



An Anthem Company

# Dental Clinical Policy

**Subject:** Surgical Placement of Implant Body

**Guideline #:** 06-101

**Status:** Revised

**Publish Date:** 01/01/2023

**Last Review Date:** 11/07/2022

## Description

This document addresses the clinical aspects of the surgical placement of an implant body.

The plan performs review of surgical placement of implant body 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 and/or appropriate does not constitute an indication and/or warranty that the service requested is a covered benefit payable by the dental plan.

## Clinical Indications

Dental implants to replace missing natural teeth may be considered appropriate as a result of accidental traumatic injuries, extensive structural damage, pathological disorders, congenital/developmental anomalies.

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

The replacement of multiple teeth by dental implants in the same arch is not appropriate (unless specified by group contract) when other less costly dental services are capable of adequately restoring

the occlusion to function. The prosthetic restoration of dental implants may be subject to alternate benefit plan provisions.

#### Criteria

1. Updated
2. Current (within 12 months), dated, diagnostic, pretreatment radiographic images to include full mouth series, panoramic, and/or other appropriate radiographic images.
3. A comprehensive treatment plan may be requested including periodontal status. This may include documentation of a history of definitive periodontal treatment, including maintenance, for the remaining teeth.
4. Updated
5. Updated
6. Updated
7. A patient's sensitivity (allergy) to denture restorative materials may be considered a qualification for dental implant placement. This condition must be documented by a physician and dental provider's letters of medical/dental necessity as well as a copy of the laboratory analysis of the allergy.
8. A patient's inability to wear a removable appliance due to limited retention may be considered a qualification for implant 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.
9. Benefits for implant placement is not considered for the correction of developmental or congenital defects (group contract dependent).
10. Updated
11. Immediate placement of a surgical placement of implant body in a tooth extraction site is an acceptable procedure.

#### 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, the following:*

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|-------|--|
| D6010 | surgical placement of implant body (fixture): endosteal implant  |
| D6011 | second stage implant surgery   |
| D6012 | surgical placement of interim implant body (fixture) for transitional prosthesis:<br>endosteal implant |
| D6013 | surgical placement of mini implant   |

D6040	surgical placement: epostal implant
D6050	surgical placement: transosteal implant
D6100	Surgical removal of implant body
D6198	Remove interim implant component – removal of implant component (e.g., interim abutment; provisional implant crown) originally placed for a specific clinical purpose and period of time determined by the Dentist.
D7993	Surgical placement of craniofacial implant – extra oral
D7994	Surgical placement: zygomatic implant

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

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<b>History</b>				
Revision History	Version	Date	Nature of Change	SME
	initial	12/14/16		Rosen
	Revision	2/5/18	Related Dental Policies, Appropriateness and Medical necessity	M Kahn
	Revision	3/11/20	Annual Revision	Committee
	Revised	12/05/2020	Annual Review	Committee
	Revised	08/19/2021	Annual Review	Committee
	Revised	11/07/2022	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.

Federal and State law, as well as contract language, takes precedence over Dental Clinical Policy. Dental Clinical Policy provides guidance in interpreting dental benefit application. The Plan reserves the right to modify its Dental Clinical Policies and guidelines periodically and as necessary. Dental Clinical Policy is provided for informational purposes and does not constitute medical advice. These Policies are available for general adoption by any lines of business for consistent review of the medical or dental necessity and/or appropriateness of care of dental services. To determine if a review is required, please contact the customer service number on the member's card.

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