



GUIDED TISSUE REGENERATION

Policy # D019

Implementation Date: 05/01/22

Review Dates:

Revision Dates: 01/01/2023

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial and Select Health Advantage (Medicare/CMS) plans. Refer to the "Policy" section for more information.

Description

Guided bone regeneration and guided tissue regeneration are dental surgical procedures that use barrier membranes to direct the growth of new bone and gingival tissue at sites with insufficient volumes or dimensions of bone or gingiva for proper function, esthetics or prosthetic restoration. Guided tissue regeneration products are different than wound dressing products based on how long it takes the body to resorb and/or if the product requires removal from the provider.

Definitions

Site - Describes a single area, position, or locus.

- All edentulous non-contiguous tooth positions are single sites.
- Depending on the dimensions of the defect, up to two contiguous edentulous tooth positions may be considered a single site.

Commercial Plan Policy

Select Health will reimburse guided tissue regeneration services when the following criteria are met.

Chart Note Requirements:

- The surgical site reported in which the membrane was placed, and
- The membrane product's name, such as Mem-Lok, Bio Extend, or similar product, is documented.

Select Health **will not reimburse services for products that are considered wound dressing products**, such as Colla-plug, Colla-tape, or similar products.

Upon appeal, exceptions may be considered when there is sufficient evidence and necessity that would show improvement the member's oral health. Please see the Dental Provider Manual or contact Member Services for provider appeal information.

Notes:

- Local Anesthesia is considered included in any dental surgical procedure and will not be reimbursed separately.
- Three months of post-operative care is included in the initial reimbursement for surgical procedures.

Select Health Advantage (Medicare/CMS)

Select Health Advantage **will follow the commercial plan policy.**

Billing/Coding Information

CDT CODES

- D4266** Guided tissue regeneration, natural teeth - resorbable barrier, per site, per tooth
- D4267** Guided tissue regeneration, natural teeth - non-resorbable barrier, per site, per tooth
- 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

Key References

1. Coding Companion for Dental Services – Ingenix (2016)
2. *Current Dental Terminology* (2016) – American Dental Association

Disclaimer

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The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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Members may contact Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Select Health Dental Provider Relations at **800-538-5054**.

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