IMPLANT SERVICES D6000 - D6199

Implant services are not benefits of all HDS plans. Some plans may have contracted to provide different benefits / limitations. Please refer to the current Group Benefits or Patient Eligibility Verification (available on HDS Online or DenTel) for specific group coverage.

General Guidelines

- 1. Implant fees and benefits are defined by the group contract.
- 2. A treatment plan with a poor and or uncertain implant outcome may be denied due to the unfavorable prognosis of the involved tooth/teeth. Special consideration/exception may be made by submission of a narrative report.
- 3. Implants are denied when a treatment plan for a fixed partial denture includes retainers on natural teeth and implants.
- 4. The following are non-covered procedures and require the agreement of the patient to assume cost:
 - Treatment involving specialized techniques
 - Locators for implants
 - Precision attachments for crowns, fixed/removable partial dentures or implants (related procedures along with any associated appliances)
- 5. Separate charges are not allowed for preparation, models, temporary restorations, impressions, laboratory fees, laser technology, local anesthesia, occlusal adjustments within six months after the insertion, and other associated procedures as these services are components of a complete procedure for which a single charge is made. If submitted as a separate charge(s) the fees for these procedures, unless otherwise specified are not billable to the patient.
- 6. Oral Surgery benefits do not apply to Implant surgical services.

Surgical Services D6010, D6013, D6100 - D6102, D6105

An implant body and mini implant are not covered by all HDS plans. **Please refer to current group benefit information for specific coverage**. Three options for implant benefits are available to HDS groups:

- "Implant-Limited" allows an alternate benefit only if replacing one missing permanent tooth between two natural teeth in lieu of a 3-unit fixed partial denture.
- "Implant-Alternate Benefit" allows an alternate benefit for all clinically acceptable treatment plans.
- "Implant" allows a benefit for all clinically acceptable treatment plans. The dentist is held to the Maximum Plan Allowance.

A comparison of the three plans is provided on pages 4 and 5 of Implant Services.

General Guidelines

- 1. The time limitation for the replacement of a surgical placement of implant body: endosteal implant (D6010) or surgical placement of mini implant (D6013) follows the same replacement time limitation for Prosthodontics (Fixed) restorations as specified in the group contract.
- 2. Implants and implant/abutment supported prosthetics are denied for patients under age 19 or as specified in the group contract.

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D6010	X-ray	2 - 15
surgical placement of implant body: endosteal implant		18 - 31

surgical placement of implant body: endosteal implant

D6013

surgical placement of mini implant

Implant-Limited	Implant-Alternate Benefit	Implant
Alternate benefit available only if replacing one missing permanent tooth between two natural teeth.	Alternate benefit available for all clinically acceptable treatment plans.	Benefit is available for all clinically acceptable treatment plans. The dentist is held to the Maximum Plan Allowance.
Adjacent teeth are subject to time limitations for existing crowns, removable prosthodontics, inlays, onlays and veneers. (Rationale: By contract, implant is paid as an alternate benefit equivalent to the payment for two retainers of a 3-unit fixed partial denture. Appropriate treatment limitations and processing policies are applied.)	Time limitations apply only for tooth replaced with an implant.	Time limitations apply only for tooth replaced with an implant. The dentist is held to the Maximum Plan Allowance.

Cod	e & Nomenclature Sub	mission Requirements	Valid Tooth/ Quad/Arch/ Surface			
D6100		Operative Report				
surgical remov	al of implant body					
1.	Surgical removal of implant bod benefit.	y is not a benefit unless it is	s a group contract specific			
2.	Surgical removal of implant bod D6010/D6013 on the same toot		d after 3 months of			
3.	D6100 when performed within 3 dentist/dental office is not billabl		on the same tooth by the same			
D6101		Narrative	2 - 15			
	f a peri-implant defect or defects		18 - 31			
	single implant, and surface exposed implant surfaces,					
•	entry and closure					
1.	This procedure is denied when im	plants are not a benefit of th	e plan.			
2.	Narrative should include the clinic	al diagnosis.				
3.	D6101 is not billable to the patient dentist/dental office on the same of		e surgical site by the same			
Implan	Implant-Limited and Implant-Alternate Implant Benefit					

Benefit		
1. Denied.	1.	Benefit is subject to the review of the narrative.

