Medical Coverage Policy

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Coverage Policy Number..... 0585

Dental Implants

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INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy

will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This Coverage Policy addresses dental implants including subperiosteal implants, endosteal implants, and transosteal bone plate implants.

Coverage Policy

Coverage for Dental Implants varies across plans. Refer to the customer's benefit plan document for coverage details.

If there are benefits available, subperiosteal implants (CPT code 21245, 21246), endosteal implants (CPT code 21248, 21249), and transosteal bone plate implants (CPT 21244) are considered medically necessary when ALL of the following criteria are met:

- repair of the natural teeth is not possible
- the affected teeth cannot be replaced by conventional bridgework or partial dentures (strong teeth are not available for abutments)
- ANY of the following criteria are met:
  - in an individual with a congenital defect or developmental malformation which interferes with function
  - following an accidental injury to sound natural teeth that occurs after the date of coverage within 12 months of the loss of natural teeth, or as specified in the benefit plan language.
    - Note: Chewing injuries are not considered accidental injuries.
  - loss of natural teeth due to oral cancer which interferes with function
    - the loss of teeth must have occurred while covered under the plan and replacement must occur within 24 months of the loss of natural teeth, or as specified in the benefit plan language.
  - head or neck cancer and EITHER of the following:
    - removal of a tumor
    - a cancer related episode of care that results in reconstruction

Subperiosteal implants, endosteal implants, and transosteal bone plate implants are considered NOT medically necessary for any other indication including but not limited to:

- teeth loss due to non-cancer related decay
- periodontal disease
- related to cosmetic reconstruction

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Health Equity Considerations

Health equity is the highest level of health for all people; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which people are born, grow, live, work, and age.

Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include safe housing, transportation, and neighborhoods; racism, discrimination and violence; education, job opportunities and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

General Background

Dental implants can be classified based on material composition, bone interaction, available treatment options, and positioning within surrounding tissues. Concerning their placement in mandibular or maxillary bone tissue, dental implants fall into three categories: subperiosteal, endosteal, and transosteal implants. Implants can be divided into three materials, metals, ceramics, and polymers. Severe bone atrophy of the edentulous maxilla or mandibula due to tooth loss, injury, or gum disease poses a challenge to achieving successful dental treatment.

According to the American Dental Association glossary of terms:

- dental implant: A device specially designed to be placed surgically within or on the mandibular or maxillary bone as a means of providing location and support for dental replacement prosthesis.
- endosteal (endosseous): Device placed into the alveolar and basal bone of the mandible or maxilla and transecting only one cortical plate.
- eposteal (subperiosteal): Subperiosteal implant that conforms to the superior surface of an edentulous area of alveolar bone.
- transosteal (transosseous): Device with threaded posts penetrating both the superior and inferior cortical bone plates of the mandibular symphysis and exiting through the permucosa. It may be intraoral or extraoral.

<u>Implant - Reconstruction of mandible or maxilla, subperiosteal implant</u>
CPT codes 21245 partial reconstruction; 21246 complete reconstruction: The physician places a metal framework between the mucosa and the bone of the maxilla or mandible. The metal framework has posts that extend vertically and protrude through the mucosa into the mouth. The posts are used to retain an upper denture in the maxilla or lower denture in the mandible when teeth are missing. Intraoral surgery is performed in one or two sessions. The physician makes an incision along the crest of the edentulous area (without teeth) and exposes as much of the bone as possible. If performed in two sessions, the physician makes impressions of the exposed bone and sutures the mucosa closed. The impression is used to make models for custom framework. At the second surgical session, the physician removes the sutures and again exposes the bone. The metal framework, with the attached posts, is placed on the bone. The mucosa and periosteum are sutured over the framework and around the protruding posts. Scarring, which occurs with healing, keeps the framework in place. If performed in one session, a CT scan is used to make a plastic model of the mandible or maxilla from which the framework and posts are fabricated. A single surgical session is used to insert the framework as described above. Incisions are closed simply with sutures.

Endosteal Implant - Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder)
CPT 21248 partial reconstruction; 21249 complete reconstruction: The physician places metal implants into the bone of the maxilla or mandible. Metal posts attached to the implants protrude through the mucosa into the mouth. Artificial teeth or dentures are attached to the roots to replace missing teeth. These implants may be cylindrical or thin blades. The physician makes incisions through the mucosa to expose the bone using an intraoral approach. Precision holes are drilled in the bone where the implants are to be placed. With blade style implants, the posts are already attached to the implant and the mucosa is sutured simply around the post. With cylindrical implants, the mucosa is sutured over the top of the implant and is allowed to heal while buried under the mucosa. The incisions are closed simply. A second procedure is performed 3 to 8 months later. The implant is exposed again and the abutment connectors are attached.

Transosteal - Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
CPT 21244: The physician reconstructs the mandible by inserting a bone plate with posts that extend through the lower border of the mandible and into the mouth. The posts can be used to retain dentures in an atrophic or thin mandible. The physician makes an incision through the skin under the chin and dissects the tissues to the bone. Holes are drilled upward through the bone and into the mouth. The posts of the plate are placed through the holes and into the mouth. The plate is secured extraorally to the mandible with screws and the incision is closed with layered sutures.

Congenital Defects
Cleft lip with or without cleft palate is among the most common birth defects. The Centers for Disease Control and Prevention (CDC) estimates that in the United States:

- About 1 in every 1,050 babies is born with cleft lip with or without cleft palate.
- About 1 in every 1,600 babies is born with cleft palate alone.

