



Dental Clinical Policy

Subject: Surgical Placement of Implant
Body

Guideline #: 06-101

Status: Revised

Publish Date: 01/01/2025

Last Review Date: 10/29/2024

Description

A dental implant is a type of surgical component used to replace a missing tooth or multiple teeth. It is a durable and long-lasting solution that mimics the natural tooth's structure and function.

Implant Fixture: This is a small, screw-shaped post usually made of biocompatible titanium. It is surgically placed into the jawbone and acts as the root of the artificial tooth.

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.

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. Archived
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. Archived
5. Archived
6. Archived
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. Archived
9. Benefits for implant placement is not considered for the correction of

developmental or congenital defects (contract dependent).

10. Archived

11. Immediate placement of an 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:

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: endosteal implant
D6013	surgical placement of mini implant
D6040	surgical placement: eosteal 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

References

1. Mauricio G.A., Lindhe J. Peri-implant health. J Perio. 2017;89(51):249-256. doi.org/10.1002/JPER.16-0424
2. Agar J. American Academy of Prosthodontist Position Statement: Dental Implants. prosthodontics.org. Published 2014.
3. American Association of Endodontists Position Paper AAE Implants Position Paper. aae.org. Published 2019. August 27, 2023.
4. Ad Hoc Committee for the Development of Dental Implant Guidelines. Guidelines for the provision of dental implants. Int J Oral Maxillofac Implants. 2008;23(3):471-473.
5. Sousa V, Mardas N, Farias B, et al. A systematic review of implant outcomes in treated periodontitis patients. Clin Oral Implants Res. 2016;27(7):787-844. doi:10.1111/clr.12684
6. Lekholm U, Gröndahl K, Jemt T. Outcome of oral implant treatment in partially edentulous jaws followed 20 years in clinical function. Clin Implant Dent Relat Res. 2006;8(4):178-186. doi:10.1111/j.1708-8208.2006.00019.x
7. Attard NJ, Zarb GA. Immediate and early implant loading protocols: a literature review of clinical

studies. *J Prosthet Dent.* 2005;94(3):242-258. doi:10.1016/j.prosdent.2005.04.015

8. Naert I, Koutsikakis G, Duyck J, Quirynen M, Jacobs R, van Steenberghe D. Biologic outcome of single-implant restorations as tooth replacements: a long-term follow-up study. *Clin Implant Dent Relat Res.* 2000;2(4):209-218. doi:10.1111/j.1708-8208.2000.tb00119.x

9. Cohen RE; Research, Science and Therapy Committee, American Academy of Periodontology. Position paper: periodontal maintenance. *J Periodontol.* 2003;74(9):1395-1401. doi:10.1902/jop.2003.74.9.1395

10. Parameter on placement and management of the dental implant. American Academy of Periodontology. *J Periodontol.* 2000;71(5 Suppl):870-872. doi:10.1902/jop.2000.71.5-S.870

11. Elsubeihi ES, Zarb GA. Implant prosthodontics in medically challenged patients: the University of Toronto experience. *J Can Dent Assoc.* 2002;68(2):103-108.

12. McAllister BS, Haghghat K. Bone augmentation techniques. *J Periodontol.* 2007;78(3):377-396. doi:10.1902/jop.2007.060048

13. American Dental Association. CDT 2025: Current Dental Terminology. Chicago, IL: American Dental Association; 2025.

14. Leblebicioglu B, Rawal S, Mariotti A. A review of the functional and esthetic requirements for dental implants. *J Am Dent Assoc.* 2007;138(3):321-329. doi:10.14219/jada.archive.2007.0164

15. Romeo E, Chiapasco M, Ghisolfi M, Vogel G. Long-term clinical effectiveness of oral implants in the treatment of partial edentulism. Seven-year life table analysis of a prospective study with ITI dental implants system used for single-tooth restorations. *Clin Oral Implants Res.* 2002;13(2):133-143. doi:10.1034/j.1600-0501.2002.130203.x

16. DeLuca S, Habsha E, Zarb GA. The effect of smoking on osseointegrated dental implants. Part I: implant survival. *Int J Prosthodont.* 2006;19(5):491-498.

17. Paolantonio M, Dolci M, Scarano A, et al. Immediate implantation in fresh extraction sockets. A controlled clinical and histological study in man. *J Periodontol.* 2001;72(11):1560-1571. doi:10.1902/jop.2001.72.11.1560

18. Johnson PF. Treatment considerations of fixed prosthetic restorations of the compromised dentition vs. alternate fixed implant-supported options. *J Calif Dent Assoc.* 2003;31(4):329-332.

19. *Journal of Oral and Maxillofacial Surgery.* Introduction to Implant Dentistry: A Student Guide. joms.org. Published February 2017.

History				
Revision History	Version	Date	Nature of Change	SME
	initial	12/14/2016		Rosen
	Revision	02/05/2018	Related Dental Policies, Appropriateness and Medical necessity	M Kahn
	Revision	03/11/2020	Annual Revision	Committee
	Revised	12/05/2020	Annual Review	Committee
	Revised	08/19/2021	Annual Review	Committee
	Revised	11/07/2022	Annual Review	Committee
	Revised	10/25/2023	Annual Review	Committee
	Revised	10/29/2024	Minor editorial refinements to	Committee

			description, clinical indications, criteria, and reference; intent unchanged.	

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.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the Plan.

Current Dental Terminology - CDT © 2025 American Dental Association. All rights reserved.