



DENTAL CLINICAL POLICY AND PROCEDURES

BONE REPLACEMENT GRAFTS

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II. POLICY STATEMENT

Bone replacement grafts in dentistry and periodontics are surgical treatments designed to restore areas of jawbone that have been lost due to periodontal disease, injury, tooth extraction, or natural resorption. These procedures involve placing grafting materials—such as the patient’s own bone (autograft), donor bone (allograft), bone from another species (xenograft), or synthetic substitutes—into sites of deficiency, where they act as a scaffold that stimulates the body to regenerate new alveolar bone. By rebuilding bone density and volume, grafts help preserve the natural shape and strength of the jaw, stabilize teeth, and prevent further deterioration of oral health. They are also critical for preparing sites for restorative procedures like dental implants, which require a solid foundation to succeed, and may be combined with techniques such as sinus lifts or ridge augmentation to achieve optimal support. Ultimately, bone grafting is a cornerstone of modern dentistry, enabling patients with insufficient bone to regain oral function, aesthetics, and long-term stability.

A. Bone Replacement Grafts Covered Indications:

1. PEHP may consider bone replacement grafts medically necessary for any of the following indications:
 - a. When Class II furcation involvement occurs, defined as moderate bone loss extending into the anatomical area where the roots of a multi-rooted tooth divide but not passing completely through, bone grafting is medically necessary because it can regenerate supporting bone, stabilize the tooth, and prevent progression to more severe involvement; or
 - b. When implant site preparation or immediate implant placement is planned, defined as augmenting deficient alveolar bone to ensure adequate bone volume and density for successful implant integration (osseointegration), bone grafting is medically necessary because it builds sufficient bone for implant placement, supports prosthetic stability, and may be performed immediately after extraction to fill areas surrounding the implant body and reduce risk of soft tissue infiltration; or
 - c. When infrabony or intrabony vertical defects are present, defined as angular pockets of bone loss extending alongside the root of a tooth due to periodontal disease, bone grafting is medically necessary because it fills the defect, stimulates new bone growth, and restores periodontal stability; or

- d. When localized periodontal defects result in alveolar bone loss, defined as areas of bone destruction caused by periodontal disease that compromise tooth support, bone grafting is medically necessary because it regenerates lost bone, restores tooth stability, and reduces the risk of tooth loss; or
- e. When osseous defects exist within the alveolar bone housing, defined as irregularities or voids in the jawbone surrounding teeth that harbor bacteria and complicate oral hygiene, bone grafting is medically necessary because it smooths and fills defects, promotes new bone growth, improves periodontal health, and reduces inflammation; or
- f. When post-extraction ridge preservation is required, defined as grafting performed immediately after tooth extraction to address natural resorption of the alveolar ridge (the bony ridge supporting teeth), bone grafting is medically necessary because it preserves ridge shape and volume, prepares the site for implant placement, and prevents soft tissue infiltration, ensuring better long-term restorative outcomes.

B. Bone Replacement Grafts Non-Covered Indications:

1. PEHP considers bone replacement grafts not medically necessary for the following indications (*may not be an all-inclusive list*):
 - a. When active infection or unresolved inflammation is present, defined as bacterial or inflammatory processes in the oral cavity or surrounding tissues that have not been adequately treated, bone grafting is not medically necessary because infection or inflammation compromises healing and increases the risk of graft failure;
 - b. When adequate bone volume and quality already exist to support the tooth or implant without grafting, defined as sufficient alveolar bone height, width, and density to provide stability and function, bone grafting is not medically necessary because no clinical need for augmentation is present;
 - c. When a defect is shallow or lacks proper shape to retain graft material, defined as horizontal or irregular bone loss that does not create a contained environment for graft placement, bone grafting is not medically necessary because the absence of vertical or well-shaped defects prevents predictable graft success;
 - d. When grafting is planned solely for cosmetic reasons, defined as procedures intended only to improve appearance without a clinical need to restore bone support or function, bone grafting is not medically necessary because coverage is limited to medically indicated situations;
 - e. When systemic conditions or local factors impair healing, defined as uncontrolled medical issues such as diabetes, cardiovascular disease, or autoimmune disorders, or local oral factors such as poor oral hygiene or untreated infection, bone grafting is not medically necessary unless these conditions are adequately managed, because impaired healing reduces the likelihood of graft success;
 - f. When taking medications or substances that impair healing, including anticoagulants such as warfarin or heparin (which increase bleeding risk), corticosteroids such as prednisone (which interfere with bone metabolism), immunosuppressive agents such as cyclosporine or methotrexate (which reduce immune response), nicotine use from cigarettes or vaping (which restricts blood flow and delays healing), or non-steroidal anti-inflammatory drugs/NSAIDs such as ibuprofen or naproxen (which can slow bone regeneration), bone grafting is not medically necessary because these agents interfere with bone and tissue regeneration and significantly reduce the likelihood of graft success.

