ADA Guide to Graft Material Collection Procedure Reporting

Developed by the ADA, this guide is published to educate dentists and others in the dental community on reporting services that involve soft or hard tissue grafts. At times there can be confusion over when, and how, graft material collection is reported separately from the graft procedure.

Introduction

Definitions

The online ADA Glossary of Dental Clinical and Administrative Terms clearly defines the following words (in **boldface**) used in CDT Code entries –

graft: A piece of tissue or alloplastic material placed in contact with tissue to repair a defect or supplement a deficiency.

> Note: The "graft" definition includes the term "alloplastic" that is not defined in the ADA glossary. Alloplastic is a term used to describe synthetic bone material.

> Note: The "graft" definition does not include the term "xenograft" that is also not defined in the ADA glossary. Xenograft is a term used to describe a tissue (hard or soft) whose origin is from a species other than human.

allograft: Graft of tissue between genetically dissimilar members of the same species. Donors may be cadavers, living related or living unrelated individuals. Also called allogenic graft or homograft.

> Note: The "allograft" definition includes the terms "allogenic" and "homograft" that are not defined in the ADA glossary. Allogenic is a term used to describe tissue harvested from another individual that is used during a non-autogenous graft procedure. Homograft is a synonym for allograft.

autogenous graft: Taken from one part of a patient's body and transferred to another.

non-autogenous: A graft from donor other than patient.

> Note: The term "non-autogenous" is commonly understood to be any type of graft material that is not from the patient's body. In other words allogenic, alloplastic, allograft and xenograft materials are considered non-autogenous.

Scope

This guide addresses coding for graft scenarios where the collection and placement procedures are documented and reported separately, and those where separate reporting is not necessary.

CDT Codes for graft procedures are found in several Categories of Service – Endodontics, Periodontics, Implant Services, and Oral & Maxillofacial Surgery. These graft procedures may be delivered and reported by any dentist authorized to do so by her or his state practice act. A dentist must read a CDT code's full nomenclature and descriptor (if present) to determine whether or not the entry describes the graft procedure received by the patient.

Documentation of graft procedures can be confusing. There are codes where the nomenclature or descriptor (or both) state that the procedure: 1) includes acquisition of the graft material; or 2) that graft material is aquired as a separate procedure reported with the appropriate code. Also, there are some CDT code entries that do not state whether or not the procedure includes acquistion of the graft material.

ADA American Dental Association®

America's leading advocate for oral health

Adding to the confusion is that dental benefit plans and insurance companies have policies that state there is no separate reimbursement for material acquistion – even when the dentist properly reports separate material collection and placement procedures.

Procedures Where Material Acquisition and Graft Placement Are Separate

There are three CDT Code entries that are in this grouping, and they illustrate a CDT Code gap when it comes to material acquisition.

Graft Procedures Not Including Obtaining Graft Material

There are two CDT codes that explicitly state the procedure does not include harvesting, or collecting, the graft material (see highlighted descriptor text).

> **D7953   bone replacement graft for ridge preservation – per site**
> Graft is placed in an extraction site or implant removal site at the time of the extraction or removal to preserve ridge integrity (e.g., clinically indicated in preparation for implant reconstruction or where alveolar contour is critical to planned prosthetic reconstruction). Does not include obtaining graft material. Membrane, if used should be reported separately.

> **D7955   repair of maxillofacial soft tissue and/or hard tissue defect**
> Reconstruction of surgical, traumatic, or congenital defects of the facial bones, including the mandible, may utilize graft materials in conjunction with soft tissue procedures to repair and restore the facial bones to form and function. This does not include obtaining the graft and these procedures may require multiple surgical approaches. This procedure does not include edentulous maxilla and mandibular reconstructions for prosthetic considerations.

Though not expressly stated the graft materal used in either of the above procedures could be: a) autogenous (from the patient); or b) non-autogenous, which includes alloplastic ("synthetic" bone) or xenograft (tissue from another species) materials.

Graft Material Collection Only Procedure Code

There is only one CDT Code entry specifically for reporting acquisition of material used in a separate graft procedure. It is reported only when hard tissue (i.e., bone) is collected from the patient who is also to receive the separate bone graft procedure

> **D7295   harvest of bone for use in autogenous grafting procedure**
> Reported in addition to those autogenous graft placement procedures that do not include harvesting of bone.

