



Dental Clinical Policy

Subject: Implant Maintenance Procedures

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Description

Implant maintenance refers to the care and upkeep of dental implants which support crowns, fixed partial dentures, or fixed or removable dentures. Proper maintenance is essential to ensure the long-term success and durability of dental implants.

Clinical Indications

Implant success is mainly dependent upon the patient's effective home care as well as professional prophylaxis procedures in the dental office. The therapeutic goal of implant maintenance procedures is to minimize the incidence of implant loss by preventing peri-implant pathology.

Criteria

As implants are not anchored to the socket via a periodontal ligament, which has an inherent protective defense mechanism, they require intensive care beyond mere brushing. Implant maintenance procedures include:

1. Documentation of removal and reinsertion of the implant prosthesis is required
2. Cleansing and decontamination of implant prosthesis
3. Active debriding of the implants
4. Examination of all aspects of the implant system including the occlusion and stability of the superstructure
5. Review of home care instructions

Coding

The following codes for treatments and procedures applicable to this document are included below 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.

CDT including but not limited to:

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

cleansing of prostheses and abutments

D6081 Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure

D6180 Implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments- per arch

D6280 Implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments- per arch

ICD-10 CM Diagnoses for Dental Diseases and Conditions: See the current CDT code book for details

References

1. Bidra AS, Daubert DM, Garcia LT, et al. ACP Clinical Practice Guidelines: Recall and Maintenance of Patients with Tooth-Borne and Implant-Borne Dental Restorations. *J Prosthodont* 2016; 25:S2-S40.
2. Humphrey S. Implant maintenance. *Dent Clin North Am.* 2006;50(3):463-viii. doi:10.1016/j.cden.2006.03.002
3. Goh EXJ, Lim LP. Implant maintenance for the prevention of biological complications: Are you ready for the next challenge?. *J Investig Clin Dent.* 2017;8(4):10.1111/jicd.12251. doi:10.1111/jicd.12251
4. Gulati M, Govila V, Anand V, Anand B. Implant Maintenance: A Clinical Update. *Int Sch Res Notices.* 2014;2014:908534. Published 2014 Jul 9. doi:10.1155/2014/908534
5. Cohen RE; Research, Science and Therapy Committee, American Academy of Periodontology. Position paper: periodontal maintenance. *J Periodontol.* 2003;74(9):1395-1401. doi:10.1902/jop.2003.74.9.1395
6. Silverstein LH, Kurtzman GM. Oral hygiene and maintenance of dental implants. *Dent Today.* 2006;25(3):70-75.
7. CDT 2026 Current Dental Terminology, American Dental Association

History

Revision History	Version	Date	Nature of Change	SME
	Initial	04/08/2020	Initial	Committee
	Revised	12/05/2020	Annual Review	Committee

Revised	10/30/2021	Annual Review	Committee
Revised	11/04/2022	Annual Review	Committee
Revised	10/25/2023	Annual Review	Committee
Revised	10/29/2024	Minor editorial	Committee

		refinements to description, clinical indications, criteria, and reference; intent unchanged.	
	Revised	10/27/2025	Added CDT codes D6081, D6180, D6280 Dr. Balikov

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