Dental Implant Placement and Treatment of Peri-Implant Defects/Disease

Guideline Number: DCG007.12
Effective Date: January 1, 2024

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Related Dental Policies

• Dental Barrier Membrane Guided Tissue Regeneration
• Non-Surgical Periodontal Therapy
• Surgical Endodontics
• Surgical Periodontics: Mucogingival Procedures

Coverage Rationale

The success of implants and related prostheses is highly dependent on site and individual patient selection.

Guidelines for implant placement:

● May be placed at time of extraction
● Implant site is free of infection
● Implant must be a minimum of 1.5 -2 mm from adjacent tooth roots

Individual factors to consider when treatment planning for implants:

● Patient is able and/or willing to actively participate (e.g., proper oral hygiene, routine dental care)
● Occlusal load
● Bone quality/quantity
● History of or active periodontal disease
● Adequate space exists to appropriately restore the implant
● Patient age
● The presence of conditions/treatment that may interfere with the normal healing response. Conditions include, but are not limited to:
  o Chemotherapy
  o Radiation therapy to the head and neck
  o Uncontrolled diabetes and hypertension
  o Recent heart attack or stroke
  o Anticoagulant therapy
  o Blood dyscrasias
  o IV biophosphonate therapy
  o Estrogen deficiency
● Significant psychiatric disorder or impairment
● Intellectual disability
● Lifestyle risk factors:
  o Smoking

Related Dental Policies

• Dental Barrier Membrane Guided Tissue Regeneration
• Non-Surgical Periodontal Therapy
• Surgical Endodontics
• Surgical Periodontics: Mucogingival Procedures
• Drug addiction
• Alcoholism

Treatment of Peri-Implant Defects/Disease includes:
• Non-surgical periodontal therapy
• Surgical treatment including flap and closure that may include osseous contouring

Treatment of Peri-Implant Defects/Disease is not indicated if an implant is mobile.

Definitions

Dental Implant: A device specially designed to be placed surgically within or on the mandibular or maxillary bone as a means of providing for dental replacement prosthesis. (ADA)

Peri-Implant Defect/Disease: Inflammatory conditions affecting the soft and hard tissues around Dental Implants (AAP). Peri-Implant diseases are classified into two categories:
• Peri-Implant Mucositis: inflammation is found only around the soft tissues.
• Peri-Implantitis: inflammation is found around the soft tissue and there is deterioration in the bone supporting the Dental Implant.

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.

<table>
<thead>
<tr>
<th>CDT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>D6010</td>
<td>Surgical placement of implant body: endosteal implant</td>
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<tr>
<td>D6011</td>
<td>Surgical access to an implant body (second stage implant surgery)</td>
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<tr>
<td>D6012</td>
<td>Surgical placement of interim implant body for transitional prosthesis: endosteal implant</td>
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<tr>
<td>D6013</td>
<td>Surgical placement of mini-implant</td>
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<tr>
<td>D6040</td>
<td>Surgical placement: eposteal implant</td>
</tr>
<tr>
<td>D6050</td>
<td>Surgical placement: transosteal implant</td>
</tr>
<tr>
<td>D6080</td>
<td>Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments</td>
</tr>
<tr>
<td>D6081</td>
<td>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</td>
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<tr>
<td>D6089</td>
<td>Accessing and retorquing loose implant screw - per screw</td>
</tr>
<tr>
<td>D6100</td>
<td>Surgical Removal of implant body</td>
</tr>
<tr>
<td>D6101</td>
<td>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</td>
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<tr>
<td>D6102</td>
<td>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</td>
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<tr>
<td>D6103</td>
<td>Bone graft for repair of peri-implant defect – does not include flap entry and closure</td>
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<tr>
<td>D6104</td>
<td>Bone graft at time of implant placement</td>
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<tr>
<td>D6105</td>
<td>Removal of implant body not requiring bone removal or flap elevation</td>
</tr>
<tr>
<td>D6106</td>
<td>Guided tissue regeneration - resorbable barrier, per implant</td>
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### Description of Services

A Dental Implant is a titanium alloy prosthesis that replaces the roots of teeth lost due to injury or disease. 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.

Peri-Implant Disease can occur around implants in the same way as natural teeth, and prevention includes daily removal of plaque by brushing and flossing, as well as routine monitoring as part of preventive dental care. Risk factors for Peri-Implant Disease include a history of periodontal disease, smoking, poor plaque control and diabetes, as well as individual patient considerations.

Pursuant to CA AB2585: While not common in dentistry, nonpharmacological pain management strategies should be encouraged if appropriate.

### References


American Dental Association (ADA) CDT 2024 Dental Procedure Code Book.


### Guideline History/Revision Information

<table>
<thead>
<tr>
<th>Date</th>
<th>Summary of Changes</th>
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<tbody>
<tr>
<td>01/01/2024</td>
<td><strong>Applicable Codes</strong>&lt;br&gt;• Updated list of applicable CDT codes to reflect annual edits; added D6089</td>
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<tr>
<td></td>
<td><strong>Supporting Information</strong>&lt;br&gt;• Updated References section to reflect the most current information&lt;br&gt;• Archived previous policy version DCG007.11</td>
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### Instructions for Use

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare standard dental benefit 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 guideline, 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 Coverage Guideline is provided for informational purposes. It does not constitute medical advice.