



# Dental Clinical Policy

**Subject:** Implant Fixed Prosthetics - Crowns and Fixed Bridges

**Guideline #:** 06-001

**Publish Date:** 01/01/2021

**Status:** Revised

**Last Review Date:** 12/05/2020

## Description

This document addresses the procedures of implant-supported crowns, implant supported abutment crowns, and implant supported fixed partial dentures for replacement of missing teeth.

The plan performs review of implant crowns and fixed bridges due to contractual requirements that necessitate benefits for dental services meet specific contract requirements. For example, plan contract(s) may require the provision of benefits for services that meet generally accepted standards of dental care at the lowest cost that properly addresses the patient's condition. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by the dental plan.

## Clinical Indications

Dental Services using dental implant supported crowns, implant and abutment supported crowns, or implant and/or abutment supported fixed partial dentures to replace missing teeth may be considered appropriate as a result of:

- accidental traumatic injuries to sound, natural teeth from an external blow resulting in extraction –
- a pathologic disorder resulting in extraction
- congenitally missing teeth
- congenital disorders of teeth resulting in extraction.

Dental review as it applies to accepted standards of care means dental services that a Dentist, exercising prudent clinical judgment, provides to a patient for the purpose of evaluating, diagnosing or treating a dental injury or disease or its symptoms, and that are: in accordance with the generally accepted standards of dental practice; , in terms of type, frequency and extent and is considered effective for the patient's dental injury or disease; and is not primarily performed for the convenience of the patient or Dentist, is not cosmetic and is not more costly than an alternative service.

For dental purposes, "generally accepted standards of dental practice" means:

- Standards that are based on credible scientific evidence published in peer-reviewed, dental literature generally recognized by the practicing dental community
- specialty society recommendations/criteria
- the views of recognized dentists practicing in the relevant clinical area
- any other relevant factors from credible sources

Dental Services using dental implant supported crowns, implant and abutment supported crowns, or implant and/or abutment supported fixed partial dentures are not appropriate in situations where teeth are not missing, including the replacement of third molars. The replacement of multiple teeth by dental implant supported crowns, implant and abutment supported crowns, or implant and/or abutment supported fixed partial dentures in the same arch is not medically necessary (unless specified by group contract) when other less costly dental services are capable of adequately restoring the occlusion to function. The prosthetic restoration of dental implants may be subject to contract limitations and/or alternate benefit plan provisions.

Note: In the event a subscriber does not return for cementation, there is no benefit, as the service will be considered incomplete.

<b>Criteria</b>
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1. Prior to implant placement and restoration, a thorough dental examination, medical and dental history, full mouth imaging, and treatment plan must be completed.
2. As most medical plans include coverage for dental services related to accidental injury, claims for the replacement of missing teeth resulting from an external blow or blunt trauma must first be referred to the subscriber/employee's medical plan. The medical plan may cover the replacement of missing teeth due to an accidental injury.
3. Dependent on provider contract, the delivery date of dental implant supported crowns, implant and abutment supported crowns, or implant and/or abutment supported fixed partial dentures is considered the date of initial delivery.
4. If cement is utilized, the type of cement, e.g. permanent or temporary, is not a determinate for the delivery date.
5. Replacement of dental implant supported crowns, implant and abutment supported crowns, or implant and/or abutment supported fixed partial dentures due to "metal allergy/sensitivity" will be considered only upon submission of documentation by a physician with the associated allergy report.
6. A temporary or provisional dental implant supported crowns, implant and abutment supported crowns, or implant and/or abutment supported fixed partial dentures will be considered inclusive with the final restoration.
7. With plans that contain a missing tooth clause there is no benefit for the replacement of the missing teeth when dental implant supported crowns, implant and abutment supported crowns, or implant and/or abutment supported fixed partial dentures is treatment planned. Implant placement/restoration is not a covered benefit for third molar sites.

