Dental Oral/Maxillofacial Surgery Fee Schedule Effective January 1, 2011

<u>Notes</u>: 1. The <u>base fee</u> is reimbursement for adults (ages 21 and over). For services to children under 21, multiply the base fee by 1.04%. 1.04 represents 4% over the base fee. Example: For code 11010, \$228.44 is the base fee X 1.04 = \$237.58 (fee for children.)

2. The <u>base PC fee</u> is reimbursement for adults (ages 21 and over). For services to children under 21, multiply the base PC fee by 1.04. Example: \$4.70 (base PC fee) X 1.04 = \$4.89 (PC fee for children services)

3. The base fee and base PC fee for laboratory services in the 80000 code range are the same for both adults and children. The 1.04 increase does not apply to the laboratory services.

4. Fees are rounded to the nearest hundredth.

	Base	
Code Description	Base Fee PC Fe	e Units Specs
11010 DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED	VITH OPEN FRAC 228.44	1
11040 DEBRIDEMENT; SKIN, PARTIAL THICKNESS	23.88	1
11041 DEBRIDEMENT; SKIN, FULL THICKNESS	27.41	1
11042 DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE	36.61	1
11043 DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE	133.31	1
11044 DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE	183.61	1
11100 BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (IN	CLUDING SIMPL 52.85	1
11440 EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED EL	SEWHERE), 60.49	1
11441 EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED EL	SEWHERE), 78.30	1
11442 EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED EL	SEWHERE), 88.68	1
11443 EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED EL	SEWHERE), 105.71	1
11444 EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED EL	SEWHERE), 133.11	1
11446 EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED EL	SEWHERE), 182.44	1
11640 EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS,	NOSE, LI 92.98	1
11641 EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS,	NOSE, LI 115.30	1
11642 EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS,	NOSE, LI 132.52	1
11643 EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS,	NOSE, LI 154.84	1

Code	Description	Base Fee PC	Coo Unito	
			Fee Units	Specs
11644 EXCISIO	DN, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LI	190.27	1	
11646 EXCISIO	DN, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LI	249.78	1	
12011 SIMPLE	REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND	74.19	1	
12013 SIMPLE	REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND	82.22	1	
12014 SIMPLE	REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	96.90	1	
12015 SIMPLE	REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	121.76	1	
12016 SIMPLE	REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	146.03	1	
12017 SIMPLE	REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	130.37	1	
12018 SIMPLE	REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	164.24	1	
12051 LAYER	CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS M	132.52	1	
12052 LAYER	CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	153.08	1	
12053 LAYER	CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	170.11	1	
12054 LAYER	CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	178.13	1	
12055 LAYER	CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	212.00	1	
12056 LAYER	CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	240.58	1	
12057 LAYER	CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	276.99	1	
13131 REPAIR	, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H	177.94	1	
13132 REPAIR	, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H	288.73	1	
13133 REPAIR	, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H	83.98	3	
13150 REPAIR	, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS	173.63	1	
13151 REPAIR	, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM	202.02	1	
13152 REPAIR	, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM	280.71	1	
13153 REPAIR	, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR L	91.81	2	
14020 ADJACE	INT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT	340.02	1	
14021 ADJACE	INT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT	432.81	1	
14040 ADJACE	NT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N	378.19	1	
14041 ADJACE	NT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N	529.70	1	
14060 ADJACE	INT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;	382.50	1	
14061 ADJACE	INT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;	574.66	1	

		Base		
Code	Description	Base Fee PC Fee	Units	Specs
14300	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL OR C	548.69	1	
15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR O	407.16	1	
15120	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	458.64	1	
15121	SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA	125.08	20	
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA	453.36	1	
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA	90.24	10	
15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, E	493.68	1	
15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, E	105.51	10	
15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD, C	439.27	1	
15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEE	202.60	1	
15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE,	221.00	1	
15732	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALI	715.86	1	
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	743.85	1	
15740	FLAP; ISLAND PEDICLE	507.58	1	
16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQU	38.37	1	
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	40.13	1	
17003	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETT	3.52	13	
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	85.74	1	
