

## **Update: New York State Medicaid Program Dental Policy and Procedure Code Manual**

The Department of Health has updated section VIII of the Dental Policy and Procedure Code Manual. This update is effective **November 12, 2018** and provides procedure codes and general guidelines for dental implants.

Prior approval for implant services will apply to dental practitioners and Article 28 dental clinics.

The updates will be published in the Dental Policy and Procedure Code Manual found online at

[https://www.emedny.org/ProviderManuals/Dental/PDFS/Dental\\_Policy\\_and\\_Procedure\\_Manual.pdf](https://www.emedny.org/ProviderManuals/Dental/PDFS/Dental_Policy_and_Procedure_Manual.pdf)

### **VIII. IMPLANT SERVICES D6000 - D6199**

***Dental implants will be covered by Medicaid when medically necessary. Prior approval requests for implants must have supporting documentation from the patient's physician and dentist. A letter from the patient's physician must explain how implants will alleviate the patient's medical condition. A letter from the patient's dentist must explain why other covered functional alternatives for prosthetic replacement will not correct the patient's dental condition and why the patient requires implants.***

#### **General Guidelines:**

- 1) ***A complete treatment plan addressing all phases of care is required and should include the following:***
  - A. ***Accurate pretreatment charting;***
  - B. ***Complete treatment plan addressing all areas of pathology;***
  - C. ***Interarch distance;***
  - D. ***Number, type and location of implants to be placed;***
  - E. ***Design and type of planned restoration(s)/prosthetics;***
  - F. ***Sufficient number of current, diagnostic radiographs allowing for the evaluation of the entire dentition.***
- 2) ***If bone graft augmentation is needed there must be a 4 to 6-month healing period before a dental implant can be placed***
- 3) ***Dental implant code D6010 will be re-evaluated via intraoral radiographs or CT scans prior to the authorization of abutments, crowns, or dentures four to six months after dental implant placement.***
- 4) ***Treatment on an existing implant / implant prosthetic will be evaluated on a case-by-case basis.***

- 5) **Implant and implant related codes not listed will be considered on a case-by-case basis and should be billed as a By Report using code D6199**
- 6) **Physician's documentation must include a list of all medications currently being taken and all conditions currently being treated.**
- 7) **All cases will be considered based upon supporting documentation and current accepted practices.**

**D6190 (BR) Radiographic/surgical implant index, by report.**

**For procedure codes D6010 and D6013 the following must be submitted: Full mouth radiographs or a diagnostic panorex including periapicals of site requesting dental implant(s).**

**D6010 (PA) Surgical placement of implant body – Full mouth radiographs or diagnostic panorex including periapicals of site requesting dental implant(s) must be provided. \$1000.00**

**D6013 (PA) Surgical placement of mini implant – Full mouth radiographs or diagnostic panorex including periapicals of site requesting dental implant(s) must be provided. \$500.00**

**For procedure codes D6052 – D6057 the following must be submitted:**

- 1) **Periapical radiograph of integrated implant**
- 2) **Panorex or sufficient number of radiographs showing the complete arch and the placed implant(s)**

**D6052 (PA) Semi-precision attachment abutment \$250.00**

**D6055 (PA) Connecting bar – implant supported or abutment supported \$400.00**

**D6056 (PA) Prefabricated abutment – includes modification and placement \$400.00**

**D6057 (PA) Custom fabricated abutment – includes placement \$400.00**

**For procedure codes D6058 – D6067, D6094 the following must be submitted:**

- 1) **Periapical radiograph of integrated implant with abutment**
- 2) **IO photo of healed abutment showing healthy gingiva**

**D6058 (PA) Abutment supported porcelain/ceramic crown \$800.00**

**D6059 (PA) Abutment supported porcelain fused to metal crown (high noble metal) \$800.00**

**D6060 (PA) Abutment supported porcelain fused to metal crown (predominantly base metal) \$800.00**

**D6061 (PA) Abutment supported porcelain fused to metal crown (noble metal) \$800.00**

**D6062 (PA) Abutment supported cast metal crown (high noble metal) \$800.00**

**D6063 (PA) Abutment supported cast metal crown (predominantly base metal) \$800.00**

**D6064 (PA) Abutment supported cast metal crown (noble metal) \$800.00**

**D6065 (PA) Implant supported porcelain/ceramic crown \$800.00**

**D6066 (PA) Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) \$800.00**

**D6067 (PA) Implant supported metal crown (titanium, titanium alloy, high noble metal) \$800.00**

**D6081 (BR) Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning on the implant surfaces, without flap entry and closure - Cannot bill for same date of service as D1110 or D4910. Cannot bill for same date of service and same quadrant as D4341, D4342.**

**D6090 (BR) Repair implant supported prosthesis**

**D6091 (BR) Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment**

**D6092 (BR) Re-cement or re-bond implant/abutment supported crown**

**D6093 (BR) Re-cement or re-bond implant/abutment supported fixed partial denture**

**D6094 (PA) Abutment supported crown (titanium) \$800.00**

**D6095 (BR) Repair implant abutment**

**D6096 (BR) Remove broken implant retaining screw**

***D6100 (BR) Implant removal***

***For procedure codes D6101 – D6103 the following must be submitted:***

- 1) Pre-op radiographic image of defect***
- 2) Detailed narrative***
- 3) IO photo of defect area***

***D6101 (PA) 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 \$250.00***

***D6102 (PA) 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 \$400.00***

***D6103 (PA) Bone graft for repair of peri-implant defect – does not include flap entry and closure \$200.00***

***D6104 (PA) Bone graft at time of implant placement \$250.00***

***For procedure codes D6110 – D6113 the following must be submitted:***

- 1) Periapical radiograph of integrated implant(s) with abutment placed***
- 2) IO photo of healed abutment showing healthy gingiva***

***D6110 (PA) Implant/abutment supported removable denture for edentulous arch – maxillary \$1000.00***

***D6111 (PA) Implant/abutment supported removable denture for edentulous arch – mandibular \$1000.00***

***D6112 (PA) Implant/abutment supported removable denture for partially edentulous arch – maxillary \$900***

***D6113 (PA) Implant/abutment supported removable denture for partially edentulous arch – mandibular \$900***

***D6199 (BR) Unspecified implant procedure***

Please contact [dentalpolicy@health.ny.gov](mailto:dentalpolicy@health.ny.gov) should you have any questions regarding this document