Medical Necessity Guidelines: Dental Implants

Effective: October 21, 2020

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request.	**Yes ☒ No ☐**

Applies to:
COMMERCIAL Products
☒Tufts Health Plan Commercial products; Fax: 617.972.9409
☒Tufts Health Freedom Plan products; Fax: 617.972.9409
- CareLink℠ – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

TUFTS HEALTH PUBLIC PLANS Products
☐Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax:888.415.9055
☐Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055
☐Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404
☐Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304
*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.

SENIOR Products
- Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the Tufts Health Plan SCO Prior Authorization List
- Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

OVERVIEW

A dental implant is a tooth root that is placed in the jaw so that a replacement tooth can be attached.[1]

CLINICAL COVERAGE CRITERIA

Tufts Health Plan may authorize the coverage of dental implants when the Member has had major jaw resection or traumatic jaw avulsion and the remaining teeth are unable to support a functional prosthesis.

LIMITATIONS

Tufts Health Plan will not authorize coverage of dental implants for cosmetic reasons (for example: to improve the Member's appearance).

CODES

The following HCPCS codes require prior authorization:

Code	Description
D6010 – D6199	Implant services

REFERENCES

1. American Academy of Periodontology. Dental implants. Accessed July 23, 2020 from perio.org/consumer/dental-implants

APPROVAL HISTORY

July 23, 2003: Reviewed by the Clinical Coverage Criteria Committee

Subsequent endorsement date(s) and changes made:
- August 20, 2004: Reviewed and renewed.
- October 21, 2005: Reviewed and renewed.
- October 16, 2006: Reviewed and renewed, additional definitions and examples added.
- October 1, 2007: Reviewed, no substantive changes made.

- October 15, 2008: Reviewed and renewed without changes.
- December 2009: Reviewed by Medical Policy, no changes
- April 14, 2010: Deleted paragraph (the Member has severe alveolar ridge atrophy that results in an inability to fabricate a functional prosthesis and the lack of such a prosthesis is materially affecting the Member's health, i.e., severe gastrointestinal problems, alarming weight loss solely attributable to the lack of teeth, and/or other associated co morbidities).
- December 2010: Admin Process changed to RN/LPN.
- August 2011: Reviewed by Medical Affairs, Medical Policy. "Full documentation of the Member's condition, including appropriate radiographs and intra-oral photographs, must be submitted to Tufts Health Plan for review" statement removed from MNG.
- December 28, 2012: Reviewed by the Integrated Medical Policy Advisory Committee (IMPAC), no changes
- December 11, 2013: Reviewed by IMPAC, renewed without changes
- December 10, 2014: Reviewed by IMPAC, renewed without changes
- August 12, 2015: Reviewed by IMPAC, renewed without changes
- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016.
- July 20, 2016: Reviewed by IMPAC, renewed without changes
- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- July 20, 2017: Reviewed by IMPAC, renewed without changes
- August 22, 2018: Reviewed by IMPAC, renewed without changes
- October, 2018: Template and disclaimer updated
- October 16, 2019: Reviewed by IMPAC, renewed without changes
- July 31, 2020: Reference updated
- October 21, 2020: Reviewed by IMPAC, renewed without changes
- November 24, 2020: Fax number for Unify updated

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.