In the earliest days of development in the womb, there is normally a cleft between the right and left sides of the lip and the roof of the mouth (palate). Sometime during the 6th to 11th week of pregnancy, this split comes together to form the lips and mouth. If the tissue doesn't join, it can cause a cleft lip or a cleft palate. The opening in a cleft lip can be a small slit or a large split that extends from the lip into the nose. The cleft can be on one side or both sides of the lip, or in the middle. The opening in a cleft palate may affect the front, or back, or both parts of the palate. A baby may be born with only a cleft lip or a cleft palate, but some babies are born with both. Children with a cleft lip or a cleft palate, depending on the size of the openings, may have problems eating and breathing. As they grow older, they may also have speech and language delays. Children with cleft lip or palate are also more likely to have ear infections, hearing loss, and problems with their teeth.

Congenitally missing teeth (CMT) - Tooth agenesis is a condition in which a person is born without some of their teeth. Tooth agenesis can involve both primary (baby) and permanent (adult) teeth. But it most commonly affects permanent teeth. Tooth agenesis affects between 3% and 10% of the U.S. population. It's slightly more common in females. There are three main types of dental agenesis:

- Anodontia: The complete absence of teeth.
- Hypodontia: The absence of one to six teeth.
- Oligodontia: The absence of six or more teeth.

Ectodermal dysplasias (ED) – ED are disorders that affect the skin, sweat glands, hair, teeth, and nails. Some individuals with ED may also have cleft lip and/or palate. ED can additionally cause problems with the immune system as well as hearing and vision. More than 180 specific types of this condition have been identified. Ectodermal dysplasias occur when the outer layer of tissue (ectoderm) of the embryo does not develop normally. If two or more body structures derived from the ectoderm are affected, a person is considered to have ED. ED is a rare disease, defined in the U.S. as a condition that affects fewer than 200,000 people

Dental Trauma
Dental trauma is any injury to the teeth, gums, jawbone or soft tissues of the mouth. Accidents, such as falls, car wrecks and sports-related injuries are the main cause of traumatic dental injuries. Early treatment provides the best chance for full recovery. A significant dental injury can cause an individual to be more vulnerable to oral health issues. Possible consequences of dental trauma may include tooth loss, pain, difficulty chewing or swallowing, and speech issues.

Head and Neck Cancer (HNC)
Head and neck cancer (HNC) survival has improved in recent decades and the population of HNC survivors continues to grow. Generally, the HNC patient oral health needs are complex, requiring multidisciplinary collaboration among oncologists and dental professionals with special knowledge and training in the field of oral oncology. All treatment modalities for HNC produce oral complications, including surgery (e.g. mutilation and physiologic changes), radiation therapy (e.g. mucositis, dysphagia, hyposalivation, osteoradionecrosis), and neoadjuvant, adjuvant and/or concurrent chemotherapy (e.g. mucositis, taste changes, immune suppression). Additionally, newer targeted therapies may also result in oral mucosal complications.

Professional Societies/Organizations

The American College of Prosthodontics published Parameters of Care for the Specialty of Prosthodontics in 2020. Some of the information provided in the Parameters includes:

Parameter Guidelines: (10) Implant Placement and Restoration Parameter

Dental implant therapy can be used to replace missing teeth and preserve alveolar bone. A dental implant is a medical device of alloplastic material implanted into the oral tissues to provide retention and support of fixed or removable prostheses. Endosteal implants are the most common type of dental implants in modern oral and craniofacial rehabilitation and are defined as prefabricated or customized medical devices implanted within bone to provide retention and support for a fixed or a removable dental/maxillofacial prosthesis. The placement of a dental implant is part of a prosthodontic treatment plan that addresses the diagnosis of a missing tooth or teeth, and the treatment is the replacement of a tooth, multiple teeth, and/or contiguous structures surrounding the oral and facial region along with many extraoral applications.

Prosthodontists must strive to position the implants in the most advantageous location and angulation for future prosthodontic procedures. The prosthodontist must evaluate the patient to determine the number, type, length, diameter, location, and angulation of the dental implants so that the prosthodontic restoration will remain healthy and functional. The prosthodontist, in cooperation with the patient, must remain flexible in the final prosthodontic reconstruction to account for surgical variability and anatomic limitations. It is the responsibility of the prosthodontist to be familiar with the different types of implants, because each system has its own intricacies and capabilities.

The United Kingdom National Multidisciplinary Guidelines note in the background:

- Primary dental implants: The placement of intra-oral implants at the same time as tumour resection may be beneficial for carefully selected patients and where there is continuity of the mandible or in patients who require the prosthetic obturation of significant maxillary defects where retention of the obturator is likely to be compromised or in patients undergoing rhinectomy or orbital exenteration. In patients having segmental resection and reconstruction of the mandible, implant survival and usefulness is improved by delayed placement after suitable prosthodontic planning (Butterworth, et al., 2016).

No guidelines were found / accessible for:

- The Academy of Prosthodontics
- American Academy of Maxillofacial Prosthetics.
- American Association of Oral and Maxillofacial Surgeons. (membership required for access to their Parameters of Care)

Medicare Coverage Determinations

	Contractor	Determination Name/Number	Revision Effective Date
NCD		No determination found	
LCD		No determination found	

Note: Please review the current Medicare Policy for the most up-to-date information.
(NCD = National Coverage Determination; LCD = Local Coverage Determination)

Coding Information

Notes:

1. This list of codes may not be all-inclusive since the American Medical Association (AMA) and Centers for Medicare & Medicaid Services (CMS) code updates may occur more frequently than policy updates.
2. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT®* Codes	Description
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete

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Revision Details

Type of Revision	Summary of Changes	Date
Initial Review	• New policy statement	12/01/2025