

Osseo-integrated Dental Implant Policy and Guidelines

1. PURPOSE

The purpose of this document is to outline the Department of Veterans' Affairs (DVA) policy regarding the provision of dental implant treatment to entitled persons.

2. POLICY

The policy below sets out the circumstances in which the Commissions may accept financial responsibility for dental implant treatment.

A summary of the policy is provided in this table:

DENTAL IMPLANT POLICY			
Treatment Type	Single tooth Implant	Implants to support full lower denture	Implants to support partial upper denture
Generic Criteria	<ul style="list-style-type: none"> • Treatment is clinically necessary (not for cosmetic purposes only) • The entitled person is fully aware of the surgical procedure and understands the risks of this treatment 		
Treatment limits	<ul style="list-style-type: none"> • Two implants over a two year period • Tooth loss occurred within a reasonable time limit (generally less than 3 years) and is clinically indicated 	<ul style="list-style-type: none"> • Up to three implants 	<ul style="list-style-type: none"> • Two implants
Surgical Phase Providers	<ul style="list-style-type: none"> • Oral and Maxillofacial surgeon • Oral surgeon • Periodontist 	<ul style="list-style-type: none"> • Oral and Maxillofacial surgeon • Oral surgeon • Periodontist 	<ul style="list-style-type: none"> • Oral and Maxillofacial surgeon • Oral surgeon • Periodontist
Restorative Phase Providers	<ul style="list-style-type: none"> • Prosthodontist • Dentist 	<ul style="list-style-type: none"> • Prosthodontist 	<ul style="list-style-type: none"> • Prosthodontist
Bone Grafting	<ul style="list-style-type: none"> • Allowed if clinically required 	<ul style="list-style-type: none"> • Allowed if clinically required 	<ul style="list-style-type: none"> • Allowed if clinically required

The information following provides details of the policy.

Note: The words in italics are defined in the Glossary at the end of this document (Section 5).

2.1 General Requirements for an Application for Implant Funding

The following generic criteria must be met for all implant applications:

- i. written clinical documentation has been provided (as considered necessary in the specific implant treatment case) to DVA for assessment;
- ii. the provision of implant treatment will be considered only where treatment is clinically appropriate, applications for cosmetic purposes will not be considered; and
- iii. the entitled person is fully aware of the surgical procedures, complications and success rates associated with *osseointegrated implant* treatment, and there is no doubt of their desire to have *osseointegrated implants*. the Department's Request for Prior Approval for Dental Implants must be completed.

Where relevant, additional specific implant treatment criteria should also be considered (see section 2.2 – 2.6 below).

2.2 Grafting

Bone and soft tissue grafting as described by items D/S243 (Osseous graft - per tooth or implant) is accepted as part of implant treatment.

Block grafting as described by item S244 (Osseous graft – block) will only be funded in exceptional circumstances.

These services will only be considered as part of the surgical phase of treatment.

2.3 Sinus Lifts

The Commissions may fund the provision of Implants where sinus lift surgery is required. These requests should be accompanied by additional clinical explanation as to why this is the most clinically appropriate treatment plan. Requests should include OPGs, study models and/or photographs as described by MBS 45849.

2.4 Single tooth implants

The surgical phase of treatment for single tooth implants placed in the *mandible* or *maxilla* must be provided by either an oral and maxillofacial surgeon, oral surgeon or Periodontist. The restorative phase of a single tooth implant, inclusive of the abutment and crown, must be provided by a prosthodontist or dentist.

The Commissions may fund up to a maximum of two single tooth implants over a two year period. If an entitled person has been funded a single tooth implant through DVA in the past two years, the commencement date will begin from the date the last single tooth implant was funded. For example, if an entitled person was funded a single tooth implant on 30 July 2015, the two year rule will apply from this date. The entitled person would be eligible for up to two single tooth implants funded by DVA until 30 July 2017.

A request for a single tooth implant at a site other than the exact site of extraction can be considered. The alternate site would need to be in reasonable proximity to the extraction site, e.g. an adjacent site. These requests must be accompanied by

additional clinical information including OPG or other relevant diagnostic images, study models and/or photographs.

