

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.
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Surgical Services D6010, D6013, D6101 - 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 surgical placement of implant body: endosteal implant	X-ray	2 - 15 18 - 31
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.

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D6100 surgical removal of implant body		
Operative Report		
<ol style="list-style-type: none"> 1. Surgical removal of implant body is not a benefit unless it is a group contract specific benefit. 2. Surgical removal of implant body is denied when performed after 3 months of D6010/D6013 on the same tooth. 3. D6100 when performed within 3 months of D6010/D6013 on the same tooth by the same dentist/dental office is not billable to the patient. 		
D6101 debridement 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
<ol style="list-style-type: none"> 1. This procedure is denied when implants are not a benefit of the plan. 2. Narrative should include the clinical diagnosis. 3. D6101 is not billable to the patient when performed in the same surgical site by the same dentist/dental office on the same day as D6102. 		
Implant-Limited and Implant-Alternate Benefit		Implant
1. Denied.	1. Benefit is subject to the review of the narrative.	

Code & Nomenclature	Submission 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
<ol style="list-style-type: none"> 1. This procedure is denied when implants are not a benefit of the plan. 2. Narrative should include the clinical diagnosis. 3. This procedure is not billable to the patient when billed separately in conjunction with D4260 or D4261 or D6101. 		
Implant-Limited and Implant-Alternate Benefit		Implant
1. Denied.	1. Benefit is subject to the review of the narrative.	

D6105 Removal of implant body not requiring bone removal nor flap elevation		2 - 15 18 - 31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Denied.	1. 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, D6194General 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.	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 services performed.	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 Allowance.
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.		
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.		

HDS PROCEDURE CODE GUIDELINES

IMPLANT SERVICES

When a distal extension edentulous space is involved, the appropriate benefit will be applied as follows:			
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 pontic procedure code(s). Subject to the current group benefit and time limitations of previous prosthodontic/restorative services performed.	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 Allowance.
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.		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
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Supporting Structures D6056 - D6057

D6056 prefabricated abutment – includes modification and placement	X-ray	2-15, 18-31
Modification of a prefabricated abutment may be necessary.		
Implant-Limited and Implant-Alternate Benefit	Implant	
1. Denied.	1. The X-ray image must show the implant body.	

D6057 custom fabricated abutment – includes placement	X-ray	2-15, 18-31
Created by a laboratory process, specific for an individual application.		
Implant-Limited and Implant-Alternate Benefit	Implant	
1. Denied.	1. The X-ray image must show the implant body.	

Implant/Abutment Supported Removable Dentures D6110 - D6113

D6110 Implant/abutment supported removable denture for edentulous arch – maxillary	X-ray	
D6111 Implant/abutment supported removable denture for edentulous arch – mandibular		
<ol style="list-style-type: none"> 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. The X-ray image must show the implant body. 		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D6112 Implant/abutment supported removable denture for partially edentulous arch – maxillary	X-ray	
D6113 Implant/abutment supported removable denture for partially edentulous arch – mandibular		
<ol style="list-style-type: none"> For most plans, upon review, the alternate benefit of D5213/D5214 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. The X-ray image must show the implant body. 		

Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis) D6114 - D6117

D6114 Implant/abutment supported fixed denture for edentulous arch – maxillary	X-ray	
D6115 Implant/abutment supported fixed denture for edentulous arch – mandibular		
<ol style="list-style-type: none"> 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. The X-ray image must show the implant body. 		

D6116 Implant/abutment supported fixed denture for partially edentulous arch – maxillary	X-ray	
D6117 Implant/abutment supported fixed denture for partially edentulous arch – mandibular		
<ol style="list-style-type: none"> For most plans, upon review, the alternate benefit of 5213/D5214 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. The X-ray image must show the implant body. 		

