

POLICY TITLE	DENTAL IMPLANTS
POLICY NUMBER	MP-1.131

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Effective Date:	8/1/2018 RETIRED

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I. POLICY

Dental implants may be considered **medically necessary** when major disease, trauma, or surgery results in insufficient boney structure to support dentures or other oral prosthetics in order to chew.

Cross-reference:
NA

II. PRODUCT VARIATIONS

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This policy is applicable to all programs and products administered by Capital BlueCross unless otherwise indicated below.

FEP PPO - Dental implants are covered only when reported in relation to an accidental injury or restoring the mouth to a pre-cancerous state. www.fepblue.org

III. DESCRIPTION/BACKGROUND

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A dental implant is a small man-made titanium fixture that serves as a replacement for the root portion of a missing natural tooth. A dental implant is composed of three parts: the titanium implant that fuses with the jawbone; the abutment, which fits over the portion of the implant that protrudes from the gum line; and the crown. Titanium is used because it is the most compatible with the human body. The implant is placed in the bone of the upper or lower jaw and functions as an anchor for the replacement tooth/teeth.

IV. RATIONALE

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NA

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V. DEFINITIONS

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AVULSION - The complete separation of a tooth from its alveolus, which under appropriate conditions may be reimplanted. The term usually refers to dental injuries resulting from acute trauma.

VI. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's contract. Benefit determinations should be based in all cases on the applicable contract language. Medical policies do not constitute a description of benefits. A member's individual or group customer benefits govern which services are covered, which are excluded, and which are subject to benefit limits and which require preauthorization. Members and providers should consult the member's benefit information or contact Capital BlueCross for benefit information.

VII. DISCLAIMER

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Capital BlueCross's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. Capital BlueCross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VIII. CODING INFORMATION

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Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Covered when medically necessary:

CPT Codes®							
21248	21249						

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HCPCS Code	Description
D6010	surgical placement of implant body: endosteal implant
D6040	surgical placement: eposteal implant
D6050	surgical placement: transosteal implant
D6051	interim abutment
D6052	semi-precision attachment abutment
D6055	connecting bar - implant supported or abutment supported
D6056	prefabricated abutment - includes modification and placement
D6057	custom fabricated abutment - includes placement
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 cast metal crown (high noble metal)
D6063	abutment supported cast metal crown (predominantly base metal)
D6064	abutment supported cast metal crown (noble metal)
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/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 (predominantly 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 (predominantly base metal)
D6074	abutment supported retainer for cast metal FPD (noble metal)
D6075	implant supported retainer for ceramic FPD
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
D6077	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments
D6085	Provisional implant crown
D6090	repair implant supported prosthesis, by report
D6091	replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment
D6092	re-cement or re-bond implant/abutment supported crown
D6093	re-cement or re-bond implant/abutment supported fixed partial denture
D6094	abutment supported crown - (titanium)

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HCPCS Code	Description
D6095	repair implant abutment, by report
D6199	Unspecified implant procedure, by report

➤ *Specific Diagnoses Do Not Apply To This Policy*

IX. REFERENCES

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Centers for Medicare and Medicaid Services (CMS) Medicare Benefit Policy Manual. Publication 100-02. Chapter15- Covered Medical and Other Health Services. Section 150- Dental Services. 10/17/07. CMS [Website]: <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>. Accessed February 14, 2017.

Dental Implants. American Association of Oral and Maxillofacial Surgeons. [Website]: <http://myoms.org/procedures/dental-implant-surgery> Accessed February 14, 2017.

Dental implants-An option for replacing missing teeth. American Dental Association. JADA Volume 136, February 2005.

Taber’s Cyclopedic Medical Dictionary 19th edition.

X. POLICY HISTORY

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MP-1.131	CAC 10/25/2011 - New policy.
	CAC 10/30/12 Consensus review. References updated; no changes to the policy statements. Codes reviewed 10/25/12.
	CAC 1/28/14 Consensus. Added Medicare and FEP variations.
	CAC 1/27/15 Consensus review. References updated. No changes to the policy statements. Codes reviewed.
	CAC 1/26/16 Consensus review. No change to policy statements. References updated. Coding reviewed.
	Admin update 1/1/17: Product variation section reformatted. New code D6085 added; effective 1/1/17.
	CAC 3/28/17 Minor review. Changed policy statement to be consistent with the COC. References reviewed. Coding Reviewed.
	1/1/18 Admin Update: Medicare variations removed from Commercial Policies.
	1/18/18 Review for retirement. COC indicates non-coverage for dental implants. Coding reviewed. Retired effective 8/1/18.

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