



Clinical UM Guideline

Subject: Implant Crowns and Fixed Partial Dentures
Guideline #: 06 -002
Status: New

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Description

This document addresses the procedures of implant supported crowns, implant supported abutment crowns, and implant supported fixed partial dentures for replacement of missing teeth.

Note: Please refer to the following documents for additional information concerning related topics:

- Crowns and Fixed Dentures 02-701
- Implants 06-101
- Abutment crowns and Bridges 06-701

Clinical Indications

Medically Necessary: Dental Services using dental implant supported crowns, implant and abutment supported crowns, or implant and/or abutment supported fixed partial dentures to replace missing teeth. May be considered medically or dentally necessary as a result of:

- accidental traumatic injuries to sound, natural teeth from an external blow
- a pathologic disorder;
- congenitally missing teeth
- congenital disorders of teeth resulting in extraction.

Medically/Dentally Necessary or Medical/Dental Necessity means Medical/Dental Services that are:

(1) Consistent with the Member's diagnosis or condition;

(2) Is rendered:

- (A) In response to a life-threatening condition or pain; or
- (B) To treat an injury, illness or infection related to the dentition; or
- (C) To achieve a level of function to the dentition consistent with prevailing community standards for the diagnosis or condition.

Not Medically Necessary: Dental Services using dental implant supported crowns, implant and abutment supported crowns, or implant and/or abutment supported fixed partial dentures are not medically necessary in situations where teeth are not missing, including the replacement of third molars. The replacement of multiple teeth by dental implant supported crowns, implant and abutment supported crowns, or implant and/or abutment supported fixed partial dentures in the same arch is not medically necessary (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.

Note: Whether a service is covered by the plan, when any service is performed in conjunction with or in preparation for a non-covered or denied service, all related services are also either not covered or denied.

Note:

A group may define covered dental services under either their dental or medical plan, as well as to define those services that may be subject to dollar caps or other limits. The plan documents outline covered benefits, exclusions and limitations. The health plan advises dentists and enrollees to consult the plan documents to determine if there are exclusions or other benefit limitations applicable to the service request. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by the health plan. Some plans exclude coverage for services that the health plan considers either medically or dentally necessary. When there is a discrepancy between the health plan's clinical policy and the group's plan documents, the health plan will defer to the group's plan documents as to whether the dental service is a covered benefit. In addition, if state or federal regulations mandate coverage then the health plan will adhere to the applicable regulatory requirement.

Note: Dependent upon provider contracts, benefits are payable upon cementation/placement of the permanent crowns or fixed partial dentures. In the event a subscriber does not return for permanent cementation, there is no benefit as the service will be considered incomplete.

Criteria

Prior to implant placement and restoration, a thorough dental examination, medical and dental history, full mouth imaging, and treatment plan must be completed.

As most medical plans include coverage for dental services related to accidental injury, claims for the replacement of missing teeth resulting from an external blow or blunt trauma must first be referred to the subscriber/employee's medical plan. The medical plan may cover the replacement of missing teeth due to an accidental injury.

Dependent on provider contract, the delivery date of dental implant supported crowns, implant and abutment supported crowns, or implant and/or abutment supported fixed partial dentures is considered the date of initial placement.

If cement is utilized, the type of cement, e.g. permanent or temporary, is not a determinate for the delivery date.

Replacement of dental implant supported crowns, implant and abutment supported crowns, or implant and/or abutment supported fixed partial dentures due to "metal allergy/sensitivity" will be considered only upon submission of documentation by a physician with the associated allergy report.

A temporary or provisional dental implant supported crowns, implant and abutment supported crowns, or implant and/or abutment supported fixed partial dentures will be considered inclusive with the final restoration.

With plans that contain a missing tooth clause where replacement of the tooth/teeth is not covered when extracted and has not been replaced prior to insurance coverage, if the missing teeth to be replaced were removed and not replaced prior to insurance coverage, there is no benefit for the replacement of the missing teeth when dental implant supported crowns, implant and abutment supported crowns, or implant and/or abutment supported fixed partial dentures is treatment planned.

When an implant support crown or implant supported fixed partial denture is treatment planned to replace teeth missing with plans that do not have a missing tooth clause, a determination will be made related to the necessity of the implant supported crown or fixed partial denture or if an alternate benefit can be applied which is group contract dependent. In plans with alternate benefit provisions, an alternate benefit may be applied to replace all missing teeth.

Documentation for the necessity of dental implant supported crowns, implant and abutment supported crowns, or implant and/or abutment supported fixed partial dentures must include a diagnostic radiographic images. When the necessity for dental implant supported crowns, implant and abutment supported crowns, or implant and/or abutment supported fixed partial dentures coverage is not obvious by radiographic images, the image must be accompanied by additional diagnostic information such as intra-oral photographs of the affected tooth/teeth as well as patient treatment notes and narrative explaining any extraordinary circumstances necessitating crown coverage.

Recent diagnostic full mouth or panoramic radiographic images (within the preceding 12 months) are required to assess the dental and periodontal health of the entire oral cavity.

Tooth-implant supported fixed partial dentures will not be considered for benefits based on meta-analysis and studies that have found this type of combination prosthesis to have a survival rate lower than those reported for solely implant supported or solely tooth supported fixed partial dentures.

In the absence of multiple missing teeth within the same arch, implant placement for a second molar tooth may be considered if a functional opposing first or second molar tooth is present. The molar opposing the implant must be periodontally sound and healthy and dependent upon the proposed implant for prevention of passive eruption.

A patient's inability to wear a removable appliance due to severe alveolar ridge atrophy may be considered a qualification for implant placement. This condition must be documented by a letter of dental necessity and planned treatment from the provider and supported by appropriate radiographic evidence.

Implant placement will not be considered for correction of developmental or congenital defects (congenitally missing teeth unless covered by group contract) or for spacing due to migration/drift of teeth.

For the replacement of missing teeth that are not covered by the plan, all the above criteria will be applied to the implant supported abutment teeth when there is a missing tooth clause in the group or individual and small group contracts. Note: contracts may include a missing tooth clause or require the plan to apply alternate benefits.

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:

D6010	Surgical placement of implant body; endosteal implant
D6011	Second stage implant surgery
D6013	Surgical placement of mini implant
D6055	Connecting bar implant or abutment supported
D6056	Prefabricated abutment
D6057	Custom fabricated abutment
D6051	Interim abutment
D6052	Semi-precision attachment abutment
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 dentulous arch - maxillary
D6115	Implant/abutment supported fixed denture for dentulous arch - mandibular
D6116	Implant/abutment supported fixed denture for partially dentulous arch - maxillary
D6117	Implant/abutment supported fixed denture for partially dentulous arch - mandibular
D6010	Surgical placement of implant body; endosteal implant
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 porcelain cast metal crown (high noble metal)
D6063	Abutment supported porcelain cast metal crown (predominantly base metal)
D6064	Abutment supported cast metal crown (noble metal)
D6094	Abutment supported crown (titanium)
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 FPD
D6069	Abutment supported retainer for porcelain fused to metal FPD high noble metal
D6070	Abutment supported retainer for porcelain fused to metal FPD 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 base metal
D6074	Abutment supported retainer for cast metal FPD noble metal
D6194	Abutment supported retainer crown for FPD titanium
D6075	Implant supported retainer for ceramic FPD
D6076	Implant supported retainer for porcelain fused to metal FPD titanium or high noble metal

D6077	Implant supported retainer for cast metal FPD titanium or high noble metal
D6085	Provisional implant crown
D6090	Repair implant supported prosthesis, by report
D6095	Repair implant abutment, by report
D6091	Replacement of semi-precision or precision attachment
D6092	Recement or re-bond implant/abutment supported crown
D6093	Recement or re-bond implant/abutment supported fixed partial denture
D6205	Pontic – indirect resin based composite
D6210	Pontic – cast high noble metal
D6211	Pontic – cast predominantly base metal
D6212	Pontic – cast noble metal
D6214	Pontic – titanium
D6240	Pontic – porcelain fused to high noble metal
D6241	Pontic – porcelain fused to predominantly
D6242	Pontic – porcelain fused to noble metal
D6245	Pontic – porcelain/ceramic
D6250	Pontic – resin with high noble metal
D6251	Pontic – resin with predominantly base metal
D6252	Pontic – resin with noble metal
D6253	Provisional pontic- further treatment or completion of diagnosis necessary prior to final impression

