



MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	DENTAL IMPLANTS
Policy Number	13.01.01
Category	Dental
Effective Date	04/24/14
Revised Date	04/23/15, 04/28/16, 06/22/17, 06/28/18, 6/27/19
Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

POLICY STATEMENT

Based on our criteria and assessment of the peer-reviewed literature:

- I. Single dental implants are **medically appropriate** when a functional deficit exists. A functional deficit exists when there are less than eight posterior natural or prosthetic teeth, molars and/or bicuspid, in occlusion (four (4) maxillary and four mandibular teeth in functional contact).
- II. Dental implants to replace a second molar are **not medically appropriate** if used to extend an arch with functional first molar occlusion.
- III. Dental implant bodies are **medically appropriate** to anchor a denture, not a fixed prosthesis, if the traditional dentures dislodge or are painful. Coverage is limited to four upper implant bodies or two lower implant bodies.
- IV. Dental implants to replace third molars (wisdom teeth) are **not medically appropriate** as no functional deficit exists.
- V. Dental implants are **not medically appropriate** if the total number of teeth which require replacement, or are likely to require replacement, are considered excessive or when maintenance of the tooth/teeth is not considered essential or are not in occlusion (meeting of the upper and lower teeth when the jaw is closed and the tooth/teeth surfaces come in contact).

Refer to Corporate Medical Policy #7.01.21 regarding Dental and Oral Care under Medical Plans.

Refer to Corporate Medical Policy #7.03.01 regarding Coverage for Ambulatory Surgery Unit (ASU) and Anesthesia for Dental Surgery.

Refer to Corporate Medical Policy #11.01.15 regarding Medically Necessary Services.

Refer to Corporate Medical Policy #13.01.02 regarding Dental Crowns and Veneers.

Refer to Corporate Medical Policy #13.01.03 regarding Dental Inlays and Onlays.

Refer to Corporate Medical Policy #13.01.04 regarding Periodontal Scaling and Root Planing.

Refer to Corporate Medical Policy #13.01.05 regarding Periodontal Maintenance.

POLICY GUIDELINES

- I. A predetermination of benefits for implant services is recommended. A dental plan should be submitted to the Health Plan for consideration of implants and should include:
 - A. the number and location of the missing teeth;

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- B. the interarch distance;
 - C. the number, type and location of the implants to be placed;
 - D. the existing and proposed occlusal scheme;
 - E. the design and type of planned restoration; and
 - F. complete or panoramic series radiographic imaging, including bitewings (for posterior teeth) which are current to past year and show the condition of the dentition, depicting the arch at the time of the service.
- II. Coverage for anesthesia, routine pre and post-operative procedures, impressions, sutures and suture removal are included in the allowable expense for dental implant surgical procedures and no additional benefits for these services will be provided.
- III. The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

DESCRIPTION

A dental implant is an artificial tooth root that is placed into the jaw to hold a replacement tooth or bridge. Dental implants may be an option for people who have lost a tooth or teeth due to periodontal disease, an injury, or other reason. An endosteal (endosseous) implant is a device placed into the alveolar and basal bone of the mandible or maxilla and transecting only one cortical plate.

An abutment is a connection to an implant that is a manufactured component usually made of machined high noble metal, titanium, titanium alloy or ceramic. A custom abutment is fabricated for a specific member using a casting process and usually is made of noble or high noble metal.

Dental implants are an accepted method for tooth replacement and are composed of different implant body material types. Implants can be performed as staged procedures (over multiple years) or immediate (at the time of tooth extraction). The therapeutic goal of dental implants is to support restorations that replace a missing tooth (or teeth) to provide the member comfort and function and to assist in the ongoing maintenance of the remaining intraoral and perioral structures.

Unless otherwise excluded in the member contract, coverage is provided for dental implants to replace missing teeth, including the implant, abutment, and crown (fixed or removable).

