
Medical Policy



BCN Medical Policies are a source for BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information.

BCN Policy Effective Date: 7/14/26
(See policy history boxes for previous effective dates)

Title: Mandibular and Maxillary Implants

Description/Background

A dental implant is a small man-made titanium fixture that serves as an artificial replacement for the root portion of a missing natural tooth. A dental implant is composed of three parts: the titanium implant that fuses with the jawbone; the abutment, which fits over the portion of the implant that protrudes from the gum line; and the crown. Titanium is used because it is the most compatible with the human body. The implant is placed in the bone of the upper or lower jaw and functions as an anchor for the replacement tooth/teeth. They are designed to replace one or more lost teeth by providing the needed support for dental restoration or a dental prosthesis. Dental implants will generally fit into one of the following three classifications:

- Endosseous implants are surgically placed into the jawbone.
- Subperiosteal implants are placed under the gum but on top of the jawbone. These are not generally placed into the jawbone.
- Transosseous implants are surgically placed into and through the jawbone and are secured at the bottom of the jawbone.

The implant process normally can be defined in two stages:

- The surgical phase includes the preparation and placement of the implant either into or onto the jawbone. Depending on the type of implant, one or more surgeries will be required.
- The prosthetic phase consists of the creation and fitting of replacement teeth for use with the implant. This restorative process requires the use of impressions, bit registrations, bridge fittings and tooth selection.

The “mini” dental implant is a smaller version of the standard implant. It was originally designed as a ‘holding’ implant before the insertion of a full-sized implant. However, they have been found to be a useful implant in their own right and a good alternative to the full-size implant. They work best as a replacement for small teeth or for securing a loose denture. Mini implants are made from titanium alloy and are strong as a normal sized implant. They also fuse well with the jawbone. A mini implant is the size of a toothpick.

Regulatory Status:

Dental implants have received FDA approval for both components of the implant, the titanium screws and the dental crown.

Titanium Screw

The titanium screw that will hold the dental crown is approved by the FDA as Class III medical device, which means that it has general controls and premarket approval. These titanium or titanium alloy screws are installed in the patient's bone in the upper or the lower jaw.

Dental Crown

The second part of the dental implant is a dental crown, which is approved as Class I device.

Medical Policy Statement

Mandibular and maxillary implants, including "mini-Implants," are utilized for the purpose of replacing natural teeth by providing a support and retention system for a prosthesis. The preparation and insertion of these implants, including preoperative and postoperative diagnostic evaluations and testing are considered dental procedures and are therefore not covered benefits under BCN medical policy.

Inclusionary and Exclusionary Guidelines

N/A

CPT/HCPCS Level II Codes (*Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure*)

Established codes:

N/A

Other codes (investigational, not medically necessary, not a benefit, etc.):

21244	21245	21246	21248	21249
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Rationale

The preparation and insertion of dental implants are dental procedures and therefore not a covered benefit under BCN.

Government Regulations

National:

Routine Dental care is excluded from coverage under Medicare in accordance with section 1862(a) (12) of the Social Security Act Compilation of the Social Security Laws.

Centers for Medicare and Medicaid Services. National Coverage Provision-Dental Services. Effective date: 10/1/06; Last modified: 03/10/26. Medicare Benefit Policy Manual. Ch. 16-General Exclusions from Coverage.

Currently, Medicare will pay for dental services that are an integral part either of a covered procedure (e.g., reconstruction of the jaw following accidental injury), or for extractions done in preparation for radiation treatment for neoplastic diseases involving the jaw. Medicare will also make payment for oral examinations, but not treatment, preceding kidney transplantation or heart valve replacement, under certain circumstances. Such examination would be covered under Part A if performed by a dentist on the hospital's staff or under Part B if performed by a physician.

Statutory Dental Exclusion

Section 1862 (a)(12) of the Social Security Act states, "where such expenses are for services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting teeth, except that payment may be made under part A in the case of inpatient hospital services in connection with the provision of such dental services if the individual, because of his underlying medical condition and clinical status or because of the severity of the dental procedure, requires hospitalization in connection with the provision of such services."

Background

The dental exclusion was included as part of the initial Medicare program. In establishing the dental exclusion, Congress did not limit the exclusion to routine dental services, as it did for routine physical checkups or routine foot care, but instead it included a blanket exclusion of dental services.

