MEDICAL POLICY

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Medical Policy Title	**Dental Implants**
Policy Number	**13.01.01**
Current Effective Date	**July 16, 2026**
Next Review Date	**July 2027**

Our medical policies are guides to evaluate technologies or services for medical necessity. Criteria are established through the assessment of evidence based, peer-reviewed scientific literature, and national professional guidelines. Federal and state law(s), regulatory mandates and the member's subscriber contract language are considered first in the determination of a covered service.
(Link to Product Disclaimer)

POLICY STATEMENT(S)

I. Single dental implants are considered **medically appropriate** when a functional deficit exists. A functional deficit exists when there are less than four (4) points of contact for posterior natural or prosthetic teeth, molars, or bicuspids, in occlusion per side.

II. Dental implant bodies are considered **medically appropriate** to anchor a denture, not a fixed prosthesis, if the traditional dentures dislodge or are painful. Coverage is limited to four (4) upper implant bodies or two (2) lower implant bodies.

III. Dental implants to replace a second molar are considered **not medically necessary** if used to extend an arch with functional first molar occlusion.

IV. Dental implants to replace third molars (wisdom teeth) are considered **not medically necessary**, as no functional deficit exists.

V. Dental implants are considered **not medically necessary** when the total number of teeth that require, or are likely to require, replacement is considered excessive; or when maintenance of the tooth/teeth is not considered essential; or when malocclusion is present (i.e., upper and lower teeth do not align properly when the jaw is closed and the tooth/teeth surfaces come in contact).

RELATED POLICIES

Corporate Medical Policy

7.01.21 Dental and Oral Care under Medical Plans

7.03.01 Coverage for Ambulatory Surgery Unit (ASU) and Anesthesia for Dental Services

11.01.15 Medically Necessary Services

13.01.02 Dental Crowns and Veneers

13.01.03 Dental Inlays and Onlays

13.01.04 Periodontal Scaling and Root Planing

13.01.05 Periodontal Maintenance

POLICY GUIDELINE(S)

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;

   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. Unless otherwise excluded under the member's subscriber contract, coverage is provided for dental implants to replace missing teeth, including the implant, abutment, and crown (fixed or removable) when the above policy statement criteria are met.

III. Coverage for anesthesia, routine pre- and post-operative procedures, impressions, sutures, and suture removal are included in the allowable expense for the dental implant surgical procedure; no additional benefits for these services will be provided.

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 patient using a casting process and usually is made of titanium, zirconia/ceramic, or noble or high noble metal.

Dental implants are an accepted method of tooth replacement and are composed of different implant body material types. Dental implants can be used to replace a single missing tooth or to secure a bridge or denture for replacing multiple missing teeth. 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.

Immediate placement of dental implant bodies in tooth extraction sites is an acceptable procedure that may or may not require osseous grafting procedures. These procedures may include the use of autogenous bone or various types of freeze-dried or decalcified freeze-dried bone graft materials

from tissue banks or commercially processed bovine porous bone mineral. Immediate placement, with or without osseous grafting, is usually, and appropriately, supplemented with the placement of a guided tissue regenerative membrane or connective tissue membranes.

Peri-implant disease can occur around implants in the same way as natural teeth, and prevention includes daily removal of plaque by brushing and flossing, as well as routine monitoring as part of preventive dental care. Risk factors include a history of periodontal disease, smoking, poor plaque control and diabetes, as well as individual patient considerations.

