



Dental Clinical Policy

Subject: Guided Tissue Regeneration	
Guidelines #: 04-209	Publish Date: 01/01/2025
Status: Revised	Last Review Date: 10/28/2024

Description

This document addresses the procedures for guided tissue regeneration.

Clinical Indications

Guided tissue regeneration is a surgical procedure used to achieve new bone, cementum and periodontal ligament (PDL) attachment to a periodontally diseased tooth. Guided tissue regeneration may be appropriate for:

- Class II furcation involvement
- Vertical defects (intrabony and infrabony)
- Adjunctive use with bone grafting

Criteria

1. Guided tissue regeneration should generally be confined to vertical, multi-walled or narrow defects with areas of vertical bone loss or class II furcation defects.
2. Guided tissue regeneration procedures are generally limited to treatment of periodontal and peri-implant defects (contract dependent).
3. Guided tissue regeneration procedures associated with endodontic therapies or with minor periradicular surgery are typically not a covered benefit as bone heals by secondary intention.
4. Documentation of the necessity of guided tissue regeneration for periodontal purposes must include all associated, current (within 12 months) diagnostic, dated, properly oriented, pretreatment radiographic images demonstrating vertical bone defects.
5. Current (within 12 months), dated, post initial therapy 6-point periodontal charting indicating pocket depths of a minimum of 5mm.
6. Guided tissue regeneration is not considered for benefits when performed in conjunction with soft tissue grafting procedures.
7. Benefits for guided tissue regenerations may be allowed when performed in conjunction with dental implants (contract dependent).
8. The use of biologic materials for soft or osseous tissue regeneration will not be considered in conjunction with guided tissue regenerations.
9. Guided tissue regeneration procedures include post-operative management for the immediate three months following surgery as well as for any surgical re-entry for three years (contract dependent).
10. For major guided tissue regeneration (reconstructive) procedures, the patient's medical plan should be checked for coverage.

11. Routinely performing guided tissue regeneration for extraction sites may not be necessary for complete and adequate healing.

Coding

The following codes for treatments and procedures applicable to this document are included below 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.

CDT including but not limited to:

- 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)
- D7956 Guided tissue regeneration, edentulous area – resorbable barrier, per site
- D7957 Guided tissue regeneration, edentulous area – non-resorbable barrier, per site

ICD-10 CM Diagnoses for Dental Diseases and Conditions: See the current CDT code book for details

References

1. American Academy of Periodontology. Parameters of Care 2000. <https://www.perio.org/sites/default/files/files/parameters.pdf>
2. American Academy of Periodontology Glossary of Periodontal Terms.
3. Corbella S, Taschieri S, Elkabbany A, et al. Guided Tissue Regeneration Using a Barrier Membrane in Endodontic Surgery. Swiss Dent J. 2016; 126(1) :13-25.
4. Pretzl B, Kim TS, Holle R, et al. Long - term results of guided tissue regeneration therapy with non-resorbable and bioabsorbable barriers. IV. A case series of infrabony defects after 10 years. J Periodontol. 2008 Aug;79(8):1491-9
5. Soldatos NK, Stylianou P, Koidou VP, et al. Limitations and options using resorbable versus nonresorbable membranes for successful guided bone regeneration. Quintessence Int. 2017; 48(2):131-147.
6. CDT 2025 Current Dental Terminology, American Dental Association.

History

Revision History	Version	Date	Nature of Change	SME
	Initial	05/06/2020	Initial	Committee
	Revised	12/04/2020	Annual Review	Committee
	Revised	10/30/2021	Annual Review	Committee
	Revised	10/28/2022	Annual Review	Committee
	Revised	10/18/2023	Annual Review	Committee
	Revised	10/28/2024	Minor editorial refinements to	Committee

			description, clinical indications, and criteria; intent unchanged.	

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