Dental Implant Placement and Treatment of Peri-Implant Defects/Disease (For Ohio Only)

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Related References and Policies

- UnitedHealthcare Community Plan of Ohio Medicaid Dental Quick Reference Guide
- Dental Provider Manual: UnitedHealthcare Community Plan of Ohio

Application

This Dental Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01. Early and periodic screening, diagnostic, and treatment (EPSDT) covered dental service considerations are applied to members younger than age 21 years of age pursuant to Ohio Administrative Code 5160-1-14(C)(3).

Prior Authorization

The Ohio Department of Medicaid (ODM) determines coverage of dental services based on medical necessity, alignment with policy criteria, and clinical indications. CDT codes that are designated as covered by ODM are eligible for reimbursement when all applicable guidelines are met. For a comprehensive list of covered CDT codes, refer to the UnitedHealthcare Community Plan of Ohio Medicaid Dental Quick Reference Guide and/or Dental Provider Manual: UnitedHealthcare Community Plan of Ohio.

Non-covered codes may be reimbursable if special justification is submitted to include prior-authorization, clinical narrative of medical necessity, and supporting documentation including but not limited to clinical records, diagnostic imaging, periodontal charting, or any other relevant documentation to support the clinical rationale.

Description of Services

A Dental Implant is a titanium alloy prosthesis that replaces the roots of teeth lost due to injury or disease. Once integrated into bone (osseointegration), implants are restored with a crown for individual teeth, or as a retainer tooth for an implant supported bridge. Implants may also be used to prevent resorption of existing bone or aid in retention for full and partial removable dentures.

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While generally safe, the placement of a Dental Implant is not without risk. These include injury to surrounding tissues (e.g., sinus perforation, jawbone fracture, nerve damage), failure to osseointegrate, difficulty with oral hygiene, and inadequate function/occlusion (FDA). For fully edentulous arches, most commonly 4-6 implants are used to support an implant assisted complete denture, or an implant supported fixed prosthesis (Narcisi et al., 2019). Correct positioning and spacing of adjacent implants is critical to avoid excessive resorption of crestal bone, loss of papilla (inter-implant mucosal fill), and difficulty with proper restoration (De Angelis, 2025; Ramanauskaite, 2018).

Peri-Implant disease can occur around implants in the same way as natural teeth, and prevention includes daily removal of plaque by brushing and flossing, as well as routine monitoring as part of preventive dental care. Risk factors include a history of periodontal disease, smoking, poor plaque control and diabetes, as well as individual patient considerations.

Definitions

Dental Implant: A device specially designed to be placed surgically within or on the mandibular or maxillary bone as a means of providing for dental replacement prosthesis. (ADA)

Peri-Implant Defect/Disease: Inflammatory conditions affecting the soft and hard tissues around dental implants (AAP). Peri-Implant diseases are classified into two categories:

- Peri-Implant Mucositis: inflammation is found only around the soft tissues
- Peri-Implantitis: inflammation is found around the soft tissue and there is deterioration in the bone supporting the dental implant

Clinical Indications

Covered Codes

CDT Code	Age Limits	Frequency Limits	Authorization Required	Required Documentation
D6089	0-999	NA	NA	NA
D6105	0-999	NA	Y	Narrative of medical necessity
D6106	0-999	NA	Y	Narrative of medical necessity
D6107	0-999	NA	Y	Narrative of medical necessity

The success of implants and related prostheses is highly dependent on site and individual patient selection. For edentulous arches, typically 4-6 implants are indicated to support a fixed or removable maxillary or mandibular prosthesis.

Implants are considered medically necessary to restore a functional dentition under the following circumstances:

- Less invasive treatment options to save the tooth have been unsuccessful or are not feasible, AND;
- The restored implant will be in a functional relationship with an opposing tooth/prosthesis, AND;
- When one of the following conditions exist:
  - The implant will retain a standalone crown when a traditional fixed partial denture is not possible or practical, OR;
  - The implant is necessary to retain a denture when a traditional removable denture has proven unsuccessful or is not possible, OR;
  - The member has a craniofacial defect (congenital or due to disease or injury) with which a removable prosthesis is not possible; OR
  - The member has a cognitive impairment (e.g., Dementia, Autism) with which a removable prosthesis would not be tolerated; OR
  - The member has oropharyngeal dysphagia (e.g., Parkinson's Disease, stroke, Cerebral Palsy, Muscular Dystrophy) with which a removable prosthesis poses a risk of choking; OR
  - Other extenuating circumstances as documented

The success of implants and related prostheses is highly dependent on site and individual patient selection.