SUPPORTIVE LITERATURE

Jung and colleagues (2012) performed a systematic review of forty-six clinical studies (2006-2011) to assess the 5-year survival of implant-supported single crowns (SCs) and to describe the incidence of biological, technical, and aesthetic complications. Survival and complication rates were analyzed using random-effects Poisson's regression models to obtain summary estimates of 5- and 10-year proportions. Based on the meta-analysis, survival of implants supporting SCs at 5 years amounted to 97.2% (95% CI: 96.3-97.9%), and at 10 years amounted to 95.2% (95% CI: 91.8-97.2%). The survival of implant-supported SCs was 96.3% (95% CI: 94.2-97.6%) after 5 years and 89.4% (95% CI: 82.8-93.6%) after 10 years. For biological complications, a 5-year cumulative soft tissue complication rate of 7.1% (95% CI: 4.4-11.3%) and a cumulative complication rate for implants with bone loss greater than 2 mm of 5.2% (95% CI: 3.1-8.6%) were calculated. Technical complications reached a cumulative incidence of 8.8% (95% CI: 5.1-15.0%) for screw-loosening, 4.1% (95% CI: 2.2-7.5%) for loss of retention, and 3.5% (95% CI: 2.4-5.2%) for fracture of the veneering material after 5 years. The cumulative 5-year aesthetic complication rate amounted to 7.1% (95% CI: 3.6-13.6%). The authors concluded that the meta-analysis demonstrated high implant survival rates for both the single tooth implants and the respective single crowns after 5 and 10 years. However, technical, biological, and aesthetic complications were frequent.

Meijer and colleagues (2025) conducted a 10-year randomized controlled trial to compare peri-implant soft and hard tissue parameters, esthetic ratings of, and patient-reported satisfaction with immediate implant placement in post extraction sockets with buccal bony defects greater than or equal to 5 mm in the esthetic zone versus delayed implant placement after alveolar ridge preservation. Study participants consisted of 40 individuals with a failing tooth in the esthetic region and a buccal bony defect greater than or equal to 5 mm after a tooth extraction. The participants were randomly assigned to Immediate Group (n=20) or Delayed Group (n=20) implant placement. The second-stage surgery and provisional restoration placement occurred three months after implant placement in both groups; followed by definitive restorations three months thereafter. All participants were followed over a 10-year post-procedure period. The mean marginal bone level change was -0.71 ± 0.59 mm and -0.36 ± 0.39 mm in the Immediate Group and the Delayed Group after 10 years ($p=0.063$), respectively. The authors concluded that marginal bone level changes, buccal bone thickness, clinical outcomes, esthetics, and patient satisfaction outcomes were not significantly different between both study groups.

PROFESSIONAL GUIDELINE(S)

Name	Guideline/Title	Year
Academy of Osseointegration (AO) https://osseo.org/	Ad Hoc Committee for the Development of Dental Implant Guidelines. Guidelines for the Provision of Dental Implants	2008
Academy of Osseointegration https://osseo.org/	Guidelines of the Academy of Osseointegration for the Provision of Dental Implants and Associated Patient Care.	2010
American Academy of Cosmetic Dentistry (AACD) https://aacd.com/	Your Smile Becomes You: Dental Implants	Not Listed
American Academy of Periodontology (AAP) https://www.perio.org/	Position Paper: Dental Implants in Periodontal Therapy	2000
American Academy of Periodontology (AAP) https://www.perio.org/	Position Paper: Guideline for Periodontal Therapy	2003
American Academy of Periodontology (AAP) https://www.perio.org/	Peri-Implant Diseases	2022
American Dental Association (ADA) https://www.ada.org/	Mouthhealthy: Implants	Not Listed

REGULATORY STATUS

The United States Food and Drug Administration (FDA) regulates dental implants as medical devices. All dental implants including related components require FDA approval before marketing and use in the United States to ensure they are safe and effective for human use.

FDA Medical Device website. Available from: https://www.fda.gov/medical-devices [accessed 2026 May 29]

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CDT Codes

Code	Description
D6010	Surgical placement of implant body: endosteal implant
D6056	Prefabricated abutment – includes modification and placement; modification of a prefabricated abutment may be necessary.
D6057	Custom fabricated abutment – includes placement; created by a laboratory process, specific for an individual application.
D6058	Abutment supported porcelain/ceramic crown; a single crown restoration that is retained, supported and stabilized by an abutment on an implant.
D6059	Abutment supported porcelain fused to metal crown (high noble metal); a single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant.
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal); a single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant.
D6061	Abutment supported porcelain fused to metal crown (noble metal); a single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant.
D6062	Abutment supported cast metal crown (high noble metal); a single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant.
D6063	Abutment supported cast metal crown (predominantly base metal); a single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant.
D6064	Abutment supported cast metal crown (noble metal); a single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant.

