



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

IN REPLY REFER TO
BUMEDINST 6630.3B
BUMED-M3/5
13 Jan 2011

BUMED INSTRUCTION 6630.3B

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) ASD (HA) Policy memo 07-011 of 25 Jul 2007

1. Purpose. To revise policy and guidelines for the use of Dental Implants in the Navy Medical Health Care System and to announce a revision to NAVMED 6630/9, Dental Implant Patient Treatment Policy.

2. Cancellation. BUMEDINST 6630.3A.

3. Scope. This instruction applies to all Navy Medical Treatment Facilities (MTF) and Dental Treatment Facilities (DTF) ashore and afloat.

4. Background. Research and clinical studies support the efficacy and durability of dental implant restorations. Dental implants are a proven method of restoring ideal function and esthetics to edentulous or partially edentulous patients. Additionally, dental implants are an important adjunct for maxillofacial prosthetic reconstruction. This complex treatment modality requires a team approach with appropriately trained and privileged providers. Potentially expensive and long term maintenance requirements exist for many years following placement and restoration of dental implants. As a result, the decision to use dental implants must take into consideration the long-term impact on the patient.

5. Policy

a. Written Protocol: Each health care facility involved in the use of dental implants for intraoral or extraoral restorations must develop a written protocol and provide a copy to the Navy Medicine Specialty Leader for Dental Implants. This protocol will include patient selection criteria, patient exclusionary criteria (including smoking and uncontrolled systemic disease), implant board membership, team approach, treatment sequencing, and the dental implant system selected. Local monitoring as a component of an active quality assurance program is highly encouraged.

b. Dental Implant Board: To ensure a coordinated team approach, a Dental Implant Board will be established at each health care facility that provides dental implant restorations. The board shall be composed of a privileged prosthodontist and either a privileged oral and maxillofacial surgeon (OMFS) or periodontist. The prosthodontist will serve as chair of the implant board and will supervise the treatment planning and coordination of all dental implant

cases. In the event a prosthodontist is not assigned to the command, a comprehensive trained general dentist possessing supplemental privileges for the restoration of single dental implants may preside over the implant board.

c. Patient Selection and Provisions of Care

(1) The use of dental implants is limited to active duty Service members (ADSM). However, MTFs and DTFs supporting residency-training programs with dental implant requirements may select patients from all eligible beneficiary categories, as outlined in reference (a). Patient selection should be based on a complete dental and medical history, and a clinical evaluation that includes, but is not limited to, identification of local conditions which may adversely influence the surgical and/or prosthetic implant treatment. Additionally, patient selection should be based on prospects of a higher prognosis for success over the use of a conventional restorative modality.

(2) Dental implant treatment is elective and cannot be used as justification to modify a patient's projected rotation date (PRD). Treatment should be initiated and completed prior to the patient's PRD. Patients should be advised that dental implant care may not be available at subsequent duty stations and follow-up care in the civilian community is non-reimbursable. Dental implants shall be placed and restored by an all MTF/DTF-based team or, if referred for private sector care, an all civilian team, whenever possible. In unusual circumstances, and upon review and approval by the local Dental Implant Board or command, implant placement and the subsequent restoration may be split between MTF/DTF-based providers and civilian providers. In cases where dental implant placement and restoration is split between in-house and referred care, all providers must use equipment and restorative components consistent with the guidance of this instruction.

d. Follow-up Care

(1) Follow-up care for non-active duty beneficiaries will be limited to 2 years subsequent to restoration of their dental implants. Each patient must receive and sign NAVMED 6630/9 which states the Navy is not responsible for:

(a) Failed implants due to non-compliance with instructions provided by the clinic.

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

(2) The signed NAVMED 6630/9 will be filed in the second section, right side of the patient's dental treatment record on top of the most recent NAVMED 6600/14. A copy will be provided to the patient and the Dental Implant Board will maintain a copy.

e. Dental Implant Standardization and Compatibility Requirements: Standardization of implant components is critical to providing cost-effective treatment and maintenance.

