Narrative for (D6100) Implant Removal by report

Attention : Dental Claim Consultant

Date: _____

Patient Name : _____
DOB : _____
Member ID # : _____

Implant removal has been performed for implant #'s _____ for one or more of the following reasons:

(Circle any/all that apply)

- Severe pain of unknown origin; patient wants the implant removed
- Patient is numb; wants the implant removed
- Mobility and 50% or more bone loss exists around the implant(s)
- Implant is fractured and unable to be restored
- Unable to retrieve broken implant screw
- Internal implant chamber threading stripped, unable to restore
- Other reasons _____

In addition, one of more of the following was performed:

(D7953) Bone graft was placed in conjunction with dental implant removal – Yes / No

(D4266) Tissue regeneration was placed in conjunction with dental implant removal – Yes / No

(D4265) Biologic materials to aid in soft tissue and osseous tissue regeneration – Yes / No

Initial placement date: _____ or unknown placement date?

Current periodontal charting (within six months) and recent radiographs have been attached to this claim.