



**SCALING AND DEBRIDEMENT OF A SINGLE IMPLANT**

Policy # D015

Implementation Date: 1/1/17

Review Dates: 10/19/2022

Revision Dates: 10/19/2022

**Disclaimer:**

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial and Select Health Advantage (Medicare/CMS) plans. Refer to the "Policy" section for more information.

**Description**

Code D6081 describes 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. The need for this procedure will be indicated by; inflamed gingival tissue, bleeding upon probing, large pocket depths (4mm or more), and/or discomfort in site. Leaving this issue untreated may lead to bone loss and eventual loss of implant failure.

**Commercial Plan Policy**

Select Health will reimburse this procedure when the following criteria is met:

Chart notes and a current perio chart indicate:

- Inflamed gingival tissue
- Bleeding upon probing
- Large pocket depths (4mm or more)
- And/or discomfort in site.

**Select Health Advantage (Medicare/CMS)**

**Select Health Advantage will follow the commercial plan**

**Billing/Coding Information**

**CDT CODES:**

**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

**Key References**

1. *Current Dental Terminology* (2017) – American Dental Association

**Disclaimer**

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Dental Coding/Reimbursement policies do not constitute dental advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate dental care providers to obtain needed dental advice, care, and treatment. Benefits and

eligibility are determined before dental guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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Members may contact Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Select Health Dental Provider Relations at **800-538-5054**.

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