



**IMPLANT SERVICES — GENERAL GUIDELINES**

1. Implants and procedures and appliances associated with them are not benefits of most Delta programs. Except when a program specifically includes implant coverage, Delta may make an allowance toward the cost of the appliance actually placed on the implant (crown, bridge, partial or complete denture). If such an allowance is made, payment will not be made for any replacement until five years have elapsed.
2. Please indicate the arch into which the implant procedure will be performed, using an abbreviation in the tooth number column (U = upper, L = lower), or tooth number as appropriate.
3. When covered by the group contract, Delta's allowance is based on the patient's prosthodontic copayment, up to a separate implant lifetime maximum per individual. Replacement of an implant is a benefit only after five years have elapsed following any prior provision under any Delta contract.
4. The prosthesis which is placed on the implant(s) is covered under the contract's prosthodontic benefits, subject to standard maximums, deductibles, limitations, etc.
5. Use of intramucosal inserts, hydroxyapatite and similar materials as implants is not covered.



**TIP**

*Procedures D6056 through D6077, D6094 and D6194 require tooth numbers.*



**TIP**

**ADDITIONAL IMPLANT PROCEDURE**

*See procedure D3460 (endodontic endosseous implant).*

**❖ PROCEDURE D6010**  
*Surgical placement of implant body: endosteal implant.*

1. **Please submit x-rays.**
2. This service encompasses such trade names as Branemark, IMZ, Integral, ITT, Oratronics and Steri-Oss.
3. Please indicate tooth number.

**❖ PROCEDURE D6040**  
*Surgical placement: eposteal implant.*

1. **Please submit x-rays.**
2. The implant is placed between the periosteum and the alveolar bone with posts projecting through the attached gingiva into the oral cavity.
3. Please indicate arch.

**❖ PROCEDURE D6050**  
*Surgical placement: transosteal implant.*

1. **Please submit x-rays.**
2. The implant is placed through a skin incision under the chin, the base resting on the inferior border of the mandible. This procedure code includes the mandibular staple implant.
3. Please indicate arch.

- ❖ **X-rays required**
- 📄 **By report**

**IMPLANT SUPPORTED PROSTHETICS — GENERAL GUIDELINES**

1. Please indicate the tooth number(s) or arch and **submit x-rays.**
2. When implant services are covered by the group contract, Delta will base its benefit payment for implant supported prosthetic procedures on the submitted fee, up to the individual's separate implant lifetime maximum allowance.
3. When the patient's coverage excludes implants and implant-related services, Delta will make an allowance toward the implant-supported prosthesis, based on the cost of its non-implant related equivalent. For example, if D6059 is reported, Delta's allowance will be based on D6240 (porcelain fused to high noble metal pontic). The patient is responsible for any difference in cost for the implant-supported procedure.

**📄 ❖ PROCEDURE D6053**  
*Implant/abutment supported removable denture for completely edentulous arch.*

**📄 ❖ PROCEDURE D6054**  
*Implant/abutment supported removable denture for partially edentulous arch.*

**❖ PROCEDURE D6055**  
*Dental implant supported connecting bar.*

1. **Please submit x-rays.**
2. This procedure is for a cast, fixed framework connected to the implant(s) to provide firm support for a separate prosthesis.
3. Please indicate arch.

❖ **PROCEDURE D6056**

*Prefabricated abutment — includes placement.*

❖ **PROCEDURE D6057**

*Custom abutment — includes placement.*

❖ **PROCEDURE D6058**

*Abutment supported porcelain/ceramic crown.*

❖ **PROCEDURE D6059**

*Abutment supported porcelain fused to metal crown (high noble metal).*

❖ **PROCEDURE D6060**

*Abutment supported porcelain fused to metal crown (predominantly base metal).*

❖ **PROCEDURE D6061**

*Abutment supported porcelain fused to metal crown (noble metal).*

❖ **PROCEDURE D6062**

*Abutment supported cast metal crown (high noble metal).*

❖ **PROCEDURE D6063**

*Abutment supported cast metal crown (predominantly base metal).*

❖ **PROCEDURE D6064**

*Abutment supported cast metal crown (noble metal).*

❖ **PROCEDURE D6065**

*Implant supported porcelain/ceramic crown.*

❖ **PROCEDURE D6066**

*Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal).*

❖ **PROCEDURE D6067**

*Implant supported metal crown (titanium, titanium alloy, noble metal).*

❖ **PROCEDURE D6068**

*Abutment supported retainer for porcelain/ceramic FPD.*

❖ **X-rays required**

▣ **By report**

❖ **PROCEDURE D6069**

*Abutment supported retainer for porcelain fused to metal FPD (high noble metal).*

❖ **PROCEDURE D6070**

*Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal).*

❖ **PROCEDURE D6071**

*Abutment supported retainer for porcelain fused to metal FPD (noble metal).*

❖ **PROCEDURE D6072**

*Abutment supported retainer for cast metal FPD (high noble metal).*

❖ **PROCEDURE D6073**

*Abutment supported retainer for cast metal FPD (predominantly base metal).*

❖ **PROCEDURE D6074**

*Abutment supported retainer for cast metal FPD (noble metal).*

❖ **PROCEDURE D6075**

*Implant supported retainer for ceramic FPD.*

❖ **PROCEDURE D6076**

*Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal).*

❖ **PROCEDURE D6077**

*Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal).*

❖ **PROCEDURE D6078**

*Implant/abutment supported fixed denture for completely edentulous arch.*

Please indicate arch.

❖ **PROCEDURE D6079**

*Implant/abutment supported fixed denture for partially edentulous arch.*

Please indicate arch.

## OTHER IMPLANT SERVICES

❖ **PROCEDURE D6080**

*Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis.*

▣ ❖ **PROCEDURE D6090**

*Repair implant supported prosthesis, by report.*

Please report the type of repair provided. The allowance will be determined after evaluation by the Delta consultant staff.

❖ **PROCEDURE D6094**

*Abutment supported crown — (titanium).*

▣ ❖ **PROCEDURE D6095**

*Repair implant abutment, by report.*

Please indicate complete description of service.

▣ ❖ **PROCEDURE D6100**

*Implant removal, by report.*

**Please submit a preoperative x-ray**, indicate the type of implant removed, and describe any complexities. The consultant staff will determine Delta's allowance.

**PROCEDURE D6190**

*Radiographic/surgical implant index, by report.*

When the patient's program includes implant benefits, Delta considers procedure D6190 to be part of, and included in the fee for, the definitive treatment.

❖ **PROCEDURE D6194**

*Abutment supported retainer crown for FPD — (titanium).*

▣ ❖ **PROCEDURE D6199**

*Unspecified implant procedure, by report.*

Please indicate a complete description of the service and clinical reason.