

IMPLANTS

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| Related Dental Policies |
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| <ul style="list-style-type: none"> • Surgical Endodontics • Surgical Periodontics: Mucogingival Procedures • Surgical Periodontics: Regenerative Procedures |

INSTRUCTIONS FOR USE

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Dental Coverage Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Dental Coverage Guideline. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Dental Coverage Guideline. Other Clinical Policies and Coverage Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.

BENEFIT CONSIDERATIONS

Before using this guideline, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group health plans (inside and outside of Exchanges) to provide coverage for Pediatric Dental Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for Pediatric Dental EHBs. However, if such plans choose to provide coverage for benefits which are deemed Pediatric Dental EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute Pediatric Dental EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

A Dental Implant is an artificial tooth root that is placed into the jaw to hold a replacement tooth or bridge. Adequate bone in the jaw is needed to support the implant, and recipients should have healthy gum tissues that are free of periodontal disease. For most plans, implants are not covered, but for those plans that do have coverage, the following identify guidelines for implant placement, subsequent implant supported restorations, and any necessary treatment of peri-implant defects:

- The implant site must be osseointegrated prior to loading
- Implant must have adequate crown/root ratio
- Must not have more than two threads above the alveolar crest
- Implant must not be closer than 1-1.5mm to adjacent roots
- Same day implant placement at time of extraction considered acceptable
- No direct loading of abutment and/or fixed prosthesis on date of implant placement
- Periodontal health of existing dentition must be favorable
- Long term prognosis must be favorable

- Site is free of acute infection

Factors to consider in treatment planning for implants:

- Location of tooth/teeth
- Bone quality/quantity
- Periodontal status
- Restorability
- Patient cost
- Patient age (implants not appropriate for patients under age 15)
- Patients undergoing strong chemotherapy
- Myocardial infarction: within 6 months of an attack
- Anticoagulant therapy
- Severe neuropsychiatric disease, mental disability, and narcotic drug addicts
- Severe blood diseases
- Systemic risk factors:
 - Smoking
 - Diabetes
 - Hypertension
 - Decreased estrogen levels in postmenopausal women
 - Use of IV bisphosphonates

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. (American Dental Association [ADA])

Endosteal (Endosseous): A device placed into the alveolar and basal bone of the mandible or maxilla and transecting only one cortical plate. (ADA)

Epoosteal (Subperiosteal): A subperiosteal implant that conforms to the superior surface of an edentulous area of alveolar bone. (ADA)

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 Clinical Policies and Coverage Guidelines may apply.

| CDT Code | Description |
|----------|---|
| D6010 | Surgical placement of implant body: endosteal implant |
| D6011 | 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: eposteal implant |
| D6050 | Surgical placement: transosteal implant |
| D6051 | Interim abutment |
| D6052 | Semi-precision attachment abutment |
| 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) |

| CDT Code | Description |
|----------|---|
| 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 metal crown (titanium, titanium alloy, high noble metal) |
| D6067 | Implant supported metal crown (titanium, titanium alloy, high noble metal) |
| 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 porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal) |
| D6077 | Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal) |
| 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 |
| D6085 | Provisional implant crown |
| D6090 | Repair implant supported prosthesis, by report |
| D6091 | Replacement of semi-precision or precision attachment (male or female component) 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) |
| D6095 | Repair implant abutment, by report |
| D6096 | Remove broken implant retaining screw |
| D6100 | Implant removal, by report |
| 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 |
| 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 |
| 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 |

| CDT Code | Description |
|----------|---|
| D6118 | Implant/abutment supported interim fixed denture for edentulous arch – mandibular |
| D6119 | Implant/abutment supported interim fixed denture for edentulous arch – maxillary |
| D6190 | Radiographic/surgical implant index, by report |
| D6194 | Abutment supported retainer crown for FPD (titanium) |
| D6199 | Unspecified implant procedure, by report |

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DESCRIPTION OF SERVICES

A dental implant is a surgical procedure where an artificial tooth root is placed into your jaw to hold a replacement tooth or bridge. Bone grafting, guided tissue regeneration and the use of biological materials to aid in tissue regeneration have applications in different areas of dentistry, and each has its own coverage rationale and indications. Please see the procedure specific documents for details.

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GUIDELINE HISTORY/REVISION INFORMATION

| Date | Action/Description |
|------------|---|
| 11/01/2018 | <ul style="list-style-type: none">• Updated supporting information to reflect the most current references; no change to coverage rationale or list of applicable codes• Archived previous policy version DCG007.04 |