

Treatment of peri-implantitis

Date: _____

Attention: Dental Claims Consultant

Patient name: _____

DOB: _____

Member ID number: _____

Our patient has been diagnosed with peri-implantitis on teeth numbers _____. The treatment has been performed to save the patient's implants. X-rays, photos, and a narrative have been attached to this claim to support the necessity of such treatment. Should the dental claim consultant want to discuss the treatment that was performed further, I will make myself available for that discussion.

One or more of the following procedures have been completed to facilitate treatment. Please see below. (Circle one or more procedures, if performed.)

D4241—Gingival flap procedure, including root planing, one to three contiguous teeth, or tooth bounded spaces per quadrant

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

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 or D4910.

These procedures have been performed to save, prolong life, and maintain the integrity of the patient's implants in teeth numbers _____.

Should you have any questions, please feel free to call our office at _____.

Warm regards,

Doctor's Name