



***Statement by the American Association of Oral and Maxillofacial Surgeons Concerning the Management of Selected Clinical Conditions and Associated Clinical Procedures***

## **Position Regarding Autogenous Bone Grafting CDT Code**

The CDT Manual containing the Code on Dental Procedures and Nomenclature includes a number of changes of interest to the practice of oral and maxillofacial surgery. Code D7295 was approved for implementation effective Jan. 1, 2011. The code appears in the CDT Manual as follows:

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.

An autogenous bone graft is bone tissue that is harvested from an individual, and then transplanted into a recipient site within the same individual. In general terms, the harvest of the autogenous bone graft and the subsequent implantation of the autogenous bone graft are performed within the same surgical episode. Therefore, the autogenous bone graft consisting of living bone tissue is transplanted into the recipient site and will contain viable bone cells, bone progenitor cells and bone regenerative growth factors.\*

Autogenous bone grafts may be performed for the purpose of reconstructing or preserving normal bony architecture. Common examples of conditions requiring autogenous bone grafting include, but are not limited to: primary or secondary reconstruction of osseous defects of the jaws and/or facial bones resulting from traumatic, developmental or pathologic processes or their treatment; interpositional or other autogenous bone grafts required for orthognathic and jaw or facial reconstruction procedures; reconstruction of osseous bone defects resulting from periodontal disease and bone loss; and reconstruction of alveolar bone loss of the jaws due to atrophy of the alveolar bone or sinus pneumatization.

Other examples where autogenous bone grafts may be performed include, but are not limited to: preservation of alveolar bone height and width following tooth loss or extraction or implant removal; therapeutic or preventive treatment of periodontal defects following tooth extractions; improving the quality and or quantity of the bone of the jaws in preparation for dental implant placement and/or prosthetic dental rehabilitation and restoration of the patient; improving the osseous quality and/or quantity of the facial bones in preparation for implant placement and/or prosthetic rehabilitation of the patient; and for grafting around dental implants at the time of implant placement or the treatment of a periimplant defect.

The recipient site indicates the region of the native bone of the jaws or facial bones that will be the site where the autogenous bone graft will be placed. The recipient site will usually require surgical preparation in order to shape, decorticate or otherwise prepare the bone to receive the transplanted autogenous bone graft. Recipient site preparation may be performed by the surgeon either before or after the autogenous bone graft harvest procedure.

Autogenous bone grafts may consist of bone marrow (cancellous marrow graft), bone cortex (cortical graft) or bone marrow and cortex (cortico-cancellous graft). The harvested bone may be obtained in particulate form from the donor site using a curette, rongeur, or scraping and/or collecting device. Bone may also be harvested via trephine to remove a core of bone or by harvesting the bone in the fashion of a block of varying sizes. A block of bone may be transferred as a whole entity or may be morcelized using a hand or mechanical device after harvest. Often, both cortical and cancellous autogenous bone grafts are harvested and transplanted to the recipient site. There are examples of the myriad autogenous bone grafting harvest techniques available to the OMS described elsewhere.



Autogenous bone grafts may be harvested from intra-oral or extra-oral donor sites of the individual. The term intraoral infers that the incision used to access the native bone that will serve the donor site is located within the mouth. Common intraoral autogenous bone graft donor sites include the symphysis, body and ramus of the mandible, the maxilla, and the base of the zygoma. Extraoral donor sites include, but are not limited, to the calvarium, rib, anterior and posterior ilium, tibia and fibula. Portions of the ilium, rib, fibula, radius, scapula and clavicle may be transferred to the mouth and or facial bones in conjunction with soft tissues in a technique referred to as a composite graft. Grafts harvested from the fibula, ilium and other extraoral sites are commonly transferred to the donor site as free vascularized autogenous bone grafts.

Harvesting of autogenous bone grafts from the intraoral or extraoral sites generally will require additional surgical instrumentation and surgical preparation of the donor site that may include sterile or antiseptic preparation of the skin, administration of local anesthesia, incision for access to the donor site bone, possible treatment of the bone harvest site with hemostatic agents or other products, and surgical closure of the donor site.

Harvesting of autogenous bone grafts from intraoral or extraoral sites may be performed in the private office setting, ambulatory care facility and hospital setting. These procedures may be performed using local anesthesia, with or without adjunctive enteral, parenteral and/or inhalation anesthesia. The anesthetic of choice as well as the site of service depend on the medical and anesthetic needs of the individual patient, the procedure to be performed, the facility itself and the surgeon's preference.

Once harvested, the autogenous bone graft will sometimes be placed in a liquid or other storage medium before it is transferred for transplantation to the recipient site. Once transferred to the recipient site, the autogenous bone graft may be secured to or held in place at the recipient site by a plug, mesh, membrane, adhesive material or other fixation device such as a screw that may be metal or non-metal, resorbable or nonresorbable. Additional products such as allogenic or xenogenic graft materials and/or autogenous blood products, recombinant growth factors, antibiotic solutions, collagen membranes etc. may be mixed with, applied to or placed over the autogenous bone graft for various purposes. Where appropriate, these adjunctive products, materials or drugs should be coded separately. Generally, the soft tissues are completely closed with sutures over the autogenous bone graft.

It is the opinion of the American Association of Oral and Maxillofacial Surgeons that CDT code D7295 is appropriately used only to code for the actual procedure of procuring the autogenous bone graft. Included in this procedure would be the sterile/aseptic preparation of the donor site, administration of local anesthesia as needed, incisions required to access the native bone for harvest, the actual harvest of the native bone for implantation, treatment of the donor site after removal of the autogenous bone graft for hemostasis and closure of the donor site. Furthermore, it is inappropriate to code for this procedure if the harvest of the graft is already included in the description of the graft being performed.

*\*Although the technology exists, it is an infrequent event to bank or store an autogenous graft for future implantation into the same individual.*

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#### References:

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