Editor’s Note

On November 5, 1997, in Washington, DC, Dr Frank LaMar, a Fellow of the American Academy of Implant Dentistry and certified by the American Board of Oral Implantology, was invited to address the Dental Relations Committee of the Health Association of America on issues of third-party reimbursement for dental implant procedures.

The excellent presentation made by Dr LaMar follows. It presents yet another benefit offered to Academy members and all other implant practitioners by the AAID.

Frank LaMar, DDS, FACP, is the Chairman of the Dental Benefits Committee at the American Academy of Dentistry.

Good morning, ladies and gentlemen of the Health Insurance Association of America (HIAA). I want to thank you for allowing me to speak before you, for allocating time at today’s meeting for me to speak on behalf of implant dentistry.

My name is Dr Frank LaMar. I am an active general practitioner and implantologist. I have practiced for nearly 33 years in Rochester, NY, as part of a group restorative practice.

I appear before you on behalf of the American Academy of Implant Dentistry (AAID) and its 2400 active and credentialed members. I also speak on behalf of 13,000 dental implant practitioners and 275 million Americans who may at some time of their lives require a dental implant procedure.

We hope to impress upon you the need for considering dental implant procedures in medical and dental insurance programs. Implant dentistry has peaked at a very critical time. There are 20 million Americans who are toothless and approximately 106 million Americans who need a replacement alternative.

Included in the packet before you is information about the AAID that was first formed in 1952, the oldest implant organization in America and possibly the world. The AAID is the sponsoring organization for this specialty before the American Dental Association. It is the sponsoring organization that chartered the American Board of Oral Implantology, the certifying board for dental implant specialists. Our members include general dentists, oral surgeons, periodontists, and prosthodontists, those who choose to be certified implant specialists.

**ORAL IMPLANTOLOGY—WHAT IS IT?**

Implant dentistry is the art, science, and discipline concerned with diagnoses, insertion, and restoration of oral structures to restore the loss of contour, comfort, function, esthetics, speech, and/or health of the partially or completely edentulous patient.

Implant prosthodontics is the branch of implant dentistry concerned with the restorative phase following implant placement.

Implant dentistry is a multimodality science that encompasses endosseous root-form and plate-form implants, various forms of subperiosteal implants, and bone enhancing barrier and grafting techniques. Ramus frame implants, transosteal implants, intramusosal inserts, and endodontic stabilizers are other forms of implants less often used.

Included in the packet before you is the information about the history of the AAID, its modality position, education, the credentialing process, and information about our national organizational structure.

I, as Chairman of the Dental Benefits Committee, have been communicating with Mr Musco in an attempt to further the understanding of what implant dentistry is, who implant dentists are, and what we do. We are attempting to communicate patient needs and wants in order to obtain insurance coverage for their implant treatment modalities. We hope to bring awareness to the insurance industry that the lack of coverage for dental implants is more costly in comparison to other treatment solutions over the long term. We hope to be able to present statistics of efficacy and to develop consistency of the reimbursement structure nationwide.

The Dental Benefits Committee and our general membership are working with Mr Fred Taddeo of the Electronic Medical Claims Processing Network (EMCPN) to develop a nationwide survey that will provide a clear view of national reimbursement policies. Thirty to 40 dentists nationwide will supply 300 to 400 claims to be appraised as part of this survey. The results of our survey will be provided to the HIAA and its members to help you understand reimbursement inconsistencies and difficulties.

We hope to attain a reimbursement consistency for implant dentistry, very much as has been reached in other specialty areas of dentistry such as endodontics, orthodontics, prosthodontics, and periodontics.

Implantology is a unique aspect of dentistry: it involves two diverse disciplines, surgery and prosthodontics, each requiring extensive knowledge and skill. Certified implantologists are those who have proven to have mastered both disciplines.

