to meet the requirements of the Accident Compensation Corporation Act (2001). The criteria were developed by ACC in partnership with the New Zealand Dental Association. The full criteria - ACC Dental Implant Patient Selection Criteria 2021 is available on ***acc.co.nz***.

1. Age and general health

Your patient must be at least 21 years old. There is no objective diagnostic tool to confirm that a person's craniofacial growth is complete, and evidence-based literature supports this age criterion.

It is the dental clinician's responsibility to screen for any and all conditions that may affect the osseointegration of the dental implant, longevity of the implant and health of the patient after receiving dental implants.
The patient should:

- be fit and healthy to undergo surgical and restorative dentistry treatment over a protracted period, which may last up to 12 months;
- have the capacity to understand the proposed treatment option, give informed consent, and comply with a protracted and complex treatment plan, daily dental homecare and regular dental attendances;
- be able to afford their portion of the required cost for this treatment and ongoing regular care. ACC can contribute towards annual follow up visits as a requirement for the lifetime of the implant.

2. Medical conditions

There are some medical conditions that may indicate your patient is not an appropriate candidate for dental implant treatment. A full list of these medical conditions is outlined in Section 2.1 of the ACC and NZDA Dental Implant Patient Selection Criteria, 2021; available on ***acc.co.nz***. If your patient has any of these conditions, medical approval from your patient's treating physician must be provided with the implant prior approval request.

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3. Dental health and history

A good oral status is considered to be:	Evidence of a good oral status would be shown with:
• minimal periodontal pockets and no greater than >4mm • minimal bleeding on probing • healthy gums • plaque and calculus are minimal • absence of gingivitis • presence of tooth caries and cavities is minimal to none.	• full periodontal assessment and attachment level charting • full clinical notes • intra-oral photos of the whole dentition, including the occlusal surfaces and the dentition together.

An unstable and poorly cared-for mouth is a contraindication to complex restorative treatment, including implant treatment. Where there is a generally poor oral condition with no evidence of regular check-ups and preventive dental care, please discuss with your patient alternative treatment options, such as a denture, to address the immediate needs. Also, develop a long-term plan to address the current poor oral condition with a long-term view of applying for a dental implant/s when all criteria are met. ACC expects your patient to be able to demonstrate oral health stability and maintenance for a period of no less than five years.

If your patient presents with good oral status as defined above, however requires minimal remedial work, ACC will consider an implant application once the remedial work has been completed and is evidenced with x-rays, photos and clinical notes.

3.1 Periodontal disease

The scientific literature confirms that suboptimal oral hygiene, and the subsequent build-up of bacterial plaque and calculus, is the major risk of peri-implantitis. Periodontal pocketing and bleeding on probing substantially increase the risk of peri-implantitis. Likewise, a lack of regular supportive periodontal maintenance in an individual with a history of periodontal disease also greatly increases the risk of peri-implant disease.

Expected periodontal status for dental implant/s **Minimal:**	Evidence of periodontal health to be provided:
• periodontal pocketing • bleeding on probing • plaque and calculus • periodontal bone loss	• periodontal charting • diagnostic labelled and dated radiographs • intra-oral photos of the entire dentition • full clinical notes for a period of no less than five years • evidence of an auditable history of regular preventive dental care and supportive periodontal treatment

4. Five-year auditable history

A five-year auditable history of regular dental check-ups and preventive dental care is required. This evidence indicates a person's ability and commitment to manage their ongoing dental maintenance and oral health. ACC will consider applications without this five-year dental history, as long as all other criteria are met.

5. Stable dentition

Your patient must have stable dentition that is fully explained and evidenced by periodontal charting and photographs.

Stable dentition: A continuous maxillary and mandibular dentition, with no other unfilled edentulous spaces from first molar to first molar (an existing fixed bridge; missing 7s and 8s; teeth extracted as part of comprehensive orthodontic treatment; or congenitally missing teeth are acceptable).

If your patient does have pre-existing edentulous space/s, and the overall occlusal platform is not stable, but the patient meets the remainder of the patient implant selection criteria, they can choose to have implants placed with private funding to restore the occlusal platform either prior to the ACC-funded implant treatment or at the same time as the ACC implant.

The comprehensive treatment plan for both ACC and non-ACC treatment must be disclosed to ACC and evidence that the private implants were placed will be required in all circumstances.

Please note that ACC will only consider funding an implant for a 7s where a sound case for additional occlusal support can be established.

Acknowledgement

This guidance was developed following consideration of an evidence-based review of scientific literature and in collaboration between ACC Clinical Services and representatives of the New Zealand Dental Association.