



# Dental Clinical Policy

**Subject: Implant Supported Removable Prosthetics**  
**Guidelines #: 06-104**  
**Status: Revised**

**Publish Date:** 01/01/2021  
**Last Review Date:** 12/05/2020

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## Description

This document addresses implant supported removable prosthetics. Removable is defined as being able to be taken out by the patient as opposed to an implant supported retrievable prosthetic which may can only be taken out by a dentist.

The plan performs review of implant supported removable prosthetics 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 removable prosthetics 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

### Criteria

1. Current full mouth radiographic imaging is required.
2. Implant body must be stable – see dental clinical policy #06-101.
3. 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.
4. Dependent on provider contract, the delivery date of dental implant supported removable prosthetics is considered the date of initial delivery.
5. A temporary or provisional dental implant removable prosthetic will be considered inclusive with the final restoration.
6. A patient’s inability to wear a removable appliance due to limited retention may be considered a qualification for implant supported removable prosthetic 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.
7. Repair or replacement of implant supported removable prosthetics would require a detailed narrative and/or chart notes. The benefits are contract dependent.

### 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:

- D6055 Connecting bar – implant supported or abutment supported
- 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
- D6090 Repair implant supported prosthesis, by report

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

## References

1. Zarb GA. Immediate and early implant loading protocols: a literature review of clinical studies. J Prosthet Dent 2005;94:242-258.
2. Gelb DA. Immediate implant surgery: Three year retrospective evaluation of fifty consecutive cases. Int J Oral Maxillofac Implants;2004;62(Suppl 2):90-105.
3. Elsubeihi E and Zarb GA. Implant prosthodontics in medically challenged patients: the University of Toronto experience. J Can Dent Assoc2002;68:103-108.
4. Kern Jaana-Sophia "A systemic Review and Meta-analysis of Removable and Fixed Implant-supported Prosthesis in Edentulous Jaws: Post-loading implant loss" Clin Oral Implants Res. 2016 Feb;27(2):174-95. doi: 10.1111/clr.12531. Epub 2015 Feb 9.

## History

Revision History	Version	Date	Nature of Change	SME
	Initial	12/02/2020	Initial	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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