8. With plans that do NOT contain a missing tooth clause, a determination will be made related to the necessity of the implant supported crown or fixed partial denture or if an alternate benefit can be applied which is group contract dependent. In plans with alternate benefit provisions, an alternate benefit may be applied to replace all missing teeth. Implant placement/restoration is not a covered benefit for third molar sites.
9. Documentation for the necessity of dental implant supported crowns, implant and abutment supported crowns, or implant and/or abutment supported fixed partial dentures must include diagnostic radiographic images (within the preceding 12 months). When the necessity for dental implant supported crowns, implant and abutment supported crowns, or implant and/or abutment supported fixed partial dentures coverage is not obvious by radiographic images, the image must be accompanied by additional diagnostic information such as intra-oral photographs of the affected tooth/teeth as well as patient treatment notes and narrative explaining any extraordinary circumstances necessitating implant prosthetic coverage.
10. Tooth-implant supported fixed partial dentures may not be considered for benefits based on metaanalysis and studies that have found this type of combination prosthesis to have a survival rate lower than those reported for solely implant supported or solely tooth supported fixed partial dentures. This provision is plan specific.
11. Updated
12. A patient's inability to wear a removable appliance due to limited retention may be considered a qualification for implant placement. This condition must be documented by a letter of dental necessity from the treating provider, supported by appropriate radiographic evidence, and a history of failed corrective procedures.
13. Implant placement may not be considered for the correction of developmental or congenital defects (congenitally missing teeth unless covered by group contract).
14. Updated
15. Repair and/or replacement of implant prosthetics (i.e. fractured porcelain, loose abutment, loose screw, broken screw, etc.) would require a detailed narrative, and the benefits are contract dependent.

<b>Coding</b>
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*The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

**CDT**                      *Including, but not limited to, the following:*

- |       |   |
|-------|---|
| D6010 | Surgical placement of implant body; endosteal implant             |
| D6011 | Surgical access to an implant body (second stage implant surgery) |
| D6013 | Surgical placement of mini implant                                |
| D6055 | Connecting bar implant or abutment supported                      |

D6056	Prefabricated abutment – includes modification and placement
D6057	Custom fabricated abutment – includes placement
D6051	Interim abutment
D6052	Semi-precision attachment abutment
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 dentulous arch - maxillary
D6115	Implant/abutment supported fixed denture for dentulous arch - mandibular
D6116	Implant/abutment supported fixed denture for partially dentulous arch - maxillary
D6117	Implant/abutment supported fixed denture for partially dentulous arch - mandibular
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)
D6097	Abutment supported crown – porcelain fused to titanium or titanium alloys
D6062	Abutment supported porcelain cast metal crown (high noble metal)
D6063	Abutment supported porcelain cast metal crown (predominantly base metal)
D6064	Abutment supported cast metal crown (noble metal)
D6094	Abutment supported crown titanium and titanium alloys
D6065	Implant supported porcelain/ceramic crown
D6066	Implant supported crown – porcelain fused to high noble 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
D6067	Implant supported crown – high noble alloys
D6086	Implant supported crown – predominantly base alloys
D6087	Implant supported crown – noble alloys
D6088	Implant supported crown – titanium and titanium alloys
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 (base metal )
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys
D6072	Abutment supported retainer for cast metal FPD (high noble metal)
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)
D6074	Abutment supported retainer for cast metal FPD (noble metal)
D6194	Abutment supported retainer for cast metal FPD – titanium and titanium alloys

D6075	Implant supported retainer for ceramic FPD
D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys
D6098	Implant supported retainer – porcelain fused to predominantly base alloys
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys
D6077	Implant supported retainer for metal FPD – high noble 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 metal FPD – titanium and titanium alloys
D6090	Repair implant supported prosthesis, by report
D6092	Re-cement or re-bond implant/abutment supported crown
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture
D6096	Remove broken implant retaining screw
D6205	Pontic – indirect resin based composite
D6210	Pontic – cast high noble metal
D6211	Pontic – cast predominantly base metal
D6212	Pontic – cast noble metal
D6214	Pontic – titanium and titanium alloys
D6240	Pontic – porcelain fused to high noble metal
D6241	Pontic – porcelain fused to predominantly base metal
D6242	Pontic – porcelain fused to noble metal
D6243	Pontic – porcelain fused to titanium and titanium alloys
D6245	Pontic – porcelain/ceramic
D6250	Pontic – resin with high noble metal
D6251	Pontic – resin with predominantly base metal
D6252	Pontic – resin with noble metal

**ICD-10-CM Diagnoses for Dental Diseases and Conditions:** See the current CDT code book for details

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**History**

Revision History	Version	Date	Nature of Change	SME
	initial	12/20/16		Rosen
	Revision	2/5/18	Related Dental Policies, Appropriateness and Medical necessity	M Kahn
	Revision	2/12/2020	Annual Review	Committee
	Revised	12/05/2020	Annual Review	Committee

Federal and State law, as well as contract language, and Dental Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Clinical Policy Committee are available for general adoption by plans or lines of business for consistent review of the medical or dental necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to implement a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical or dental necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical or dental necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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