C. Bone Replacement Grafts Limits, per Master Policy:

1. Bone Grafting at Implant Placement: Coverage of bone grafting performed at the time of dental implant placement is limited to one procedure per implant site, excluding corresponding third molars;
2. Mandible/Maxilla Grafts: Coverage of osseous, osteoperiosteal, or cartilage grafts of the mandible or maxilla is limited to one procedure per arch per lifetime;
3. Peri-Implant Defect Repair: Coverage for bone grafting procedures performed to repair a peri-implant defect is limited to one procedure per implant site within a three-year period, excluding corresponding third molars. A maximum of two procedures per implant site will be covered over the lifetime of the implant;
4. Periodontal Surgery: Coverage of bone replacement grafts in conjunction with eligible periodontal surgery is limited to one procedure per graft site in a 24-month period. A graft site is defined as a retained natural permanent tooth, excluding third molars;
5. Periradicular Surgery: Coverage of bone replacement grafts in conjunction with periradicular surgery is limited to one procedure per graft site in a three-year period. A graft site is defined as a retained natural permanent tooth, excluding third molars;

6. Ridge Preservation: Coverage of bone replacement grafts for ridge preservation is limited to one procedure per extraction site, excluding corresponding third molars, per lifetime.

III. BENEFIT LIMITS:

- A. Basic Dental Services, including Prosthodontics and Restorations: Maximum of up to \$500, \$1000, \$1500, or \$2000 per member per policy year depending on the dental plan and/or employer group.
- B. Dental Accident: Maximum of up to \$500 per member per policy year.

IV. PEHP DENTAL MASTER POLICY EXCLUSIONS and LIMITATIONS:

A. DENTAL ACCIDENT BENEFIT:

- *PEHP will allow up to \$500 in addition to the yearly benefit for Accidental injuries to sound, natural teeth (teeth that are whole or properly restored) occurring while a covered member of PEHP, including their replacement. Charges are payable towards Copayments or at the Allowed Amount for eligible services if the yearly maximum is met. Total supplemental benefits for any one Accident may not exceed \$500 per individual.*
- *The PEHP dental plan is always primary over the PEHP medical plan. Members who meet the criteria will receive benefits under their PEHP dental plan first. Once the maximum dental benefit has been reached the remaining claim amount will be processed under the PEHP medical plan (if the member is enrolled in one). Members who have dental coverage with another carrier, will be required to submit a letter showing their dental maximum was met before allowing under the PEHP medical plan.*
- *To be eligible for the Dental Accident benefit, the Accident must have occurred while a member of PEHP and while Dental Accident benefits are in place. Coverage must also be continuous and in effect at time of service. Coverage will be excluded unless treatment is started within 6 months of the Accident or the Member can show the dental services were reasonably delayed past 6 months (e.g. jaw wired shut, etc.).*
- *The six-month Waiting Period may be waived for Prosthodontics and Implants as a result of an Accidental injury.*
- *This coverage is only available if you do not have PEHP medical coverage.*