Code & Nomenclature Sub	omission Requirements	Valid Tooth/ Quad/Arch/ Surface
D6102 debridement and osseous contouring of a peri- implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	Narrative	2 - 15 18 - 31
1. This procedure is denied when ir	mplants are not a benefit of th	e plan.
2. Narrative should include the clini	cal diagnosis.	
3. This procedure is not billable to t D4261 or D6101.	he patient when billed separa	tely in conjunction with D4260 or
Implant-Limited and Implant-Alternat Benefit	e	Implant
1. Denied.	1. Benefit is subject to	the review of the narrative.
D6105		2 - 15
Removal of implant body not requiring bone removal nor flap elevation		2 - 15 18 - 31

	Implant-Limited and Implant-Alternate Benefit	Implant
1.	Denied.	 D6105 when performed within 6 months of D6010/D6013 on the same tooth by the same dentist/dental office is not billable to the patient. Benefits are denied if done by a Different dentist/dental office within 6 months of D6010/D6013 on the same tooth.

Implant Supported Prosthetics D6055 - D6077, D6094, D6110 - 6117, D6194

General Guidelines

- 1. Implant supported prosthetic benefits are determined by the employer group implant contract.
- 2. Implants and implant/abutment supported prosthetics are denied for patients under age 19 or as specified in the group contract.
- 3. The submitted X-ray image must show the implant body. When submitting for preauthorization, attach the most current X-ray image for tentative approval. The X-ray image demonstrating the implant body is required when submitting for payment on a previously approved preauthorization.
- 4. An implant treatment plan with a poor and or uncertain outcome may be denied due to the unfavorable prognosis of the involved tooth/teeth.
- 5. A fixed partial denture between an implant tooth and a natural tooth is denied.

Clinical Scenario	Implant-Limited	Implant-Alternate Benefit	Implant
Anterior Teeth: Replacing 1 to 4 missing teeth with an implant supported prosthesis.	Benefited as the alternate benefit up to 4 pontics in the anterior segment, only when there are teeth present anterior and posterior to the implants.		
Posterior Teeth: Replacing 1 to 3 missing teeth with an implant supported prosthesis.	Benefited as the alternate benefit up to 3 pontics in the posterior segment, only when there are teeth present anterior and posterior to the implants.	Benefited as the alternate benefit of the appropriate pontic procedure code(s). Subject to the current group benefit and time limitations of previous prosthodontic /restorative	Benefited procedure. Subject to the current group benefit and time limitations of previous prosthodontic/ restorative services performed. The dentist is held to the Maximum Plan
Anterior fixed partial denture spanning more than 4 pontics or posterior fixed partial denture spanning more than 3 pontics	Processed as the alternate benefit of a removable partial denture. Special consideration/exception may be made by submission of a narrative report.	services performed.	Allowance.

Clinical Scenario	Implant-Limited	Implant-Alternate Benefit	Implant
If the implant crown is for one tooth, and it is adjacent to a natural tooth	The alternate benefit of one pontic will be applied. This benefit is allowed twice per arch (once on the left side and once on the right side) within a 5-year period unless specified by group contract.	Benefited as the alternate benefit of the appropriate	Benefited procedure. Subject to the current group benefit and time
If adjacent implant crowns are for more than one tooth	The alternate benefit of a removable partial denture will be applied. This benefit is allowed once per arch per 5-year period (unless specified by group contract) on the left or right side. If an implant crown is placed on the opposite side within the time limitation, the combined benefit (of the implant crowns on both sides) will not exceed the benefit of two pontics.	pontic procedure code(s). Subject to the current group benefit and time limitations of previous prosthodontic/ restorative services performed.	limitations of previous prosthodontic/restorativ services performed. The dentist is held to the Maximum Plan Allowance.

