



Dental Clinical Policy

Subject: Management of Peri-Implant Defects
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Description

Peri-implant diseases are inflammatory conditions affecting the soft and hard gingival tissues around dental implants. Bacteria can build up on the base of the implant below the gingival line. The bacteria compromise the gingival tissue, causing it to become inflamed, damaging the tissue and if not caught early, causing the bone structure below the implant to deteriorate.

Peri-implant diseases are classified into two categories:

- In peri-implant mucositis, gingival inflammation is found only around the soft tissues of the dental implant, with no signs of bone loss. Peri-implant mucositis is a precursor to peri-implantitis.
- In peri-implantitis, gingival inflammation is found around the soft tissue and there is deterioration in the bone supporting the dental implant.

Clinical Indications

Managing peri-implant defects involves maintaining the health of the gingiva, bone, and dental implants. The aim is to prevent these issues, stabilize implants, and restore lost tissues.

Peri-implant defects are defined as an inflammatory process affecting the soft and hard tissues surrounding an osseointegrated dental implant. The array of periodontal pathogens found around failing implants are very similar to those found in association with various forms of periodontal disease. Treatment may include removing diseased tissue, antibiotics, improved oral hygiene regime, and reconstructive/regenerative procedures.

Criteria

The ideal management of peri-implant defects should focus both on infection control of the lesion, detoxification of the implant surface, and regeneration of lost support. Treatment options can be surgical or nonsurgical.

Peri-implant defects are diagnosed thorough clinical exam identifying swelling, redness, bleeding on probing, increased probing depth, soft tissue attachment, implant mobility, percussion sound(s), and occlusion. Signs of deep probing depth (> 5 mm), bleeding and/or suppuration on probing. Loss of supporting bone usually forms a circumferential crater defect. Radiographic examination is used to differentiate peri-implant mucositis from peri-implantitis.

Submission requirements for management of peri-implant defects must include current (within 12 months), dated, diagnostic, pretreatment radiographic image(s) that include the complete view of the implant. Clinical chart notes, intra-oral photographs, current dated 6-point periodontal charting including implant mobility, and history of periodontal therapy may also be required.

Some of the treatment modalities for peri-implant defects include but are not limited to:

1. Administration of systemic antibiotics alone.
2. Mechanical debridement with or without systemic antibiotic treatment.
3. Mechanical debridement with or without localized drug delivery and chlorhexidine oral rinses.
4. Mechanical debridement combined with LASER decontamination.
5. Surgical debridement.
6. Surgical debridement with guided bone regeneration (GBR) for repair of bony and soft-tissue defects.

Peri-implantitis and Peri-implant Mucositis are inflammatory processes affecting the soft and hard tissues surrounding an implant. These diseases are associated with loss of supporting bone, bleeding on probing, and occasionally suppuration. The etiopathogenesis of peri-implantitis is complex and related to a variety of factors that affect the peri-implant environment. These conditions can be influenced by the following factors:

1. Patient-related factors including systemic diseases (e.g., diabetes, osteoporosis) and prior dental history (periodontitis)
2. Social factors such as inadequate oral hygiene, smoking, and drug abuse
3. Parafunctional habits (bruxism and malocclusion).
4. The presence of inadequate keratinized mucosa as a result of disease process.
5. Iatrogenic factors such as faulty restorations, excess cement following restoration delivery, components that are not fully seated and connected, and/or loose components

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:

D4245 Apically positioned flap

D6100 Implant removal, by report

D6101 Debridement of a peri-implant defect and surface cleaning of exposed implant surfaces, including flap entry and closure

D6102 Debridement and osseous contouring of a peri-implant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure

D6103 Bone graft for repair of peri-implant defect - not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration

D6106 Guided Tissue Regeneration (Implant Site, Resorbable Barrier)

D6107 Guided Tissue Regeneration (Implant Site, Non-Resorbable Barrier)

D6080 Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments

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. This procedure is not performed in conjunction with D1110, D4910 or D4346

D6180 Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed,

including cleansing of prosthesis and abutments

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 detail

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History

Revision History	Version	Date	Nature of Change	SME
	Initial	03/25/2020	Initial	Committee
	Revised	12/05/2020	Annual Review	Committee
	Revised	10/20/2021	Annual Review	Committee
	Revised	11/04/2022	Annual Review	Committee
	Revised	10/25/2023	Annual Review	Committee
	Revised	10/29/2024	Minor editorial refinements to description, clinical indications, criteria, and reference; intent unchanged.	Committee
	Revised	08/27/2025	Added codes and descriptions for D6106, D6107	Dr. Balikov, Dr. Kahn, Ann Burke
	Reviewed	10/30/2025	Added codes and descriptions for D6080, D6180, D6280	Dr. Balikov

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