



# Dental Clinical Policy

**Subject:** Bone Grafts for Dental and Oral Surgical Services

**Guideline #:** 07-901

**Status:** Revised

**Publish Date:** 01/01/2026

**Last Review Date:** 10/30/2025

---

## Description

Bone grafting for oral surgical reasons involves the surgical procedure of adding bone tissue to the jawbone to address issues like the repair of fractures, dental implant site preparation, the correction of deformities, or restoration or enhancement of the structure and function of the oral and maxillofacial region.

## Clinical Indications

Bone grafts may be appropriate when replacing missing bone of the maxilla or mandible as a result of congenital anomalies, infection, or trauma.

## Criteria

Submitting dentists 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, and a recent patient health history, if applicable.

Patients with medical complications or contraindications, demonstration of poor oral hygiene, or habits that compromise the healing process, such as smoking cigarettes or cigars, must be considered for bone graft procedures.

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 procedures associated with endodontic therapies or with minor periradicular surgery may not be benefitted as typically bone heals by secondary intention.
2. Current (within 12 months), dated, diagnostic, pretreatment radiographic images.
3. 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 (contract dependent).
4. Archived
5. Major bone graft (reconstructive) procedures maybe covered under the patient's medical plan.
6. Routinely placing bone grafts into extraction sites may not be necessary for complete and adequate healing.
7. Narrative and chart notes may be required.
8. Bone grafting when submitted with coronectomy is not a covered benefit.

## Coding

<b>CDT</b>	<i>Including but not limited to:</i>
D6100	Implant removal, by report
D6103	Bone graft for repair of peri-implant defect
D6104	Bone graft at time of implant placement
D6105	Removal of implant body not requiring bone removal or flap elevation
D6106	Guided Tissue Regeneration (Implant Site, Resorbable Barrier)
D6107	Guided Tissue Regeneration (Implant Site, Non-Resorbable Barrier)
D7295	Harvest of bone for use in autogenous grafting procedure
D7921	Collection and application of autologous blood concentrate product
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or non-autogenous, by report
D7951	Sinus augmentation via a lateral open approach
D7952	Sinus augmentation via a vertical approach
D7953	Bone replacement graft for ridge preservation
D7955	Repair of maxillofacial soft and/or hard tissue defect
D7956	Guided tissue regeneration, edentulous area – resorbable barrier, per site
D7957	Guided tissue regeneration, edentulous area – non – resorbable barrier, per site

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

## References

1. Papapanou PN, Sanz M, Buduneli N, et al. Periodontitis: Consensus report of workgroup 2 of the 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions. *J Periodontol*. 2018;89 Suppl 1:S173-S182. doi:10.1002/JPER.17-0721
2. American Academy of Periodontology. Efficacy of biologics for alveolar ridge preservation/reconstruction and implant site development: An American Academy of Periodontology best evidence systematic review. *aap.onlinelibrary.wiley.com*. Published July 03, 2022.
3. American Association of Oral and Maxillofacial Surgeons. Clinical Paper: Bone Grafting After Removal of Impacted Third Molars. *aaoms.org*. Published 2017.
4. Zhao R, Yang R, Cooper PR, Khurshid Z, Shavandi A, Ratnayake J. Bone Grafts and Substitutes in Dentistry: A Review of Current Trends and Developments. *Molecules*. 2021;26(10):3007. Published 2021 May 18. doi:10.3390/molecules26103007
5. Bowers GM, Chadroff B, et al. Histologic evaluation of new attachment apparatus formation in humans. Part III. *J Perio* 1989; 60:683-693.
6. Laurell L, Gottlow J, et al. Treatment of intrabony defects by different surgical procedures. A literature review. *J Perio* 1998; 69:303-313.
7. McAllister BS and Haghighat K. Bone augmentation techniques. AAP-commissioned review. *J Perio* 2007; 78:377-396.
8. Reynolds MA, Aichelmann-Reidy ME, et al. The efficiency of bone replacement grafts in the treatment of periodontal osseous defects. A systematic review. *Annals Perio* 2003; 8:227-265. Brunsvold MA and Mellonig JT. Bone grafts and periodontal regeneration. *Periodontal* 2000; 1:80-91.
9. American Dental Association. CDT 2025: Current Dental Terminology. Chicago, IL: American Dental Association; 2025.
10. Oral and Maxillofacial Surgeons. Extractions and Dentoalveolar Surgery: Bone Grafting and Membranes. *myoms.org*. Updated March 2020.

**11. Raza FB, Vijayaragavalu S, Vaidyanathan AK. Bone Morphogenetic Protein as Bone Additive around Dental Implant and its Impact on Osseointegration: a Systematic Review. J Dent (Shiraz). 2022;23(2 Suppl):336-348. doi:10.30476/DENTJODS.2021.90931.1536**

**12. Atieh MA, Alsabeeha NHM, Payne AGT, Ali S, Faggion CM Jr, Esposito M. Interventions for replacing missing teeth: alveolar ridge preservation techniques for dental implant site development. Cochrane Database of Systematic Reviews 2021;4. DOI: 10.1002/14651858.CD010176.pub3**

History				
Revision History	Version	Date	Nature of Change	SME
	initial	8/5/15		Koumaras and Kahn
	Revision	2/8/17	Criteria, Coding, definitions	Rosen
	Revision	1/17/18	Criteria, Coding	M Kahn
	Revision	2/6/18	Related Dental Policies, Appropriateness and medical necessity	M Kahn
	Revision	7/1/20	Annual Revision	Committee
	Revised	12/06/2020	Annual Review	Committee
	Revised	10/15/2021	Annual Review	Committee
	Revised	11/11/2022	Annual Review	Committee
	Revised	11/01/2023	Annual Review	Committee
	Revised	10/31/2024	Minor editorial refinements to description, clinical indications, criteria, and reference; intent unchanged.	Committee

Federal and State law, as well as contract language, takes precedence over Dental Clinical Policy. Dental Clinical Policy provides guidance in interpreting dental benefit application. The Plan reserves the right to modify its Dental Clinical Policies and guidelines periodically and as necessary. Dental Clinical Policy is provided for informational purposes and does not constitute medical advice. These Policies are available for general adoption by any lines of business for consistent review of the medical or dental necessity and/or appropriateness of care of dental services. To determine if a review is required, please contact the customer service number on the member's card.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the Plan.

Current Dental Terminology - CDT © 2025 American Dental Association. All rights reserved.