The Congress has not amended the dental exclusion since 1980 when it made an exception for inpatient hospital services when the dental procedure itself made hospitalization necessary.

Coverage Principle

Coverage is not determined by the value or the necessity of the dental care but by the type of service provided and the anatomical structure on which the procedure is performed.

Services Excluded under Part B

The following two categories of services are excluded from coverage:

- A primary service (regardless of cause or complexity) provided for the care, treatment, removal, or replacement of teeth or structures directly supporting teeth, e.g., preparation of the mouth for dentures, removal of diseased teeth in an infected jaw.
- A secondary service that is related to the teeth or structures directly supporting the teeth unless it is incident to and an integral part of a covered primary service that is necessary to

treat a non-dental condition (e.g., tumor removal) and it is performed at the same time as the covered primary service and by the same physician/dentist. In those cases, in which these requirements are met and the secondary services are covered, Medicare does not make payment for the cost of dental appliances, such as dentures, even though the covered service resulted in the need for the teeth to be replaced, the cost of preparing the mouth for dentures, or the cost of directly repairing teeth or structures directly supporting teeth (e.g., alveolar process).

Exceptions to Services Excluded

- The extraction of teeth to prepare the jaw for radiation treatment of neoplastic disease.
- An oral or dental examination performed on an inpatient basis as part of comprehensive workup prior to renal transplant surgery or performed in an RHC/FQHC prior to a heart valve replacement.

Definition

Structures directly supporting the teeth means the periodontium, which includes the gingivae, periodontal membrane, cementum of the teeth, and the alveolar bone (i.e., alveolar process and tooth sockets).

Page last Modified: 03/10/2026

Local:

No LCD found regarding mandibular or maxillary implants.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Related Policies

Immediate Repair of Trauma to Natural Teeth (BCN Benefit Policy)

References

1. Blue Cross Blue Shield Association, "Dental Introduction," Medical Policy Reference Manual, Policy 9.0, Policy Date: 12/1/1995.
2. Centers for Medicare and Medicaid Services. Medicare Dental Coverage. Effective date 10/1/06, last modified 03/10/2026.
<http://www.cms.gov/Medicare/Coverage/MedicareDentalCoverage/index.html?redirect=/MedicareDentalCoverage/>. Accessed June 2026.
3. Social Security Act. Compilation of the Social Security Laws: Exclusions from Coverage and Medicare as Secondary Payer. 1862a (12).
https://www.ssa.gov/OP_Home/ssact/title18/1862.htm. Accessed June 2026.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through June 2026, the date the research was completed.

BCN Medical Policy History

Date	Rationale
4/21/01	BCN medical policy established
1/16/04	Routine maintenance
8/26/05	Routine maintenance
10/27/07	Routine maintenance
11/20/08	Routine maintenance
11/6/09	Routine maintenance
8/28/10	Added information onto policy regarding mini-implants; added exclusions to policy regarding preoperative and postoperative diagnostic testing
5/16/12	Routine maintenance; reformatted, regulatory information added, references updated.
5/15/13	Routine update; policy status unchanged.
3/19/14	Routine maintenance, updated Medicare information. Policy status unchanged. Added procedure code 21244.
4/15/15	Routine update; policy status unchanged
4/20/16	Routine policy maintenance. No change in status.
4/19/17	Routine policy maintenance. No change in policy status.
3/21/18	Routine policy maintenance. No change in policy status.
9/24/19	Routine policy maintenance. Deleted Medicaid section, no longer applicable. No change in policy status.
7/9/20	Updated LCD information. No change in policy status.
7/15/21	Routine policy maintenance, no change in policy status.
7/7/22	Routine maintenance; Governmental section updated
7/13/23	Routine maintenance; no change in policy status. Vendor managed: N/A. (ds)
7/11/24	Routine maintenance, no change in policy status. Vendor managed: N/A. (ds)
7/10/25	Routine maintenance, no change in policy status. Vendor managed: N/A (ds)
7/14/26	Routine policy maintenance, no change in status. Vendor managed: N/A (ds)

Next Review:

3rd Qtr. 2027

MEDICAL POLICY TITLE: MANDIBULAR AND MAXILLARY IMPLANTS
BCN BENEFIT ADMINISTRATION

I. Coverage Determination

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Not covered.
BCNA (Medicare Advantage)	See government section.
BCN65 (Medicare Complementary)	Coinsurance covered if primary Medicare covers the service.

II. Administrative Guidelines

N/A