



DENTAL CLINICAL POLICY AND PROCEDURES

GUIDED TISSUE REGENERATION

Created:	11/07/2025
Approved in Clinical Committee:	11/20/2025
Approved in Policy Committee:	11/24/2025
Effective Date:	01/01/2026
Next Review:	11/24/2028

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II. POLICY STATEMENT

Guided tissue regeneration (GTR) is a dental technique that promotes the natural restoration of the tooth's supporting structures—including alveolar bone, periodontal ligament, and cementum—that have been lost or damaged due to periodontal disease, trauma, or congenital defects. The procedure involves placing a biocompatible barrier membrane between the gum tissue and the underlying bone defect to selectively block faster-growing epithelial and connective tissue cells, thereby creating space for slower-growing bone and ligament cells to repopulate and regenerate the site. GTR is most often used to improve bone regeneration around dental implants, to treat deep periodontal pockets with vertical bone loss, and to manage furcation involvements, with these indications alphabetized as implants, pockets, and furcations. The barrier membrane may be resorbable, dissolving naturally during healing, or non-resorbable, requiring surgical removal, and is frequently combined with bone grafts or biologic agents to enhance outcomes. By establishing a controlled healing environment, GTR supports regeneration of the periodontal attachment apparatus, which is critical for long-term tooth stability, implant success, and overall oral health.

A. Guided Tissue Regeneration Covered Indications:

1. PEHP may consider guided tissue regeneration (GTR) medically necessary for any of the following indications:
 - a. When applied as an adjunct to periodontal surgery, defined as the use of a barrier membrane to stimulate the regrowth of critical supporting structures of the tooth—namely the alveolar bone (the jawbone that holds teeth), the periodontal ligament (the connective tissue fibers anchoring the tooth to bone), and the cementum (the mineralized tissue covering the tooth root)—in clearly defined periodontal defects where natural healing alone cannot adequately restore these tissues and tooth loss is more likely if untreated; or
 - b. 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, because GTR can regenerate supporting bone and stabilize the tooth; or
 - c. When intrabony or infrabony vertical defects are present, defined as angular pockets of bone loss extending alongside the root of a tooth due to periodontal disease, because GTR fills the defect, stimulates new bone growth, and restores periodontal stability; or

- d. When performed in conjunction with bone grafting for implant placement, defined as augmenting deficient alveolar bone to ensure adequate bone volume and density for successful implant integration (osseointegration), because GTR enhances bone-to-implant contact and long-term stability; or
- e. When performed in conjunction with bone grafting for ridge augmentation or reconstruction, defined as rebuilding deficient alveolar ridge structure to support prosthetic restoration, because GTR promotes new bone growth and restores ridge form; or
- f. When performed in conjunction with bone grafting for ridge preservation, defined as grafting immediately after tooth extraction to address natural resorption of the alveolar ridge, because GTR preserves ridge shape and volume for future restorative procedures; or
- g. When treating peri-implant defects, defined as areas of bone loss or soft tissue breakdown around an existing dental implant, because GTR regenerates lost bone and improves implant health; or
- h. When used to enhance periodontal tissue regeneration and healing for mucogingival defects in conjunction with mucogingival surgeries, defined as procedures addressing deficiencies in gum tissue quantity or quality, because GTR supports soft tissue healing and attachment stability.

B. Guided Tissue Regeneration Non-Covered Indications:

1. PEHP considers guided tissue regeneration not medically necessary for the following indications (*may not be an all-inclusive list*):
 - a. When crater defects are present, defined as concave, saucer-shaped bone deformities between adjacent teeth, because these lack the structural containment needed for predictable regenerative success;
 - b. When non-surgical periodontal therapy or less invasive treatments can adequately manage the condition, defined as scaling, root planing, or other conservative approaches that sufficiently control disease without surgical intervention, because GTR provides no added benefit;
 - c. When oral hygiene is poor or the patient has been non-compliant with previous therapies, defined as inadequate plaque control or failure to follow recommended periodontal care, because these factors impair healing and reduce the likelihood of graft success;
 - d. When osseous defects have fewer than two bony walls, defined as shallow or horizontal bone loss that does not create a contained environment for graft placement, because GTR cannot be retained or predictably regenerate bone in such anatomy;
 - e. When periapical lesions of endodontic origin are present, defined as infections at the tip of the tooth root caused by pulp disease, because these require endodontic treatment rather than regenerative periodontal surgery;
 - f. When performed for purely cosmetic reasons, defined as procedures intended only to improve appearance without a therapeutic need to restore bone or attachment support, because coverage is limited to medically necessary indications;
 - g. When systemic medical conditions are uncontrolled, defined as metabolic, cardiovascular, autoimmune/inflammatory, or genetic disorders that impair collagen synthesis or wound healing (e.g., uncontrolled diabetes), because these conditions reduce regenerative success unless adequately managed;
 - h. When taking medications or substances that impair healing, defined as the use of anticoagulants (e.g., warfarin, heparin, which increase bleeding risk), corticosteroids (e.g., prednisone, which interfere with bone metabolism), immunosuppressive agents (e.g., cyclosporine, methotrexate, which reduce immune response), nicotine from smoking or vaping (which restricts blood flow and delays healing), or non-steroidal anti-inflammatory drugs/NSAIDs (e.g., ibuprofen, naproxen, which can slow bone regeneration), because these interfere with bone metabolism, blood flow, or immune response and compromise regeneration;
 - i. When the defect is too advanced or the prognosis for tooth retention is poor, defined as teeth with severe bone loss or hopeless prognosis, because regenerative efforts are unlikely to succeed.

