

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			
Procedure Code	Description	Clinical Criteria and/or Policy*	Supporting Documentation Requirements
D6010	Surgical placement of implant body—endosteal implant	<p>Benefits are typically available once every five years. General anesthesia and/or intravenous sedation may be covered with this procedure.</p> <p>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.</p> <p>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.</p>	<p>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.</p>

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

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Implant Services

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D6011	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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D6040	Surgical placement: epostal implant	<p>Benefits are typically available once every five years. General anesthesia and/or intravenous sedation may be covered with this procedure.</p> <p>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.</p> <p>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.</p>	<p>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.</p>

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Implant Services

Procedure Code	Description	Clinical Criteria and/or Policy*	Supporting Documentation Requirements
D6050	Surgical placement: transosteal implant	<p>Benefits are typically available once every five years. General anesthesia and/or intravenous sedation may be covered with this procedure.</p> <p>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.</p> <p>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.</p>	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	Interim 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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Implant Services

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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Implant Services

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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Implant Services

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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Implant Services

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 prostheses are removed and reinserted, including cleansing of prostheses and abutments	Benefits are typically available once every 12 months if covered.	n/a
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	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

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 implant-supported prosthesis by report	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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Implant Services

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.
D6095	Repair implant abutment by report	Benefits are typically available once every five years. A description of the need for the repair and the details of the repair performed must be outlined in the submission.	Requires clinical review; pre-treatment estimate recommended. Description of the repair necessary and the details of the actual repair. 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.

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Implant Services

Procedure Code	Description	Clinical Criteria and/or Policy*	Supporting Documentation Requirements
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.
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

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Implant Services

Procedure Code	Description	Clinical Criteria and/or Policy*	Supporting Documentation Requirements
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.
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.

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Implant Services

Procedure Code	Description	Clinical Criteria and/or Policy*	Supporting Documentation Requirements
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.
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.

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Implant Services

Procedure Code	Description	Clinical Criteria and/or Policy*	Supporting Documentation Requirements
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
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.

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Implant Services

Procedure Code	Description	Clinical Criteria and/or Policy*	Supporting Documentation Requirements
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
D6192	Semi-precision attachment—placement	Typically not covered.	n/a
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.
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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