



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 6630.3
BUMED M3B64
29 Jan 2007

BUMED INSTRUCTION 6630.3

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Dental Personnel

Subj: USE OF DENTAL IMPLANTS IN THE NAVY MEDICAL HEALTH CARE SYSTEM

Ref: (a) MANMED, Chapter 6, Article 6-98
(b) MMSO Memorandum, Management of the Tri-Service Remote Dental Program of 19 Jun 02
(c) BUMED Memo 6620 M3DB/01064 (Rev) of 13 Nov 03

Encl: (1) Sample Dental Implant Patient Treatment Policy Form

1. **Purpose.** To establish policy and guidelines for the use of Dental Implants in the Navy Medical Health Care System.

2. **Cancellation.** BUMED letter 6600 Ser M3D32/01083 of 12 Dec 03.

3. **Background.** Long-term research and clinical studies support the efficacy and durability of dental implant restorations. Dental implants are an important adjunct for restoring partial and complete edentulism and maxillofacial reconstruction in the Navy. This complex treatment modality requires a team approach with properly privileged providers. Additionally, this treatment may have long lasting ramifications on patients and conveys potentially expensive and demanding maintenance requirements that will exist after personnel have left naval service. The use of dental implants must take into consideration the long-term impact on the patient and weigh these against more conventional treatment modalities.

4. **Policy**

a. **Written Protocol:** Each health care facility involved in the use of dental implants for intraoral or extraoral restorations must have a written protocol on file with the Specialty Leader for Dental Implants. Areas to be addressed in this protocol will include patient selection and exclusionary criteria, implant board composition, team approach, treatment sequencing, and the dental implant system selected. Local monitoring as a component of an active quality assurance program is recommended and encouraged.

b. **Dental Implant Board:** To ensure and coordinate a team approach, a Dental Implant Board will be established at each health care facility that provides dental implant restorations. The board will be composed of a privileged prosthodontist, an oral and maxillofacial surgeon and a periodontist. The prosthodontist will serve as chair of the implant board and will supervise the treatment planning and coordination of all aspects of dental implant cases. Where a prosthodontist is not assigned to the command, a

comprehensive dentist may preside, however dental implant restorative options will be limited to that individual's core/supplemental restorative privileges. General dentists with supplemental privileges in restoration of dental implants may be involved in dental implant treatment consistent with the command's restorative requirements. Every effort should be made to educate and involve clinic providers in the proper maintenance of dental implant restorations.

c. Patient Selection: Eligibility as defined by reference (a), and medical and dental considerations will guide patient selection. Health care treatment facilities supporting residency-training programs with dental implant requirements may select from all eligible beneficiary categories. Patients selected for treatment should be those where the highest prognosis for success exists and conventional restorative alternatives are compromised. Follow-up care for non-active duty beneficiaries will be limited to two years subsequent to restoration of their dental implants. Each patient must receive and initial a written policy (sample at enclosure (1)) stating the Navy is not responsible for:

(1) Failed implants due to non-compliance with clinic provided instructions.

(2) Follow-up care after retirement or separation of service members from active duty status.

The original NAVMED 6630/9 (1-2007) will be filed in the second section, right side of the patient's dental treatment record on top of the most recent SF 603/SF 306A, a copy will be given to the patient, and a copy will be maintained by the Dental Implant Board.

Dental Implant treatment is elective and cannot be used as justification to alter a projected rotation date (PRD). Treatment should be initiated and completed by the health care facility prior to the patient's PRD. Care may not be available at subsequent duty stations and civilian follow-up is non-reimbursable. Dental implants will be placed and the restoration provided by, an all Navy team or an all civilian team whenever possible. In unusual circumstances, in a case by case review, the placement of implants and their restoration may be split between Navy providers and civilian providers, if the command or local Dental Implant Board deems it the best option for patient care. In the case of split care, Navy and civilian providers must use equipment and restorative components consistent with the guidance of this instruction.

d. Standardization of Components: Standardization of implant components used in Navy facilities is critical to providing cost-effective treatment, education and long-term maintenance. Long-term documented research, American Dental Association (ADA) review, and Food and Drug Administration (FDA) approval must support implant selection. Implants must be commercially pure titanium metal with an internal or external hex implant-abutment mating surface. Restorative components and equipment must be compatible with the Nobel Biocare™ and/or 3i® systems. Purchase of a dental implant system requires approval by the Specialty Leader for Dental Implants.

e. Surgical and restorative documentation: Surgical and Restorative Record entries must include:

(1) Surgical

- (a) Manufacturer, length and diameter of implant.
- (b) Implant recipient site by corresponding tooth number.
- (c) Bone density at site (Zarb classification 1-4).
- (d) Intra-operative complications or modifications to treatment.
- (e) Placement of membrane and/or bone graft material (type and amount). If allograft material is used, suitable command recipient documentation allowing patient tracking should be additionally recorded.

