



Dental Clinical Policy

Subject: Implant Maintenance Procedures
Guidelines #: 06-102
Status: Revised

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Description

This document addresses the implant maintenance procedures when prostheses are **removed and reinserted**, including cleansing of prostheses and abutments.

The plan performs review of treatment of implant maintenance procedures 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

Implant success is mainly dependent upon the patient's effective home care as well as professional prophylaxis procedures in the dental office. The therapeutic goal of implant maintenance procedures is to minimize the incidence of implant loss by preventing peri-implant pathology.

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

Criteria

As implants are not anchored to the socket via a periodontal ligament, which has an inherent protective defense mechanism, they require intensive care beyond mere brushing. Implant maintenance procedures include:

1. Documentation of removal and reinsertion of the implant prosthesis is required
2. Cleansing and decontamination of implant prosthesis
3. Active debriding of the implants
4. Examination of all aspects of the implant system including the occlusion and stability of the superstructure
5. Review of home care instructions

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:

D6080 Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments

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

References

1. Gulati, Minkle et al. Implant Maintenance: A Clinical Update. International Scholarly Research Notices Volume 2014 Article ID 908534
2. R. E. Cohen, "Position paper: periodontal maintenance," *Journal of Periodontology*, vol. 74, no. 9, pp. 1395–1401, 2003.
3. G. M. Kurtzman and L. H. Silverstein, "Dental implants: oral hygiene and maintenance: implant," *Dentistry Today*, vol. 1, no. 3, pp. 48–53, 2007.
4. L. D. T. Mortilla, C. E. Misch, and J. B. Suzuki, "The dental hygienist's role in implant evaluation & assessment," *Journal of Practical Hygiene*, vol. 17, pp. 15–17, 2008.
5. CDT 2024 Current Dental Terminology, American Dental Association.

History

Revision History	Version	Date	Nature of Change	SME
	Initial	4/8/2020	Initial	Committee

	Revised	12/05/2020	Annual Review	Committee
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	Revised	10/30/2021	Annual Review	Committee
	Revised	11/04/2022	Annual Review	Committee
	Revised	10/25/2023	Annual Review	Committee

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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