17280	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGE	69.88	1	
17281	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,	88.87	1	
17282	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,	103.16	1	
17283	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,	123.91	1	
20000	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFIC	100.22	1	
20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR C	149.95	1	
20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS P	39.86	1	
20240	BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS,	112.56	1	
20245	BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)	310.85	1	
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	90.83	1	
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	216.11	1	

			Base		
Code	Description	Base Fee	PC Fee	Units	Specs
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)	25.25		1	
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	28.19		1	
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (E	29.17		1	
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING	97.68		1	
20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P	166.19	72.84	1	
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, RO	284.43		1	
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE	534.01		1	
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	200.06		1	
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	312.95		1	
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	299.60		1	
20910	CARTILAGE GRAFT; COSTOCHONDRAL	213.17		1	
20912	CARTILAGE GRAFT; NASAL SEPTUM	236.66		1	
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	359.01		1	
21015	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR	209.26		1	
21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE	489.65		1	
21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)	291.47		1	
21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA	367.42		1	
21030	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION AND CU	244.30		1	
21031	EXCISION OF TORUS MANDIBULARIS	189.29		1	
21032	EXCISION OF MAXILLARY TORUS PALATINUS	191.25		1	
21034	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA	646.17		1	
21040	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND/OR CURETTA	246.25		1	
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	430.85		1	
21045	EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION	601.54		1	
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM	541.64		1	
21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOM	639.32		1	
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY	545.75		1	
21049	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY	618.18		1	
21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	428.30		1	

ode Description Base Fee P C Fee Units Specs 060 MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCED 388 96 1 070 CORONOIDECTOMY (SEPARATE PROCEDURE) 318 29 1 1 071 IMPRESSION AND CUSTOM PREPARATION: SURGICAL OBTURATOR PROSTHESIS 1,133 99 1 1 071 IMPRESSION AND CUSTOM PREPARATION: SURGICAL OBTURATOR PROSTHESIS 780.46 1 1 071 IMPRESSION AND CUSTOM PREPARATION: ORBITAL PROSTHESIS 780.46 1 1 081 IMPRESSION AND CUSTOM PREPARATION: DETINITIVE OBTURATOR PROSTHESIS 781.00 1 1 081 IMPRESSION AND CUSTOM PREPARATION: PALATAL AUGMENTATION PROSTHESIS 767.54 1 1 081 IMPRESSION AND CUSTOM PREPARATION: PALATAL AUGMENTATION PROSTHESIS 70.56 1 1 083 IMPRESSION AND CUSTOM PREPARATION: CALL LIFT PROSTHESIS 70.56 1 1 086 IMPRESSION AND CUSTOM PREPARATION: CALL LIFT PROSTHESIS 810.02 1 1 087 MEREPARATION: CALL LIFT PROSTHESIS 70.5			Base		
070CORONOIDECTOMY (SEPARATE PROCEDURE)318.291076IMPRESSION AND CUSTOM PREPARATION: SURGICAL OBTURATOR PROSTHESIS464.711077IMPRESSION AND CUSTOM PREPARATION: ORBITAL PROSTHESIS1,133.991079IMPRESSION AND CUSTOM PREPARATION: INTERIM OBTURATOR PROSTHESIS780.461080IMPRESSION AND CUSTOM PREPARATION: DEFINITIVE OBTURATOR PROSTHESIS888.321081IMPRESSION AND CUSTOM PREPARATION: MANDIBULAR RESECTION PROSTHESIS881.001082IMPRESSION AND CUSTOM PREPARATION: PALATAL AUGMENTATION PROSTHESIS767.541083IMPRESSION AND CUSTOM PREPARATION: ORAL SURGICAL SPLINT338.061084IMPRESSION AND CUSTOM PREPARATION: ORAL SURGICAL SPLINT338.061085IMPRESSION AND CUSTOM PREPARATION: AURICULAR PROSTHESIS820.981086IMPRESSION AND CUSTOM PREPARATION: AURICULAR PROSTHESIS819.021087IMPRESSION AND CUSTOM PREPARATION: AURICULAR PROSTHESIS820.981088IMPRESSION AND CUSTOM PREPARATION: AURICULAR PROSTHESIS820.981089IMPRESSION AND CUSTOM PREPARATION: SINGLE PRESSION AND CUSTOM PREPARATION: AURICULAR PROSTHESIS820.981081IMPRESSION AND CUSTOM PREPARATION: SINGLE PRESSION AND CUSTOM PREPARATION: SINGLE PRESSION AND CUSTOM PREPARATION: SINGLE PRESSION AND CUSTOM PREPARATION: AURICULAR PROSTHESIS820.981108APPLICATION OF INICROENTIAL FIXATION MAXILLOFACIAL FIXATION, INCLUDES RE350.5911119APPLICATION OF INICROENTIAL FIXATION MAXI	Code	Description	Base Fee PC Fee	Units	Specs
076IMPRESSION AND CUSTOM PREPARATION: SURGICAL OBTURATOR PROSTHESIS464.711077IMPRESSION AND CUSTOM PREPARATION: ORBITAL PROSTHESIS1,133.991078IMPRESSION AND CUSTOM PREPARATION: IDEFINITIVE OBTURATOR PROSTHESIS780.461080IMPRESSION AND CUSTOM PREPARATION: IDEFINITIVE OBTURATOR PROSTHESIS888.321081IMPRESSION AND CUSTOM PREPARATION: MANDIBULAR RESECTION PROSTHESIS881.001082IMPRESSION AND CUSTOM PREPARATION: PALATAL AUGMENTATION PROSTHESIS767.541083IMPRESSION AND CUSTOM PREPARATION: PALATAL LIFT PROSTHESIS729.561084IMPRESSION AND CUSTOM PREPARATION: AURCICULA SPLINT338.061085IMPRESSION AND CUSTOM PREPARATION: AURCICULA SPLINT338.061086IMPRESSION AND CUSTOM PREPARATION: AURCICULA SPLINT338.061086IMPRESSION AND CUSTOM PREPARATION: AURCICULA SPLINT338.061107IMPRESSION AND CUSTOM PREPARATION: AURCICULA FIXATION, INCLUDES RE350.591118APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES RE350.591129AUGMENTATION, MANDIBULAR BODY OR ANGLE: PROSTHETIC814.01141RECONSTRUCTION MIDFACE, LEFORT I: SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR670.451142RECONSTRUCTION MIDFACE, LEFORT I: SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRC660.071143RECONSTRUCTION MIDFACE, LEFORT I: THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRC72.891144RECONSTRUCTIO	21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCED	388.96	1	
