



UNSPECIFIED PROCEDURES

Policy # D002

Implementation Date: 1/1/09

Review Dates: 1/28/16

Revision Dates: 1/28/16, 2/23/17, 10/19/2022

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

Unspecified procedure codes are used when there is not a code listed in the *CDT* that accurately describes the services provided. The *CDT* indicates reporting is required with code submission.

Commercial Plan Policy

Select Health will reimburse unspecified procedures when the narrative contains the following criteria:

- Adequate description of services
- The service provided is a covered service
- Another code cannot be used to more accurately report services
- Appropriate reimbursement can be determined from the records provided

Select Health will determine reimbursement using one or more of the following methodologies:

1. Adequate local, regional, or national claims data exist which allows the determination of a specific reimbursement amount;
2. The procedure for which the code is used is sufficiently similar to another procedure defined in *CDT* or other accepted code that an equitable fee can be established; or
3. Adequate local, regional, or national pricing for specific procedures exist which allows the determination of a base value to derive a specific fee.

Select Health Advantage (Medicare/CMS)

Select Health Advantage will follow the commercial plan

Billing/Coding Information

CDT CODES:

D0999	Unspecified diagnostic procedure, by report
D1999	Unspecified preventive procedure, by report
D2999	Unspecified restorative procedure, by report
D3999	Unspecified endodontic procedure, by report

D4999	Unspecified periodontal procedure, by report
D5899	Unspecified removable prosthodontic procedure, by report
D5999	Unspecified removable prosthodontic, by report
D6199	Unspecified implant procedure, by report
D6999	Unspecified fixed prosthodontic procedure, by report
D7999	Unspecified oral surgery procedure, by report
D8999	Unspecified orthodontic procedure, by report
D9999	Unspecified adjunctive procedure, by report

Key References

1. *Current Dental Terminology* (2016) – 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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