

# MEDICAL POLICY



<b>SUBJECT: DENTAL IMPLANTS</b>	<b>EFFECTIVE DATE: 04/24/14</b> <b>REVISED DATE: 04/23/15, 04/28/16, 06/22/17, 06/28/18</b>
<b>POLICY NUMBER: 13.01.01</b> <b>CATEGORY: Dental</b>	<b>PAGE: 1 OF: 5</b>
<ul style="list-style-type: none"><li>• <i>If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i></li><li>• <i>If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</i></li><li>• <i>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.</i></li></ul>	

## 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 bicuspids, in occlusion (four 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;
  - 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.

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- 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:**    Number            Description

*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.

<b><u>CDT:</u></b>	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
	D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)

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- 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
- D6100 Implant removal, by report
- D6199 Unspecified implant procedure, by report
- Non-covered codes:**
- 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: eposteal 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
- D6090 Repair implant supported prosthesis, by report
- D6091 Replacement of semi-precious or precision attachment (male or female component) of

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- implant/abutment supported prosthesis, per attachment
- D6093 Re-cement or re-bond implant/abutment supported fixed partial denture
  - 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
  - D6190 Radiographic/surgical implant index, by report
  - D6194 Abutment supported retainer crown for FPD (titanium)
  - D6793 Provisional retainer crown

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### **REFERENCES:**

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\* key article

**KEY WORDS:**

Dental Implants

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## CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

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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>.