

Dental Implant Benefit Policy

Revised: July 2016

Version Two



AmeriHealth *Caritas*[™]

District of Columbia

AmeriHealth Caritas District of Columbia

Dental Implant Benefit Criteria and Documentation

AmeriHealth Caritas District of Columbia has implemented a “Dental Implant Benefit” for Medicaid members. In order to enhance the favorable delivery of the dental implant benefit for our Medicaid members and ensure its long-term success, consideration of the following criteria is required:

- A team approach of specialists, who can develop a multi-disciplinary treatment plan.
- Dental Implant placement that is both biologically and restoratively driven.
- Dental Implant placement following a comprehensive examination and accurate diagnosis which will lead to a prognosis for each individual tooth and the overall dentition.
- Dental Implant reconstruction that obtains optimal aesthetics and function.
- Effective communication between the team and the patient.
- Aligning expectations with a correct diagnosis and a logical inter-disciplinary treatment plan.

Options of treatment for tooth loss will be considered in the following order:

- No treatment
- A Removable Denture (Complete or Partial)
- Dental Implant treatment (**Requires a Narrative as to why other options are not suitable**)

The restorative dentist should develop and direct the plan after gathering data, which includes a complete medical and dental history, clinical findings, and radiographs. Consultation with other specialists (such as Periodontist, Oral Surgeon, Orthodontist, Endodontist) regarding the periodontal and endodontic health, and any occlusal, skeletal and space problems may be required. There should be no other routine periodontal or restorative treatment needed when requesting authorization for dental implant placement. A detailed risk analysis should be part of the decision-making process during treatment planning.

Diagnosis and Treatment Plan coordination:

- Dental and social history
- Medical history
- Extra-oral examination including lip and smile lines
- Intra-oral examination **including full periodontal charting**
- Diagnostic imaging (may be deferred for construction of a radiological stent)
- Additional investigations as needed
- Diagnosis and treatment plan presentation
- Written treatment plan
- Patient education and signed informed consent form
- Communication with other members of the team and the referring practitioners (*The Restorative Dentists Evaluation Form* will demonstrate the collaboration)

The following risk factors may make implant placement unsuitable and contraindicated and therefore exclude a patient’s eligibility for a dental implant:

- Uncontrolled diabetes

- Immunosuppression or certain medication like bisphosphonates
- Smoking
- Poor bone quality and density
- Periodontal disease and/ or poor dental hygiene
- Occlusal trauma
- Parafunctional habits and bruxism
- Endodontic/periapical lesions in adjacent teeth
- Unrealistic patient expectations
- Poor soft tissue biotype
- Radiotherapy to the jaw bone
- Untreated intraoral pathology or malignancy
- Uncontrolled drug or alcohol use (substance abuse)
- Uncontrolled psychiatric disorders
- Recent myocardial infarction (MI) or cerebrovascular accident (CVA)
- Reduced manual dexterity or mental capacity

Other factors will be considered in the authorization process such as:

Age

Dental implants are effectively ankylosed to the bone, for this reason dental implants are not placed until the facial skeleton has stopped growing; this being usually at 18 years of age.

A Member must be a minimum of 18 years old for a dental implant placement.

Grafting

The need for grafting to enhance the ridge or augment the sinus or other structures will be considered based on other procedures associated with implant placement.

Mini Dental Implants

Mini Dental Implants are excluded.

Limitations

Overdenture Treatment options will have the following limitations:

2 (two) Dental Implants in the Mandible

4 (four) Dental Implants in the Maxilla

Individual Dental Implants

Maximum two dental implants per arch per lifetime (Three missing teeth are required for a removable partial denture)

Authorization Process

Required Documentation:

D6010 - Surgical Placement of Implant Body: Endosteal Implant

- Restorative Dentists Evaluation form
- X-rays/Imaging
- Periodontal charting
- Treatment plan (Include discussion on placement of the dental implant in relation to vital structures, i.e. inferior alveolar nerve, sinus, adjacent roots, etc.)
- Signed informed consent form by the member
- Narrative on the reason for exclusion of other treatment options

The Current Dental Terminology (CDT) code D6010 should be submitted by the Dentist placing the Implant. A waiting period will follow with the subsequent authorization for codes D6056 and D6058. X-rays should demonstrate good sound bone, no pathology of other adjacent teeth, and opposing teeth to the implant area.

D6056 and D6058 - Prefabricated Abutment and Abutment Supported Crown

These CDT codes should be submitted together with an x-ray demonstrating good osseointegration after a sufficient waiting period. The waiting period shall be no less than 90 days. The date of implant placement should be indicated on the authorization request. This should be submitted by the Restoring Dentist.

D6110, D6111, D6112, D6113 – Implant Supported Removable Dentures for Edentulous Arch and Removable Partial Dentures for Partially Edentulous Arch

These CDT codes should be submitted for authorization after the surgical dental implant placement with x-rays to demonstrate good osseointegration, missing teeth to be replaced, and opposing teeth. The restoration of the implants shall not take place less than 90 days from implant placement. The implant placement date should be included on the request for authorization. This should be submitted by the Restoring Dentist.

D5982 Surgical Stent

This code does not apply to implant placement and should not be considered as a surgical guide for implant placement. Do not submit this Code in conjunction with implant placement.

References

Surgical guidelines for dental implant placement

M Handelsman¹ *British Dental Journal* **201**, 139 - 152 (2006)

ADI Implant Placement Guidelines

Association of Dental Implantology

Restorative Dentists Evaluation Form

Member Name and ID: _____

Restoring Dentist: _____

(Should submit for restoration authorization after osseointegration)

Dental Implant Placement Dentist:

(Should submit for Implants)

Number of Dental Implants: Maxilla _____ Mandible _____

Tooth Numbers Being Replaced (3-14, 19-30 only; must be opposed): _____

Age of the Patient: _____ (Minimum 18 Years Old)

Submitted Documentation:

- _____ X-rays/ Imaging
- _____ Periodontal Charting
- _____ Treatment Plan
- _____ Signed Member Informed Consent Form
- _____ Narrative on Exclusion of Other Treatment Options

Does the patient have one or more of the following conditions?

Yes No

- ___ ___ Diabetes
- ___ ___ Immunosuppression therapy
- ___ ___ Smoker
- ___ ___ Periodontal Disease
- ___ ___ Occlusal trauma
- ___ ___ Parafunctional habits and bruxism
- ___ ___ Endodontic/periapical lesions in adjacent teeth
- ___ ___ Radiotherapy to the jaw bone
- ___ ___ Untreated intraoral pathology or malignancy
- ___ ___ Substance abuse
- ___ ___ Mental Health Condition
- ___ ___ Recent myocardial infarction (MI) or cerebrovascular accident (CVA)
- ___ ___ Reduced manual dexterity or mental capacity
- ___ ___ Does the treatment involve grafts/ sinus lift?
- ___ ___ Does the treatment involve an overdenture?

Signature: _____ **Date:** _____

Restoring Dentist