



Dental Clinical Policy

Subject: Implant/ Abutment Supported Fixed Prosthetics - Crowns and Fixed Partial Dentures
Guideline #: 06-001 **Publish Date:** 01/01/2023
Status: Revised **Last Review Date:** 11/04/2022

Description

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

The plan performs review of implant/ abutment supported crowns and fixed partial dentures 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/ abutment supported crowns and fixed partial dentures to replace missing teeth may be considered appropriate as a result of:

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

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

Dental Services using dental implant supported crowns, implant and abutment supported crowns, or implant and/or abutment supported fixed partial dentures are not appropriate 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 contract limitations and/or alternate benefit plan provisions.

Note: In the event a subscriber does not return for delivery, there is no benefit, as the service will be considered incomplete.

| |
|-----------------|
| Criteria |
|-----------------|

1. Prior to implant placement and restoration, a thorough dental evaluation, medical and dental history, full mouth imaging, and treatment plan must be completed.
2. 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.
3. Dependent on provider contract, the delivery date of [implant/ abutment supported crowns and fixed partial dentures](#) is considered the date of delivery.
4. If cement is utilized, the type of cement, e.g. permanent or temporary, is not a determinate for the delivery date.
5. Replacement of [implant/ abutment supported crowns and fixed partial dentures](#) due to "metal allergy/sensitivity" will be considered only upon submission of documentation by a physician with the associated allergy report.
6. A temporary or provisional [implant/ abutment supported crowns and fixed partial dentures](#) will be considered inclusive with the final restoration.
7. With plans that contain a missing tooth clause there is no benefit for the replacement of the missing teeth when [implant/ abutment supported crowns and fixed partial dentures](#) is treatment planned. Implant placement/restoration is not a covered benefit for third molar sites.

8. With plans that do NOT contain 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. Implant placement/restoration is not a covered benefit for third molar sites (group contract dependent).
9. Documentation for the necessity of **implant/ abutment supported crowns and fixed partial dentures** must include current (within 12 months), dated, diagnostic, preoperative radiographic images. When the necessity for **implant/ abutment supported crowns and fixed partial dentures** coverage is not obvious by radiographic images, the images 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 implant prosthetic coverage.
10. Tooth-implant supported fixed partial dentures may 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. This provision is plan specific.
11. Updated
12. 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.
13. Implant placement may not be considered for the correction of developmental or congenital defects (congenitally missing teeth unless covered by group contract).
14. Updated
15. Repair and/or replacement of implant/abutment supported prosthetics (i.e. fractured porcelain, loose abutment, loose screw, broken screw, etc.) would require a detailed narrative, and the benefits are contract dependent.
16. Replacement of implant/abutment supported prosthetics for aesthetic reasons is not a covered benefit.

| |
|---------------|
| 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 | Surgical access to an implant body (second stage implant surgery) |
| D6013 | Surgical placement of mini implant |
| D6055 | Connecting bar implant or abutment supported |

| | |
|-------|---|
| D6056 | Prefabricated abutment – includes modification and placement |
| D6057 | Custom fabricated abutment – includes placement |
| D6051 | Interim implant abutment placement. A healing cap is not an 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 |
| 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) |
| D6097 | Abutment supported crown – porcelain fused to titanium or titanium alloys |
| 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 and titanium alloys |
| D6065 | Implant supported porcelain/ceramic crown |
| D6066 | Implant supported crown – porcelain fused to high noble alloys |
| D6082 | Implant supported crown – porcelain fused to predominantly base alloys |
| D6083 | Implant supported crown – porcelain fused to noble alloys |
| D6084 | Implant supported crown – porcelain fused to titanium or titanium alloys |
| D6067 | Implant supported crown – high noble alloys |
| D6086 | Implant supported crown – predominantly base alloys |
| D6087 | Implant supported crown – noble alloys |
| D6088 | Implant supported crown – titanium and titanium alloys |
| 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 (base metal) |
| D6071 | Abutment supported retainer for porcelain fused to metal FPD (noble metal) |
| D6195 | Abutment supported retainer – porcelain fused to titanium and titanium alloys |
| 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) |
| D6194 | Abutment supported retainer for cast metal FPD – titanium and titanium alloys |

| | |
|-------|---|
| D6075 | Implant supported retainer for ceramic FPD |
| D6076 | Implant supported retainer for FPD – porcelain fused to high noble alloys |
| D6098 | Implant supported retainer – porcelain fused to predominantly base alloys |
| D6099 | Implant supported retainer for FPD – porcelain fused to noble alloys |
| D6120 | Implant supported retainer – porcelain fused to titanium and titanium alloys |
| D6077 | Implant supported retainer for metal FPD – high noble alloys |
| D6121 | Implant supported retainer for metal FPD – predominantly base alloys |
| D6122 | Implant supported retainer for metal FPD – noble alloys |
| D6123 | Implant supported retainer for metal FPD – titanium and titanium alloys |
| D6090 | Repair implant supported prosthesis, by report |
| D6092 | Re-cement or re-bond implant/abutment supported crown |
| D6093 | Re-cement or re-bond implant/abutment supported fixed partial denture |
| D6096 | Remove broken implant retaining screw |
| 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 and titanium alloys |
| D6240 | Pontic – porcelain fused to high noble metal |
| D6241 | Pontic – porcelain fused to predominantly base metal |
| D6242 | Pontic – porcelain fused to noble metal |
| D6243 | Pontic – porcelain fused to titanium and titanium alloys |
| D6245 | Pontic – porcelain/ceramic |
| D6250 | Pontic – resin with high noble metal |
| D6251 | Pontic – resin with predominantly base metal |
| D6252 | Pontic – resin with noble metal |
| 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. |

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

References

1. Lekholm U, Grondahl K and Jemt T. Outcome of oral implant treatment in partially edentulous jaws followed 20 years in clinical function. *Clin Implant Dent Relat Res* 2006;8:178-186.
2. Zarb GA. Immediate and early implant loading protocols: a literature review of clinical studies. *J Prosthet Dent* 2005;94:242-258.
3. Naert I, Koutsikakis G, et al. Biologic outcomes of single-implant restorations as tooth replacements: a longterm follow-up study. *Clin Implant Dent Relat Res* 2000;2:209-218.