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D6056 prefabricated abutment – includes modification and placement	X-ray	2-15, 18-31
Modification of a prefabricated	d abutment may be necessary.	
Implant-Limited and Implant-Alternate	e Benefit	Implant
1. Denied.	1. The X-ray image m	nust show the implant body.
D6057 custom fabricated abutment – includes placement	X-ray	2-15, 18-31
Created by a laboratory proce	ess, specific for an individual application	on.
Implant-Limited and Implant-Alternat		Implant
1. Denied.	1. The X-ray image m	nust show the implant body.
Dease		0.45.40.04
D6058 abutment supported porcelain/ceramic crown	X-ray	2-15, 18-31
A single crown restoration that	at is retained, supported and stabilized	by an abutment on an implant.
Implant-Limited and Implant-Alternate	e Benefit	Implant
 Upon review, the alternate benefit of D6 D6240, will be applied. 		nust show the implant body.
2. The X-ray image must show the implant	body.	
D6059	X-ray	2-15, 18-31
abutment supported porcelain fused to metal crown (h noble metal)	-	
A single metal-ceramic crown an implant.	restoration that is retained, supported	and stabilized by an abutment on
Implant-Limited and Implant-Alternat		Implant
 Upon review, the alternate benefit of D6 D6240, will be applied. 	210, 1. The X-ray image m	nust show the implant body.
2. The X-ray image must show the implant	body.	

	Code & Nomenclature	Submis	sion Requirements	Valid Tooth/ Quad/Arch/ Surface
D6	060	X-ray		2-15, 18-31
	tment supported porcelain fused to metal vn (predominantly base metal)			
	A single metal-ceramic crown res on an implant.	storation th	at is retained, supported ar	nd stabilized by an abutment
I	Implant-Limited and Implant-Alternate Bene	əfit	Imp	plant
1.	Upon review, the alternate benefit of D6211, D6241 will be applied.	1.	•	
2.	The X-ray image must show the implant body	<i>.</i>		
abut	061 tment supported porcelain fused to metal vn (noble metal)	X-ray		2-15, 18-31
	A single metal-ceramic crown res on an implant.	storation th	at is retained, supported ar	nd stabilized by an abutment
I	Implant-Limited and Implant-Alternate Bene	əfit	Imp	olant
1.	Upon review, the alternate benefit D6212/D62 will be applied.	242 1.	The X-ray image must	show the implant body.
2.	The X-ray image must show the implant body	<i>.</i>		
abut	062 tment supported cast metal crown (high le metal)	X-ray		2-15, 18-31
	A single metal-ceramic crown res	storation th	at is retained, supported ar	nd stabilized by an abutment
I	Implant-Limited and Implant-Alternate Bene	əfit	Imp	lant
1.	Upon review, the alternate benefit D6210 will applied.		The X-ray image must	
2.	The X-ray image must show the implant body	1.		

Code & Nomenclature	Submis	ssion Requirements	Valid Tooth/ Quad/Arch/ Surface
D6063 abutment supported cast metal crown (predominantly base metal)	X-ray		2-15, 18-31
A single cast metal crown resto an implant.	ration that i	s retained, supported and	stabilized by an abutment on
Implant-Limited and Implant-Alternate Ber	nefit	Im	plant
 Upon review, the alternate benefit D6211 will b applied. 			t show the implant body.
2. The X-ray image must show the implant boo	ly.		
D6064 abutment supported cast metal crown (noble metal)	X-ray		2-15, 18-31
A single cast metal crown rest abutment on an implant.	toration tha	at is retained, supported a	and stabilized by an
Implant-Limited and Implant-Alternate Ber	nefit	Im	plant
 Upon review, the alternate benefit D6212 wi applied. 			t show the implant body.
2. The X-ray image must show the implant boo	ły.		
D6065 implant supported porcelain/ceramic crown	X-ray		2-15, 18-31
A single crown restoration tha	t is retaine	d, supported and stabiliz	ed by an implant.
1. This procedure code should not be to D6058, D6059, D6060, D6061, D			oported implant crown; refer
Implant-Limited and Implant-Alternate Ber	nefit	Im	plant
1. Upon review, the alternate benefit D6212 wi applied.	ll be 2		t show the implant body.
2. The X-ray image must show the implant boo	iy.		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D6066 X-r implant supported crown - porcelain	ray	2-15, 18-31
fused to high noble alloys A single metal-ceramic crown re implant.	storation that is retained, support	ed and stabilized by an
1. This procedure code should not be submitted D6058, D6059, D6060, D6061, D6062, D6063		implant crown; refer to
Implant-Limited and Implant-Alternate Bene	fit In	nplant
 Upon review, the alternate benefit of D6210, D6240 may be applied. The X-ray image must show the implant body 		t show the implant body.
D6067 X-r implant supported crown - high noble	ray	2-15, 18-31
alloys		
A single metal crown restoration the	nat is retained, supported and sta	bilized by an implant.
 This procedure code should not be submitted to report an abutment supported implant crown; refer to D6058, D6059, D6060, D6061, D6062, D6063, D6064 and D6120. 		
Implant-Limited and Implant-Alternate Bene	fit In	nplant
1. Upon review, the alternate benefit D6210 will applied.	be 1. The X-ray image mus	t show the implant body.
2. The X-ray image must show the implant body		

