



Dental Clinical Criteria

Last Revised: 1/2024

Implants and Related Services

Requests for services must meet the following basic Clinical Criteria:

1. Limited to the replacement of permanent teeth (2–15, 18–31 only).
2. Replacements of teeth 1, 16, 17 and 32 are not covered unless in functional occlusion and necessary to maintain occlusal support.
3. Implant must have good crown-to-root ratio.
4. Must be fully osseointegrated.
5. Must not have more than two (2) implant body threads exposed above the alveolar crest.
6. Implant must not be closer than 1.5 mm to adjacent roots or implants.
7. The alveolar ridge implant placement site must present with good quality bone of adequate mass and density.
8. Active periodontal disease must be treated and under control before implant placement to avoid possible complications. When there is untreated generalized periodontal disease throughout the remaining dentition, a more conservative treatment modality may be offered as an alternate benefit to restore the edentulous space and replace all missing teeth, e.g., a fixed bridge or a full/partial denture.
9. Implants may be contraindicated in young patients whose growth is expected to continue.
10. Immediate placement of an implant body into an extraction site is an acceptable procedure in many cases. These procedures may include placement of autogenous or allograft bone material in conjunction with GTR membrane, as needed to restore

osseous height or width, if a bony defect is present.

11. Biologic mediators, Extracellular Matrix Derivative (EMD) may be considered inclusive by CareFirst when used in conjunction with bone grafting and/or GTR.
12. No benefit will be allowed in conjunction with a mini implant supported fixed prosthetic device (crown, bridge).

Other General Considerations:

1. Implants may not be covered in some plans.
2. If implants are not covered, then all services associated with the implant service including but not limited to maintenance and repairs, periodontal services for implants and implant removal are excluded from coverage.
3. In the case of surgical placement of implants, there is no alternative surgical treatment option; therefore, no alternate benefit is available. An alternate benefit may be applied to the prosthetic portion of the implant treatment plan (implant abutments and crowns, removable full or partial dentures).

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Surgical placement of implant body (D6010)

- Clinical criteria on previous page applies
- Submit diagnostic radiographic pre-op and post-op images, adding photographic images, if helpful.

Second stage implant surgery (D6011)

- This codes describes the surgical access to an implant body for placement of a healing cap or to enable placement of an abutment.
- Most implants do not require a second stage surgery. Will be permitted a benefit allowance only in limited situations when uncovering an implant is critically necessary. Rationale for need should be submitted with the claim.
- Includes flap procedure and suturing.
- Not medically necessary for mini-implant.

Surgical placement of mini implant (D6013)

- Mini implants are indicated for retention of full dentures that would otherwise be unstable.
- Not indicated to retain or support fixed partial dentures.
- Not indicated to retain or support crowns.
- Includes the retrofitting of existing prosthesis.
- Does not require surgical flap and osteotomy.
- Does not require second stage surgery.
- Does not require surgical stent for placement.

Bone graft or repair of periimplant defect (D6103)

- Necessary when there is an osseous or soft tissue defect at an existing implant site.
- May be necessary when surgical intervention is required to access the defect.
- Does not include flap entry and closure.
- Does not include barrier membrane or biologic materials.
- Do not use codes D4263, D4264 or D7953.

Bone graft at time of implant placement (D6104)

- Bone graft may be indicated to repair an osseous defect or improve significantly debilitated architecture.
- Grafting may be indicated when implant is placed immediately into an extraction socket, if there is a need to improve the bony architecture, as noted above. Narrative describing the clinical presentation and PA are required to support the need for the graft.
- Do not use D4263, D4264 or D7953 to report bone grafting in conjunction with implant placement.

Guided Tissue Regeneration—resorbable or non-resorbable, per implant (D6106, D6107)

- This procedure may be used as appropriate following surgical exposure and debridement to help close and protect the wound before approximation of the mucoperiosteal flap.
- GTR is appropriate when the surrounding soft and hard tissue is insufficient to retain the graft material.
- A narrative detailing the necessity of the membrane material is required in determining this additional regenerative benefit.

Removal of non-resorbable barrier (D4286)

- Procedure to remove the barrier membrane that does not resorb over time on its own.
- Although it is in the periodontal category, this code can be used when removing non-resorbable barrier membranes after bone graft procedures around an implant.