



Dental Clinical Policy

Subject: Implant/Abutment Supported Removable Prosthetics

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Description	
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This document addresses implant/abutment supported removable prosthetics. Removable is defined as being able to be taken out by the patient as opposed to an implant/abutment supported fixed denture/hybrid prosthesis which may only be taken out by a dentist.

Clinical Indications

Implant/abutment supported removable prosthetics to replace missing teeth may be considered appropriate as a result of:

- accidental traumatic injuries to sound, natural teeth resulting in extraction/avulsion
- a pathologic disorder resulting in extraction
- congenitally missing teeth
- congenital disorders of teeth resulting in extraction.

Note: In the event a subscriber does not return for delivery, there is no benefit, as the service will be considered incomplete.

Criteria

1. Current (within 12 months), dated, diagnostic, pretreatment full mouth radiographic imaging is required.
2. Implant body must be stable – see dental clinical policy #06-101.
3. As most medical plans include coverage for dental services related to accidental injury, claims for the replacement of missing teeth resulting from an external blow or blunt trauma must first be referred to the subscriber/employee's medical plan. The medical plan may cover the replacement of missing teeth due to an accidental injury.
4. Dependent on provider contract, the delivery date of implant/abutment supported removable prosthetics is considered the date of delivery.
5. A temporary or provisional implant/abutment supported removable prosthetics will be considered inclusive with the final restoration.
6. Archived
7. Repair or replacement of implant/abutment supported removable prosthetics would require a detailed narrative and/or chart notes (contract dependent).
8. Replacement of implant/abutment supported removable prosthetics for aesthetic reasons is not a covered benefit.
9. With plans that contain a missing tooth clause there is no benefit for the replacement of the

missing teeth when **implant/abutment supported removable prosthetics** is treatment planned.

10. With plans that do NOT contain a missing tooth clause, a determination will be made related to the necessity of the implant supported **removable prosthetics** or if an alternate benefit can be applied which is contract dependent. In plans with alternate benefit provisions, an alternate benefit may be applied to replace all missing teeth.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CDT including but not limited to:

- D6055 Connecting bar – implant supported or abutment supported
- D6110 Implant/abutment supported removable denture for edentulous arch – maxillary
- D6111 Implant/abutment supported removable denture for edentulous arch – mandibular
- D6112 Implant/abutment supported removable denture for partially edentulous arch – maxillary
- D6113 Implant/abutment supported removable denture for partially edentulous arch – mandibular
- D6114 Implant/abutment supported fixed denture for edentulous arch - maxillary
- D6115 Implant/abutment supported fixed denture for edentulous arch - mandibular
- D6116 Implant/abutment supported fixed denture for partially edentulous arch - maxillary
- D6117 Implant/abutment supported fixed denture for partially edentulous arch - mandibular
- D6118 Implant/abutment supported interim fixed denture for edentulous arch - mandibular
- D6119 Implant/abutment supported interim fixed denture for edentulous arch - maxillary
- D6090 Repair implant supported prosthesis, by report

ICD-10 CM Diagnoses for Dental Diseases and Conditions: See the current CDT code book for details

References

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6. Kern JS, Kern T, Wolfart S, Heussen N. A systematic review and meta-analysis of removable and fixed implant-supported prostheses in edentulous jaws: post-loading implant loss. *Clin Oral Implants Res.* 2016;27(2):174-195. doi:10.1111/cir.12531
7. Bandiaky ON, Lokossou DL, Soueidan A, et al. Implant-supported removable partial dentures compared to conventional dentures: A systematic review and meta-analysis of quality of life, patient satisfaction, and biomechanical complications. *Clin Exp Dent Res.* 2022;8(1):294-312. doi:10.1002/cre2.521

History

Revision History	Version	Date	Nature of Change	SME
	Initial	12/02/2020	Initial	Committee
	Revised	12/05/2020	Annual Review	Committee
	Revised	10/30/2021	Annual Review	Committee
	Revised	11/04/2022	Annual Review	Committee
	Revised	10/25/2023	Annual Review	Committee
	Revised	10/29/2024	Minor editorial refinements to description, clinical indications, criteria (lines #9 and #10 added), and reference; intent unchanged.	Committee
	Reviewed	10/30/2025	Added codes and descriptions for D6114-D6119	Dr. Balikov

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