Guide to Graft Material Collection Procedure Reporting

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

This guide will address coding for graft scenarios where the collection and placement procedures are documented and reported separately. And those where the two actions are not documented and reported separately in the patient record on a claim.

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 or dental professional authorized to do so by her or his state practice act. A dentist must read the CDT code's full nomenclature and descriptor (if present) to determine whether or not the code accurately describes the graft procedure being performed on the patient.

Documentation for 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 acquired 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 acquisition of the graft material.

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

Definitions

The online Glossary of Dental Clinical Terms | American Dental Association (ada.org) 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.

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 material 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.

Please note that –

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 the above procedures are ever performed, then selection of a “999 unspecified procedure, by report” code would be appropriate in these situations. All "by report" procedure codes are to include documentation that explains the service provided. A dentist’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. 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 nomenclatures or descriptors 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 Acquisition – 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 substitutes 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

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.

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, the placement of biologic materials or the placement of barrier membranes to aid in osseous tissue regeneration. 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

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, the placement of biologic materials or the placement of barrier membranes to aid in osseous tissue regeneration. This procedure is performed concurrently with one or more bone replacement grafts to document the number of sites involved. Not to be reported for an edentulous space or an extraction site.

Note: Both codes D4263 and D4264 include the sentence “This procedure does not include…placement of biological materials…” within their descriptors. Biologic materials includes Platelet Rich Plasma (PRP) for which code “D7922 collection and application of autologous blood concentrate product” would be used to document 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.

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, which is determined by the dentist's clinical decision making and not by the dental procedure.

3) The descriptor for codes D3428 (and D3429) bone graft **in conjunction with periradicular surgery** procedures indicate that non-autogenous graft material acquisition is included – but what if autogenous material is to be the graft; what code is used to report that acquisition procedure?

   In this situation the available code to document collection of autogenous material would be "**D3999 unspecified endodontic procedure, by report"** or **"D7999 unspecified oral surgery procedure, by report"** codes. All "by report" procedure codes are to include documentation that explains the service provided.

4) There are codes where the nomenclature or descriptor state that the procedure includes acquisition 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 above, when there is no specific CDT code that describes the procedure delivered it is appropriate to report a 'Dx999 'unspecified…procedure, by report' code to document the harvesting of alloplastic or xenograft material. The dentist must write a clear and robust narrative report for inclusion in the patient's dental record and on any claim submission.

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)* ©2026