B. GENERAL EXCLUSIONS:

- *Charges for the following circumstances are excluded as benefits under PEHP:*
 - *Administration of enteral minimal or moderate sedation, non-intravenous parenteral moderate sedation, and nitrous oxide are not covered, and local anesthesia, regional block, and trigeminal division block anesthesia are considered inclusive to the procedure and not separately reimbursed.*
 - *Any services or supplies not specifically identified as a covered service.*
 - *Appliance or restorations necessary to increase vertical dimension of teeth or restore or equilibrate the occlusion; occlusal analysis or adjustment.*
 - *Care, treatment, operations, or supplies, or any appliances, aids, devices, or drugs, that are not FDA approved.*
 - *Charges for services as a result of an auto related injury and covered under No Fault insurance or that would have been covered if Coverage was in effect as required by law.*
 - *Charges for special equipment, machines, or devices in the Dentist's office used to enhance Diagnostic or therapeutic services in a Dentist's practice.*
 - *Dentistry for solely cosmetic reasons, including but not limited to bleaching, bonding, veneers and crowning of peg laterals.*
 - *General anesthesia in a dental office is not a covered service under the dental plan, except when medically necessary for eligible complex oral surgeries (e.g., removal of large cysts or tumors, multiple-site implant placement, extensive bone grafting such as ridge augmentation or sinus lift procedures, or impacted third molar removal), for members with special healthcare needs (e.g., developmental disabilities, cognitive impairments, or severe medical conditions who cannot tolerate routine dental care), or when local anesthesia (including regional block and trigeminal division block) or moderate sedation is ineffective or contraindicated. When provided in a dental office, coverage applies only under strict conditions: the dentist or a certified anesthetist must be properly trained and credentialed in anesthesia delivery, the office must be equipped with advanced monitoring devices and emergency management capabilities, and member selection must be appropriate based on medical history and risk assessment. General anesthesia is not covered for routine procedures such as root canal therapy or simple extractions, nor solely for the management of dental phobia or anxiety. General anesthesia administered through an advanced airway is*

not covered. Services provided in a healthcare facility outside the dental office under the medical benefit requires preauthorization.

- PEHP is not responsible to pay any benefits given verbally or assumed except as written in a Pre-authorization.
- Replacement of teeth missing prior to effective date of Coverage for a period of five years from effective date of continuous Coverage with PEHP when the exclusion is applicable to the Employer Plan. Exception: Benefits may be eligible if a prior prosthesis is in place on the effective date of Coverage (subject to six-month Waiting Period if applicable to Plan).
- Separate charges for acid etching, adhesives, cement bases, final placement, impressions, light curing, local anesthesia (including regional block and trigeminal division block), temporary restorations, tooth preparation, and all associated laboratory services.
- Unbundling or fragmentation of codes.

C. IMPLANT BENEFITS:

- Covered services are payable according to the Allowed Amount, up to the maximum benefit per plan year, including Basic and Prosthodontic benefits.
 - Bone grafting at the time of implant placement is allowed once per implant site, excluding corresponding third molars.
 - Bone grafting for repair of a peri-implant defect is allowed once per implant site, excluding corresponding third molars, within a three (3)-year period, with a maximum of two procedures per implant over the lifetime of the implant.
 - Debridement, with or without osseous contouring, of a peri-implant defect is allowed once per implant site within a three (3)-year period, with a maximum of two treatments per lifetime of the dental implant.
 - Guided tissue regeneration using either resorbable or non-resorbable barrier membranes is allowed once per implant site, limited to corresponding permanent teeth (excluding third molars). Coverage is limited to one barrier membrane per site within a twenty-four (24)-month period, with a maximum of three barrier membrane procedures per implant site over the lifetime of the implant.

D. Missing Tooth Exclusion:

- The following limitations may not apply to your plan if you have prior continuous dental coverage for at least six months prior to being enrolled on the Employer Plan. Please refer to your Applicable Benefits Summary for details on the length of the waiting period for the Missing Tooth Exclusion. Services to replace teeth that are missing prior to effective date of Coverage may not be eligible for a specific period of time from the date of continuous Coverage with PEHP. However, the plan may review the abutment teeth for eligibility of Prosthodontic benefits. The Missing Tooth Exclusion does not apply if a bridge, denture, fixed partial denture (bridge), or implant was in place at the time the Coverage became effective.