Let’s look at some implant statistics:

- Dental implant use increased 73% between 1986 and 1990.
- The number of dentists placing im-

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**SPECIAL REPORT**

**Implant Dentistry Today**

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**Journal of Oral Implantology**
plants increased from 6244 in 1986 to 9794 in 1990.

- In 1986, 116,148 implants were placed; in 1990, 436,685 implants were placed; and in 1996, nearly one million implants were placed, with an expectation of success exceeding 95%.

Dental implants are becoming an important part of dental care. It represented 2% of the $40 billion dental market in 1990.

Dental implants are no longer an experimental or exotic option.

- In 1994, over 10,000 dentists were performing implant procedures in the US.
- A 1995 survey showed that, in 1995, 99% of prosthetists surveyed had recommended implants to some of their fully and/or partially edentulous patients and 73% of periodontists and 83% of oral surgeons performed implant procedures. Approximately 60% of general dentists were a part of the implant team working with other specialists to restore their patients. The entire dental community has become actively involved in implant dentistry and the trend shows no sign of ebbing.

By the year 2000, every dentist will have learned how to perform some simple implant procedures.

**The Gray Boom and Its Effects on Implant Dentistry**

Ten years ago, when the Gray Boom term was coined, it referred to the parents of Baby Boomers. Today, many of those baby boomers are a part of the Gray Boom.

The older population is increasing at a rapid rate, three times faster than all other age groups in the nation. The fastest-growing members of the population are those 60 years old and older. Of this group, those in their 80s are the fastest growing segment.

People today look at their quality of life differently. Our grandparents accepted full dentures as a part of the aging process. A 60-year-old today will want an implant-supported prosthesis when stricken with partial or complete edentulism. A lack of natural teeth or an implant-supported prosthesis often results in a loss of hard and soft tissues due to atrophy, causing facial collapse and deformities, gastrointestinal complications, and physiological disorders.

Many dental surgical and periodontal procedures normally receiving reimbursement, such as bone grafting, barrier applications, sinus augmentations, and oral antral closures, may not be reimbursed by insurance carriers when they are completed along with dental implant procedures.

Cost continues to be the single largest barrier to implant treatment.

Some carriers will reimburse a patient for a portion of the restorative phase; others will not reimburse for an implant-supported prosthesis. Most carriers will not pay for the surgical phase; a very few may.

**Many Inconsistencies Exist—You Can Help!**

Third-party payers will continue to exclude coverage or restrict benefits until they can figure out the costs of implant procedures provided en masse to the public.

Implant dentistry has definitely gone through a maturation process. Originally, most implant patients were completely edentulous but, as technology and the profession have matured, we are doing more single-tooth implants and treating segments of missing teeth with implant-supported prostheses.

The modern dental era reflects a profound awareness that the preservation of function of the masticatory system is best served by the conservation and protection of the remaining hard and soft tissues.

To most of our patients, the loss of a few teeth is mutilating and provides a strong incentive to seek dental care to preserve and restore normal speech, masticatory function, and a socially acceptable appearance. To most dentists, the loss of teeth poses an even greater mutilation—the destruction of part of the facial skeleton and the distortion of the morphology and function of related soft tissues.

Contemporary implant dentistry is nearly 45 years old. Dental implants have become embedded in the public and dental consciousness. The AAID urges you, the insurance industry, to take a more active and aggressive role with implant dentistry. We urge you to help the industry to understand the needs and wants of their employees—especially their graying members.

Include implant procedures in your medical and dental programs. Help the dentally compromised patient attain a higher level of treatment so that we, the dental community, might get on with our restoration of the patient population. After all, isn’t that our mission?

We, the Dental Benefits Committee of the AAID, look forward to being able to work with you to meet the needs of our dental population. We can help you devise dental and medical programs to include implant dental procedures and prostheses to make it a win-win situation for the patient, the insurance industry, and the implant practitioner.

Let’s take a moment to review the handout before I answer any of your questions or concerns.

Thank you for your attention, your interest in implant dentistry, and for allowing me to be a part of your forum.
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