(f) Size of healing abutment (diameter and height).

(2) Restorative

- (a) Manufacturer, type and size of final abutment.
- (b) Description of restoration.
- (c) Head design of retaining screw (slot, hex, square or star design).
- (d) Materials used to obturate retaining screws access hole.
- (e) Manufacturer, type and size of attachment systems.
- (f) Distortion free radiographs, clearly demonstrating the crestal bone height at delivery and subsequent follow-up visits must be maintained in the patient's dental record.

f. Clinical Privileges: Clinical privileges for dental implants should be granted to those individuals who can document training in a formal residency specialty program that includes surgical or restorative techniques. Alternatively, supplemental privileges for selected privileges in the restoration of dental implants should be considered appropriate at the prerogative of the command privileging authority with the following minimum criteria:

- (1) Documentation of didactic training in basic dental implants.
- (2) Demonstration of clinical competence during a clinical mentorship experience with a privileged provider.

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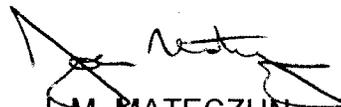
g. New Accessions with Dental Implants: New accessions into the Naval Service, who were treated with dental implants prior to entering the service, will have the status of their dental implant treatment or restorations evaluated during the in-processing dental examination. Individuals with unrestored implants or faulty implants/restorations will be evaluated for continued service based on ability to restore dental form and function.

h. Care Initiated Outside the Navy Medical Health Care System: If an active duty member initiates implant treatment from non-federal sources, at no expense to the Government, and is reassigned to a location where implant care is unavailable, the Government is not liable for the completion of implant treatment. In no circumstance is the Government liable for completion of civilian implant treatment initiated on family members. Family members with unrestored or diseased dental implants will be ineligible for overseas assignment unless the overseas facility has an implant program and can accept the patient. The sponsor of dependents under consideration for implant care must be counseled regarding lack of continuing implant care. If the sponsor is reassigned, if the patient is relocated, if the patient's eligibility for care ceases, or if implant care becomes unavailable for any reason, the sponsor is personally and financially responsible for continuing the family member's treatment.

i. Implant Support in Remote Locations: Active duty service members (ADSM) assigned to remote duty stations and who reside more than 50 miles from a military dental clinic may be eligible for dental implant therapy through civilian dental care under the provisions of the Tri-Service Remote Dental Program (RDP), reference (b). Per reference (c), this requires case review referral to the nearest military dental treatment facility and approval by a command dental implant board. Treatment rendered outside the military system must follow all guidelines outlined in this instruction.

5. Summary. The Navy continues to support the conservative use of dental implants as the treatment modality evolves toward the standard of care for prosthetic dentistry.

6. Forms. NAVMED 6630/9 (1-2007), Dental Implant Patient Treatment Policy form is available at: <http://navymedicine.med.navy.mil/default.cfm?selctab=directives> at the Forms tab; local reproduction is authorized.



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Acting

Distribution is electronic only via the navy medicine Web site at:
<http://navymedicine.med.navy.mil/default.cfm?selctab=directives>

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Dental Implant Patient Treatment Policy

You are being evaluated as a potential candidate for dental implants. Opportunities to undergo this elective, specialized and expensive treatment are **extremely limited**. Successful implant restorations often involve surgical intervention to provide support for dental implant placement, extending the time of treatment and the number of surgical procedures. Your availability for treatment is critical for a successful restoration. The results of your examination will be presented to the DDental Implant Board for review. No commitment for treatment with implants will be made until a decision is made by the Dental Implant Board.

Carefully read and initial the following paragraphs

- _____ 1) Patients must be available throughout the entire course of treatment (1-2 years). No request for orders extension will be supported to gain access to this treatment.
- _____ 2) There may be instances where you will be instructed not to wear your partial or complete dentures for a minimum of two weeks following implant surgery. Compliance with this and all other instructions is critical to successful treatment.
- _____ 3) Smoking has been shown to reduce the success of implant treatment. Permanent smoking cessation is mandatory prior to initiating treatment.
- _____ 4) I understand that implant treatment, routine and emergency maintenance, and repairs are not available at all Navy dental clinics/hospitals. In addition the Navy will not be responsible for:
- a. Failed implants due to non-compliance with clinic provided instructions.
 - b. Follow-up care after retirement or separation of service members from active duty status.

I have read and understand the above policy concerning patient selection and treatment with dental implants.

Patient Signature

Date