Code	Description
D6065	Implant supported porcelain/ceramic crown; A single crown restoration that is retained, supported and stabilized by an implant
D6066	Implant supported crown - porcelain fused to high noble alloys; a single metal-ceramic crown restoration that is retained, supported and stabilized by an implant.
D6067	Implant supported crown - high noble alloys; a single metal crown restoration that is retained, supported and stabilized by an implant.
D6082	Implant supported crown - porcelain fused to predominantly base alloys; a single metal-ceramic crown restoration that is retained, supported and stabilized by an implant.
D6083	Implant supported crown - porcelain fused to noble alloys; a single metal-ceramic crown restoration that is retained, supported and stabilized by an implant.
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys; a single metal-ceramic crown restoration that is retained, supported and stabilized by an implant.
D6086	Implant supported crown - predominantly base alloys; a single metal crown restoration that is retained, supported and stabilized by an implant.
D6087	Implant supported crown - noble alloys; a single metal crown restoration that is retained, supported and stabilized by an implant.
D6088	Implant supported crown - titanium and titanium alloys; a single metal crown restoration that is retained, supported and stabilized by an implant.
D6092	Re-cement or re-bond implant/abutment supported crown
D6094	Abutment supported crown - titanium and titanium alloys; a single crown restoration that is retained, supported and stabilized by an abutment on an implant.
D6096	Remove broken implant retaining screw
D6097	Abutment supported crown - porcelain fused to titanium and titanium alloys; a single metal-ceramic crown restoration that is retained, supported, and stabilized by an abutment on an implant.
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys; a metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an implant.
D6100	Surgical removal of implant body.
D6193	Replacement of an implant screw

Code	Description
D6196	Removal of an indirect restoration on an implant retained abutment (Effective 01/01/26)
D6199	Unspecified implant procedure, by report; used for a procedure that is not adequately described by a code.
D7252	Partial extraction for immediate implant placement

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Non-Covered CDT Codes

Code	Description
D5725	Rebase hybrid prosthesis; Replacing the base material connected to the framework.
D6011	Surgical access to an implant body (second stage implant surgery); This procedure, also known as second stage implant surgery, involves removal of tissue that covers the implant body so that a fixture of any type can be placed.
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant
D6013	Surgical placement of mini-implant
D6040	Surgical placement: eposteal implant; An eposteal (subperiosteal) framework of a biocompatible material designed and fabricated to fit on the surface of the bone of the mandible or maxilla with permucosal extensions which provide support and attachment of a prosthesis. This may be a complete arch or unilateral appliance. Eposteal implants rest upon the bone and under the periosteum.
D6050	Surgical placement: transosteal implant; A transosteal (transosseous) biocompatible device with threaded posts penetrating both the superior and inferior cortical bone plates of the mandibular symphysis and exiting through the permucosa providing support and attachment for a dental prosthesis. Transosteal implants are placed completely through the bone and into the oral cavity from extraoral or intraoral.
D6051	Placement of interim abutment; a healing cap is not an interim abutment.
D6055	Connecting bar - implant supported or abutment supported; utilized to stabilize and anchor a prosthesis.
D6068	Abutment supported retainer for porcelain/ceramic FPD; a ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.

Code	Description
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal); a metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal); a metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal); a metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.
D6072	Abutment supported retainer for cast metal FPD (high noble metal); a cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal); a cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.
D6074	Abutment supported retainer for cast metal FPD (noble metal); a cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.
D6075	Implant supported retainer for ceramic FPD; a ceramic retainer for a fixed partial denture that gains retention, support and stability from an implant.
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys; a metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an implant.
D6077	Implant supported retainer for metal FPD - high noble alloys; a metal retainer for a fixed partial denture that gains retention, support and stability from an implant.
D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prostheses and abutments; This procedure includes active debriding of the implant(s) and examination of all aspects of the implant system, including the occlusion and stability of the superstructure. The patient is also instructed in thorough daily cleansing of the implant(s).
D6081	Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure. This procedure is not performed in conjunction with D1110, D4910, or D4346.

