

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

Guideline Number: DCG007.11

Effective Date: June 1, 2023

[➔ Instructions for Use](#)

Table of Contents	Page
Coverage Rationale	1
Definitions	2
Applicable Codes	2
Description of Services	3
References	3
Guideline History/Revision Information	4
Instructions for Use	4

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:
 - Chemotherapy
 - Radiation therapy to the head and neck
 - Uncontrolled diabetes and hypertension
 - Recent heart attack or stroke
 - Anticoagulant therapy
 - Blood dyscrasias
 - IV biophosphonate therapy
 - Estrogen deficiency
- Significant psychiatric disorder or impairment
- Intellectual disability
- Lifestyle risk factors:
 - Smoking

- 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.

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

CDT Code	Description
D6107	Guided tissue regeneration - non-resorbable barrier, per implant
D6190	Radiographic/surgical implant index, by report
D6199	Unspecified implant procedure, by report

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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

ADA Code on Dental Procedures and Nomenclature (CDT). Glossary of Dental Clinical and Administrative Terms.

Alfadda SA, Chvartzsaiid D, AlFarraj Aldosari A. Clinical outcomes of immediately loaded implant-supported overdentures: A long-term prospective clinical trial. J Prosthet Dent. 2019 Jun;121(6):911-915.

American Academy of Periodontology Academy Report: Peri-Implant Mucositis and Peri-Implantitis: A Current Understanding of Their Diagnoses and Clinical Implications. <https://aap.onlinelibrary.wiley.com/doi/10.1902/jop.2013.134001> (Accessed July 8, 2022).

American Academy of Periodontology (AAP). Peri-Implant Diseases. 2022.

American Academy of Periodontology (AAP). Position Paper: Dental Implants in Periodontal Therapy (2000).

American Academy of Periodontology (AAP). Position Paper: Guideline for Periodontal Therapy (2003).

American Dental Association (ADA) CDT 2023 Dental Procedure Code Book.

Chrcanovic B.R., Albrektsson T., Wennerberg A. Smoking and dental implants: A systematic review and meta-analysis. J Dent. 2015 May; 43(5):487-98.

Chrcanovic BR, Albrektsson T, Wennerberg A. Diabetes and oral implant failure: a systematic review. J Dent Res. 2014 Sep;93(9):859-67.

Esposito M., Grusovin M.G., Maghaireh H., et al. Interventions for replacing missing teeth: different times for loading dental implants. Cochrane Database Syst Rev. 2013 Mar 28; 3:CD003878.

Esposito M.A., Koukouloupoulou A., Coulthard P., et al. Interventions for replacing missing teeth: Dental implants in fresh extraction sockets (immediate, immediate-delayed and delayed implants). Cochrane Database Syst Rev. 2006 Oct 18;(4):CD005968.

Hwang D., Wang H.L. Medical contraindications to implant therapy: part I: absolute contraindications. Implant Dent. 2006 Dec; 15(4):353-60.

Hwang D., Wang H.L. Medical contraindications to implant therapy: part II: relative contraindications. Implant Dent. 2007 Mar; 16(1):13-23.

Jung R.E., Zembic A., Pjetursson B.E., et al. Systematic review of the survival rate and the incidence of biological, technical, and aesthetic complications of single crowns on implants reported in longitudinal studies with a mean follow-up of 5 years. *Clin Oral Implants Res.* 2012 Oct;23 Suppl 6:2-21.

Kim HS, Cho HA, Kim YY, Shin H. Implant survival and patient satisfaction in completely edentulous patients with immediate placement of implants: a retrospective study. *BMC Oral Health.* 2018 Dec 18;18(1):219.

Mumcu E, Dayan SÇ. Effect of Smoking and Locations of Dental Implants on Peri-Implant Parameters: 3-Year Follow-Up. *Med Sci Monit.* 2019 Aug 15;25:6104-6109.

Ortega-Martínez J., Pérez-Pascual T., Mareque-Bueno S., et al. Immediate implants following tooth extraction. A systematic review. *Med Oral Patol Oral Cir Bucal.* 2012 Mar 1; 17(2):e251-61.

Romanos GE, Delgado-Ruiz R, Sculean A. Concepts for prevention of complications in implant therapy. *Periodontol 2000.* 2019 Oct;81(1):7-17.

Reichart PA, Schmidt-Westhausen AM, Khongkhunthian P, et al. Dental implants in patients with oral mucosal diseases- a systematic review. *J Oral Rehabil.* 2016 May;43(5):388-99.

Sanda M, Fueki K, Bari PR, et al. Comparison of immediate and conventional loading protocols with respect to marginal bone loss around implants supporting mandibular overdentures: A systematic review and meta-analysis. *Jpn Dent Sci Rev.* 2019 Nov;55(1):20-25.

Schropp L, Isidor F. Timing of implant placement relative to tooth extraction. *J Oral Rehabil.* 2008 Jan;35 Suppl 1:33-43.

Seigneur M, Hascoët E, Chaux AG, et al. Characteristics and management of dental implants displaced into the maxillary sinus: a systematic review. *Int J Oral Maxillofac Surg.* 2022 Jun 28;S0901-5027(22)00272-7.

Sommer M, Zimmermann J, Grize L, Stübinger S. Marginal bone loss one year after implantation: a systematic review of different loading protocols. *Int J Oral Maxillofac Surg.* 2019 Jun 26. pii: S0901-5027(19)31169-5.

Smith Nobrega A, Santiago JF Jr, de Faria Almeida DA, et al. Irradiated patients and survival rate of dental implants: A systematic review and meta-analysis. *J Prosthet Dent.* 2016 Dec;116(6):858-866.

Strietzel F.P., Reichart P.A., Kale A., et al. Smoking interferes with the prognosis of dental implant treatment: a systematic review and meta-analysis. *J Clin Periodontol.* 2007 Jun; 34(6):523-44.

Guideline History/Revision Information

Date	Summary of Changes
06/01/2023	<p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>Description of Services</i>; added language pursuant to CA AB2585 to indicate “while not common in dentistry, nonpharmacological pain management strategies should be encouraged if appropriate” Archived previous policy version DCG007.10

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.