The CDT Code Gaps

The harvesting procedure reported with D7295 applies only when hard tissue (bone) is harvested from the patient who will then receive the graft material in another location on her or his body. Therefore there are no separate CDT codes to report procedures for obtaining:

- non-autogenous hard tissue,

- soft tissue of either type (autogenous and non-autogenous),

- material from a bottle, vacuum pack or other type of container (xenograft or alloplastic).

If these procedures are ever performed, then the documentation gaps may be addressed by reporting an 'unspecified procedure, by report' code, commonly referred to as a "999" code. A dentist's selection of

ADA American Dental Association®

America's leading advocate for oral health

the "999" code could depend on the clinical situation that prompted the graft delivery – Endodontics, Periodontics, Implant Services, Oral and Maxillofacial Surgery. Another option is "D9999 unspecified adjunctive procedure, by report" if perferred by the dentist. No matter which "999" code is selected the dentist must write a clear and robust narrative report for inclusion in the patient's dental record and on any claim submission.

What About Graft Procedures That Include Material Acquisition?

There are 13 CDT codes for procedures where the nomenclature or descriptor state that acquisition of the graft material is included and therefore not be reported as a separate procedure – at least on a claim; and another seven that do not address (i.e., are silent) on whether or not there are separate collection and placement procedures. It is, however, appropriate and prudent to ensure that the patient's dental record includes unambiguous information on the type of graft material acquired and placed.

Graft Procedures That Include Graft Material Acquistion – In General Terms

D4277 free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft

    D4278 free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site

D7943 osteotomy – mandibular rami with bone graft; includes obtaining the graft

D7951 sinus augmentation with bone or bone substitues via a lateral open approach
The augmentation of the sinus to increase alveolar height for reconstruction of edentulous portions of the maxilla. This procedure is performed via a lateral open approach. It includes obtaining the bone or bone substitutes. Placement of a barrier membrane if used should be reported separately.

    D7952 sinus augmentation via a vertical approach
The augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary. This includes obtaining the bone or bone substitutes.

Graft Procedures That Including A Specific Type Of Graft Material Acquisition

D3428 bone graft in conjunction with periradicular surgery – per tooth single site
Includes non-autogenous graft material.

    D3429 bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site
Includes non-autogenous graft material.

D4273 autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft
There are two surgical sites. The recipient site utilizes a split thickness incision, retaining the overlapping flap of gingiva and/or mucosa. The connective tissue is dissected from a separate donor site leaving an epithelialized flap for closure.

    D4283 autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site

ADA American Dental Association®
America's leading advocate for oral health

D4275 ==non-autogenous== **connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft**
There is only a recipient surgical site utilizing split thickness incision, retaining the overlaying flap of gingiva and/or mucosa. A donor surgical site is not present.

> **D4285** ==non-autogenous== **connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site**

D7949 **LeFort II or LeFort III – with bone graft**
==Includes obtaining autografts.==

D7950 **osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – ==autogenous or nonautogenous==, by report**
This procedure is for ridge augmentation or reconstruction to increase height, width and/or volume of residual alveolar ridge. ==It includes obtaining graft material.== Placement of a barrier membrane, if used, should be reported separately.

D7995 **synthetic graft – mandible or facial bones, by report**
==Includes allogenic material.==

> Note: There is a inconsistency in words used in this CDT code's nomenclature ("synthetic") and the descriptor ("allogenic"). The condundrum arises as "synthetic" is not defined in the ADA glossary and this CDT code has been unchanged since its original inclusion in CDT-2, a version effective on January 1, 1995. Resolution is being pursued via the CDT Code maintenance process.

Graft Procedures That Are Silent Concerning Separate Collection of the Graft Material

D4263 **bone replacement graft – retained natural tooth – first site in quadrant**
This procedure involves the use of grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration or barrier membranes. Other separate procedures delivered concurrently are documented with their own codes. Not to be reported for an edentulous space or an extraction site.

> **D4264** **bone replacement graft – retained natural tooth – each additional site in quadrant**

> Note: The descriptors for D4263 and D4264 are identical, and the sentence "This procedure does not include…placement of biological materials…." requires additional clarification. Biologic materials includes Platelet Rich Plasma (PRP) for which "D7922 collection and application of autologous blood concentrate product" documents this separate procedure.

