

# DENTAL CODING / REIMBURSEMENT POLICY

## TREAMENT FOR POST-SURGICAL COMPLICATIONS

Policy # D006

Implementation Date: 1/1/09 Review Dates: 1/28/16, 2/23/17 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

Post-operative care is included in reimbursement for surgical procedures and should not be billed separately. If unusual circumstances or complications occur requiring non-standard post-operative care D9930 should be reported.

## **Commercial Plan Policy**

Select Health will reimburse treatment of complications if the following criteria are met:

• Narrative which shows treatment of post-surgical complications that are unusual, not normally expected after surgery, and require extra attention from the caregiver.

## Select Health Advantage (Medicare/CMS)

#### Select Health Advantage will follow the commercial plan

#### **Billing/Coding Information**

#### CDT CODES:

**D9930** Treatment of complications (post-surgical)- unusual circumstances, by report

#### **Key References**

- 1. Coding Companion for Dental Services Ingenix (2016)
- 2. 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

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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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