Guidelines for implant placement:

- May be placed at time of extraction
- Implant site is free of infection

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- Implant must be a minimum of 1.5 -2 mm from adjacent tooth roots if natural teeth are present
- Implant must be a minimum of 3 mm from adjacent implants

Individual factors to consider when treatment planning for implants includes the current status of:

- Patient's is able and/or willing to actively participate (e.g., proper oral hygiene, routine dental care)
- Occlusal load
- Bone quality/quantity
- History of or active periodontal disease
- Adequate space exists to appropriately restore the implant
- Patient age
- The presence of conditions/treatment that may interfere with the normal healing response. Conditions include, but are not limited to:
  - Chemotherapy
  - Radiation therapy to the head and neck
  - Uncontrolled diabetes and hypertension
  - Recent heart attack or stroke
  - Anticoagulant therapy
  - Blood dyscrasias
  - IV biophosphonate therapy
  - Estrogen deficiency
- Significant psychiatric disorder or impairment
- Intellectual disability
- Lifestyle risk factors:
  - Smoking
  - Drug addiction
  - Alcoholism

Treatment of Peri-Implant Defect/Disease Treatment of Peri-Implant Defects/Disease includes:

- Non-surgical periodontal therapy
- Surgical treatment including flap and closure that may include osseous contouring

Treatment of Peri-Implant Defects/Disease is not indicated if an implant is mobile.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CDT Code	Description
D6010	Surgical placement of implant body: endosteal implant
D6011	Surgical access to an implant body (second stage implant surgery)
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant
D6013	Surgical placement of mini-implant
D6040	Surgical placement: eposteal implant
D6049	scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure
D6050	Surgical placement: transosteal implant
D6051	Placement of interim implant abutment

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CDT Code	Description
D6081	Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure
D6089	Accessing and retorquing loose implant screw - per screw
D6100	Surgical Removal of implant body
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure
D6104	Bone graft at time of implant placement
D6105	Removal of implant body not requiring bone removal or flap elevation
D6106	Guided tissue regeneration - resorbable barrier, per implant
D6107	Guided tissue regeneration - non-resorbable barrier, per implant
D6190	Radiographic/surgical implant index, by report
D6193	Replacement of an implant screw
D6199	Unspecified implant procedure, by report

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References

ADA Code on Dental Procedures and Nomenclature (CDT). Glossary of Dental Clinical and Administrative Terms.

Alfadda SA, Chvartszaid D, AlFarraj Aldosari A. Clinical outcomes of immediately loaded implant-supported overdentures: A long-term prospective clinical trial. J Prosthet Dent. 2019 Jun;121(6):911-915.

American Academy of Periodontology Academy Report: Peri-Implant Mucositis and Peri-Implantitis: A Current Understanding of Their Diagnoses and Clinical Implications. 2013.

American Academy of Periodontology (AAP). Peri-Implant Diseases. 2022.

American Academy of Periodontology (AAP). Position Paper: Dental Implants in Periodontal Therapy (2000).

American Academy of Periodontology (AAP). Position Paper: Guideline for Periodontal Therapy (2003).

American Dental Association (ADA) CDT 2026 Dental Procedure Code Book.

Chan MH, Nudell YA. All-on-4 Concept Update. Dent Clin North Am. 2021 Jan;65(1):211-227.

Chrcanovic B.R., Albrektsson T., Wennerberg A. Smoking and dental implants: A systematic review and meta-analysis. J Dent. 2015 May; 43(5):487-98.

Chrcanovic BR, Albrektsson T, Wennerberg A. Diabetes and oral implant failure: a systematic review. J Dent Res. 2014 Sep;93(9):859-67.

De Angelis P, Liguori MG, Rella E, et al. Influence of the interimplant horizontal distance on the clinical outcomes of patients rehabilitated with two adjacent implants: A systematic review and meta-analysis. J Prosthet Dent. 2025 Sep;134(3).

Esposito M., Grusovin M.G., Maghaireh H., et al. Interventions for replacing missing teeth: different times for loading dental implants. Cochrane Database Syst Rev. 2013 Mar 28; 3:CD003878.

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Esposito M.A., Koukoulopoulou A., Coulthard P., et al. Interventions for replacing missing teeth: Dental implants in fresh extraction sockets (immediate, immediate-delayed and delayed implants). Cochrane Database Syst Rev. 2006 Oct 18;(4):CD005968.

Hwang D., Wang H.L. Medical contraindications to implant therapy: part I: absolute contraindications. Implant Dent. 2006 Dec; 15(4):353-60.

Hwang D., Wang H.L. Medical contraindications to implant therapy: part II: relative contraindications. Implant Dent. 2007 Mar; 16(1):13-23.

Jung R.E., Zembic A., Pjetursson B.E., et al. Systematic review of the survival rate and the incidence of biological, technical, and aesthetic complications of single crowns on implants reported in longitudinal studies with a mean follow-up of 5 years. Clin Oral Implants Res. 2012 Oct;23 Suppl 6:2-21.