1077IMPRESSION AND CUSTOM PREPARATION: ORBITAL PROSTHESIS1,133.9911079IMPRESSION AND CUSTOM PREPARATION: INTERIM OBTURATOR PROSTHESIS780.4611080IMPRESSION AND CUSTOM PREPARATION: INTERIM OBTURATOR PROSTHESIS888.3211081IMPRESSION AND CUSTOM PREPARATION: PALDATAL AUGMENTATION PROSTHESIS811.0011081IMPRESSION AND CUSTOM PREPARATION: PALDATAL AUGMENTATION PROSTHESIS767.5411083IMPRESSION AND CUSTOM PREPARATION: PALATAL LIFT PROSTHESIS729.5611085IMPRESSION AND CUSTOM PREPARATION: ORAL SURGICAL SPLINT338.0611086IMPRESSION AND CUSTOM PREPARATION: ORAL SURGICAL SPLINT338.0611087IMPRESSION AND CUSTOM PREPARATION: NASAL PROSTHESIS819.02110887IMPRESSION AND CUSTOM PREPARATION: NASAL PROSTHESIS819.021110APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES RE350.591121GENIOPLASTY: SUIDING OSTEOTOMY, SINGLE PIECE352.991R122AUGMENTATION, MANDIBULAR BODY OR ANGLE: WITH BONE GRAFT, ONLAY OR INTERPOSI417.401141RECONSTRUCTION MIDFACE, LEFORT I: SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRE670.451142RECONSTRUCTION MIDFACE, LEFORT I: THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRE670.451143RECONSTRUCTION MIDFACE, LEFORT I: THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRE670.451144RECONSTRUCTION MIDFACE, LEFORT I: THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRE67	21070	CORONOIDECTOMY (SEPARATE PROCEDURE)	318.29	1	
1079IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS780.4611080IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS888.3211081IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS811.0011082IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS767.5411083IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS729.5611084IMPRESSION AND CUSTOM PREPARATION; ORAL SURCICAL SPLINT338.0611085IMPRESSION AND CUSTOM PREPARATION; ORAL SURCICAL SPLINT338.0611086IMPRESSION AND CUSTOM PREPARATION; ORAL SURCICAL SPLINT338.0611097IMPRESSION AND CUSTOM PREPARATION; ONAL URICULAR PROSTHESIS819.0211098IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.0211098APPLICATION OF HALO TYPE APPLIANCE FOR OXDITIONS OTHER THAN FRACTU379.5611109APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTU379.5611111GENIOPLASTY: SLUIDIG OS TEO TOMY, SINGLE PIECE382.891R1121GENIOPLASTY: SLUIDIG OS TEO TOMY, SINGLE PIECE381.43111122AUGMENTATION, MANDIBULAR BODY OR ANGLE; ROSTHETIC MATERIAL351.43111123RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRC670.4511144RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRC660.0711155 <t< td=""><td>21076</td><td>IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS</td><td>464.71</td><td>1</td><td></td></t<>	21076	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	464.71	1	
080IMPRESSION AND CUSTOM PREPARATION: DEFINITIVE OBTURATOR PROSTHESIS888.321081IMPRESSION AND CUSTOM PREPARATION: MANDIBULAR RESECTION PROSTHESIS811.001082IMPRESSION AND CUSTOM PREPARATION: PALATAL AUGMENTATION PROSTHESIS767.541083IMPRESSION AND CUSTOM PREPARATION: PALATAL AUGMENTATION PROSTHESIS767.541084IMPRESSION AND CUSTOM PREPARATION: PALATAL LIFT PROSTHESIS729.561085IMPRESSION AND CUSTOM PREPARATION: CRAL SURGICAL SPLINT338.061086IMPRESSION AND CUSTOM PREPARATION: NASAL PROSTHESIS819.021107IMPRESSION AND CUSTOM PREPARATION: NASAL PROSTHESIS819.021108APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES RE350.591119APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTU379.561121GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE382.891R123AUGMENTATION, MANDIBULAR BODY OR ANGLE; ROSTHETIC MATERIAL351.431124RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR600.071125AUGMENTATION, MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR670.4551126RECONSTRUCTION MIDFACE, LEFORT I; THRE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIR771.061127RECONSTRUCTION MIDFACE, LEFORT I; THRE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIR771.061128RECONSTRUCTION MIDFACE, LEFORT I; THRE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIR </td <td>21077</td> <td>IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS</td> <td>1,133.99</td> <td>1</td> <td></td>	21077	IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS	1,133.99	1	
081IMPRESSION AND CUSTOM PREPARATION: MANDIBULAR RESECTION PROSTHESIS811.001082IMPRESSION AND CUSTOM PREPARATION: PALATAL AUGMENTATION PROSTHESIS767.541083IMPRESSION AND CUSTOM PREPARATION: PALATAL LIFT PROSTHESIS729.561084IMPRESSION AND CUSTOM PREPARATION: ORAL SURGICAL SPLINT33.0.61085IMPRESSION AND CUSTOM PREPARATION: AURICULAR PROSTHESIS820.981086IMPRESSION AND CUSTOM PREPARATION: AURICULAR PROSTHESIS819.021087IMPRESSION AND CUSTOM PREPARATION: NASAL PROSTHESIS819.021088APPLICATION OF INTERDENTAL FIXATION MASAL PROSTHESIS819.021110APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTU379.561121GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE382.891R123AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL351.431124RECONSTRUCTION MIDFACE, LEFORT I: SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR670.451125AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSI417.401126RECONSTRUCTION MIDFACE, LEFORT I: TIMEE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRE660.071127AUGMENTATION, MIDFACE, LEFORT I: TIMEE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRE71.061128RECONSTRUCTION MIDFACE, LEFORT I: THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRE71.061129RECONSTRUCTION MIDFACE, LEFORT I: THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRE	21079	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS	780.46	1	