4. Gelb DA. Immediate implant surgery: Three year retrospective evaluation of fifty consecutive cases. *Int J Oral Maxillofac Implants*;2004;62(Suppl 2):90-105.
5. Dahlin C, Lekholm U and Lindhe A. Membrane-induced bone augmentation at titanium implants. A report on ten fixtures followed from 1 to 3 years after loading. *Int J Perio Rest Dent* 1991;11:273-281.
6. American Academy of Periodontology. Periodontal maintenance (Position paper). *J Perio* 2003;74:1395-1401.
7. Becker W, Dahlin C, et al. The use of e-PTFE barrier membranes for bone promotion around titanium implants placed into extraction sockets: A prospective multi-center study. *Int J Oral Maxillofac Implants*1994;9:31-40.
8. American Academy of Periodontology. Parameter on placement and management of the dental implant. *J Perio* 2000;71(5 supplement):870-872.
9. Elsubeihi E and Zarb GA. Implant prosthodontics in medically challenged patients: the University of Toronto experience. *J Can Dent Assoc*2002;68:103-108.
10. American Academy of Periodontology. Bone augmentation. AAP commissioned review. *J Perio* 2007;78:377-396.
11. American Dental Association. CDT 2013 Dental Procedure Codes;51. (©ADA 2012).
12. Leblebicioglu B, Rawal S and Mariotti A. A review of the functional and esthetic requirements for dental implants. *J Amer Dent Assoc* 2007;138:321-329.
13. Esquivel-Upshaw J. Dental implants. In: Anusavice KJ, ed. *Phillips science of dental materials*. 11th ed. Saunders;2003:759-780
14. Parein AM, Eckert SE, et al. Implant reconstruction in the posterior mandible: a long-term retrospective study. *J Prosthet Dent* 1997;78:34-42.
15. Shenk RK, Buser D, et al. Healing pattern of bone regeneration in membrane-protected defects: A histologic study in the canine mandible. *Int J Oral Maxillofac Implants* 1994;9:13-29.
16. Lazzara RJ. Immediate implant placement into extraction sites: Surgical and restorative advantages. *Int J Perio Rest Dent*1989;9:332-343.
17. Lekholm U, Gunne J, et al. Survival of the Branemark implant in partially edentulous jaws: a 10-year prospective multicenter study. *Int J Oral Maxillofac Implants* 1999;14:639-645.
18. Romeo E, Chiapasco M, et al. 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 Implant Res* 2002;13:133-143.
19. Wyatt CC and Zarb GA. Treatment outcomes of patients with implant-supported fixed partial prostheses. *Int J Oral Maxillofac Implants* 1998;13:204-211.
20. DeLuca S, Habsha E and Zarb GA. The effect of smoking on osseointegrated dental implants. Part I: Implant survival. *Int J Prosthodont* 2006;19:491-498.
21. Paolantonio M, Dolci M, et al. Immediate implantation in fresh extraction sockets. A controlled clinical and histological study in man. *J Perio* 2001;72:1560-1571.
22. Johnson PF. Treatment considerations of fixed prosthetic restorations of the compromised dentition vs alternate fixed implant-supported options. *J Calif Dent Assoc* 2003;20:
23. Weber HP, Zimering Y., Survival and complication rates of fixed partial dentures supported by a combination of teeth and implants, *J Evid Based Dent Pract* 2012 Sep; 12 (3 Suppl):215-6. Doi: 10.1016/S1532-3382 (12) 70041-6

24. Muddigangadhar BC, Amarnath GS, Sonika R, Chheda PS, Garg A., Meta Analysis of Failure and Survival Rate of Implant-supported Single Crowns, Fixed Partial Dentures, and Tooth-supported Prosthesis. J Int Oral Health. 2015 Sep;7(9):11-7
25. Lang NP, Pjetursson BE, Tan K, Bragger U, Egger M, Zwahlen M, A systematic review of the survival and complication rates of fixed partial dentures (FPDs) after an observation period of at least 5 years. II. Combined tooth – implant supported FPDs., Clin Oral Implants Res. 2004 Dec;15(6):643-53. Review
26. CDT 2023 Current Dental Terminology, American Dental Association.

History

| Revision History | Version | Date | Nature of Change | SME |
|------------------|----------|------------|--|-----------|
| | initial | 12/20/16 | | Rosen |
| | Revision | 2/5/18 | Related Dental Policies, Appropriateness and Medical necessity | M Kahn |
| | Revision | 2/12/2020 | Annual Review | Committee |
| | Revised | 12/05/2020 | Annual Review | Committee |
| | Revised | 08/19/2021 | Annual Review | Committee |
| | Revised | 11/04/2022 | 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.

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 © 2023 American Dental Association. All rights reserved.