Dental Implant Supported Prostheses (For Ohio Only)

Policy Number: CSDEN430OH.B
Effective Date: December 1, 2026

Table of Contents **Page**

Application....1
Prior Authorization....1
Description of Services....1
Definitions....2
Clinical Indications....2
Applicable Codes....2
Clinical Evidence....4
U.S. Food and Drug Administration (FDA)....4
References....5
Policy History/Revision Information....6
Instructions for Use....6
Archived Policy Versions....6

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

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. There is some controversy regarding connecting natural teeth to implants with fixed prostheses. During function, the natural tooth has slight movement due to the presence of the periodontal ligament, while the implant is completely integrated with bone, lacks a ligament and does not move. This can create stress at the neck of the implant resulting in possible fracture, breakdown of osseointegration and loosening of the implant and its components.

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

This type of restoration may be the best option in some situations and the decision should be made based on individual patient needs (Al-Omiri).

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).

Definitions

Cantilever Fixed Dental Prosthesis: A Fixed complete or partial denture in which the Pontic is cantilevered, (i.e., is retained and supported only on one end by one or more Abutments). (AP)

Osseointegration: A direct structural and functional connection between the bone and the loading surface of an implant. (Zidrou, 2023)

Clinical Indications

Covered Codes

CDT Code	Age Limits	Frequency Limits	Authorization Required	Required Documentation
D6096	0-999	N/A	Yes	Narrative of medical necessity
D6197	0-999	N/A	Yes	Narrative of medical necessity

Implant supported prosthetic options for an edentulous maxilla or mandible typically include the placement of 4-6 implants to support an implant-assisted denture or an implant-supported Fixed Prosthesis.

Guidelines for Implant Supported Prostheses

- The implant is fully osseointegrated
- The implant body to crown ratio is appropriate for the site and anticipated occlusal load, not to exceed 2:1
- There is no evidence of infection
- The implant is not mobile

Fixed Prosthesis

- Cantilever construction should be avoided in posterior areas
- Combined implant and tooth supported prostheses may be appropriate following individual case consideration

Removable Prosthesis

- Implant may be used for support or retention

Complete Dentures (Implant Assisted or Implant Supported)

- Two or four implants provide greater stability and security when the maxillary ridge is severely resorbed and lacks resistance to lateral forces
- If the A-P spread is inadequate to provide support, a full-palatal-coverage overlay denture is recommended

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.

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

CDT Code	Description
D6055	Connecting bar – implant supported or abutment supported
D6056	Prefabricated abutment – includes modification and placement
D6057	Custom fabricated abutment – includes placement
D6058	Abutment supported porcelain/ceramic crown
D6059	Abutment supported porcelain fused to metal crown (high noble metal)
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)
D6061	Abutment supported porcelain fused to metal crown (noble metal)
D6062	Abutment supported cast metal crown (high noble metal)
D6063	Abutment supported cast metal crown (predominantly base metal)
D6064	Abutment supported cast metal crown (noble metal)
D6065	Implant supported porcelain/ceramic crown
D6066	Implant supported porcelain fused to high noble alloys
D6067	Implant supported crown high noble alloys
D6068	Abutment supported retainer for porcelain/ceramic FPD*
D6069	Abutment supported retainer for porcelain fused to metal FPD* (high noble metal)
D6070	Abutment supported retainer for porcelain fused to metal FPD* (predominantly base metal)
D6071	Abutment supported retainer for porcelain fused to metal FPD* (noble metal)
D6072	Abutment supported retainer for cast metal FPD* (high noble metal)
D6073	Abutment supported retainer for cast metal FPD* (predominantly base metal)
D6074	Abutment supported retainer for cast metal FPD* (noble metal)
D6075	Implant supported retainer for ceramic FPD*
D6076	Implant supported retainer for FPD* – porcelain fused to high noble alloys
D6077	Implant supported retainer for metal FPD* - high noble alloys
D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments
D6082	implant supported crown – porcelain fused to predominantly base alloys
D6083	implant supported crown – porcelain fused to noble alloys
D6084	implant supported crown – porcelain fused to titanium and titanium alloys
D6085	Interim implant crown
D6086	implant supported crown – predominantly base alloys
D6087	implant supported crown – noble alloys
D6088	implant supported crown – titanium and titanium alloys
D6090	Repair of implant/abutment supported prosthesis
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment
D6092	Re-cement or re-bond implant/abutment supported crown
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture
D6094	Abutment supported crown – titanium and titanium alloys
D6096	Remove broken implant retaining screw
D6097	abutment supported crown – porcelain fused to titanium and titanium alloys
D6098	implant supported retainer – porcelain fused to predominantly base alloys

