

Subject: Bone Grafts for Dental and Oral Surgical Services

Guideline #: 07-901

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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

CDT	<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

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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

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