DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO
BUMEDINST 6630.3C
BUMED-M3
23 Aug 2018

BUMED INSTRUCTION 6630.3C

From: Chief, Bureau of Medicine and Surgery

Subj: DENTAL IMPLANTS

Ref: (a) ASD(HA) Policy Memo 07-011 of 25 Jul 2007

1. Purpose. To issue policy and guidelines for the use of dental implants in the Navy Medical Healthcare System. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 6630.3B.

3. Scope and Applicability. This instruction applies to all Navy medical treatment facilities (MTF) and dental treatment facilities (DTF) ashore and afloat and serves as guidance for the treatment of all Navy and Marine Corps personnel with dental implants.

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. Healthcare facilities 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 must be established at healthcare facilities providing dental implant restorations. The board must be composed of a privileged prosthodontist and either a privileged oral and maxillofacial surgeon (OMFS) or periodontist. The prosthodontist must serve as chair of the implant board and must

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 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) with the following exceptions: eligible beneficiaries may be considered on a case-by-case, space available basis for outside the continental United States duty stations; and MTFs and DTFs supporting residency training programs with dental implant requirements may select patients from all eligible beneficiary categories, as outlined in reference (a). Reference (a) is available at https://health.mil/Reference-Center/Policies?daterange=2005-2009&page=9#pagingAnchor. 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 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. Treatment should be initiated and completed prior to the patient's projected rotation date. 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 must be placed and restored by an all MTF or 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 or DTF based providers and civilian providers. In cases where dental implant placement and restoration is split between MTF or DTF 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 6 weeks subsequent to restoration of their dental implants. Each patient must receive and sign NAVMED 6630/9 Dental Implant Patient Policy 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 an active duty status.

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

e. Dental Implant Standardization and Compatibility. Standardization of implant components is critical to providing cost-effective treatment and maintenance. Osseointegrated implants must be commercially pure titanium metal or titanium alloys approved for definitive restorations by the U.S. Food and Drug Administration.

(1) Implants must be compatible with one of the following four restorative connections:

(a) Zimmer Biomet 3i® External Hex (2.7 millimeter (mm) wide and 0.7 mm height hex).

(b) Zimmer Biomet 3i® Internal Hex (Certain®).

(c) Nobel Biocare® External Hex (Branemark system).

(d) Nobel Biocare® Internal Tri-lobe.

(2) The approved connections are all "Flat to Flat" connections.

(3) No other connections are approved for use, regardless of manufacturer.

f. Surgical and Restorative Documentation. Surgical and restorative record entries must include:

(1) Surgical

(a) Manufacturer, length, and diameter of implant.

(b) Torque value.

(c) Implant recipient site by corresponding tooth number.

(d) Intra-operative complications or modifications to treatment.

(e) Placement of membrane or bone graft material (type and amount). If allograft material is used, suitable command recipient documentation allowing patient tracking must be additionally recorded in the Patient Dental Record.

(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. Clinical privileges for surgical placement of dental implants must be granted to those specialties that have training requirements per the Commission on Dental Accreditation (CODA). Implant placement is a core privilege for OMFS and periodontics. Implant placement in healed edentulous sites with adequate vertical and horizontal osseous tissue is a core privilege for prosthodontics. Core clinical privileges for surgical placement and management of dental implants must be granted only to those individuals who complete formal training in a CODA recognized OMFS, periodontics, prosthodontics, or maxillofacial prosthetics specialty program. Granting of supplemental privileges for single site (healed edentulous sites with adequate vertical and horizontal osseous tissue) surgical placement of dental implants may be granted to comprehensive trained general dentists who have demonstrated competency. In all instances, application of a Focused Professional Practice Evaluation (FPPE), as defined by the privileging authority, must apply.

(2) Restorative. Restorative treatment for dental implants is a core privilege for prosthodontics and maxillofacial prosthetics. Restorative treatment for single dental implants is a core privilege for comprehensive dentistry and operative dentistry. Core clinical privileges for restoration of dental implants must be granted only to those individuals who complete formal training in a CODA recognized prosthodontic, maxillofacial prosthetics, comprehensive dentistry, or operative dentistry program. In all instances, application of an FPPE, as defined by the privileging authority, must apply.

(a) Granting of supplemental privileges for the restoration of multiple anterior or posterior dental implants to comprehensive trained general dentists may be considered for those

individuals who complete formal training in a CODA recognized program that requires management of post-operative complications and training in implant restorations. In all instances, application of an FPPE, as defined by the privileging authority, must apply.

(b) Granting of supplemental privileges for the restoration of single dental implants to 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.

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 Healthcare 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 is not 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, if 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 ADDP Remote. Implant treatment provided under ADDP Remote must be preauthorized by a Defense Health Agency 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 Navy. Use of dental implant components by the private sector must be consistent with the protocols established by the Dental Corps Chief or designated representative of the ADSMs branch of Service. Use of dental implant components by the private sector that are not consistent with these requirements will adversely affect deployment status of ADSMs and can lead to expensive repair and maintenance issues for patients or commands.

6. Review and Effective Date. Per OPNAVINST 5215.17A, Bureau of Medicine and Surgery Healthcare Operations (BUMED-M3) will review this instruction annually on the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 5 years, unless revised or cancelled in the interim, and will be reissued by the 5-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

7. Records Management

a. Records created as a result of this instruction regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000, 2000, and 4000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx. For SSIC 3000 series dispositions, please refer to part III, chapter 3, of Secretary of the Navy Manual 5210.1 of January 2012.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact your local records manager or the DON/AA DRMD program office.

8. Forms. The forms listed in subparagraphs 5d(1) and 5d(2) are available for download via Navy Forms Online at https://navalforms.documentservices.dla.mil/web/public/forms.

a. NAVMED 6630/9 Dental Implant Patient Treatment Policy

b. NAVMED 6600/14 Dental Treatment Record

C. FORREST FAISON III

Releasability and distribution:
This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx.