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# Part 8: Implant Services

## Comprehensive Dental Reference Guide

Please use the Comprehensive Dental Reference Guide when preparing your claims and pre-treatment estimates for CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc., (collectively, "CareFirst"), CareFirst BlueCross BlueShield Medicare Advantage, The Dental Network, and the Federal Employee Program®.

- **CDT code descriptions**
- **Utilization review perspectives on clinical presentations appropriate for benefit allowance**
- **CareFirst-required documentation to allow for processing**
- **Identification of codes that require a clinical review by our staff of licensed dentists**

Selecting the most appropriate code to describe treatment rendered and providing required documentation streamlines the claims submission process.

*These descriptions and directions are based on standard plan designs. Individual patient plans may vary. Verify benefits and eligibility for each patient before the appointment.*

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# Implant Services: D6000–D6199

The information provided is based on general clinical policy and can vary for each patient's plan. Verify benefits and eligibility for each patient before the appointment, as there are differences among plans. The following information gives generalized clinical requirements and guidance for each CDT code.

| Implant Services | | | |
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| **Procedure Code** | **Description** | **Clinical Criteria and/or Policy*** | **Supporting Documentation Requirements** |
| D6010 | Surgical placement of implant body—endosteal implant | Benefits are typically available once every five years. General anesthesia and/or intravenous sedation may be covered with this procedure.<br>The implant site will be evaluated before implant placement based on the prognosis for good implant outcome. The alveolar ridge implant placement site must present with good-quality bone of adequate mass and density. Active periodontal disease must be treated and under control before implant placement to avoid possible complications. Limited to the replacement of permanent teeth (2–15, 18–31 only). Replacements of teeth 1, 16, 17 and 32 are not covered unless in functional occlusion and necessary to maintain occlusal support. The implant must have a good crown-to-root ratio.<br>The restorative dentist will evaluate the implant restoration based on the complete osseointegration of the implant body. Benefits will not be approved if the implant body is not fully osseointegrated. The implant must not have more than two implant body threads exposed above the alveolar crest and must not be closer than 1.5 mm to adjacent roots or implants. When there is untreated generalized periodontal disease throughout the remaining dentition, a more conservative treatment modality may be offered as an alternate benefit to restore the edentulous space and replace all missing teeth, e.g., a fixed bridge or a full/partial denture. Implants may be contraindicated in young patients whose growth is expected to continue. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, pre-periapical radiograph, date of extraction, rationale, periodontal charting and history, list of other missing teeth, rationale for second stage implant surgery, if applicable. |

*Check patient eligibility including age and frequency limitations for each service.

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| Implant Services | | | |
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| **Procedure Code** | **Description** | **Clinical Criteria and/or Policy*** | **Supporting Documentation Requirements** |
| D6011 | Surgical access to an implant body (second stage implant surgery) | This is typically not a covered procedure. Supplemental documentation, such as under the DC ACA standalone plan, is required if covered. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, pre-periapical radiographs demonstrating the full length of the implant body, date of extraction and implant body placement, rationale for second-stage implant surgery. |
| D6012 | Surgical placement of interim implant body for transitional prosthesis: endosteal implant | This is typically considered inclusive to the dental implant body placement procedure and not covered separately. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, pre-periapical radiographs demonstrating the full length of the implant body, date of extraction and implant body teeth, rationale for second stage implant surgery, if applicable. |
| D6013 | Surgical placement of mini implant | Mini implants are indicated to retain full dentures that would otherwise be unstable. It is not indicated to retain or support fixed partial dentures. It is not indicated to retain or support crowns. Includes the retrofitting of existing prostheses. Does not require surgical flap and osteotomy. Does not require second-stage surgery. Does not require a surgical stent for placement. General anesthesia and/or IV sedation are not covered with this procedure. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, pre-periapical radiographs demonstrating the full length of the implant body, date of extraction and implant body teeth, rationale for second stage implant surgery, if applicable. |

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| Implant Services | | | |
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| **Procedure Code** | **Description** | **Clinical Criteria and/or Policy*** | **Supporting Documentation Requirements** |
| D6040 | Surgical placement: eposteal implant | Benefits are typically available once every five years. General anesthesia and/or intravenous sedation may be covered with this procedure.<br>The implant site will be evaluated before implant placement based on the prognosis for good implant outcome. The alveolar ridge implant placement site must present with good-quality bone of adequate mass and density. Active periodontal disease must be treated and under control before implant placement to avoid possible complications. Limited to the replacement of permanent teeth (2–15, 18–31 only). Replacements of teeth 1, 16, 17 and 32 are not covered unless in functional occlusion and necessary to maintain occlusal support. The implant must have a good crown-to-root ratio.<br>The restorative dentist will evaluate the implant restoration based on the complete osseointegration of the implant body. Benefits will not be approved if the implant body is not fully osseointegrated. The implant must not have more than two implant body threads exposed above the alveolar crest and must not be closer than 1.5 mm to adjacent roots or implants. When there is untreated generalized periodontal disease throughout the remaining dentition, a more conservative treatment modality may be offered as an alternate benefit to restore the edentulous space and replace all missing teeth, e.g., a fixed bridge or a full/partial denture. Implants may be contraindicated in young patients whose growth is expected to continue. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, pre-periapical radiograph, date of extraction, rationale, periodontal charting and history, list of other missing teeth, rationale for second-stage implant surgery, if applicable. |
| D6049 | Scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure | Benefits are typically available once every 12 months if covered. | n/a |

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| **Procedure Code** | **Description** | **Clinical Criteria and/or Policy*** | **Supporting Documentation Requirements** |
| D6050 | Surgical placement: transosteal implant | Benefits are typically available once every five years. General anesthesia and/or intravenous sedation may be covered with this procedure.<br>The implant site will be evaluated before implant placement based on the prognosis for good implant outcome. The alveolar ridge implant placement site must present with good-quality bone of adequate mass and density. Active periodontal disease must be treated and under control before implant placement to avoid possible complications. Limited to the replacement of permanent teeth (2–15, 18–31 only). Replacements of teeth 1, 16, 17 and 32 are not covered unless in functional occlusion and necessary to maintain occlusal support. The implant must have a good crown-to-root ratio.<br>The restorative dentist will evaluate the implant restoration based on the complete osseointegration of the implant body. Benefits will not be approved if the implant body is not fully osseointegrated. The implant must not have more than two implant body threads exposed above the alveolar crest and must not be closer than 1.5 mm to adjacent roots or implants. When there is untreated generalized periodontal disease throughout the remaining dentition, a more conservative treatment modality may be offered as an alternate benefit to restore the edentulous space and replace all missing teeth, e.g., a fixed bridge or a full/partial denture. Implants may be contraindicated in young patients whose growth is expected to continue. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, pre-periapical radiograph, date of extraction, rationale, periodontal charting and history, list of other missing teeth, rationale for second stage implant surgery, if applicable. |
| D6051 | Placement of an interim implant abutment | This procedure is typically not covered as it is considered inclusive to the implant body placement procedure. | n/a |
| D6055 | Connecting bar—implant-supported or abutment-supported | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6056 | Prefabricated abutment—includes modification and placement | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. The abutment is seated separately from the crown. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |

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| **Procedure Code** | **Description** | **Clinical Criteria and/or Policy*** | **Supporting Documentation Requirements** |
| D6057 | Custom fabricated abutment—includes placement | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. The abutment is seated separately from the crown. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6058 | Abutment-supported porcelain/ceramic crown | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. The abutment is seated separately from the crown. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6059 | Abutment-supported porcelain fused to metal crown (high noble metal) | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. The abutment is seated separately from the crown. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6060 | Abutment-supported porcelain fused to metal crown (predominately base metal) | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. The abutment is seated separately from the crown. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6061 | Abutment-supported porcelain fused to metal crown (noble metal) | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. The abutment is seated separately from the crown. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6062 | Abutment-supported cast metal crown (high noble metal) | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. The abutment is seated separately from the crown. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |

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| **Procedure Code** | **Description** | **Clinical Criteria and/or Policy*** | **Supporting Documentation Requirements** |
| D6063 | Abutment-supported cast metal crown (predominately base metal) | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. The abutment is seated separately from the crown. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6064 | Abutment-supported cast metal crown (noble metal) | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. The abutment is seated separately from the crown. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6065 | Implant-supported porcelain/ ceramic crown | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. No separate abutment is seated individually before the crown is placed. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6066 | Implant-supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. No separate abutment is seated individually before the crown is placed. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6067 | Implant-supported metal crown (titanium, titanium alloy, high noble metal) | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. No separate abutment is seated individually before the crown is placed. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6068 | Abutment-supported retainer for porcelain/ceramic FPD | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. The abutment is seated separately from the retainer crown. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |

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| **Procedure Code** | **Description** | **Clinical Criteria and/or Policy*** | **Supporting Documentation Requirements** |
| D6069 | Abutment-supported retainer for porcelain fused to metal FPD (high noble metal) | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. The abutment is seated separately from the retainer crown. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6070 | Abutment-supported retainer for porcelain fused to metal FPD (predominately base metal) | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. The abutment is seated separately from the retainer crown. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6071 | Abutment-supported retainer for porcelain fused to metal FPD (noble metal) | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. The abutment is seated separately from the retainer crown. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6072 | Abutment-supported retainer for cast metal FPD (high noble metal) | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. The abutment is seated separately from the retainer crown. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6073 | Abutment-supported retainer for cast metal FPD (predominately base metal) | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. The abutment is seated separately from the retainer crown. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6074 | Abutment-supported retainer for cast metal FPD (noble metal) | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. The abutment is seated separately from the retainer crown. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |

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| **Procedure Code** | **Description** | **Clinical Criteria and/or Policy*** | **Supporting Documentation Requirements** |
| D6075 | Implant-supported retainer for ceramic FPD | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. No separate abutment is seated individually before the retainer crown is placed. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6076 | Implant-supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal) | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. No separate abutment is seated individually before the retainer crown is placed. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6077 | Implant-supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal) | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. No separate abutment is seated individually before the retainer crown is placed. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6080 | Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments | Benefits are typically available once every 12 months if covered. | n/a |
| D6081 | Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths: includes cleaning of the implant surfaces, without flap entry and closure | Benefits are typically available once every 12 months if covered. | n/a |
| D6082 | Implant-supported crown—porcelain fused to predominantly base alloys | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. No separate abutment is seated individually before the crown is placed. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |

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| Implant Services | | | |
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| **Procedure Code** | **Description** | **Clinical Criteria and/or Policy*** | **Supporting Documentation Requirements** |
| D6083 | Implant-supported crown—porcelain fused to noble alloys | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. No separate abutment is seated individually before the crown is placed. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6084 | Implant-supported crown—porcelain fused to titanium and titanium alloys | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. No separate abutment is seated individually before the crown is placed. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6085 | Provisional implant crown | This procedure is typically not covered as it is considered inclusive of the implant restoration procedure. | n/a |
| D6086 | Implant-supported crown—predominantly base alloys | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. No separate abutment is seated individually before the crown is placed. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6087 | Implant-supported crown—noble alloys | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. No separate abutment is seated individually before the crown is placed. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6088 | Implant-supported crown—titanium and titanium alloys | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. No separate abutment is seated individually before the crown is placed. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6089 | Accessing and retorquing loose implant screw—per screw | Benefits are typically not covered. | n/a |
| D6090 | Repair of implant/abutment-supported prosthesis | Benefits are typically available once every five years. Submission of this procedure requires an explanation of the repair needed and what was performed to repair the prosthesis. | **Requires clinical review; pre-treatment estimate recommended.** Periapical radiograph, description of treatment and statement of medical necessity. |

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| **Procedure Code** | **Description** | **Clinical Criteria and/or Policy*** | **Supporting Documentation Requirements** |
| D6091 | Replacement of semi-precision/ precision attachment (male or female component) of implant/ abutment-supported prosthesis | Typically not covered. | n/a |
| D6092 | Recement implant/abutment supported crown | Benefits are typically available once every 12 months after six months have elapsed since the initial placement. If a bridge or crown is removed and/or repaired on the same service date as the recementation, the recementation is considered inclusive to the removal or repair. | n/a |
| D6093 | Recement implant/abutment supported fixed partial denture | Benefits are typically available once every 12 months after six months have elapsed since the initial placement. If a bridge or crown is removed and/or repaired on the same service date as the recementation, the recementation is considered inclusive to the removal or repair. | n/a |
| D6094 | Abutment-supported crown (titanium) | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. No separate abutment is seated individually before the crown is placed. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6096 | Remove broken implant retaining screw | Typically not covered. | n/a |
| D6097 | Abutment-supported crown—porcelain fused to titanium and titanium alloys | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. No separate abutment is seated individually before the crown is placed. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6098 | Implant-supported retainer—porcelain fused to predominantly base alloys | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. No separate abutment is seated individually before the retainer crown is placed. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6099 | Implant-supported retainer for FPD—porcelain fused to noble alloys | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. No separate abutment is seated individually before the retainer crown is placed. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |

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| Implant Services | | | |
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| **Procedure Code** | **Description** | **Clinical Criteria and/or Policy*** | **Supporting Documentation Requirements** |
| D6100 | Implant removal, by report | Benefits are available if the rationale for removing the implant is clearly documented with narratives and images. Benefits for general anesthesia and sedation are allowed with this service. | **Requires clinical review; pre-treatment estimate recommended.** This procedure requires submitting pre-operative panoramic or full-mouth series and periapical (post-operative) showing implant radiographs, extraction date, rationale, periodontal charting and history and other missing teeth, if applicable. |
| 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 | Benefits are typically available once every 12 months. The debridement of the peri-implant defect(s) surrounding a single implant, the surface cleaning of the exposed implant surfaces, and flap entry and closure are included in this procedure code. | **Requires clinical review; pre-treatment estimate recommended.** Periapical radiograph, bitewing radiograph, statement of medical necessity, periodontal charting and history |
| D6102 | Debridement and osseous contouring of a peri-implant defect, including surface cleaning of exposed implant surfaces | Benefits are typically available once every 12 months. The debridement and osseous contouring of the peri-implant defect(s) surrounding a single implant, the surface cleaning of the exposed implant surfaces, and flap entry and closure are included in this procedure code. Benefits for general anesthesia and sedation are allowed with this service. | **Requires clinical review; pre-treatment estimate recommended.** Periapical radiograph, bitewing radiograph, statement of medical necessity, periodontal charting and history |
| D6103 | Bone graft for repair of the peri-implant defect, not including flap entry and closure, when indicated, placement of barrier | Benefits are typically available once every five years. This procedure is necessary when there is an osseous or soft tissue defect at an existing implant site. It may be necessary when surgical intervention is required to access the defect. Does not include flap entry and closure. Does not include barrier membranes or biological materials. Do not use codes D4263, D4264 or D7953. Benefits for general anesthesia and sedation are allowed with this service. | **Requires clinical review; pre-treatment estimate recommended.** Periapical radiograph, bitewing radiograph, statement of medical necessity, periodontal charting and history |
| D6104 | Bone graft at the time of implant placement, not including, when indicated, flap entry and closure, placement of a barrier | Benefits are typically available once every five years. A bone graft may be indicated to repair an osseous defect or improve architecture. Grafting may be indicated when the implant is placed immediately into an extraction socket. Do not use D4263, D4264 or D7953 to report bone grafting with implant placement. | **Requires clinical review; pre-treatment estimate recommended.** Periapical radiograph, bitewing radiograph, statement of medical necessity, periodontal charting and history |
| D6105 | Removal of implant body not requiring bone removal or flap elevation | Benefits are typically available once every five years and only with a history of conventional or mini-implant placement (D6010 or D6013). Removal of osseous tissue is not required to remove the implant body. If the patient was not covered by CareFirst when the original implants were placed, a documented treatment history must be submitted with the claim. | **Requires clinical review; pre-treatment estimate recommended.** Periapical radiograph, bitewing radiograph, statement of medical necessity, periodontal charting and history if not previously covered by CareFirst. |

*Check patient eligibility including age and frequency limitations for each service.

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| **Procedure Code** | **Description** | **Clinical Criteria and/or Policy*** | **Supporting Documentation Requirements** |
| D6106 | Guided tissue regeneration—resorbable barrier—per implant | Benefits are typically available once every five years. Use this code if a GTR is placed in an implant site in lieu of D4266, which is used for a site with natural teeth. | **Requires clinical review; pre-treatment estimate recommended.** Statement of medical necessity, prior history pre-surgical prep; post-operative periapical radiograph for implant and endodontically treated teeth, if applicable |
| D6107 | Guided tissue regeneration—non-resorbable barrier—per implant | Benefits are typically available once every five years. Use this code if a GTR is placed in an implant site in lieu of D4267, which is used for a site with natural teeth. | **Requires clinical review; pre-treatment estimate recommended.** Statement of medical necessity, prior history pre-surgical prep; post-operative periapical radiograph for implant and endodontically treated teeth, if applicable |
| D6110 | Implant /abutment-supported removable denture for edentulous arch—maxillary | Benefits are typically available once every five years. This procedure describes a removable maxillary full denture supported by implants or abutments of implants. | **Requires clinical review; pre-treatment estimate recommended.** The procedure requires submitting pre-operative panoramic or full-mouth series and periapical (post-operative) showing implant radiographs, extraction date, rationale, periodontal charting and history and other missing teeth, if applicable. |
| D6111 | Implant /abutment-supported removable denture for edentulous arch—mandibular | Benefits are typically available once every five years. This procedure describes a removable mandibular full denture supported by implants or abutments of implants. | **Requires clinical review; pre-treatment estimate recommended.** The procedure requires submitting pre-operative panoramic or full-mouth series and periapical (post-operative) showing implant radiographs, extraction date, rationale, periodontal charting and history and other missing teeth, if applicable. |
| D6112 | Implant /abutment supported removable denture for partially edentulous arch—maxillary | Benefits are typically available once every five years. This procedure describes a removable maxillary partial denture supported by implants or abutments of implants. | **Requires clinical review; pre-treatment estimate recommended.** The procedure requires submitting pre-operative panoramic or full-mouth series and periapical (post-operative) showing implant radiographs, extraction date, rationale, periodontal charting and history and other missing teeth, if applicable. |
| D6113 | Implant /abutment-supported removable denture for partially edentulous arch—mandibular | Benefits are typically available once every five years. This procedure describes a removable mandibular partial denture supported by implants or abutments of implants. | **Requires clinical review; pre-treatment estimate recommended.** The procedure requires submitting pre-operative panoramic or full-mouth series and periapical (post-operative) showing implant radiographs, extraction date, rationale, periodontal charting and history and other missing teeth, if applicable. |

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| **Procedure Code** | **Description** | **Clinical Criteria and/or Policy*** | **Supporting Documentation Requirements** |
| D6114 | Implant /abutment-supported fixed denture for edentulous arch—maxillary | Benefits are typically available once every five years. This procedure describes a fixed maxillary hybrid complete denture supported by implants or abutments of implants and can only be removed for cleaning or repair by a dentist. | **Requires clinical review; pre-treatment estimate recommended.** The procedure requires submitting pre-operative panoramic or full-mouth series and periapical (post-operative) showing implant radiographs, extraction date, rationale, periodontal charting and history and other missing teeth, if applicable. |
| D6115 | Implant /abutment-supported fixed denture for edentulous arch—mandibular | Benefits are typically available once every five years. This procedure describes a fixed mandibular hybrid complete denture supported by implants or abutments of implants and can only be removed for cleaning or repair by a dentist. | **Requires clinical review; pre-treatment estimate recommended.** The procedure requires submitting pre-operative panoramic or full-mouth series and periapical (post-operative) showing implant radiographs, extraction date, rationale, periodontal charting and history and other missing teeth, if applicable. |
| D6116 | Implant /abutment-supported fixed denture for partially edentulous arch—maxillary | Benefits are typically available once every five years. This procedure describes a fixed maxillary hybrid partial denture supported by implants or abutments of implants and can only be removed for cleaning or repair by a dentist. | **Requires clinical review; pre-treatment estimate recommended.** The procedure requires submitting pre-operative panoramic or full-mouth series and periapical (post-operative) showing implant radiographs, extraction date, rationale, periodontal charting and history and other missing teeth, if applicable. |
| D6117 | Implant /abutment-supported fixed denture for partially edentulous arch—mandibular | Benefits are typically available once every five years. This procedure describes a fixed mandibular hybrid partial denture supported by implants or abutments of implants and can only be removed for cleaning or repair by a dentist. | **Requires clinical review; pre-treatment estimate recommended.** The procedure requires submitting pre-operative panoramic or full-mouth series and periapical (post-operative) showing implant radiographs, extraction date, rationale, periodontal charting and history and other missing teeth, if applicable. |
| D6118 | Implant/abutment-supported interim fixed denture for edentulous arch—mandibular | Typically not covered. | n/a |
| D6119 | Implant/abutment-supported interim fixed denture for edentulous arch—maxillary | Typically not covered. | n/a |

