



Dental Clinical Policy

Subject: Implant Body (Fixture)

Guideline #: 06-101

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Description

This document addresses the clinical aspects of dental implant body (fixture) placement.

The plan performs review of placement of implant body (fixture) 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 implants to replace missing teeth may be considered appropriate as a result of accidental traumatic injuries to sound, natural teeth from an external blow; loss of teeth as a result of the removal of pathologic disorders or unrestorable teeth; congenitally missing teeth.

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

The replacement of multiple teeth by dental implants in the same arch is not appropriate (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 alternate benefit plan provisions.

Criteria

1. Prior to implant placement, an evaluation of the functional occlusion of the entire dentition (mouth-oral cavity) must be completed.
2. Dated, properly oriented, diagnostic full mouth, panoramic, and/or other appropriate radiographic images must be provided that documents the bone levels and quality. A panoramic image or full mouth images must reveal all existing and missing teeth in both upper and lower arches.
3. A comprehensive treatment plan may be requested including periodontal status. This may include documentation of a history of definitive periodontal treatment, including maintenance, for the remaining teeth.
4. In the absence of multiple missing teeth and active infection, single tooth replacement by a dental implant may be considered regardless of the need for full crown coverage of the teeth adjacent to the implant site. Benefits for implant placement for a second molar tooth is plan specific.
5. Updated
6. Updated
7. A patient's sensitivity (allergy) to denture restorative materials may be considered a qualification for dental implant placement. This condition must be documented by a physician and dental provider's letters of medical/dental necessity as well as a copy of the laboratory analysis of the allergy.
8. 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.
9. Implant placement may not be considered for the correction of developmental or congenital defects (congenitally missing teeth unless covered by group contract).
10. Updated
11. Immediate placement of a dental implant body (fixture) in a tooth extraction site is an acceptable procedure.

Coding

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 (fixture): endosteal implant
D6011	second stage implant surgery
D6012	surgical placement of interim implant body (fixture) for transitional prosthesis: endosteal implant
D6013	surgical placement of mini implant
D6040	surgical placement: epostal implant
D6050	surgical placement: transosteal implant
D6100	implant removal, by report
D7993	Surgical placement of craniofacial implant – extra oral
D7994	Surgical placement: zygomatic implant

IDC-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	12/14/16		Rosen
	Revision	2/5/18	Related Dental Policies, Appropriateness and Medical necessity	M Kahn
	Revision	3/11/20	Annual Revision	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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