



Dental Clinical Policy

Subject: Bone Grafts for Dental and Oral Surgical Services

Guideline #: 07-901

Status: Revised

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Description

This document addresses the clinical appropriateness for bone grafting and the type of grafting materials used with dental and oral surgical procedures and addresses the use of bone graft substitutes for all dental indications and procedures.

The plan performs review of bone grafts for dental and oral surgical services due to contractual requirements that necessitate benefits for dental services meet specific contract requirements. For example, plan contract(s) may require the provision of benefits for services that meet generally accepted standards of dental care at the lowest cost that properly addresses the patient's condition. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by the dental plan.

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.

Dental review as it applies to accepted standards of care means dental services that a Dentist, exercising prudent clinical judgment, provides to a patient for the purpose of evaluating, diagnosing or treating a dental injury or disease or its symptoms, and that are: in accordance with the generally accepted standards of dental practice; in terms of type, frequency and extent and is considered effective for the patient's dental injury or disease; and is not primarily performed for the convenience of the patient or Dentist, is not cosmetic and is not more costly than an alternative service.

For dental purposes, "generally accepted standards of dental practice" means:

- Standards that are based on credible scientific evidence published in peer-reviewed, dental literature generally recognized by the practicing dental community
- specialty society recommendations/criteria
- the views of recognized dentists practicing in the relevant clinical area
- any other relevant factors from credible sources

Criteria

Requests for bone grafting procedures may be reviewed for appropriateness by dental directors. 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, a recent patient health history, and a recent dated periodontal chart, 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. Documentation of the necessity of bone grafting services must include all associated, diagnostic quality, recently dated (within 12 months), properly oriented, and labeled 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 (group contract dependent).
4. Re-entry grafting procedures to place additional bone to a previously treated site is not benefitted.
5. For major bone graft (reconstructive) procedures, the patient's medical plan should be checked for coverage.
6. Routinely placing bone grafts into extraction sites may not be necessary for complete and adequate healing
7. Current, dated periodontal charting (6-point periodontal charting as described by AAP and ADA); cone-beam computed tomography (CBCT); photos, narrative and chart notes may be required.

Coding

CDT

Including, but not limited to, the following:

D7295	Harvest of bone for use in autogenous grafting procedure
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

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

References

Peer Reviewed Publications:

1. Bowers GM, Chadroff B, et al. Histologic evaluation of new attachment apparatus formation in humans. Part III. J Perio 1989; 60:683-693.
2. Hamilton D. On sponge grafting. Journal of Anatomical Physiology 1881; 27:385-414.
3. Laurell L, Gottlow J, et al. Treatment of intrabony defects by different surgical procedures. A literature review. J Perio 1998; 69:303-313.
4. McAllister BS and Haghighat K. Bone augmentation techniques. AAP-commissioned review. J Perio 2007; 78:377-396.
5. Garrett S. Periodontal regeneration around natural teeth. Annals Perio 1996; 1:621-666.
6. American Dental Association. *CDT 2016. Dental Procedure Codes*; 33-34; (©ADA 2015).
7. Reynolds MA, Aichelman-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.
8. Brunsvold MA and Mellonig JT. Bone grafts and periodontal regeneration. Periodontal 2000; 1:80-91.
9. Bowers GM, Chadroff B, et al. Histologic evaluation of new attachment apparatus formation in humans. Part I. J Perio 1989; 60:664-674.

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

Federal and State law, as well as contract language, and Dental Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Clinical Policy Committee are available for general adoption by plans or lines of business for consistent review of the medical or dental necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to implement a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Dental HMO coverage is provided by Golden West Health Plan, Inc.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical or dental necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical or dental necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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