Code & Nomenclature	Submission Requireme	Valid Tooth/ Quad/Arch/ ents Surface
D6068 abutment supported retainer for porcelain ceramic FPD	X-ray	2-15, 18-31
A ceramic retain abutment on an	•	e that gains retention, support and stability from an
Implant-Limited and Implar	t-Alternate Benefit	Implant
 Upon review, the alternate to will be applied. The X-ray image must show 	penefit D6210/D6240 1.	The X-ray image must show the implant body.
D6069 abutment supported retainer for porcelain fused to metal FPD (high noble metal)	X-ray	2-15, 18-31
	nic retainer for a fixed partia nent on an implant.	al denture that gains retention, support and stability
Implant-Limited and Impla	nt-Alternate Benefit	Implant
1. Upon review, the alternate to be applied.	enefit D6210/D6240 will	1. The X-ray image must show the implant body.
2. The X-ray image must show	the implant body.	

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Code & Nomenclature	Submission Requiren	Valid Tooth/ Quad/Arch/ nents Surface
Code & Nomenciature	Submission Requirem	lients Surace
		0.45.40.04
D6070 abutment supported retainer for porcelain	X-ray	2-15, 18-31
fused to metal FPD (predominantly base		
metal)		
A	· · · · · · · · · · · · · · · · · · ·	
	ic retainer for a fixed part ent on an implant.	ial denture that gains retention, support and stability
Implant-Limited and Implan		Implant
1. Upon review, the alternate ben	efit of D6211/D6241 will	1. The X-ray image must show the implant body.
be applied.		
2. The X-ray image must show	the implant body.	
, , ,	, ,	
D6071	X-ray	2-15, 18-31
abutment supported retainer for porcelain fused to metal FPD (noble metal)		
		ial denture that gains retention, support and stability
from an abutm	ent on an implant.	
Implant-Limited and Implan	t-Alternate Benefit	Implant
1. Upon review, the alternate be		1. The X-ray image must show the implant body.
will be applied.		
2. The X-ray image must show	the implant body	
2. The A-ray image must show	the implant body.	
D6072	X-ray	2-15, 18-31
abutment supported retainer for cast metal FPD (high noble metal)		
A cast metal re	tainer for a fixed partial c	lenture that gains retention, support and stability from an
abutment on a	n implant.	
Implant-Limited and Implan	t-Alternate Benefit	Implant
1. Upon review, the alternate be		1. The X-ray image must show the implant body.
applied.		,,
2 The V rev incere must show	the implant body	
2. The X-ray image must show	the implant body.	