082IMPRESSION AND CUSTOM PREPARATION: PALATAL AUGMENTATION PROSTHESIS767.541083IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS729.561085IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT338.061086IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS820.981087IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS819.021087IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.021087IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.021088IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.021087IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.021088IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.021089IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS819.021081MPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS819.021081MPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS819.021100APPLICATION OF HALO TYPE APPLIANCE FOR CONDITIONS OTHER THAN FRACTU379.561111ADEVICAN OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTU379.561121GENIOPLASTY: SLIDING OSTEOTOMY, SINGLE PIECESEGMENT MOVEMENT IN ANY DIR1121GENOSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRC660.071122RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRC71.0	21080	IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS	888.32	1	
083IMPRESSION AND CUSTOM PREPARATION: PALATAL LIFT PROSTHESIS729.561085IMPRESSION AND CUSTOM PREPARATION: ORAL SURGICAL SPLINT338.061086IMPRESSION AND CUSTOM PREPARATION: AURICULAR PROSTHESIS820.981087IMPRESSION AND CUSTOM PREPARATION: NASAL PROSTHESIS819.021088APPLICATION OF HALO TYPE APPLIANCE FOR MAXILOFACIAL FIXATION, INCLUDES RE350.591110APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTU379.561121GENIOPLASTY: SLIDING OSTEOTOMY, SINGLE PIECE382.891R125AUGMENTATION, MANDIBULAR BODY OR ANGLE: PROSTHETIC MATERIAL351.431126AUGMENTATION, MANDIBULAR BODY OR ANGLE: WITH BONE GRAFT, ONLAY OR INTERPOSI417.401127VUGMENTATION, MIDFACE, LEFORT I: SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRE660.071128RECONSTRUCTION MIDFACE, LEFORT I: TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC660.071129RECONSTRUCTION MIDFACE, LEFORT I: THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIREC722.891141RECONSTRUCTION MIDFACE, LEFORT I: TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC722.891142RECONSTRUCTION MIDFACE, LEFORT I: THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIREC722.891143RECONSTRUCTION MIDFACE, LEFORT I: THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIREC722.891144RECONSTRUCTION MIDFACE, LEFORT I: THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIREC722.891145RECONSTRUCTION MID	21081	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS	811.00	1	
085IMPRESSION AND CUSTOM PREPARATION: ORAL SURGICAL SPLINT338.061086IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS820.981087IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.021108APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES RE350.591110APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTU379.561121GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE382.891R125AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL351.431127AUGMENTATION, MIDBULAR BODY OR ANGLE; PROSTHETIC MATERIAL351.431128RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR670.451129RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIREC660.071129RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIREC660.071129RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC72.891129RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC72.891120RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC72.891121RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS829.791131RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN839.521141RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRI	21082	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS	767.54	1	
086IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS820 981087IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.021100APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES RE350.591110APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTU379.561121GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE382.891R125AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL351.431127AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSI417.401141RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR670.451142RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIREC660.071143RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC11144RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC11145RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC11146RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC11147RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC11148RECONSTRUCTION MIDFACE, LEFORT I; NO PIECES, SEGMENT MOVEMENT IN ANY DIREC11149RECONSTRUCTION MIDFACE, LEFORT I; NO PIECES, SEGMENT MOVEMENT IN ANY DIREC11140RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR (INTRUSION	21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS	729.56	1	