E. ORAL SURGERY BENEFITS:

- Alveoloplasty (reshaping of the jawbone) performed in conjunction with tooth extractions is allowed once per quadrant per lifetime. When alveoloplasty is performed independently of extractions, coverage is allowed once per quadrant within a five (5)-year period.
- Bone replacement graft for ridge preservation is allowed once per extraction site, excluding corresponding third molars, per lifetime.
- Guided tissue regeneration using resorbable or non-resorbable barrier membranes is allowed once per edentulous site, limited to corresponding permanent teeth (excluding third molars). Coverage is restricted to a single barrier membrane per edentulous site per lifetime.
- Intravenous (IV) sedation is allowable with eligible procedures such as apicoectomy, dental implants, oral surgery, osseous surgery, and severe periodontal cases. It is not allowed for routine procedures including root canal therapy or simple extractions, nor is it eligible solely for managing dental phobia or anxiety.
- General anesthesia in a dental office is allowed when medically necessary for complex oral surgeries such as removal of large cysts or tumors, dental implant placement in multiple sites (e.g., full-arch or multiple quadrant implant surgeries), extensive bone grafting (e.g., ridge augmentation or sinus lift procedures for implant site development), or impacted third molar removal, as well as for members with special healthcare needs (e.g., developmental disabilities, cognitive impairments, or severe medical conditions who cannot tolerate routine dental care), and in cases where local anesthesia (including regional block and trigeminal division block) or moderate sedation is ineffective or contraindicated. General anesthesia in a dental office may be indicated under these circumstances but only under strict conditions: the dentist or a certified anesthetist must be properly trained and credentialed, the office must be equipped with advanced monitoring devices and emergency management capabilities, and member selection must be appropriate based on medical history and risk

assessment. General anesthesia is not allowed for routine procedures such as root canal therapy or simple extractions, nor solely for the management of dental phobia or anxiety. Coverage for general anesthesia administered in a healthcare facility outside the dental office under the medical benefit requires preauthorization.

- *Oral surgery includes suturing, when necessary, the administration of local anesthesia (including regional block and trigeminal division block), and standard postoperative care.*
- *Osseous, osteoperiosteal, or cartilage grafts of the mandible or maxilla, whether autogenous or non-autogenous, are allowed once per arch per lifetime.*
- *Sinus augmentation with bone or bone substitutes performed using a lateral open approach is allowed twice per side per lifetime. Sinus augmentation using a vertical approach is allowed once per implant site, restricted to the upper posterior region of the mouth and excluding third molars.*
- *Surgical stents for soft tissue healing are allowed once per surgical site within a five (5)-year period following eligible oral surgery.*
- *Surgery to place an implant in the lower jaw (mandible) for bone augmentation—other than in the tooth-bearing (alveolar) ridge—is allowed once per lifetime.*
- *Surgical reduction of osseous tuberosity (removal or reshaping of excess bone in the upper jaw behind the molars) is allowed once per lifetime.*
- *Vestibuloplasty is allowed once per arch per lifetime.*

F. PERIODONTICS:

- *Autogenous and non-autogenous connective tissue grafts are allowed once per treated site within a twenty-four (24)-month period, provided they are performed during eligible periodontal surgery. A treated site is defined as a natural retained permanent tooth, a dental implant, or an edentulous site requiring surgical intervention, excluding third molars.*
- *Biologic materials used to aid in soft and osseous tissue regeneration are allowed once per surgical site within a twelve (12)-month period when performed in conjunction with eligible periodontal surgery. A surgical site is defined as a specific natural retained permanent tooth, a dental implant, or an edentulous site requiring surgical intervention. Coverage excludes third molars.*
- *Bone replacement grafts are allowed once per graft site, identified by a retained natural permanent tooth (excluding third molars), within a twenty-four (24)-month period when performed in conjunction with eligible periodontal surgery.*
- *Guided tissue regeneration using either resorbable or non-resorbable barrier membranes is allowed once per surgical site and must be performed during eligible periodontal surgery. A surgical site is defined as a natural retained permanent tooth, a dental implant, or an edentulous site requiring surgical intervention, excluding third molars. Coverage is limited to one barrier membrane per site per surgical event within a twenty-four (24)-month period.*
- *Osseous surgery is allowed once per quadrant within a twenty-four (24)-month period and is limited to a maximum of two full-quadrant osseous surgeries per quadrant per lifetime.*