Implants must be commercially pure titanium metal or titanium alloys approved for definitive restorations by the United States (U.S.) Food and Drug Administration (FDA). Implants must have an internal or external implant-abutment mating surface compatible with the Nobel Biocare™ Internal Tri-lobe and external hex interface, or Biomet 3i® system's internal hex (Certain®) and external interface restorative components and equipment. Purchase of a dental implant system requires approval by the Navy Medicine Specialty Leader for Dental Implants.

f. 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 through 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).
- (g) Copy of digital plan if navigational software is used.

(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) Radiographs free of distortion and clearly demonstrating crestal bone height at delivery and subsequent follow-up visits must be maintained in the patient's dental record.

g. Clinical Privileges

(1) Surgical: Implant placement is a core privilege for Oral and Maxillofacial Surgery and Periodontics. Core clinical privileges for surgical placement and management of dental implants shall be granted only to those individuals who complete formal training in an American Dental Association (ADA) recognized OMFS or Periodontics specialty program and, if not a new graduate carrying an endorsement from their residency program director, have maintained competency through clinical practice. In all instances, application of a Focused Professional Practice Evaluation, as defined by the privileging authority, shall apply.

(2) Restorative: Restorative treatment for dental implants is a core privilege for Prosthodontics and Maxillofacial Prosthetics. Core clinical privileges for restoration of dental implants shall be granted only to those individuals who complete formal training in an ADA recognized Prosthodontic or Maxillofacial Prosthetic specialty program and, if not a new graduate carrying an endorsement from their residency program director, have maintained competency through clinical practice. In all instances, application of a Focused Professional Practice Evaluation, as defined by the privileging authority, shall apply.

(a) Granting of supplemental privileges for the restoration of single dental implants to comprehensive trained general dentists and operative dentists may be considered for those individuals who complete formal training in an ADA recognized program that requires management of post-operative complications and training in single implant restorations and, if not a new graduate carrying an endorsement from their residency program director, have maintained competency through clinical practice. In all instances, application of a Focused Professional Practice Evaluation, as defined by the privileging authority, shall apply.

(b) Granting of supplemental privileges for the restoration of single dental implants to general dentists, comprehensive trained general dentists and operative dentists who do not meet the aforementioned criteria, may be considered at the discretion of the command privileging authority with the following minimum criteria:

1. Documentation of didactic training in basic dental implants, including restorative techniques, and
2. Demonstration of clinical competence during a clinical mentorship experience with a privileged provider.

h. New Accessions with Dental Implants: New accessions who received dental implants prior to entering the Service will have the status of their dental implants evaluated during the in-processing dental examination.

i. Care Initiated Outside the Navy Medical Health Care System: If an ADSM 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 shall not be responsible for the completion of implant treatment. In no circumstance is the Government responsible for

completion of civilian implant treatment initiated on family members. Family members with unrestored dental implants or dental implants with complications will be ineligible for overseas assignment where the overseas healthcare facility does not provide dental implant services. The sponsor of family members under consideration for implant care must be counseled regarding responsibilities when continuation of implant care is not available. The sponsor is personally and financially responsible for ensuring the family member's continued treatment if the sponsor is reassigned and the family member relocated, eligibility for care ceases, or if implant care becomes unavailable for any reason.

j. Care Referred to the Private Sector Under the Active Duty Dental Program (ADDP)

(1) ADSMs treated in MTFs or DTFs may be referred to the private sector for implant therapy under the ADDP following approval by a command dental implant board.

(2) ADSMs assigned to remote duty stations that reside and work more than 50 miles from an MTF or DTF may be eligible for dental implant care through the Remote ADDP. Implant treatment provided under Remote ADDP must be preauthorized by a TRICARE Management Activity ADDP dental services point of contact.

(3) Clinic personnel responsible for referral of patients to the private sector for dental implant care must be thoroughly familiar with the dental implant standardization and compatibility section of this instruction. Dental implant components described herein are the only components authorized for use throughout the Department of Defense. Use of dental implant components by the private sector that are not consistent with these requirements will adversely affect deployment status of active duty patients and can lead to expensive repair and maintenance issues for patients and/or commands.

6. Form. NAVMED 6630/9 (Rev. 5-2010), Dental Implant Patient Treatment Policy is available electronically at:
<https://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx>; local reproduction is authorized.



A. M. ROBINSON, JR.

Distribution is electronic only via the navy medicine Web site at:
<http://www.med.navy.mil/directives/Pages/BumedInstructions.aspx>