Medical Necessity Guidelines: Dental Implants

Effective: July 20, 2017


Applies to:
☒ Tufts Health Plan Commercial Plans products; Fax: 617.972.9409
☐ Tufts Health Public Plans products
  ☐Tufts Health Direct — Health Connector; Fax: 888.415.9055
  ☐Tufts Health Together — A MassHealth Plan; Fax: 888.415.9055
  ☐Tufts Health Unify — OneCare Plan; Fax: 781.393.2607
  ☐Tufts Health RITogether — A Rhode Island Medicaid Plan; Fax: 857.304.6404
☒ Tufts Health Freedom Plan products; Fax: 617.972.9409

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 (American Academy of Periodontry, 2003).

COVERAGE GUIDELINES
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:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>D6010  – D6199</td>
<td>Implant services</td>
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REFERENCES

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

**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 the 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.

Medical Necessity Guidelines apply to the fully insured Commercial and Medicaid products when Tufts Health Plan conducts utilization review unless otherwise noted in this guideline or in the Member’s benefit document, and may apply to Tufts Health Unify to the same extent as Tufts Health Together. This guideline does not apply to Tufts Medicare Preferred HMO, Tufts Health Plan Senior Care Options or to certain delegated service arrangements. 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. Applicable state or federal mandates or other requirements will take precedence. For CareLink℠ Members, Cigna conducts utilization review so Cigna’s medical necessity guidelines, rather than these guidelines, will apply.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of these guidelines 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.

Provider Services