D4270 **pedicle soft tissue graft procedure**
A pedicle flap of gingiva can be raised from an edentulous ridge, adjacent teeth, or from the existing gingiva on the tooth and moved laterally or coronally to replace alveolar mucosa as marginal tissue. The procedure can be used to cover an exposed root or to eliminate a gingival defect if the root is not too prominent in the arch.

D4276 **combined connective tissue and pedicle graft, per tooth**
Advanced gingival recession often cannot be corrected with a single procedure. Combined tissue grafting procedures are needed to achieve the desired outcome.

ADA American Dental Association®
America's leading advocate for oral health

D6103 bone graft for repair of peri-implant defect – does not include flap entry and closure
Placement of a barrier membrane or biologic materials to aid in osseous regeneration, are reported separately.

D6104 bone graft at time of implant placement
Placement of a barrier membrane, or biologic materials to aid in osseous regeneration are reported separately.

D7920 skin graft (identify defect covered, location and type of graft)

Questions and Answers

1) What is the difference between autogenous and non-autogenous graft material?

These terms are used to differentiate the source of hard or soft tissue used in the graft procedure. An autogenous graft means the tissue is harvested from the person who is also undergoing the graft procedure. A non-autogenous means the tissue is not obtained from the person who is undergoing the graft procedure.

2) How would I document use of non-autogenous or synthetic soft or hard tissue graft material (e.g., AlloDerm®, Fibro-Gide®, Oracell®; "bone out of a bottle" products such as Bio-Oss® or OSSIF-i sem™)?

Documenting use of a specific product in the delivery of a grafting procedure is by written narrative in the patient's dental record. There is no CDT code that identifies a specific product as selection of the material is the dentist's clinical decision; decision-making is not a dental procedure.

3) D3428 (and D3429) bone graft procedures indicate that non-autogenous graft material acquistion is included – but what if autogenous material is to be the graft; what code is used to report that acquisition procedure?

The available code to document collection of autogenous material is an 'unspecified procedure, by report' code, commonly referred to as a "999" code. A dentist may select 's selection of the "999" code could depend on the clinical situation that prompted the graft delivery – Endodontics, Periodontics, Implant Services, Oral and Maxillofacial Surgery. Another option is "D9999 unspecified adjunctive procedure, by report" if perferred by the dentist. No matter which "999" code is selected the dentist must write a clear and robust narrative report for inclusion in the patient's dental record and on any claim submission.

4) There are codes where the nomenclature or descriptor state that the procedure includes acquistion of autogenous or non-autogenous graft material (e.g., D3428, D4275, D7949). What procedure code is reported when the dentist decides to deliver the procedure with another type of material (e.g., alloplastic, xenograft)?

As noted in the answer to Q 3 above, when there is no specific CDT Code that describes the procedure delivered it is appropriate to use a 'Dx999 'unspecified…procedure, by report' code. The dentist decides which "999" code is most appropriate to, in this case, document the harvesting of alloplastic or xenograft material.. No matter which "999" code is selected the dentist must write a clear and robust narrative report for inclusion in the patient's dental record and on any claim submission.

ADA American Dental Association®
America's leading advocate for oral health

Other Pertinent Citations

The CDT Companion publication contains "Coding Scenarios" and "Q&A" that provide more information and guidance about graft procedures and their appropriate coding. For example, this publication's Periodontic's chapter includes the following general comments about graft procedures –

Autogenous soft tissue graft: Donor graft material is taken from the patient's mouth resulting in a second surgical site.

Non-autogenous: There is no second surgical site in the patient's mouth. The graft material comes from another source, not the patient.

Another example of pertinent content is in the Oral & Maxillofacial Surgery chapter –

The harvesting code **D7295** was added in CDT 2011. This addition provides a means to report the separate procedure of obtaining osseous material for the purpose of grafting to a distant site. It enables documentation of the harvesting procedure when the grafting procedure (e.g., **D4263**; **D7953**; **D7955**) does not include obtaining bone to be grafted.

Questions or Assistance?

Call 800-621-8099 or send an email to dentalcode@ada.org

Notes:

- This document includes content from the ADA publication – *Current Dental Terminology (CDT)* ©2021 American Dental Association (ADA). All rights reserved.

ADA American Dental Association®

America's leading advocate for oral health