Code & Nomenclature

Submission Requirements

Valid Tooth/ Quad/Arch/
Surface**Single Crowns, Abutment Supported D6058 - D6064, D6094**

D6058 abutment supported porcelain/ceramic crown A single crown restoration that is retained, supported and stabilized by an abutment on an implant.	X-ray 2-15, 18-31	
Implant-Limited and Implant-Alternate Benefit 1. Upon review, the alternate benefit of D6210, D6240, will be applied. 2. The X-ray image must show the implant body.	Implant 1. The X-ray image must show the implant body.	
D6059 abutment supported porcelain fused to metal crown (high noble metal) A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant.	X-ray 2-15, 18-31	
Implant-Limited and Implant-Alternate Benefit 1. Upon review, the alternate benefit of D6210, D6240, will be applied. 2. The X-ray image must show the implant body.	Implant 1. The X-ray image must show the implant body.	
D6060 abutment supported porcelain fused to metal crown (predominantly base metal) A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant.	X-ray 2-15, 18-31	
Implant-Limited and Implant-Alternate Benefit 1. Upon review, the alternate benefit of D6211, D6241 will be applied. 2. The X-ray image must show the implant body.	Implant 1. The X-ray image must show the implant body.	

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D6061 abutment supported porcelain fused to metal crown (noble metal) A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant.	X-ray	2-15, 18-31
	Implant-Limited and Implant-Alternate Benefit	Implant
	1. Upon review, the alternate benefit D6212/D6242 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.
D6097 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.	X-ray	2-15, 18-31
	Implant-Limited and Implant-Alternate Benefit	Implant
	1. Upon review, the alternate benefit D6210/D6240 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.
D6062 abutment supported cast metal crown (high noble metal) A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant.	X-ray	2-15, 18-31
	Implant-Limited and Implant-Alternate Benefit	Implant
	1. Upon review, the alternate benefit D6210 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D6063 abutment supported cast metal crown (predominantly base metal) A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit D6211 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	
D6064 abutment supported cast metal crown (noble metal) A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit D6212 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	
D6094 Abutment supported crown-titanium and titanium alloys A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit of D6210 will be applied. 2. The X-ray image must show the implant body.	2. The X-ray image must show the implant body.	

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
Single Crowns, Implant Supported D6065 - D6067		
D6065 implant supported porcelain/ceramic crown A single crown restoration that is retained, supported and stabilized by an implant. 1. This procedure code should not be submitted to report an abutment supported implant crown; refer to D6058, D6059, D6060, D6061, D6062, D6063, D6064 and D6094.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit D6210/D6240 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	
D6066 implant supported crown - porcelain fused to high noble alloys A single crown restoration that is retained, supported and stabilized by an implant. 1. This procedure code should not be submitted to report an abutment supported implant crown; refer to D6058, D6059, D6060, D6061, D6062, D6063, D6064 and D6094.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit of D6210, D6240 may be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D6082 implant supported crown - porcelain fused to predominantly base alloys A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit of D6211 will be applied.	1. The X-ray image must show the implant body.	
2. The X-ray image must show the implant body.	2.	
D6083 implant supported crown - porcelain fused to noble alloys A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit of D6210 will be applied.	3. The X-ray image must show the implant body.	
2. The X-ray image must show the implant body.	4.	
D6084 implant supported crown - porcelain fused to titanium and titanium alloys A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit of D6210 will be applied.	5. The X-ray image must show the implant body.	
2. The X-ray image must show the implant body.		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D6067 implant supported crown - high noble alloys A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant. 1. 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.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit D6210 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	
D6086 implant supported crown - predominantly base alloys A single metal crown restoration that is retained, supported and stabilized by an implant.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit D6211 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	
D6087 implant supported crown - noble alloys A single metal crown restoration that is retained, supported and stabilized by an implant.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit D6210 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D6088 implant supported crown - titanium and titanium alloys A single metal crown restoration that is retained, supported and stabilized by an implant.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit D6210 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	

Fixed Partial Denture Retainer, Abutment Supported D6068 - D6194

D6068 abutment supported retainer for porcelain/ ceramic FPD A ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit D6210/D6240 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	

D6069 abutment supported retainer for porcelain fused to metal FPD (high noble metal) A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit D6210/D6240 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D6070 abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit of D6211/D6241 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	
D6071 abutment supported retainer for porcelain fused to metal FPD (noble metal) A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit of D6212/D6242 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	
D6195 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.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit of D6212/D6242 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D6072 abutment supported retainer for cast metal FPD (high noble metal) A cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit of D6210 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	
D6073 abutment supported retainer for cast metal FPD (predominantly base metal) A cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit of D6211 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	
D6074 abutment supported retainer for cast metal FPD (noble metal) A cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit of D6212 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D6194 abutment supported retainer crown for FPD – titanium and titanium alloys A retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit of D6210 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	

