



Dental Clinical Policy

Subject: Bone Grafts for Surgical Services (Periodontal)	
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Description

Periodontal bone grafting refers to a surgical procedure for retained natural teeth that aims to restore or regenerate bone that has been lost due to periodontal disease.

During the procedure, bone graft material is placed in the area where bone loss has occurred. Materials can be obtained from a person's own body (autogenous graft), a donor (allograft), or be made of synthetic materials (alloplastic graft). The bone graft material serves as a scaffold, promoting the growth of new bone cells and supporting the regeneration of bone in the affected area.

Clinical Indications

Bone grafts may be appropriate when replacing missing bone of the maxilla or mandible as a result of periodontal disease.

Criteria

Submissions must include any and all clinical information related to the procedural request including, but not limited to, recent, dated radiographic images, a letter of rationale explaining the necessity of the bone graft and whether related to another service, a recent patient health history, and a recent dated periodontal chart that is less than 12 months old and follows acceptable reporting guidelines by the American Dental Association (ADA).

When the primary procedure is not a covered service, all related adjunctive procedures, including but not limited to, bone grafts and use of membranes even though covered by the plan for other services is not a covered benefit as it is related to a non-covered service.

1. Bone graft replacement should generally be confined to vertical, multi-walled, narrow defects or class II furcation (loss of bone between the roots typically of molar teeth) defects.
2. Wide horizontal interproximal defects demonstrate limited positive outcomes with bone
3. grafting techniques. Bone graft procedures are generally limited to treatment of periodontal/peri-implant defects (dependent upon group contract).
4. Bone graft procedures associated with endodontic therapies or with minor periradicular surgery may not be benefitted as typically bone heals by secondary intention.
5. Documentation of the necessity of bone grafting for periodontal/peri-implant services must include all associated, diagnostic quality, , properly oriented, and current (within 12 months),

- dated, pretreatment radiographic images demonstrating vertical bone defects.
6. Current (within 12 months), dated, post initial therapy 6-point periodontal charting indicating minimum pocket depth of 5mm is required.
 7. The use of biologic materials for soft or osseous tissue regeneration may not be benefitted in conjunction with bone grafts (contract dependent).
 8. Bone graft procedures include post-operative management for the immediate three months following surgery as well as for any surgical re-entry for three years (group contract dependent).
 9. Archived
 10. Bone grafts are not considered for benefits when performed in conjunction with soft tissue grafting procedures.
 11. Archived
 12. Current, dated cone-beam computed tomography (CBCT); photos, narrative, a letter of rationale explaining the necessity of the bone graft and whether related to another service, a recent patient health history, and chart notes may be considered for benefit determination.
 13. Bone grafts submitted in conjunction with osseous surgery, completion of initial periodontal therapy (e.g. scaling and root planing) allowing a minimum of four weeks prior to any surgical treatment for the tissues to properly heal which allows for proper assessment of the success or failure of non-surgical therapy is required.
 14. Current American Academy of Periodontology (AAP) and American Dental Association (ADA) guidelines require a periodontal diagnosis including staging and grading.

Coding

CDT	<i>including but not limited to:</i>
D4263	Bone replacement graft – retained natural tooth- first site in quadrant
D4264	Bone replacement graft – retained natural tooth- each additional site in quadrant
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site
D4266	Guided tissue regeneration – resorbable barrier, per site
D4267	Guided tissue regeneration – non-resorbable barrier, per site
D4286	Removal of non-resorbable barrier
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure
D7295	Harvest of bone for use in autogenous grafting procedure
D7921	Collection and application of autologous blood concentrate product

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

References

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3. Bowers GM, Chadroff B, Carnevale R, et al. Histologic evaluation of new attachment apparatus formation

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7. McAllister BS, Haghighat K. Bone augmentation techniques. J Periodontol. 2007;78(3):377-396. doi:10.1902/jop.2007.060048
8. Brunsvold MA, Mellonig JT. Bone grafts and periodontal regeneration. Periodontol 2000. 1993;1(1):80-91.
9. CDT 2026 Current Dental Terminology, American Dental Association

History				
Revision History	Version	Date	Nature of Change	SME
	initial	02/08/2017	creation	Dr. Rosen
	Revision	02/06/2018	Related policies, Appropriateness/Medical Necessity	Dr. Kahn
	Corrected	05/07/2020	Corrected criteria	Dr. Rosen
	Revision	06/03/2020	Annual Revision	Committee
	Revised	12/04/2020	Annual Revision	Committee
	Revised	10/15/2021	Annual Revision	Committee
	Revised	10/24/2022	Annual Revision	Committee
	Revised	09/13/2023	Annual Revision	Committee
	Revised	08/29/2024	Minor editorial refinements to description, clinical indications, criteria and reference; intent unchanged. Criteria #13 and #14 added Deleted code D6104	Committee
	Revised	10/06/2026	Added D7921	Dr. Balikov

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