

# TROJAN TODAY

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## What's Code Got to Do with It?

by Kathleen Johnson

Using the correct code has everything to do with successfully billing insurance. You should always bill the code that best describes the procedure you delivered regardless of whether it is a covered benefit or not. Never bill a different code or change the date of service on your claims. It is misleading and could be considered fraudulent.

The following are some of the most frequently asked implant coding questions I have received through Trojan's Ask the Consultant. (*Italicized responses are ADA descriptions.*)

**We are doing a case with implants and an overdenture. What code would we use for the locator attachments, and will insurance usually pay for those?**

**D5862 Precision Attachment, by report**

*Each set of male and female components should be reported as one precision attachment. Describe the type of attachment used. This code is not usually a covered benefit.*

**What are the proper abutment and crown codes to use for a screw retained Zirconia crown?**

**D6065 Implant Supported Porcelain/Ceramic Crown**

*A single crown restoration that is retained, supported and stabilized by implant. This crown is screwed directly into the implant.*

**D6058 Abutment Supported Porcelain/Ceramic Crown**

*A single crown restoration that is retained, supported and stabilized by an abutment on an implant.*

**We have a patient requesting a full gold implant crown. Is there a code for that?**

There are three possible codes depending on the exact treatment:

**D6062 Abutment Supported Cast Metal Crown (High Noble Metal)**

*A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant; may be screw retained or cemented.*

**D6063 Abutment Supported Cast Metal Crown (Predominantly Base Metal)**

*A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant; may be screw retained or cemented.*

**D6064 Abutment Supported Cast Metal Crown (Noble Metal)**

*A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant; may be screw retained or cemented.*

### What is the best way to appeal a bridge denial when the insurance company changes the benefit to a partial denture instead?

#### D6245 Pontic–Porcelain/Ceramic

All porcelain ceramic fixed partial dentures (bridges) may be excluded from reimbursement. However, some insurance companies may reimburse an alternate benefit. Use a complete narrative with supporting images and ask for an alternate benefit.

#### D6740 Retainer Crown–Porcelain/Ceramic

To avoid billing errors the components should be identified as retainer–pontic–retainer rather than abutment pontic. The term used in the current CDT is fixed partial denture retainer crowns not abutment crowns.

You can ask the patient to obtain a copy of the full dental benefits contract from their employer. Review the specific limitations to see if all porcelain/ceramic pontics and retainers are excluded.

I recommend that you appeal the denial and ask the insurance company to consider an alternate benefit. The same appeal would apply to the **D6740 Retainer Crown–Porcelain/Ceramic** and **D6240 Pontic–Porcelain Fused to High Noble Metal**.

### What ADA Code should we use for Implant Crown Re-cementation?

The code is **D6092 Re-cement or Re-bond Implant/ Abutment Supported Crown**.

You should always include a narrative that informs the insurance company when the implant crown was originally seated.

### What code would I use for micro housing for mini implants? These housings go right into the denture for the mini to snap into. I don't believe it is a D5862 as we use this for a Precision attachment for regular implants at a higher cost.

The code for the mini implant over denture is **D5862**. It reports the locator assembly that is embedded in the overdenture.

#### D5862 Precision Attachment, by report

*Each set of male and female components should be reported as one precision attachment.* Describe the type of attachment used in your narrative.

### Can I charge an implant maintenance fee (D6080) without having to remove the implant crown on the same day of prophy?

You can only charge **D6080** on the same day of the prophy/periodontal maintenance if the implant retained prosthesis was removed, cleaned, tightened, reinserted, etc.

## Tips:

- Stay up to date on the new and revised CDT codes.
- Use comprehensive narratives on your claims.
- If you think, or know, the procedure(s) you performed may not be covered, note in your narrative on the claim: “If the procedure is not a covered benefit, we ask for an alternative benefit.”

### When we restore an implant with a crown (D6066), do we need to seal the implant head? In this case we did not place the abutment. Is there a specific code for this, or should I use D2391?

Code **D6066 Implant Supported Porcelain Fused to Metal Crown** is the correct code. There is not a separate code to seal the implant as that is considered part of the procedure by most carriers. Code **D2391 Resin-based composite** should not be used as it does not meet the description of what you are doing. You can try billing **D6199 Unspecified Implant Procedure** by report and include a detailed narrative.

### Can you please tell me which Implant abutment code is most commonly used with Implant Crown 6066?

You should use the code that describes the procedure and material:

#### D6062 Abutment Supported Cast Metal Crown (High Noble Metal)

*A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant.*

#### D6056 Prefabricated Abutment – Includes Placement

#### D6057 Custom Fabricated Abutment – Includes Placement



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## Quote-Worthy

“As we express our gratitude, we must never forget that the highest appreciation is not to utter words, but to live by them.”

— John F. Kennedy