		Valid Tooth/ Quad/Arch/
Code & Nomenclature	Submission Require	ments Surface
D6073	X-ray	2-15, 18-31
abutment supported retainer for cast metal	,	,
FPD (predominantly base metal)		
	•	denture that gains retention, support and stability from an
abutment on ar	ı implant.	
	Alterrate Devetit	Implant
Implant-Limited and Implant-		Implant
1. Upon review, the alternate be	enetit of D6211 will be	1. The X-ray image must show the implant body.
applied.		
2. The X-ray image must show t	he implant body	
D6074	X-ray	2-15, 18-31
abutment supported retainer for cast metal		
FPD (noble metal)		
	•	denture that gains retention, support and stability from an
abutment on ar	i impiant.	
Implant-Limited and Implant	-Alternate Benefit	Implant
1. Upon review, the alternate be		1. The X-ray image must show the implant body.
applied.		1. The X ray image must show the implant body.
2. The X-ray image must show the	he implant body.	
D6075	X-ray	2-15, 18-31
implant supported retainer for ceramic		
FPD		
A ceramic retai	ner for a fixed partial de	nture that gains retention, support and stability from an
implant.	nei ioi a iixeu partiai ue	indre that gains retention, support and stability norman
implant.		
Implant-Limited and Implant	-Alternate Benefit	Implant
1. Upon review, the alternate be		1. The X-ray image must show the implant body.
D6210/D6240 will be applied		
2. The X-ray image must show the	ie implant body.	

Code & Nomenclature	Submission Requiren	Valid Tooth/ Quad/Arch/ nents Surface			
D6076 implant supported retainer for FPD - porcelain fused to high noble alloys	X-ray	2-15, 18-31			
	A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an implant.				
Implant-Limited and Implan	t-Alternate Benefit	Implant			
 Upon review, the alternate ber will be applied. The X-ray image must show 		1. The X-ray image must show the implant body.			
D6077 implant supported retainer for cast metal FPD - high noble alloys	X-ray	2-15, 18-31			
A metal retain implant.	er for a fixed partial dentu	re that gains retention, support and stability from an			
Implant-Limited and Implan	t-Alternate Benefit	Implant			
 Upon review, the alternate b applied. The X-ray image must show 		1. The X-ray image must show the implant body.			

Code & Nomenclature	Submission Requi	rements	Valid Tooth/ Quad/Arch/ Surface	
D6080 implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments			2-15, 18-31	
This procedure includes active debriding of the implant(s) and examination of all aspects of the implant system(s), including the occlusion and stability of the superstructure. The patient is also instructed in thorough daily cleansing of the implant(s). This is not a per implant code and is indicated for implant supported fixed prostheses.				
Implant-Limited and Implant- 1. Denied.	Alternate Benefit	1 Detient k	Implant	
1. Denied.		1. Patient ł tooth is ı	nistory of an implant performed on the same required.	
			efit is allowed once every 3 years.	
D6081		Narrative	2-15, 18-31	
scaling and debridement in the presence of i mucositis of a single implant, including clean implant surfaces, without flap entry and close This procedure is not	ing of the ure			
1. Narrative should include the clir	nical diagnosis.			
	 Benefit is allowed once per tooth per 24 months. Retreatment by the same dentist/dental office within 24 months is considered part of the original procedure and is not billable to the patient. 			
3. D6081 is not billable to the patie same day as D4341/D4342 or I			al site by the same dentist/dental office on the / D6102.	
4. D6081 is not billable to the patie	4. D6081 is not billable to the patient when performed in conjunction with D1110, D4346 or D4910.			
5. D6081 is not billable to the patie D6120 and D6194) on the same			of restoration placement (D6058-D6077, e.	
Implant-Limited and Implan	t-Alternate Benefit		Implant	
1. Denied.		1. The X-ray	y image must show the implant body.	