V. RELATED DENTAL POLICIES

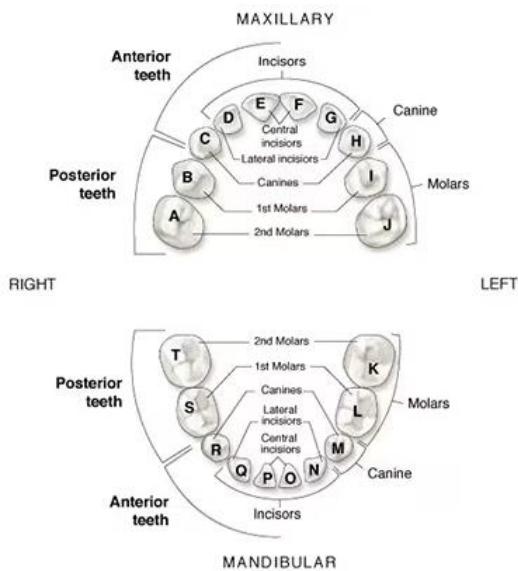
- A. Fixed Prosthodontics
- B. Guided Tissue Regeneration
- C. Removable Prosthodontics
- D. Periodontal Services

VI. APPENDIX

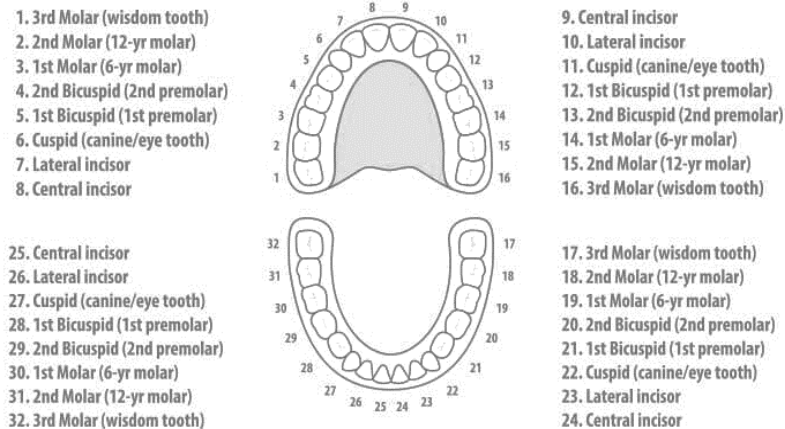
A. Tooth Chart (Universal Tooth Designation System):

The Universal Tooth Designation System, also known as the Universal Numbering System, is a widely used method for identifying individual teeth in the human mouth. In this system, permanent teeth are numbered 1 through 32, while primary (baby) teeth are assigned letters A through T.

1. Primary Teeth Chart:



2. Permanent Teeth Chart:



VII. APPLICABLE CODES

- All claims submitted for processing may be subject to review under McKesson Health Solutions' Clear Claim Connection tool and the Correct Coding Initiative (CCI) guidelines, as established by the Centers for Medicare & Medicaid Services (CMS) and other applicable regulatory authorities. Coding edits may be applied to ensure adherence to national standards, including bundling and unbundling policies as well as code combination restrictions. As a result, claim processing and reimbursement may be adjusted accordingly. All benefit determinations are contingent upon coverage eligibility at the time of service.
- The following list(s) of procedure codes is provided for reference purposes only and may not be all-inclusive, as Current Dental Terminology (CDT) code updates by the American Dental Association (ADA) may occur more frequently than policy updates. Deleted codes and codes that are not effective at the time the service is rendered may not be eligible for reimbursement. The inclusion of a code within this policy does not imply that the associated service is covered or excluded under any specific health plan. Coverage is determined based on the terms of the member's employer group benefit plan and applicable federal and state laws and regulations. Inclusion of a code does not guarantee claim payment or reimbursement. Other policies or clinical guidelines may also apply.

CDT codes COVERED if selection criteria are met (<i>may not be an all-inclusive list</i>):	
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site
D4263	Bone replacement graft – retained natural tooth – first site in quadrant

D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure
D6104	Bone graft at time of implant placement
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report
D7953	Bone replacement graft for ridge preservation-per site
CDT codes NOT COVERED for indications listed in the policy (<i>may not be an all-inclusive list</i>):	
D7295	Harvest of bone for use in autogenous grafting procedure
D7995	Synthetic graft, mandible or facial bones, by report