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| **Procedure Code** | **Description** | **Clinical Criteria and/or Policy*** | **Supporting Documentation Requirements** |
| D6120 | Implant-supported retainer—porcelain fused to titanium and titanium alloys. | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. No separate abutment is seated individually before the retainer crown is placed. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6121 | Implant-supported retainer for metal fixed partial denture—predominantly base alloys. | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. No separate abutment is seated individually before the retainer crown is placed. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6122 | Implant-supported retainer for metal fixed partial denture—noble alloys | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. No separate abutment is seated individually before the retainer crown is placed. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6123 | Implant-supported retainer for metal fixed partial denture–titanium and titanium alloys. | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. No separate abutment is seated individually before the retainer crown is placed. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** Pre-operative panoramic or full-mouth series radiographs, periapical radiographs showing the entire length of the integrated implant, date of extraction, rationale, periodontal charting and history, list of other missing teeth. |
| D6180 | Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments | Benefits are typically allowed up to four times per benefit period. | No documentation required; approval depends on the plan design's frequency limitations for the individual patient. |
| D6190 | Radiographic/surgical implant index, by report | Benefits are typically available once every five years. If the index use supports more than one tooth in a quadrant, the benefit will be allowed once per quadrant and not once per tooth. | **Requires clinical review; pre-treatment estimate recommended.** The procedure requires submitting pre-operative panoramic or full-mouth series and periapical (post-operative) showing implant radiographs, extraction date, rationale, periodontal charting and history and other missing teeth, if applicable. |
| D6191 | Semi-precision abutment—placement | Typically not covered. | n/a |

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| **Procedure Code** | **Description** | **Clinical Criteria and/or Policy*** | **Supporting Documentation Requirements** |
| D6192 | Semi-precision attachment—placement | Typically not covered. | n/a |
| D6193 | Replacement of an implant screw | Benefits are typically available once every five years per tooth. | No documentation required; approval depends on the plan design's frequency limitations for the individual patient. |
| D6194 | Abutment-supported retainer crown for fixed partial denture—(titanium) | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. No separate abutment is seated individually before the retainer crown is placed. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** The procedure requires submitting pre-operative panoramic or full-mouth series and periapical (post-operative) showing implant radiographs, extraction date, rationale, periodontal charting and history and other missing teeth, if applicable. |
| D6195 | Abutment-supported retainer—porcelain fused to titanium and titanium alloys | Benefits are typically available once every five years and are allowed only on implants that demonstrate quality osseointegration with fewer than two threads supra osseous. No separate abutment is seated individually before the retainer crown is placed. This procedure requires a narrative explaining the treatment plan's rationale and supporting documentation. | **Requires clinical review; pre-treatment estimate recommended.** The procedure requires submitting pre-operative panoramic or full-mouth series and periapical (post-operative) showing implant radiographs, extraction date, rationale, periodontal charting and history and other missing teeth, if applicable. |
| D6196 | Removal of an indirect restoration on an implant retained abutment | This procedure is typically not covered as it is considered inclusive to the implant body placement procedure. | n/a |
| D6197 | Replacement of restorative material used to close an access opening of a screw-retained implant-supported prosthesis—per implant | Benefits are typically available once every 12 months and are allowed with a documented history of implant or abutment supported crown placement (D6058-6077, D6082-6084, D6094, D6098-6099, D6120-6123, D6194-6195). If the patient's crown was not covered by CareFirst, then documentation of the crown placement must be submitted with the claim. | Documentation of prior placement with date and periapical radiograph required if prior restoration was not covered by CareFirst. |
| D6198 | Remove interim implant component | Typically not covered. | n/a |
| D6199 | Unspecified implant procedure, by report | Benefits are typically available once every five years. Unspecified implant procedure by report requires a detailed narrative and necessary radiographs. | **Requires clinical review; pre-treatment estimate recommended.** The procedure requires submitting pre-operative panoramic or full-mouth series and periapical (post-operative) showing implant radiographs, extraction date, rationale, periodontal charting and history and other missing teeth, if applicable. |

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