		Valid Tooth/ Quad/Arch/
Code & Nomenclature	Submission Require	ments Surface
D6082	X-ray	2-15, 18-31
implant supported crown - porcelain fused	to	
predominantly base alloys		
A single met	al coromia arown rootarat	tion that is retained, supported and stabilized by an
implant.		tion that is retained, supported and stabilized by an
inplant.		
Implant-Limited and Impla	ant-Alternate Benefit	Implant
1. Upon review, the alternate be	enefit of D6210 will be	1. The X-ray image must show the implant body.
applied.		
2 The X rew image must show	the implent hedy	
2. The X-ray image must show	the implant body.	
		I
D6083	X-ray	2-15, 18-31
implant supported crown - porcelain fused	to	
noble alloys		
	al acusumia augura reatarat	view that is wateriand, supported and stabilized by an
implant.	al-ceramic crown restorat	tion that is retained, supported and stabilized by an
implant.		
Implant-Limited and Impla	ant-Alternate Benefit	Implant
1. Upon review, the alternate be	enefit of D6210 will be	2. The X-ray image must show the implant body.
applied.		
2 The V rew image must show	the implent hedu	
2. The X-ray image must show	the implant body.	
		3.
D6084	X-ray	2-15, 18-31
implant supported crown - porcelain fused		
titanium and titanium alloys		
	al-ceramic crown restorat	tion that is retained, supported and stabilized by an
implant.		
Implant-Limited and Impla	ant-Alternate Benefit	Implant
1. Upon review, the alternate be		4. The X-ray image must show the implant body.
applied.		······································
2. The X-ray image must show	the implant body.	

Code & Nomenclature	Submission Require	ements	Valid Tooth/ Quad/Arch/ Surface	
D6086 implant supported crown - predominantly base alloys	X-ray	2-15, 18-3	31	
A single metal cro	own restoration that is i	retained, supporte	ed and stabilized by an implant.	
Implant-Limited and Implant-	Alternate Benefit		Implant	
1. Upon review, the alternate ber applied.	nefit D6211 will be	1. The X-ray ir	nage must show the implant body.	
2. The X-ray image must show the	ne implant body.			
D6087	X-ray	2-15, 18-3	31	
implant supported crown - noble alloys				
A single metal cro	A single metal crown restoration that is retained, supported and stabilized by an implant.			
Implant-Limited and Implant-	Alternate Benefit		Implant	
1. Upon review, the alternate ber applied.	nefit D6210 will be	1. The X-ray ir	nage must show the implant body.	
2. The X-ray image must show the	ne implant body.			
D	N	0.45.40		
D6088 implant supported crown - titanium and titanium alloys	X-ray	2-15, 18-3	31	
A single metal cro	own restoration that is r	retained, supporte	ed and stabilized by an implant.	
Implant-Limited and Implant-			Implant	
 Upon review, the alternate ber applied. The X-ray image must show the terminate of t		1. The X-ray ima	age must show the implant body.	

Code & Nomenclature	Submission Require	Valid Tooth/ Quad/Arch/ ments Surface	
D6090 repair implant supported prosthesis, by report	Narrative, Lab Invoice	2-15, 18-31	
•	volves the repair or rep	lacement of any part of the implant supported	
	U .	e materials used, tooth number and surfaces, chair time, available, X-ray images when appropriate or any other	
2. Upon review of documentation,	the appropriate benefit a	allowance will be applied.	
Implant-Limited and Implant	Alternate Benefit	Implant	
1. Denied.		1. Upon review of documentation, the appropriate benefit allowance will be applied.	
Deada		0.45, 40.24	
D6092 re-cement or re-bond implant/abutment supported crown		2-15, 18-31	
D6093 re-cement or re-bond implant/abutment supported fixed partial denture			
1. Benefit for recementation with the same dentist or dental off		al placement is not billable to the patient if performed by	
2. Recementation by a different	2. Recementation by a different dentist (within 6 months of initial placement) is a benefit once.		
	 Benefits are allowed for one recementation after 6 months have elapsed since initial placement. Subsequent requests for recementation are allowed every 12 months thereafter. 		
4. This procedure is covered une	der the Prosthodontics	benefit category.	
D6094 Abutment supported crown-titanium and titanium alloys	X-ray	2-15, 18-31	
A single crow implant.	n restoration that is ret	ained, supported and stabilized by an abutment on an	
Implant-Limited and Implar	nt-Alternate Benefit	Implant	
 Upon review, the alternate be applied. The X manual state of the state		1. The X-ray image must show the implant body.	
2. The X-ray image must show the Revised: 01/01/2024	ne implant body.	1	

