

COLLECTION AND APPLICATION OF AUTOLOGOUS BLOOD CONCENTRATE PRODUCT

Policy # D017

Implementation Date: 01/01/2021

Review Dates: 07/28/22

Revision Dates:

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare/CMS), and SelectHealth Community Care (Medicaid/CHIP) plans. Refer to the “Policy” section for more information.

Description

This procedure is for the collection and application of autologous blood concentrate product that is created by the patient’s blood drawn and centrifuged to separate and highly concentrate the red blood cells and platelets with growth factors.

Commercial Plan Policy

SelectHealth **will reimburse code D7921 when the criteria are met:**

Chart notes are submitted and indicate that the patient’s blood was drawn and spun to separate and highly concentrate the red blood cells and platelets with growth factor to place in the surgical site. This may also be referred to PRF-Protein Rich Fibrin.

SelectHealth Advantage (Medicare/CMS)

SelectHealth Advantage **will follow the commercial plan.**

Billing/Coding Information

CDT CODES

D7921 collection and application of autologous blood concentrate product

Key References

1. Coding Companion for Dental Services – Ingenix (2021)
2. *Current Dental Terminology* (2021) – American Dental Association

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Dental Coding/Reimbursement policies do not constitute dental advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate dental care providers to obtain needed dental advice, care, and treatment. Benefits and eligibility are determined before dental guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

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 SelectHealth Dental Provider Relations at **800-538-5054**.

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