The intent of the single tooth implant policy is to replace a tooth that has been lost within a reasonable timeframe (generally less than 3 years), as supported by relevant clinical information. The single tooth implant policy does not have the intent of providing fully implant supported *bridges* to replace teeth that have been lost greater than three years ago.

2.5 Crown Items attached to an Implant

As from 1 November 2010, crown items that attach to an implant have been reclassified from Schedule C to Schedule B. Items D/S671, D/S672 and D/S673 now require prior financial authorisation, however, are no longer subject to the Annual Monetary Limit (AML) for crown and bridgework.

DVA will only pay the scheduled fee for these items. A co-payment cannot be charged to the entitled person.

2.6 Implant Supported Bridges

Requests for implant supported bridges will be considered, where there is sufficient evidence. The circumstances under which these requests will be considered are:

- If either tooth 12 22 32 42 31 41 has been missing for a period outside the restriction of STI
- If either tooth 12 22 32 42 31 41 has been restored with a non removable prosthesis
- If either tooth 12 22 32 42 31 41 has not been restored, for greater than the restriction period (STI), with a removable denture.
- If either tooth 12 22 32 42 31 41 has been lost with the adjacent tooth recently (STI)
- If either tooth 12 22 32 42 31 41 was recently lost and was an abutment for the pontic of an adjacent tooth.
- If evidence (OPG, study models and photos) has been supplied to substantiate appropriateness of treatment plan.
- That the restoration is inclusive of either tooth 12 22 32 42 31 41
- That the restoration is limited to a single implant retained cantilever bridge replacing not more than 2 teeth.

These requests must be submitted with additional clinical explanation including the provision of OPGs, study models and/or photographs, to clarify that no other treatment option is available.

2.7 Implant retained dentures

The surgical phase of treatment for an implant retained full lower denture or partial upper denture must be performed by an oral maxillofacial surgeon, oral surgeon or

Periodontist. The restorative phase for implant retained dentures must be performed by a prosthodontist.

Requests for Implants to support a partial upper denture must have a demonstrated history of failed dentures provided by a dentist, dental prosthetist or prosthodontist, and have been referred to a specialist prosthodontist for an assessment, with approval from DVA.

Requests for Implants to support a lower denture (implant retained over-dentures) as a first treatment option can be considered. Such requests must be provided by a dentist, dental prosthetist or prosthodontist, and have been referred to a specialist prosthodontist for an assessment, with approval from DVA. These requests must demonstrate that the most clinically appropriate pathway is an implant supported over-denture. Additional clinical explanation including OPGs, study models and/or photos must be submitted.

If the assessment of the prosthodontist indicates dental implants are required to secure a denture, the prosthodontist is not obliged to provide another denture to confirm their assessment.

If approval is given for implant retained dentures, it is expected the prosthodontist will manage the case and provide the *prosthesis*.

2.7.1 Full lower denture

If, in the opinion of the prosthodontist, dental implants offer the entitled person the only possibility of successfully wearing a full lower denture, the Commissions may accept financial responsibility for up to a maximum of **three** (3) implants for the *mandibular* (lower) jaw to facilitate the construction of a full lower over-denture.

2.7.2 Partial upper denture

If the prosthodontist's assessment indicates that unless the entitled person is provided with an implant retained partial denture, the only other treatment option is to have their remaining upper teeth removed and be provided with a conventional complete denture, the Commissions may accept financial responsibility for up to a maximum of **two** (2) implants in the partially *dentate maxilla* (upper).

2.8 Treatment not accepted

The Commissions will not accept financial responsibility for treatment plans listed in paragraphs 4.2 - 4.5 which include:

- a) mini implants;
- b) block bone grafting; or
- c) Zygomatic implants.

If there are compelling clinical circumstances to warrant the use of the above treatments, the case may be considered under section 4.9, exceptional circumstances.

2.9 Maintenance of Implants

The Department recognises there are a number of elements to the maintenance of implants:

- a) maintenance of the peri implant tissues by either an oral maxillofacial surgeon, a Periodontist or dentist;
- b) maintenance of the implant hardware by either an oral maxillofacial surgeon or a Periodontist;
- c) the replacement of denture consumables by a prosthodontist or dentist;
- d) repair and relines of the denture by a prosthodontist; and
- e) the remake of the denture by a prosthodontist.