Code & Nomenclature	Submission Require	ements	Valid Tooth/ Quad/Arch/ Surface
D6095	Narrative,		2-15, 18-31
repair implant abutment, by report	Lab Invoice		
This procedure in	nvolves the repair or rep	placement of a	any part of the implant abutment.
			ed, tooth number and surfaces, chair time, ay images when appropriate or any other
Implant-Limited and Implant	-Alternate Benefit		Implant
1. Denied.			ew of documentation, the appropriate owance will be applied.
D6096 remove broken implant retaining screw			2-15, 18-31
1. The code is submitted to repor	t the removal of a broken	i implant retain	ing screw.
2. This code should not be subm	itted to report the tighteni	ng of an intact	implant retaining screw.
Implant-Limited and Implant	-Alternate Benefit		Implant
1. Denied.			limited to once every 12 months beginning after the initial placement.
D6097	X-ray		2-15, 18-31
abutment supported crown - porcelain fused to titanium and titanium alloys			
A single metal-ceramic crown restoration that is retained, supported, and stabilized by an abutment on an implant.			
Implant-Limited and Impla	nt-Alternate Benefit		Implant
 Upon review, the alternate be will be applied. 		1. The X-i	ay image must show the implant body.
2. The X-ray image must show	the implant body.		

		Valid Tooth/ Quad/Arch/
Code & Nomenclature	Submission Require	ements Surface
D6098	X-ray	2-15, 18-31
implant supported retainer - porcelain	A-lay	2-13, 10-31
fused to predominantly base alloys		
rused to predominantiy base alloys		
A metal-cer	amic retainer for a fixed r	partial denture that gains retention, support, and stability
from an imp		partial dontaro that gano rotontion, oupport, and otability
Implant-Limited and Impla	ant-Alternate Benefit	Implant
1. Upon review, the alternate I		1. The X-ray image must show the implant body.
will be applied.		
The X-ray image must show the	implant body.	
D6099	X-ray	2-15, 18-31
implant supported retainer for FPD -		
porcelain fused to noble alloys		
		partial denture that gains retention, support, and stability
from an imp	Nant.	
Implant Limited and Impl	ant Altornato Bonofit	Implant
Implant-Limited and Implant1.Upon review, the alternate be		1. The X-ray image must show the implant body.
 Upon review, the alternate be be applied. 	Them of D62 10/D6240 Will	1. The X-ray image must show the implant body.
be applied.		
2. The X-ray image must show	the implant body	
2. The X-ray image must show	the implant body.	
D6104	X-ray	2-15, 18-31
Bone graft at time of implant placement	, they	2 10, 10 01
		nd/or biologic materials to aid in osseous regeneration
are reported	d separately.	
4 Dana another the station of the		
		d and the approved amount is collectable from the patient
unless it is a group cont	raci specific benefit.	
2 Bone graft at time of im	nlant nlacement is a hono	efit when completed on the same day on the same tooth
as implant placement.	Jan placement is a belle	sin when completed on the same day on the same tooth
as implant placement.		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D6110 Implant/abutment supported removable denture for edentulous arch – maxillary	X-ray	
D6111 Implant/abutment supported removable denture for edentulous arch – mandibular		
	sponsible for the cost difference. Re	D5120 will be applied. Patients should be efer to current group benefit information for
2. The X-ray image must sl	now the implant body.	
D6112 Implant/abutment supported removable denture for partially edentulous arch – maxillary	X-ray	
D6113 Implant/abutment supported removable denture for partially edentulous arch – mandibular		
	sponsible for the cost difference. Re	D5214 will be applied. Patients should be efer to current group benefit information for
2. The X-ray image must sl	now the implant body.	
D6114 Implant/abutment supported fixed denture for edentulous arch – maxillary	X-ray	

D6115

Implant/abutment supported fixed denture for edentulous arch – mandibular

- 3. For most plans, upon review, the alternate benefit of D5110/D5120 will be applied. Patients should be informed that they are responsible for the cost difference. Refer to current group benefit information for specific coverage for implant services.
- 4. The X-ray image must show the implant body.