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.*
- ***CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.***
- *Codes may not be all inclusive as the ADA code updates may occur more frequently than policy updates.*

CDT Codes

Code	Description
D6010	Surgical placement of implant body: endosteal implant
D6056	Prefabricated abutment – includes modification and placement
D6057	Custom fabricated abutment – includes placement
D6058	Abutment supported porcelain/ceramic crown
D6059	Abutment supported porcelain fused to metal crown (high noble metal)
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)
D6061	Abutment supported porcelain fused to metal crown (noble metal)
D6062	Abutment supported cast metal crown (high noble metal)
D6063	Abutment supported cast metal crown (predominantly base metal)
D6064	Abutment supported cast metal crown (noble metal)
D6065	Implant supported porcelain/ceramic crown

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Code	Description
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)
D6092	Re-cement or re-bond implant/abutment supported crown
D6094	Abutment supported crown (titanium)
D6095	Repair implant abutment, by report
D6096	Remove broken implant retaining screw
D6097	Abutment supported crown – porcelain fused to titanium or titanium alloys
D6082	Implant supported crown – porcelain fused to predominantly base alloys
D6083	Implant supported crown – porcelain fused to noble alloys
D6084	Implant supported crown – porcelain fused to titanium or titanium alloys
D6086	Implant supported crown – predominantly base alloys
D6087	Implant supported crown – noble alloys
D6088	Implant Supported crown – titanium and titanium alloys
D6099	Implant supported retainer porcelain fused to noble alloys
D6100	Implant removal, by report
D6199	Unspecified implant procedure, by report

*Copyright © 2019 American Dental Association***Non-covered Codes**

Code	Description
D6011	Second stage implant surgery
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant
D6013	Surgical placement of mini implant
D6040	Surgical placement: eosteal implant
D6050	Surgical placement: transosteal implant
D6051	Interim abutment
D6052	Semi-precision attachment abutment
D6055	Connecting bar – implant supported or abutment supported
D6068	Abutment supported retainer for porcelain/ceramic FPD
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)
D6072	Abutment supported retainer for cast metal FPD (high noble metal)
D6073	Abutment supported retainer for cast metal FPD (predominantly metal based)
D6074	Abutment supported retainer for cast metal FPD (noble metal)
D6075	Implant supported retainer for ceramic FPD
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure
D6085	Provisional implant crown

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Code	Description
D6090	Repair implant supported prosthesis, by report
D6091	Replacement of semi-precious or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture
D6098	Implant supported retainer porcelain fused to predominantly alloys
D6099	Implant supported retainer porcelain fused to noble alloys
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of exposed implant surfaces, including flap entry and closure
D6102	Debridement of osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of exposed implant surfaces and flap entry and closure
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure
D6104	Bone graft at time of implant placement
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular
D6118	Implant/abutment supported interim fixed denture for edentulous arch - mandibular
D6119	Implant/abutment supported interim fixed denture for edentulous arch - maxillary
D6120	Implant supported retainer porcelain fused to titanium and titanium alloys
D6121	Implant supported retainer for metal FPD predominantly base alloys
D6122	Implant supported retainer for metal FPD – noble alloys
D6123	Implant supported retainer for FPD– titanium and titanium alloys
D6190	Radiographic/surgical implant index, by report
D6194	Abutment supported retainer crown for FPD (titanium)
D6195	Abutment supported retainer porcelain fused titanium and titanium alloys
D6793	Provisional retainer crown

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*Key Article

KEY WORDS

Dental Implants

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based upon review, dental implants are not addressed in a National or Local Medicare coverage determination or policy. However, dental services are addressed in Chapter 16, Section 140 of the Medicare Benefit Policy Manual which addresses General Exclusions from Coverage – Dental Services Exclusion and states “Items and services in connection with the care, treatment, filling, removal, or replacement of teeth, or structures directly supporting the teeth are not covered”. Please refer to the following website for Medicare Members: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c16.pdf>.