

The bone graft code you report depends on the purpose of the bone graft.

- If a bone graft is performed at the time of extraction for socket preservation, D7953 should be reported.
- If a bone graft is performed on a separate day from the extraction to increase height, width, or volume of the alveolar ridge, then D7950 should be reported. Keep in mind that D7950 includes harvesting autogenous bone or using freeze-dried bone material.
- If bone is placed during a sinus lift procedure to increase alveolar height for implant placement, D7951 (horizontal approach) or D7952 (vertical approach/sinus tap) should be reported.
- D6104 bone graft at the time of implant placement (new code 2013)
- D5862 Surgical stent; this stent would be utilized to apply pressure to soft tissues to facilitate healing and prevent collapse or cicatrization. CPT cross-code 21085 (if fabricated by the surgeon).

In addition, if a resorbable barrier membrane is used, it should be coded as D4266. A non-resorbable barrier membrane should be reported as D4267 but includes membrane removal.

CPT (medical procedure codes):

The CPT cross-code for D7951/D7952 is **21210 “Graft, bone; nasal, maxillary or malar areas (includes obtaining graft).”** This code may also be used if you are billing D7950 of the maxilla.

**If you are grafting the mandible (D7950) the appropriate CPT code is 21215 “Graft, bone; mandible (includes obtaining the graft). “**

D7953 Bone replacement graft for ridge preservation or...  
41899 unlisted procedure dentoalveolar structures (use instead

of D7953 if the medical carrier will not accept HCPCS /CDT codes).

If using banked bone instead of harvesting autogenous material for the graft, then modifier 52 needs to be added (i.e., 21210-52 or 21215-52 should be reported in field 24 D of the CMS-1500 claim form). This tells the medical carrier that 21210/21215 was a reduced service (less involved than harvesting bone from the patient).

CPT has no cross-code for the membranes (D4266/D4267) it is recommended to use the dental (HCPCS) code.

You may also want to mention that many of the major medical carriers will accept the dental “D” procedure codes because they are HCPCS codes. It is actually the diagnosis codes that will be key to coverage as they communicate “WHY” the bone graft or other procedures are needed. Carriers only cover certain diagnosis codes, so this is critical. For instance was the treatment a result of an accident? Are you going to replace a lost tooth due to rampant decay caused by xerostomia as a result of Sjogren’s disease?

The following are some ICD-9 diagnostic codes that may be applicable:

Trauma:

873.63 Tooth broken/fractured due to trauma, simple

873.73 Tooth broken/fractured due to trauma, complicated

E917.0 Struck by someone or something in sports

**If teeth are not present:**

**First code the class of edentulism**

(<http://academyprosthodontics.org/classification.htm>)

525.40-525.44 (Complete) or 525.50– 525.54 (Partial)

**Next code the reason for the loss of teeth**

525.10 Acquired absence of teeth, unspecified

- Tooth extraction status, not otherwise specified

525.11 Loss of teeth due to trauma

525.12 Loss of teeth due to periodontal disease

525.13 Loss of teeth due to caries

525.19 Other loss of teeth

Rampant decay:

521.02 Dental caries into the dentin

521.03 Dental caries into the pulp

527.7 xerostomia

710.2 Sjogren's disease

530.81 GERD

Atrophy codes:

525.20 Unspecified atrophy of the edentulous alveolar ridge

525.21 Minimal atrophy of the mandible

525.21 Moderate atrophy of the mandible

525.21 Severe atrophy of the mandible

525.24 Minimal atrophy of the maxilla

525.25 Moderate atrophy of the maxilla

525.26 Severe atrophy of the maxilla

Again keep in mind the ICD-9 (diagnostic codes) are extremely important, these are just some of hundreds of codes. There is a free resource for ICD-9 codes (diagnostic codes), [www.icd9data.com](http://www.icd9data.com)

If you have offices that need “fundamental” medical coding help they are welcome to visit [www.practicebooster.com](http://www.practicebooster.com) and subscribe to either “Code Advisor” or “Insurance Solutions Newsletter”, both products come with fundamental support.

I don't have specific fee information for the codes. The following resource is available at no charge for consumers/offices to search for dental fees related to specific procedures [www.fairhealthconsumer.org](http://www.fairhealthconsumer.org), you may find it useful. Dr. Blair may also have relevant fee information through the Revenue Enhancement product he offers.

If you have attendees that are members of the AAOMS they are also a great resource for coding. They have many papers dedicated to different coding scenarios on their website for members.

I hope this will help.

Kind regards,

Maria

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Insurance Solutions Newsletter

[888-825.0298](tel:888-825.0298)

7:00 – 4:00 Monday - Thursday