The Commissions may accept financial responsibility for the maintenance of *osseo-integrated implants* where the Department has accepted financial responsibility for the provision of these implants.

If *osseo-integrated implants* and/or over-dentures have been provided at an entitled person's own expense, the Department may approve their replacement or maintenance, if at the time of provision, the entitled person would have qualified for *osseo-integrated implants* at the Commissions' expense under the current policy.

The Commissions may cover:

- a) the replacement or maintenance of a single tooth implant;
- b) the replacement or maintenance of up to three implants and *over-denture* in the *mandible*;
- c) the replacement or maintenance of up to two implants in the partially *dentate maxilla*; or
- d) the replacement or maintenance of further implants where there were exceptional circumstances at the time of provision.

2.10 Rural and remote areas

In rural and remote areas where there is a shortage of specialists, such as prosthodontists, the Department may allow other *suitably qualified providers* to perform the restorative phase of the therapy (i.e. provide the *prosthesis*). *Suitably qualified providers* are dentists who hold a Post Graduate Diploma in Clinical Dentistry (Implants) or equivalent from a dental education provider recognised by the Australian Dental Council (ADC).

2.11 Exceptional circumstances

In exceptional circumstances consideration may be given for more extensive treatment regimes. These will be considered on a case by case basis. An exceptional circumstance is inclusive of, but not limited to, cases where there are no other alternatives or all other alternatives have failed. Additional clinical information (for example OPG, study models, and/or photographs) will be assessed by DVA Dental Advisers, to ensure the most clinically appropriate treatment is provided.

3. COSTS/FEEES

The fees payable for implant treatment are those applicable at the date of service as listed against the relevant items in the Fee Schedule of Dental Services for Dentists and Dental Specialists. The items relating to crowns attached to implants are listed under Schedule B and require prior financial authorisation. These items are not subjected to the annual monetary limit (AML).

The surgical components of implants are Fee by Negotiation (FBN) items and the fees are determined at the time of approval in consultation with the treating dental specialist and a DVA dental adviser. The fees for *overdentures* are also FBN items. The fees payable for crowns for implants are a set fee item.

As a consequence, the total fees payable for individual implant cases can vary depending on the complexity of the case, the number of implants and the *prosthesis* that is attached to the implants.

4. GUIDELINES

Step 1

Providers must submit applications to DVA on form D9323 Request for Prior Approval for Dental Implants (this can be found at: <http://www.dva.gov.au/providers/forms-service-providers>)

Step 2

All the application documents and supporting clinical information for both phases of the treatment are to be sent to DVA for consideration. The specialist involved in the restorative phase is considered to be the case co-ordinator and is to ensure all documentation is sent to DVA prior to any treatment commencing. This will allow DVA to give consideration to the full implant treatment plan before approving any part of it. Any incomplete applications will be returned to the case co-ordinator.

Step 3

DVA will consider all reports and provide a decision regarding acceptance of the total treatment plan. If approved, the providers involved with the application and the entitled person will be notified in writing of the decision. Arrangements should then be made by the providers for the surgical and restorative phases of implant therapy to commence.

Step 4

If the application is outside of DVA policy, the providers and entitled person will be advised in writing of the outcome of the assessment.

5. GLOSSARY

<i>Bridge/bridgework</i>	a combination of crowns to cover the loss of multiple teeth as an alternative to a denture.
<i>Dentate</i>	having natural teeth in the jawbone.
<i>Edentulous</i>	having no natural teeth in the jawbone.
<i>Mandible/Mandibular</i>	the lower jawbone.
<i>Maxilla/Maxillary</i>	the upper jawbone.
<i>Osseo-integrated implant</i>	a metal component inserted in the jawbone.
<i>Overdenture</i>	a denture that is retained by implants, it can be removed from the mouth.
<i>Prosthesis</i>	artificial teeth that can be dentures or crowns.
<i>Suitably qualified providers</i>	dentist who hold a Post Graduate Diploma in Clinical Dentistry (Implants) from a dental education provider recognised by the Australian Dental Council (ADC).