C. Guided Tissue Regeneration Limits, per Master Policy:

1. Edentulous Areas: Coverage of guided tissue regeneration (GTR) in edentulous areas using either a resorbable barrier (which dissolves naturally during healing) or a non-resorbable barrier (which requires surgical removal after healing) is limited to one procedure per edentulous site per lifetime;
2. Implant Sites: Coverage of GTR using a resorbable or non-resorbable barrier is limited to one procedure per implant site in a 24-month period, with a maximum of three procedures per lifetime of the dental implant;

3. Periradicular Surgery: Coverage of GTR with a resorbable barrier performed in conjunction with periradicular surgery is limited to one procedure per natural retained permanent tooth in a three-year period;
4. Periodontal Surgery: Coverage of GTR using a resorbable or non-resorbable barrier is limited to one procedure per surgical site, per surgical event, in a 24-month period when performed in conjunction with eligible periodontal surgery. A surgical site is defined as a natural retained permanent tooth, a dental implant (identified by the corresponding permanent tooth number), or an edentulous site (identified by the corresponding permanent tooth number) requiring surgical intervention;
5. Exclusions: Coverage of third molars, implant sites, or surgical sites identified as third molars is excluded.

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.

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

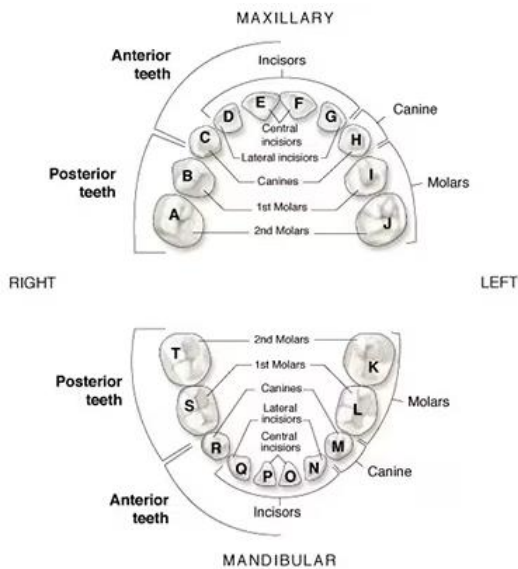
- A. Bone Replacement Grafts
- B. Fixed Prosthodontics
- C. Removable Prosthodontics
- D. Periodontal Services

VI. APPENDIX

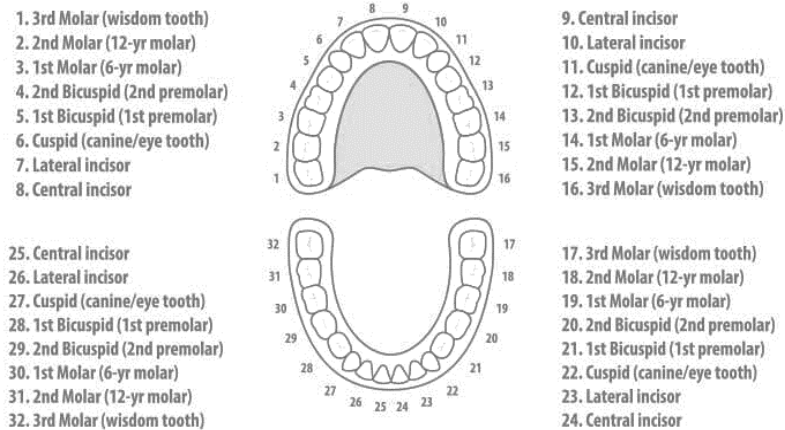
A. Tooth Chart (Universal Tooth Designation System):

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

- A. 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.
- B. 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>):	
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery
D4266	Guided tissue regeneration – resorbable barrier, per site

D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal)
D6106	Guided tissue regeneration - resorbable barrier, per implant
D6107	Guided tissue regeneration - non-resorbable barrier, per implant
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site
D7957	Guided tissue regeneration, edentulous area - Non resorbable barrier, per site
CDT codes NOT COVERED for indications listed in the policy (<i>may not be an all-inclusive list</i>):	
D4286	Removal of non-resorbable barrier