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

CDT Code	Description
D6099	implant supported retainer for FPD* – porcelain fused to noble alloys
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
D6120	implant supported retainer – porcelain fused to titanium and titanium alloys
D6121	implant supported retainer for metal FPD* – predominantly base alloys
D6122	implant supported retainer for metal FPD* – noble alloys
D6123	implant supported retainer for metal FPD* – titanium and titanium alloys
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments
D6191	Semi-precision abutment – placement
D6192	Semi-precision attachment – placement
D6194	Abutment supported retainer crown for FPD* – titanium and titanium alloys
D6195	abutment supported retainer – porcelain fused to titanium and titanium alloys
D6196	removal of an indirect restoration on an implant retained abutment
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant
D6198	Remove interim implant component
D6199	Unspecified implant procedure, by report
D6280	implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments – per arch

Clinical Evidence

Chan et al. (2021) presented an update on the All-on-4 concept for the rehabilitation of edentulous jaws. The All-on-4 concept is biomechanically sound with implant survival rates from 93.9% to 100% in the maxilla with up to 13 years of follow up. For the mandible, the survival rate is 91.7% to 100% with 18 years of follow-up. Final restoration can have 10 to 12 teeth for proper esthetics and function, and final prosthesis survival rates range from 97.06% to 100.0% in the maxilla, and between 98.8% and 100% in the mandible. Individuals with previously generalized aggressive adult periodontal disease appear to implant survival up to 5 years of follow-up, with survival rate in an all-on-4 design reported at 98.75%. In addition, 100% of the final prostheses survived and marginal bone loss was recorded at 1.2 mm up to 7 years, respectively. Overall factors that influence success of these prostheses include compromised medical conditions, smoking, antiresorptive therapy, chemotherapy and radiation, and parafunctional habits.

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

There are many dental implant systems cleared by the FDA under the 510(k) premarket notification pathway as a Class II device. Refer to the following website and search by device name or product code DZE: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm. (Accessed December 24, 2025)

CDT® is a registered trademark of the American Dental Association

References

Al-Omiri MK, Al-Masri M, Alhijawi MM, Lynch E. Combined Implant and Tooth Support: An Up-to-Date Comprehensive Overview. Int J Dent. 2017;2017:6024565.

Academy of Prosthodontists (AP). The Glossary of Prosthodontic Terms. Ninth Edition. 2017.

Blanes RJ: To what extent does the crown-implant ratio affect the survival and complications of implant-supported reconstructions? A systematic review. *Clin Oral Impl Re* 20:67-72, 2009.

Carr A, Brown D. McCracken's Removable Partial Prosthodontics, 13th ed. St. Louis: Elsevier c2016 Chapter 12, Considerations for the Use of Dental Implants with Removable Partial Dentures; p.146-153.

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

Chang T ,Chung E, Klokkevold P. Newman and Carranza's Clinical Periodontology and Implantology, 14th ed. St. Louis: Elsevier c2023 Chapter 77, Prosthetic Considerations: Fully Edentulous; p.905-913.

Meijer HJA, Boven C, Delli K, et al. Is there an effect of crown-to-implant ratio on implant treatment outcomes? A systematic review. Clin Oral Implants Res. 2018 Oct;29 Suppl 18:243-252.

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.

Schoenbaum T, Chung E, Chang T. Newman and Carranza's Clinical Periodontology, 13th ed. St. Louis: Elsevier c2019 Chapter 77, Prosthetic Considerations for Implant treatment; p.769-783.

Zidrou C, Kapetanou A, Rizou S. The effect of drugs on implant osseointegration- A narrative review. Injury. 2023 Aug;54(8):110888.

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

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, Clinical Evidence, and U.S. Food and Drug Administration (FDA)* sections
	• Renamed *Coverage Rationale* to *Clinical Indications*
	  ○ Added Covered Codes
	Definitions
	• Updated defintion from 'The firm anchoring of a surgical implant by the growth of bone around it without fibrous tissue formation at the interface (Merriam-Webster)' to 'A direct structural and functional connection between the bone and the loading surface of an implant. (Zidrou, 2023)'
	Clinical Indications
	• Added language stating implant supported prosthetic options for an edentulous maxilla or mandible typically include the placement of 4-6 implants to support an implant-assisted denture or an implant-supported fixed prosthesis
	Applicable Codes
	• Updated list of applicable CDT codes to reflect annual edits; added D6196 and D6280
	Supporting Information
	• Updated *Description of Services, Clinical Evidence, FDA,* and *References* sections to reflect the most current information
	• Archived previous policy version CSDEN430OH.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	CSDEN430OH.A	Dental Implant Supported Prostheses
12/01/2023 – 10/31/2025	CSDEN311OH.A	Dental Implant Supported Prostheses

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.