

# Dental Implant Supported Prostheses

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 [Instructions for Use](#)

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## Related Dental Policy

- [Dental Implant Placement and Treatment of Peri-Implant Defects/Disease](#)

## Coverage Rationale

### Guidelines for Implant Supported Prostheses

- The implant is fully [Osseointegrated](#)
- The implant body to crown ratio is appropriate for the site and anticipated occlusal load, not to exceed 2:1
- There is no evidence of infection
- The implant is not mobile

### Fixed Prosthesis

- [Cantilever](#) construction should be avoided in posterior areas
- Combined implant and tooth supported prostheses may be appropriate following individual case consideration

### Removable Prosthesis

- Implant may be used for support or retention

### Complete Dentures (Implant Assisted or Implant Supported)

- Two or four implants provide greater stability and security when the maxillary ridge is severely resorbed and lacks resistance to lateral forces
- If the A-P spread is inadequate to provide support, a full-palatal-coverage overlay denture is recommended

## Definitions

**Cantilever Fixed Dental Prosthesis:** A Fixed complete or partial denture in which the Pontic is cantilevered, (i.e., is retained and supported only on one end by one or more Abutments). (AP)

**Osseointegration:** The firm anchoring of a surgical implant by the growth of bone around it without fibrous tissue formation at the interface. (Merriam-Webster)

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CDT Code	Description
D6055	Connecting bar – implant supported or abutment supported
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 high noble alloys
D6067	Implant supported crown high noble 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 (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 base metal)
D6074	Abutment supported retainer for cast metal FPD (noble metal)
D6075	Implant supported retainer for ceramic FPD
D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys
D6077	Implant supported retainer for metal FPD - high noble alloys
D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments
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 and titanium alloys
D6085	Interim implant crown
D6086	Implant supported crown – predominantly base alloys
D6087	Implant supported crown – noble alloys
D6088	Implant supported crown – titanium and titanium alloys
D6090	Repair of implant/abutment supported prosthesis
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment
D6092	Re-cement or re-bond implant/abutment supported crown
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture
D6094	Abutment supported crown – titanium and titanium alloys
D6096	Remove broken implant retaining screw
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys
D6098	Implant supported retainer – porcelain fused to predominantly base alloys
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys
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

CDT Code	Description
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
D6120	Implant supported retainer – porcelain fused to titanium and titanium 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
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments
D6191	Semi-precision abutment – placement
D6192	Semi-precision attachment – placement
D6194	Abutment supported retainer crown for FPD – titanium and titanium alloys
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant
D6198	Remove interim implant component
D6199	Unspecified implant procedure, by report

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## Description of Services

Once integrated into bone (Osseointegration), implants are restored with a crown for individual teeth, or as a retainer tooth for an implant supported bridge. Implants may also be used to prevent resorption of existing bone or aid in retention for full and partial removable dentures. There is some controversy regarding connecting natural teeth to implants with fixed prostheses. During function, the natural tooth has slight movement due to the presence of the periodontal ligament, while the implant is completely integrated with bone, lacks a ligament, and does not move. This can create stress at the neck of the implant resulting in possible fracture, breakdown of Osseointegration, and loosening of the implant and its components. This type of restoration may be the best option in some situations and the decision should be made based on individual patient needs (Al-Omiri).

## References

Al-Omiri MK, Al-Masri M, Alhijawi MM, Lynch E. Combined Implant and Tooth Support: An Up-to-Date Comprehensive Overview. *Int J Dent*. 2017;2017:6024565.

Academy of Prosthodontists (AP). The Glossary of Prosthodontic Terms. Ninth Edition. 2017.

Blanes RJ: To what extent does the crown-implant ratio affect the survival and complications of implant-supported reconstructions? A systematic review. *Clin Oral Impl Re* 20:67-72, 2009.

Carr A, Brown D. McCracken's Removable Partial Prosthodontics, 13<sup>th</sup> ed. St. Louis: Elsevier c2016 Chapter 12, Considerations for the Use of Dental Implants with Removable Partial Dentures; p.146-153.

Meijer HJA, Boven C, Delli K, et al. Is there an effect of crown-to-implant ratio on implant treatment outcomes? A systematic review. *Clin Oral Implants Res*. 2018 Oct;29 Suppl 18:243-252.

"Osseointegration" *Merriam-Webster.com Medical Dictionary*, Merriam-Webster, <https://www.merriam-webster.com/medical/osseointegration>. Accessed October 3, 2024.

Schoenbaum T, Chung E, Chang T. Newman and Carranza's Clinical Periodontology, 13th ed. St. Louis: Elsevier c2019 Chapter 77, Prosthetic Considerations for Implant treatment; p.769-783.

Policy History/Revision Information

Date	Summary of Changes
06/01/2025	<p><b>Template Update</b></p> <ul style="list-style-type: none"><li>Changed policy type classification from “Coverage Guideline” to “Clinical Policy”</li></ul> <p><b>Applicable Codes</b></p> <ul style="list-style-type: none"><li>Removed CDT codes D6051 and D6190</li></ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"><li>Archived previous policy version DCG046.03</li></ul>

Instructions for Use

This Dental Clinical Policy provides assistance in interpreting UnitedHealthcare standard and Medicare Advantage dental plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard dental plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Clinical Policy is provided for informational purposes. It does not constitute medical advice.