Kim HS, Cho HA, Kim YY, Shin H. Implant survival and patient satisfaction in completely edentulous patients with immediate placement of implants: a retrospective study. BMC Oral Health. 2018 Dec 18;18(1):219.

Mumcu E, Dayan SÇ. Effect of Smoking and Locations of Dental Implants on Peri-Implant Parameters: 3-Year Follow-Up. Med Sci Monit. 2019 Aug 15;25:6104-6109.

Narcisi M, Tucker M, Bauer R, Contemporary Oral and Maxillofacial Surgery, 7th ed. St. Louis: Elsevier c2019 Chapter 14, Implant treatment: Basic Concepts and Techniques; p.251-280.

Ortega-Martínez J., Pérez-Pascual T., Mareque-Bueno S., et al. Immediate implants following tooth extraction. A systematic review. Med Oral Patol Oral Cir Bucal. 2012 Mar 1; 17(2):e251-61.

Ramanauskaite A, Roccuzzo A, Schwarz F. A systematic review on the influence of the horizontal distance between two adjacent implants inserted in the anterior maxilla on the inter-implant mucosa fill. Clin Oral Implants Res. 2018 Mar;29 Suppl 15:62-70.

Romanos GE, Delgado-Ruiz R, Sculean A. Concepts for prevention of complications in implant therapy. Periodontol 2000. 2019 Oct;81(1):7-17.

Reichart PA, Schmidt-Westhausen AM, Khongkhunthian P, et al. Dental implants in patients with oral mucosal diseases-a systematic review. J Oral Rehabil. 2016 May;43(5):388-99.

Sanda M, Fueki K, Bari PR, et al. Comparison of immediate and conventional loading protocols with respect to marginal bone loss around implants supporting mandibular overdentures: A systematic review and meta-analysis. Jpn Dent Sci Rev. 2019 Nov;55(1):20-25.

Schropp L, Isidor F. Timing of implant placement relative to tooth extraction. J Oral Rehabil. 2008 Jan;35 Suppl 1:33-43.

Seigneur M, Hascoët E, Chaux AG, et al. Characteristics and management of dental implants displaced into the maxillary sinus: a systematic review. Int J Oral Maxillofac Surg. 2022 Jun 28:S0901-5027(22)00272-7.

Sommer M, Zimmermann J, Grize L, Stübinger S. Marginal bone loss one year after implantation: a systematic review of different loading protocols. Int J Oral Maxillofac Surg. 2019 Jun 26. pii: S0901-5027(19)31169-5.

Smith Nobrega A, Santiago JF Jr, de Faria Almeida DA, et al. Irradiated patients and survival rate of dental implants: A systematic review and meta-analysis. J Prosthet Dent. 2016 Dec;116(6):858-866.

Strietzel F.P., Reichart P.A., Kale A., et al. Smoking interferes with the prognosis of dental implant treatment: a systematic review and meta-analysis. J Clin Periodontol. 2007 Jun; 34(6):523-44.

U.S. Food and Drug Administration (FDA) Dental Implants: What You Should Know. Available at: https://www.fda.gov/medical-devices/dental-devices/dental-implants-what-you-should-know. Accessed December 24, 2025.

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Policy History/Revision Information

Date	Summary of Changes

12/01/2026	**Template Updates**
	• Renamed *Related Dental Policy* to *Related References and Policies*
	• Reordered contents of policy
	  ○ Moved *Description of Services* and *Definitions* towards beginning of policy
	• Added *Prior Authorization* section
	• Renamed *Coverage Rationale* to *Clinical Indications*
	  ○ Added *Covered Codes*
	Applicable Codes
	• Removed CDT code D6080, added D6049
	Clinical Indications
	• Added language stating typically 4-6 implants are indicated to support a fixed or removable maxillary or mandibular prosthesis for edentulous arches
	• Revised guidelines for Dental Implant placement:
	  ○ Added guideline requiring "Implant must be a minimum of 3 mm from adjacent Implants"
	  ○ Replaced guideline requiring "Implant must be a minimum of 1.5-2 mm from adjacent tooth roots" with "Implant must be a minimum of 1.5-2 mm from adjacent tooth roots if natural te*eth are present*"
	Supporting Information
	• Updated *Description of Services* and *References* sections to reflect the most current information
	• Archived previous policy version CSDEN429OH.A

Instructions for Use

This Dental Policy provides assistance in interpreting the UnitedHealthcare Community Plan of Ohio dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plans may differ. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Policy is provided for informational purposes. It does not constitute the practice of medicine or medical advice.

Archived Policy Versions

Effective Date	Guideline Number	Guideline Title
11/01/2025 – 11/30/2026	CSDEN429OH.A	Dental Implant Placement and Treatment of Peri-Implant Defects/Disease
12/01/2023 – 10/31/2025	CSDEN310OH.A	Dental Implant Placement and Treatment of Peri-Implant Defects/Disease

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