Code & Nomenclature	Submission Require	Valid Tooth/ Quad/Arch/ ements Surface
Datta	V rou	
D6116 Implant/abutment supported fixed denture for partially edentulous arch – maxillary	X-ray	
D6117 Implant/abutment supported fixed denture for partially edentulous arch – mandibular		
	ponsible for the cost d	fit of D5213/D5214 will be applied. Patients should be lifference. Refer to current group benefit information for
2. The X-ray image must she	ow the implant body.	
D6120 implant supported retainer – porcelain fused to titanium and titanium alloys	X-ray	2-15, 18-31
A metal-cerami from an implant		artial denture that gains retention, support, and stability
Implant-Limited and Implant-	Alternate Benefit	Implant
 Upon review, the alternate bene will be applied. 	efit of D6210/D6240	1. The X-ray image must show the implant body.
2. The X-ray image must show t	he implant body.	
D6121	X-ray	2-15, 18-31
implant supported retainer for metal FPD – predominantly base alloys		
A metal retaine implant.	r for a fixed partial den	ture that gains retention, support, and stability from an
Implant-Limited and Implant-	Alternate Benefit	Implant
1. Upon review, the alternate be applied.	nefit of D6211 will be	1. The X-ray image must show the implant body.
2. The X-ray image must show t	he implant body.	

		Valid Tooth/ Quad/Arch/			
Code & Nomenclature	Submission Require	ements Surface			
D 0400	V	0.45.40.04			
D6122	X-ray	2-15, 18-31			
implant supported retainer for metal FPD -					
noble alloys					
	, , , , , , , , , ,	a an a state of the			
	A metal retainer for a fixed partial denture that gains retention, support, and stability from an				
implant.					
Implant-Limited and Implant		Implant			
1. Upon review, the alternate be	nefit of D6210 will be	1. The X-ray image must show the implant body.			
applied.					
2. The X-ray image must show t	he implant body.				
D6123	X-ray	2-15, 18-31			
implant supported retainer for metal FPD -	-				
titanium and titanium alloys					
,					
A metal retainer for a fixed partial denture that gains retention, support, and stability from an					
implant.					
Implant-Limited and Implant	-Alternate Benefit	Implant			
1. Upon review, the alternate be		1. The X-ray image must show the implant body.			
applied.					
2. The X-ray image must show t	the implant body.				
D6194	X-ray	2-15, 18-31			
abutment supported retainer crown for	Лиу	2 10, 10 01			
FPD – titanium and titanium alloys					
A retainer for a fived partial depture that raise retention, support and stability from an abutture to a					
A retainer for a fixed partial denture that gains retention, support and stability from an abutment on					
an implant.					
		lass dans d			
Implant-Limited and Implant		Implant			
1. Upon review, the alternate be	netit of D6210 will be	1. The X-ray image must show the implant body.			
applied.					
2. The X-ray image must show t	he implant body.				

Code & Nomenclature	Submission Requirem	Valid Tooth/ Quad/Arch/ ents Surface		
D6195	X-ray	2-15, 18-31		
abutment supported retainer - porcelain fused to titanium and titanium alloys				
A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an abutment on an implant.				
Implant-Limited and Implant-Alternate Benefit		Implant		
1. Upon review, the alternate benefit of D6212/D6242 will be applied.		1. The X-ray image must show the implant body.		
2. The X-ray image must show t	the implant body.			
DC400	Narrative	0.45.40.04		
D6199 Unspecified implant procedure, by report	Narrauve	2-15, 18-31		
Used for procedure that is not adequately described by a code. Describe procedure.				
 Narrative should include the clinical diagnosis, restorative materials used, tooth number and surfaces, chair time. Laboratory invoices and intraoral photographic images when available, X-ray images when appropriate or additional supporting information may be requested. 				
2. Upon review of documentation, the appropriate benefit allowance will be applied.				
Implant-Limited and Implant	-Alternate Benefit	Implant		
1. Denied.	1	. Upon review of documentation, the appropriate benefit allowance will be applied.		
	2	. Benefit is limited to once every 12 months beginning 6 months after the initial placement.		