DELTA DENTAL®

Tissue grafting coding guide

Choosing the appropriate CDT code for natural teeth, extraction and implant sites

MATCH THE CODE TO THE CLINICAL SITE AND CDT DESCRIPTOR

Selecting the appropriate CDT code based on the treatment location and CDT descriptor helps ensure accurate benefit determination and timely claim processing. Use this guide to help identify the appropriate code for tissue grafting procedures involving natural teeth, extraction sites, or implant sites.

Natural-tooth-only periodontal codes

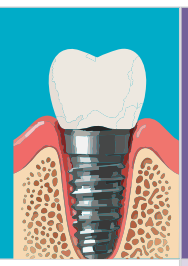
For periodontal regeneration around retained natural teeth



CDT codes	• D4263/D4264 • D4265 • D4266/D4267
Use for	• Periodontal regeneration around retained natural teeth • D4263/D4264 — bone replacement grafts for retained natural teeth • D4266/D4267 — guided tissue regeneration (GTR) for natural teeth • D4265 — may accompany eligible natural-tooth periodontal flap surgery, subject to same-site restrictions
Key limitation	• Intended for natural teeth only • Follow CDT descriptor and same-site restrictions
Frequency/ site limits	• D4263/D4264 — once per tooth per 36 months • Up to two teeth per quadrant

Extraction/ridge/sinus/ implant codes

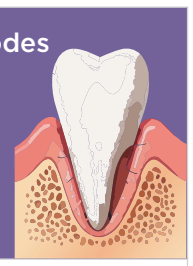
For grafting at extraction sites, edentulous ridges, or implants, according to the CDT descriptor



CDT codes	• D6103/D6104 • D6106/D6107 • D7950-D7953 • D7956/D7957
Use for	• Peri-implant defects • Grafting at implant placement • Ridge preservation or augmentation • Sinus augmentation • Guided tissue regeneration (GTR) in an edentulous area/per implant
Key limitation	• Follow CDT descriptor, contract requirements and any applicable specialized-procedure policy • D7953 must be at the same site/date as extraction or implant removal when covered and is not covered for third molars
Frequency/ site limits	• Follow CDT descriptor and applicable site or frequency limits

Recession/soft-tissue graft codes

For soft-tissue grafting around teeth, implants, or edentulous sites, when indicated by the CDT descriptor



CDT codes	• D4270 • D4273/D4283 • D4275/D4285 • D4276 • D4277/D4278
Use for	• Soft-tissue grafting • When the CDT descriptor expressly includes a tooth, implant or edentulous tooth position, follow that descriptor
Clinical criteria	• Generally at least 2 mm of recession with absent or inadequate attached gingiva • Processing policy identifies 1 mm or less of attached tissue • Generally facial, lingual by report
Frequency/ site limits	• Limited to two sites per quadrant for soft-tissue or osseous grafting • Additional sites beyond the two-site limit are not covered

KEY STEPS FOR ACCURATE CODE SELECTION: A simple approach can help prevent delays and ensure accurate claims

1. IDENTIFY THE SITE

Determine if the procedure is at a retained natural tooth or at an extraction socket, edentulous ridge or implant.

2. MATCH CODE INTENT

Follow the CDT descriptor: natural-tooth only, site-specific (extraction, ridge, sinus or implant), or expressly includes tooth, implant or edentulous position.

3. CONSIDER BENEFIT POLICY

Clinical appropriateness does not itself establish a covered benefit. Review the member's benefits, policy limitations and any procedure requirements.

ADDITIONAL TIPS TO HELP AVOID DELAYS

- Use the code that matches the clinical site and CDT descriptor
- Document clinical findings (e.g. recession measurement, lack of attached gingiva, radiographic evidence)
- Observe frequency and site limits (e.g. per tooth, per quadrant, same site/date requirements)
- When in doubt, review the CDT code descriptor and the member's benefits prior to submission

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