Code	Description
D6085	Interim implant crown; placed when a period of healing is necessary prior to fabrication and placement of the definitive prosthesis.
D6090	Repair of implant/abutment supported prosthesis; This procedure involves the repair or replacement of any part of the implant supported prosthesis.
D6091	Replacement of replaceable part of semi-precision or precision attachment 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 base alloys; a metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an implant.
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys; a metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an implant.
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure.
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure.
D6103	Bone graft for repair of peri-implant defect - does not include flap entry and closure; Placement of a barrier membrane or biologic materials to aid in osseous regeneration, are reported separately.
D6104	Bone graft at time of implant placement; Placement of a barrier membrane, or biologic materials to aid in osseous regeneration are reported separately.
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

Code	Description
D6117	Implant /abutment supported fixed denture for partially edentulous arch - mandibular
D6118	Implant/abutment supported interim fixed denture for edentulous arch - mandibular; used when a period of healing is necessary prior to fabrication and placement of a permanent prosthetic.
D6119	Implant/abutment supported interim fixed denture for edentulous arch - maxillary; used when a period of healing is necessary prior to fabrication and placement of a permanent prosthetic.
D6120	Implant supported retainer - porcelain fused to titanium and titanium alloys; a metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an implant.
D6121	Implant supported retainer for metal FPD - predominantly base alloys; a metal retainer for a fixed partial denture that gains retention, support, and stability from an implant.
D6122	Implant supported retainer for metal FPD - noble alloys; a metal retainer for a fixed partial denture that gains retention, support, and stability from an implant.
D6123	Implant supported retainer for metal FPD - titanium and titanium alloys; a metal retainer for a fixed partial denture that gains retention, support, and stability from an implant.
D6190	Radiographic/surgical implant index, by report; an appliance, designed to relate osteotomy or fixture position to existing anatomic structures, to be utilized during radiographic exposure for treatment planning and/or during osteotomy creation for fixture installation.
D6191	Semi-precision abutment - placement; this procedure is the initial placement, or replacement, of a semi-precision abutment on the implant body.
D6192	Semi-precision attachment - placement; this procedure involves the luting of the initial, or replacement, semi-precision attachment to the removable prosthesis.
D6194	Abutment supported retainer crown for FPD- titanium and titanium alloys; a retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.
D6195	Abutment supported retainer - porcelain fused to titanium and titanium alloys; a metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an abutment on an implant.

Code	Description
D6198	Remove interim implant component; removal of implant component (e.g., interim abutment; provisional implant crown) originally placed for a specific clinical purpose and period of time determined by the dentist.
D6280	Implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments-per arch (Effective 01/01/26)
D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression; not to be used as a temporary retainer crown for a routine prosthetic restoration.

ICD10 Codes

Code	Description
Not Applicable	ICD-10 diagnosis codes are not required for the billing of dental services processed under a member's dental contract.

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SEARCH TERMS

Endosseous fixture, Tooth fixture

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Dental implants are not addressed in National or Regional Medicare coverage determinations or policies.

However, dental services are addressed in the Medicare Benefit Policy Manual Chapter 16, Section 140 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". [Last updated 2026 Jan 26; accessed 2026 May 29]. Available from: Medicare Benefit Policy Manual - Chapter 16: General Exclusions from Coverage

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) 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.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION	
Committee Approval Dates	
04/24/14, 04/23/15, 04/28/16, 06/22/17, 06/28/18, 06/27/19, 06/25/20, 06/24/21, 06/16/22, 06/22/23, 05/16/24, 05/22/25, 07/16/26	
Date	**Summary of Changes**
07/16/26	• Annual Review; policy intent unchanged.
01/14/26	• Policy Edit: Format Correction
01/07/26	• Code Edit: Added D6196 and D6280 (Effective 01/01/26)
05/22/25	• Annual Review; policy intent unchanged.
01/01/25	• Summary of changes tracking implemented.
04/24/14	• Original effective date