

# MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	Dental Implants
Policy Number	13.01.01
Category	Contract Clarification
Original Effective Date	04/24/14
Committee Approval Date	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
Current Effective Date	05/16/24
Archived Date	N/A
Archive Review Date	N/A
Product Disclaimer	<ul style="list-style-type: none"> <li>• Services are contract dependent; if a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</li> <li>• If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.</li> <li>• 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.</li> <li>• 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.</li> <li>• If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.</li> </ul>

## POLICY STATEMENT

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

- I. Single dental implants are considered **medically appropriate** when a functional deficit exists. A functional deficit exists when there are less than four points of contact for posterior natural or prosthetic teeth, molars, and/or bicuspid, 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 upper implant bodies or two 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).

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

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

**Medical Policy: DENTAL IMPLANTS**

**Policy Number: 13.01.01**

**Page: 2 of 8**

*Refer to Corporate Medical Policy #11.01.15 Medically Necessary Services*

*Refer to Corporate Medical Policy #13.01.02 Dental Crowns and Veneers*

*Refer to Corporate Medical Policy #13.01.03 Dental Inlays and Onlays*

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

*Refer to Corporate Medical Policy #13.01.05 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.
- 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; 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 noble or high noble metal.

Dental implants are an accepted method of 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 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).

**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.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

**CDT Codes**

<b>Code</b>	<b>Description</b>
D6010	Surgical placement of implant body: endosteal implant

**Medical Policy: DENTAL IMPLANTS****Policy Number: 13.01.01****Page: 3 of 8**

<b>Code</b>	<b>Description</b>
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.
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.
D6095	Repair implant abutment, by report; this procedure involves the repair or replacement of any part of the implant abutment.
D6096	Remove broken implant retaining screw

**Medical Policy: DENTAL IMPLANTS****Policy Number: 13.01.01****Page: 4 of 8**

<b>Code</b>	<b>Description</b>
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.
D6199	Unspecified implant procedure, by report; used for a procedure that is not adequately described by a code.

*Copyright © 2024 American Dental Association***Non-covered Codes**

<b>Code</b>	<b>Description</b>
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, or an existing fixture be replaced with another. Examples of fixtures include but are not limited to healing caps, abutments shaped to help contour the gingival margins or the final restorative prosthesis.
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	Interim abutment; includes placement and removal. 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.
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.

**Medical Policy: DENTAL IMPLANTS****Policy Number: 13.01.01****Page: 5 of 8**

<b>Code</b>	<b>Description</b>
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 prostheses are 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(s), including the occlusion and stability of the superstructure. The patient is also instructed in thorough daily cleansing of the implant(s). This is not a per implant code, and is indicated for implant supported fixed prostheses.
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. This procedure is not performed in conjunction with D1110, D4910 or D4346.
D6085	Interim implant crown; Placed when a period of healing is necessary prior to fabrication and placement of the definitive prosthesis.
D6090	Repair implant supported prosthesis, by report. This procedure involves the repair or replacement of any part of the implant supported prosthesis.
D6091	Replacement of semi-precision 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 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

**Medical Policy: DENTAL IMPLANTS****Policy Number: 13.01.01****Page: 6 of 8**

<b>Code</b>	<b>Description</b>
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; 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
D6198	Removal of interim implant component (e.g., interim abutment; provisional implant crown) originally placed for a specific clinical purpose and period of time determined by the dentist.
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 routine prosthetic fixed partial dentures.

## **Medical Policy: DENTAL IMPLANTS**

**Policy Number: 13.01.01**

**Page: 7 of 8**

### **REFERENCES**

- \*Academy of Osseointegration. 2010 Guidelines of the Academy of Osseointegration for the provision of dental implants and associated patient care. Int J Oral Maxillofac Implants 2010 May-Jun;25(3):620-627.
- \*Academy of Osseointegration. Ad Hoc Committee for the Development of Dental Implant Guidelines. Guidelines for the provision of dental implants. Int J Oral Maxillofac Implants 2008 May-Jun;23(3):471-473.
- Aiquel LL, et al. Does the timing of implant placement and loading influence biological outcomes of implant-supported multiple-unit fixed dental prosthesis-A systematic review with meta-analyses. Clin Oral Impl Res 2021;32(21):5–27.
- American Academy of Cosmetic Dentistry. Dental Implants. 2020  
[<https://yoursmilebecomesyou.com/procedures/cosmetic-dentistry/dental-implants-usa>] accessed 04/15/24.
- \*American Academy of Periodontology. Position paper. Dental implants in periodontal therapy. J Periodontol 2000 Dec;71(12):1934-1942.
- \*American Academy of Periodontology. Position paper. Periodontal maintenance. J Periodontol 2003 Sep;74(9):1395-1401.
- \*American Academy of Periodontology. Parameter on placement and management of the dental implant. J Periodontol 2000 May;71(5 Suppl):870-872.
- \*American Dental Association. Council on Scientific Affairs. Dental endosseous implants: an update. J Am Dent Assoc 2004 Jan;135(1):92-97.
- Apaza-Bedoya K, et al. Efficacy of alveolar ridge preservation with xenografts and resorbable socket sealing materials in the esthetic region: a systematic review with meta-analyses. Clin Implant Dent Relat Res 2024;26:4-14.
- Berlin-Broner Y and Levin L. Dental implant success and endodontic condition of adjacent teeth: A systematic review. Int J Oral Maxillofac Implants 2020;35:e91-e97.
- \*Buser D, et al. Modern implant dentistry based on osseointegration: 50 years of progress, current trends and open questions. Periodontol 2000 2017 Feb;73(1):7-21.
- Garcia-Sanchez R, et al. Immediate implant placement in fresh alveolar sockets with a minimal split-thickness envelope flap: A randomised controlled clinical trial. Clin Oral Impl Res 2021;32:1115–1126.
- Jiang X, et al. Association between diabetes and dental implant complications: a systematic review and meta-analysis. Acta Odontologica Scandinavica 2021;79(1):9-18.
- Oliveira TT and Reis AC. Fabrication of dental implants by the additive manufacturing method: A systematic review. The Journal of Prosthetic Dentistry 2019 Sep;122(3):270-274.
- Saha S and Roy S. Metallic dental implants wear mechanisms, materials, and manufacturing processes: A literature review. Materials 2023;16:161. [<https://doi.org/10.3390/ma16010161>].
- Sheba M, et al. Interproximal contact loss between implant restorations and adjacent natural teeth: A systematic review and meta-analysis. J. Prosthodont 2024;33:313-323.

\*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

**Medical Policy: DENTAL IMPLANTS**

**Policy Number: 13.01.01**

**Page: 8 of 8**

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: [\[http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c16.pdf\]](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c16.pdf) accessed 04/15/24.