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:

<table>
<thead>
<tr>
<th>Treatment Type</th>
<th>Single tooth Implant</th>
<th>Implants to support full lower denture</th>
<th>Implants to support partial upper denture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Criteria</td>
<td>Treatment is clinically necessary (not for cosmetic purposes only)</td>
<td>The entitled person is fully aware of the surgical procedure and understands the risks of this treatment</td>
<td>The Medical History and Assessment Form supports treatment</td>
</tr>
<tr>
<td>Treatment limits</td>
<td>Two implants over a two year period</td>
<td>Up to three implants</td>
<td>Two implants</td>
</tr>
<tr>
<td>Surgical Phase Providers</td>
<td>Oral and Maxillofacial surgeon</td>
<td>Oral and Maxillofacial surgeon</td>
<td>Oral and Maxillofacial surgeon</td>
</tr>
<tr>
<td></td>
<td>Oral surgeon</td>
<td>Oral surgeon</td>
<td>Oral surgeon</td>
</tr>
<tr>
<td></td>
<td>Periodontist</td>
<td>Periodontist</td>
<td>Periodontist</td>
</tr>
<tr>
<td>Restorative Phase Providers</td>
<td>Prosthodontist</td>
<td>Prosthodontist</td>
<td>Prosthodontist</td>
</tr>
<tr>
<td></td>
<td>Dentist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bone Grafting</td>
<td>Allowed if clinically required</td>
<td>Allowed if clinically required</td>
<td>Allowed if clinically required</td>
</tr>
</tbody>
</table>

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;
iii. the entitled person is fully aware of the surgical procedures, complications and success rates associated with osseo-integrated implant treatment, and there is no doubt of their desire to have osseo-integrated implants; and
iv. the Department’s Medical History and Assessment Form¹ 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 2009, 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 2011.

¹ The Medical History and Assessment form must be completed by the entitled persons medical practitioner or medical specialist involved in and familiar with the ongoing management of the entitled person’s medical conditions.
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, 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 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 2.11, 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 reline 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 persons 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/FEES
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 their letterhead or use the following forms (these can be found at: http://www.dva.gov.au/providers/dentists-dental-specialists-and-dental-prosthetists ) to assist with submitting applications to DVA for prior approval. Requests received in any other format will not be accepted.

Single tooth implant
- Report 1(a) Single Tooth Implant – Restorative Phase
- Report 1(b) Single Tooth Implant – Surgical Phase
- Report 3 Medical History and Assessment Form for implant treatment

Implant retained denture
- Report 2(a) Implants in fully or partially edentulous cases – Restorative Phase
- Report 2(b) Implants in fully or partially edentulous cases – Surgical Phase
- Report 3 Medical History and Assessment Form for implant treatment

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 including the medical history and assessment form is completed and 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.

Note: The medical history and assessment form is not to be completed by any dentist or specialist involved with the implants request but by the entitled persons LMO or treating medical specialist familiar with their medical history.

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

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