Fixed Partial Denture Retainer, Implant Supported D6075 - D6077

D6075 implant supported retainer for ceramic FPD A ceramic retainer for a fixed partial denture that gains retention, support and stability from an implant.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit of D6210/D6240 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D6076 implant supported retainer for FPD - porcelain fused to high noble alloys A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an implant.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit of D6210/D6240 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	
D6098 implant supported retainer - porcelain fused to predominantly base alloys A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an implant.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit of D6211, D6241 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	
D6099 implant supported retainer for FPD - porcelain fused to noble alloys A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an implant.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit of D6210/D6240 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D6120 implant 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 implant.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit of D6210/D6240 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	
D6077 implant supported retainer for cast metal FPD - high noble alloys A metal retainer for a fixed partial denture that gains retention, support and stability from an implant.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit of D6210 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	
D6121 implant supported retainer for metal FPD – predominantly base alloys A metal retainer for a fixed partial denture that gains retention, support, and stability from an implant.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit of D6211 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D6122 implant supported retainer for metal FPD – noble alloys A metal retainer for a fixed partial denture that gains retention, support, and stability from an implant.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit of D6210 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	
D6123 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.	X-ray	2-15, 18-31
Implant-Limited and Implant-Alternate Benefit		Implant
1. Upon review, the alternate benefit of D6210 will be applied. 2. The X-ray image must show the implant body.	1. The X-ray image must show the implant body.	

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
Other Implant Services D6080 - D6095		
D6080 implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments 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.		2-15, 18-31
	Implant-Limited and Implant-Alternate Benefit	Implant
	1. Denied.	1. Patient history of an implant performed on the same tooth is required. 2. This benefit is allowed once every 3 years.
D6081 scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure This procedure is not performed in conjunction with D1110, D4910, or D4346.	Narrative	2-15, 18-31
	1. Narrative should include the clinical diagnosis. 2. 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 patient when performed in the same surgical site by the same dentist/dental office on the same day as D4341/D4342 or D4240/D4241, D4260/D4261 or D6101/ D6102. 4. D6081 is not billable to the patient when performed in conjunction with D1110, D4346 or D4910. 5. D6081 is not billable to the patient when performed within 12 months of restoration placement (D6058-D6077, D6120 and D6194) on the same tooth by the same dentist/dental office.	
	Implant-Limited and Implant-Alternate Benefit	Implant
	1. Denied.	1. The X-ray image must show the implant body.

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D6090 repair implant supported prosthesis, by report	Narrative, Lab Invoice	2-15, 18-31
This procedure involves the repair or replacement of any part of the implant supported prosthesis.		
1. Narrative should include the clinical diagnosis, restorative materials used, tooth number and surfaces, chair time, laboratory invoices, intraoral photographic images when available, X-ray images when appropriate or any other supporting information.		
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.	

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 within 6 months of the initial placement is not billable to the patient if performed by the same dentist or dental office.	
2. Recementation by a different dentist (within 6 months of initial placement) is a benefit once.	
3. 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 under the Prosthodontics benefit category.	

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D6095 repair implant abutment, by report	Narrative, Lab Invoice	2-15, 18-31
This procedure involves the repair or replacement of any part of the implant abutment.		
1. Narrative should include the clinical diagnosis, restorative materials used, tooth number and surfaces, chair time, laboratory invoices, intraoral photographic images when available, X-ray images when appropriate or any other supporting information.		
Implant-Limited and Implant-Alternate Benefit		Implant
1. Denied.	1. Upon review of documentation, the appropriate benefit allowance will be applied.	
D6096 remove broken implant retaining screw		2-15, 18-31
1. The code is submitted to report the removal of a broken implant retaining screw.		
2. This code should not be submitted to report the tightening of an intact implant retaining screw.		
Implant-Limited and Implant-Alternate Benefit		Implant
1. Denied.	1. Benefit is limited to once every 12 months beginning 6 months after the initial placement.	
D6199 Unspecified implant procedure, by report	Narrative	2-15, 18-31
Used for procedure that is not adequately described by a code. Describe procedure.		
1. 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.	