CPT

41899 Unlisted dentoalveolar service

ICD-10 Diagnosis

K00.0	Anodontia
K00.2	Abnormalities of size and form of teeth
K02.52	Dental caries on pit and fissure surface penetrating into dentin
K02.61	Dental caries on pit and fissure surface penetrating enamel
K02.9	Dental caries, unspecified
K03.9	Diseases of hard tissue, unspecified
K08.5	Unsatisfactory restoration of tooth
K08.50	Unsatisfactory restoration of tooth, unspecified
K08.51	Open restoration margins of tooth
K08.52	Unrepairable overhanging of dental restorative material
K08.53	Fractured dental restorative material
K08.56	Poor aesthetic of existing restoration of tooth
K08.59	Other unsatisfactory restoration of tooth

Discussion/General Information

A dental implant is a biomedical device made from an inert metallic alloy typically composed of titanium which has demonstrated little to no inflammatory response and therefore improved efficacy. The therapeutic goal is to replace missing teeth to restore comfort, function and esthetics. Dental implants are used to replace single or multiple missing teeth and can serve as anchoring abutments for tooth replacement prosthetic devices such as crowns, fixed partial dentures or complete removable dentures. The implant consists of multiple components: the implant body replaces the tooth root and integrates into the surrounding bone; an abutment head replaces the inner part of the tooth crown and is directly attached to the implant body by a screw; the crown simulates the natural tooth crown (chewing surface).

Dental implants have been proven to be safe, effective and biocompatible. The overall success rate of dental implants is greater than 90% at 10 years post placement. The long-term success rate of dental implants used as bridge abutments is at least comparable or superior to natural tooth supported fixed partial dentures.

Dental Implant supported prostheses are replacement teeth that are retained (attached to) or supported by dental implant bodies. The most common implant prostheses are an implant supported abutment, a crown attached to an implant or implant abutment, an implant supported fixed partial prosthesis used to replace multiple teeth, an implant supported or implant retained removable partial prosthesis used to replace multiple missing teeth, and an implant supported fixed or removable prosthesis used to replace all teeth in the dental arch.

Post-operative management should include periodic evaluation of oral hygiene status, presence of plaque and calculus accumulation, clinical and radiographic appearance of the implant and peri-implant tissue, functional and occlusal status, implant and prosthesis stability, stability of probing depths, and the presence or absence of periodontal pocket exudate (possibly pus or pocket fluids) or bleeding on probing.

Definitions

Abutment, Prosthetic – tooth or tooth root that supports or stabilizes a bridge, denture, or other prosthetic appliance.

Crown, Implant – a tooth-shaped artificial device placed over an implant body or implant supported abutment to.

Dental Implant - an artificial tooth root placed into your jawbone to replace a missing tooth root.

Fixed partial denture (bridge) – a fixed device used to replace missing teeth — attaches artificial teeth to an adjacent natural tooth or dental implant.

Implant Abutment – used to attach a crown, bridge, or removable denture to the dental implant body (fixture).

Implant Retained – relies on support from the implants and soft tissue.

Implant Supported – sufficient number of implants for the prosthesis to be totally implant supported.

Missing Tooth Clause - . a contractual provision in which benefits are not payable to replace a tooth that was extracted prior to dental coverage.

Pontic – an artificial tooth to replace a missing tooth.

Removable Complete and Partial Denture – a dental prosthesis that is removable from the mouth that replaces missing teeth

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Government Agency, Medical Society, and Other Authoritative Publications:

History		
Status	Date	Action

Reviewed 12/20/2016

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.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical or dental necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical or dental necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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