INSURANCE COVERAGE FOR DENTAL IMPLANTS
WHAT YOU AND YOUR STAFF NEED TO KNOW

Dental insurance providers may offer coverage for dental implants with the standard benefits package they sell to employers. Once an employer adopts these benefits as part of the company’s dental insurance coverage, your patients can receive greater implant coverage than ever before. Under these plans, implants have a similar reimbursement structure as conventional crown and bridge therapy. Patients can now receive state-of-the-art tooth replacement therapy through dental implants at a comparable cost to conventional tooth replacement methods.

Many patients are unaware of these recent changes. It is possible that not all patients are eligible for implant reimbursement under their individual plan, even when the provider offers dental implants as a standard benefit. Although dental insurance providers may now offer implant coverage, the benefits administrator at an individual company is responsible for working with their insurance provider to adopt this specific coverage for employees under their group policy.

There is a series of steps that must happen for a patient to receive the maximum amount of implant coverage through their insurance provider.

Insurance provider offers implant coverage
Employee chooses to offer implant coverage
Employee chooses implant coverage
GP participates with insurance plan
Patient maximizes insurance benefit
Annual maximum of insurance plan has not been met
Treatment indication is covered by insurance plan
Surgeon participates with insurance plan

It’s up to you and your office to work with patients to maximize their benefits and treatment options.
How can you work with your patients to determine if they are eligible for implant insurance coverage?

- Ask the patient if s/he has dental insurance and if so, do they know if dental implants are covered under the plan?
- Do you participate with this insurance plan? If you do not participate in this plan, the services are deemed to be “out-of-network” and the patient’s ability to recoup any costs is limited. Help educate patients about out-of-network benefits and what this means.
- If the patient has dental insurance, make sure you get the name of the insurance company and the patient’s personal identification number.
- Contact the dental insurance provider on behalf of the patient and inquire about what procedures are eligible for coverage. The easier it is for patients, the more likely it is that they will accept treatment.

Helpful Resources

- ADA.org
  Most up-to-date information on oral health topics to help you provide the best patient care.

- CDT 2009–2010 Catalog and the CDT Companion: Your Guide to Dental Coding
  Official publication from the ADA. Familiarize yourself with dental codes and procedures, dental terminology, and more to help you code and bill procedures to the insurance companies.