

TeethXpress® ADA Dental Codes

Implant Supported Full-Arch Prosthetics

Implant/Abutment Supported Removable Dentures

- D6110** Implant/abutment supported removable denture for edentulous arch - maxillary
- D6111** Implant/abutment supported removable denture for edentulous arch - mandibular
- D6112** Implant/abutment supported removable denture for partially edentulous arch - maxillary
- D6113** Implant/abutment supported removable denture for partially edentulous arch - mandibular

Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)

- D6114** Implant/abutment supported fixed denture for edentulous arch – maxillary
- D6115** Implant/abutment supported fixed denture for edentulous arch – mandibular
- D6116** Implant/abutment supported fixed denture for partially edentulous arch – maxillary
- D6117** Implant/abutment supported fixed denture for partially edentulous arch – mandibular
- D6118** Implant/abutment supported interim fixed denture for edentulous arch – mandibular
Used when a period of healing is necessary prior to fabrication and placement of a permanent prosthetic.
- D6119** Implant/abutment supported interim fixed denture for edentulous arch – maxillary
Used when a period of healing is necessary prior to fabrication and placement of a permanent prosthetic.
- D6199** Unspecified implant procedure, by report
Use for procedure that is not adequately described by a code. Describe procedure.

Supporting Structures

- D6055** Connecting bar – Implant supported or abutment supported
Utilized to stabilize and anchor a prosthesis.
- D6056** Prefabricated abutment – Includes modification and placement
Modification of a prefabricated abutment may be necessary.
- D6057** Custom fabricated abutment – Includes placement
Created by a laboratory process, specific for an individual application.
- D6051** Interim abutment
Includes placement and removal. A healing cap is not an interim abutment.

Bone grafting/membrane

- D6104** Bone graft at time of implant placement
Placement of a barrier membrane, or biologic materials to aid in osseous regeneration are reported separately.

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Alveoloplasty – Preparation of Ridge

- D7310 Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant**
The alveoloplasty is distinct (separate procedure) from extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.
- D7311 Alveoloplasty not in conjunction with extractions – one to three or tooth spaces, per quadrant**
The alveoloplasty is distinct (separate procedure) from extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.
- D7320 Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant**
No extractions performed in an edentulous area. See D7310 if teeth are being extracted concurrently with the alveoloplasty. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.
- D7321 Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant**
No extractions performed in an edentulous area. See D7311 if teeth are being extracted concurrently with the alveoloplasty. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.
- D7953 Bone replacement graft for ridge preservation – per site**
Graft is placed in an extraction or implant removal site at the time of the extraction or removal to preserve ridge integrity (e.g., clinically indicated in preparation for implant reconstruction or where alveolar contour is critical to planned prosthetic reconstruction). Does not include obtaining graft material. Membrane, if used should be reported separately.
- D7921 Collection and application of autologous blood concentrate product**
- D7999 Unspecified oral surgery procedure, by report**
Used for procedure that is not adequately described by a code. Describe procedure.

Implant Complications

- D6100 Implant removal, by report**
This procedure involves the surgical removal of an implant. Describe procedure.
- 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**
- D6102 Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure**
- D6103 Bone graft for repair of peri-implant defect – does not include flap entry and closure**
Placement of a barrier membrane or biologic materials to aid in osseous regeneration, are reported separately.

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Implant Surgical Services

D6010 Surgical placement of implant body: endosteal implant

D6011 Surgical to an implant body (second stage implant surgery)

This procedure, also known as second stage implant surgery, involves removal of tissue that covers the implant body so that a fixture of any type can be placed, or an existing fixture be replaced with another. Examples of fixtures include but are not limited to healing caps, abutments shaped to help contour the gingival margins or the final restorative prosthesis.

D6012 Surgical placement of interim implant body for transitional prosthesis: endosteal implant

Includes removal during later therapy to accommodate the definitive restoration, which may include placement of other implants.

Implant Maintenance

D6080 Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments

This procedure includes active debriding of the implant(s) and examination of all aspects of the implant system(s), including the occlusion and stability of the superstructure. The patient is also instructed in thorough daily cleansing of the implant(s). This is not a per implant code, and is indicated for implant supported fixed prostheses.

Disclaimer

The CDT codes provided are based on ADA guidelines and are for informational purposes only and are not an exhaustive list. These CDT codes were obtained using the 2021 CDT guide which may be revised from time to time and BioHorizons is not undertaking to update this information promptly after any such changes, or at all.

Note that insurance companies may not cover all of the procedures listed here. Always check coverage prior to scheduling any procedure. CDT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed. The provider is responsible for compliance with the CDT guide and applicable state, local and federal laws.

Please ensure that claims are submitted in accordance with the patient's insurance plan's current claim submission processes.

It is the sole responsibility of the provider to select proper codes and ensure the accuracy of all claims used in seeking reimbursement.

This resource is not intended as legal advice or as a substitute for a provider's independent professional judgment.

BioHorizons is not responsible for the accuracy of this list and is not guaranteeing that claims will be paid if the provided codes are used.