



Dental Clinical Policy

**Subject: Implant/Abutment Supported Removable
Prosthetics**
Guidelines #: 06-104
Status: Revised

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Description	
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This document addresses implant/abutment supported removable prosthetics. Removable is defined as being able to be taken out by the patient as opposed to an implant/abutment supported removable prosthetic which may can only be taken out by a dentist.

The plan performs review of implant/abutment supported removable prosthetics 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 removable prosthetics 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

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

Criteria

1. Current (within 12 months), dated, diagnostic, pretreatment full mouth radiographic imaging is required.
2. Implant body must be stable – see dental clinical policy #06-101.
3. 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.
4. Dependent on provider contract, the delivery date of implant supported removable prosthetics is considered the date of delivery.
5. A temporary or provisional dental implant removable prosthetic will be considered inclusive with the final restoration.
6. A patient’s inability to wear a removable appliance due to limited retention may be considered a qualification for implant supported removable prosthetic 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.
7. Repair or replacement of implant supported removable prosthetics would require a detailed narrative and/or chart notes. The benefits are contract dependent.
8. Replacement of implant/abutment supported prosthetics for aesthetic reasons is not a covered benefit.

Coding	
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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:

- D6055 Connecting bar – implant supported or abutment supported
- 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
- D6090 Repair implant supported prosthesis, by report

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

References

1. Zarb GA. Immediate and early implant loading protocols: a literature review of clinical studies. *J Prosthet Dent* 2005;94:242-258.
2. Gelb DA. Immediate implant surgery: Three year retrospective evaluation of fifty consecutive cases. *Int J Oral Maxillofac Implants*;2004;62(Suppl 2):90-105.
3. Elsubeihi E and Zarb GA. Implant prosthodontics in medically challenged patients: the University of Toronto experience. *J Can Dent Assoc*2002;68:103-108.
4. Kern Jaana-Sophia "A systemic Review and Meta-analysis of Removable and Fixed Implant-supported Protheses in Edentulouow Jaws: Post-loading implant loss" *Clin Oral Implants Res.* 2016 Feb;27(2):174-95. doi: 10.1111/clr.12531. Epub 2015 Feb 9.
5. CDT 2023 Current Dental Terminology, American Dental Association.

History

Revision History	Version	Date	Nature of Change	SME
	Initial	12/02/2020	Initial	Committee
	Revised	12/05/2020	Annual Review	Committee
	Revised	10/30/2021	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 Polices 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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