087IMPRESSION AND CUSTOM PREPARATION: NASAL PROSTHESIS819.021100APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES RE350.591110APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTU379.561121GENIOPLASTY: SLIDING OSTEOTOMY, SINGLE PIECE382.891R125AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL351.431127AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSI417.401141RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR670.451142RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRC660.071143RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRC676.521144RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRC771.061145RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRC722.891146RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRC722.891147RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRC722.891148RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN845.251149RECONSTRUCTION MIDFACE, LEFORT I; ANTERIOR INTRUSION (EG, TREACHER-COLLINS829.791151RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN839.521	21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	338.06	1	
100APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES RE350.591111APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTU379.561121GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE382.891R125AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL351.431127AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSI417.401128RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR670.451129RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC660.071131RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIREC660.071141RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRE771.061143RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIREC722.891144RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC722.891145RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIREC722.891146RECONSTRUCTION MIDFACE, LEFORT I; ANTERIOR INTRUSION (EG, TREACHER-COLLINS829.791151RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS829.791153RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE98.531154RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRIN	21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	820.98	1	
110APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTU379.561121GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE382.891R125AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL351.431127AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSI417.401128RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR670.451129RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIREC660.071120RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC660.071121RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIREC11123RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIREC11144RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC11145RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC11146RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN845.251147RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS829.791151RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS839.521151RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE98.531153RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.281 <tr <td=""></tr>	21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	819.02	1	
121GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE382.891R125AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL351.431127AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSI417.401128RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR670.451129RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC660.071120RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIREC660.071141RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIREC670.521143RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR771.061144RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIREC722.891145RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC722.891146RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN845.251147RECONSTRUCTION MIDFACE, LEFORT I; ANTERIOR INTRUSION (EG, TREACHER-COLLINS829.791151RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS839.521154RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN839.521155RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE98.531156RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.28<	21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES RE	350.59	1	
125AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL351.431127AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSI417.401121RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR670.451122RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRC660.071123RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC660.071124RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIREC676.521125RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR771.061126RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIREC722.891127RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIREC722.891128RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN845.251129RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS829.791131RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN839.521132RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE98.531133RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.281134RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.281135RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), A	21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTU	379.56	1	
127AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSI417.401141RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR670.451142RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC660.071143RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIREC676.521144RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIR771.061145RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIREC722.891146RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC722.891147RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN845.251148RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN845.251149RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS829.791151RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN839.521153RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE98.531154RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.281155RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), WITH FOREHEAD A1,394.331	21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	382.89	1	R
141RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR670.451142RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC660.071143RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN676.521144RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR771.061145RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR722.891146RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIREC722.891147RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN845.251148RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN845.251149RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS829.791151RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN839.521153RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE998.531154RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.281155RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,394.331156RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,394.331	21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	351.43	1	
142RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC660.071143RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN676.521145RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR771.061146RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRC722.891147RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN845.251150RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS829.791151RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN839.521153RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE998.531154RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.281155RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,394.331	21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSI	417.40	1	
143RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN676.521145RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR771.061146RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC722.891147RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN845.251150RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS829.791151RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN839.521154RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE998.531155RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.281159RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,394.331	21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR	670.45	1	
145RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR771.061146RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC722.891147RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN845.251150RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS829.791151RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN839.521154RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE998.531155RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.281159RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,394.331	21142	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC	660.07	1	
146RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC722.891147RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN845.251150RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS829.791151RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN839.521154RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE998.531155RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.281159RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,394.331	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN	676.52	1	
147RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN845.251150RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS)829.791151RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN839.521154RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE998.531155RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.281159RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,394.331	21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR	771.06	1	
150RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS829.791151RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN839.521154RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE998.531155RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.281159RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,394.331	21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC	722.89	1	
151RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN839.521154RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE998.531155RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.281159RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,394.331	21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN	845.25	1	
154RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE998.531155RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.281159RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,394.331	21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS	829.79	1	
155RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.281159RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,394.331	21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN	839.52	1	
159 RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,394.331	21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	998.53	1	
	21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	1,157.28	1	
160RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,420.571	21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A	1,394.33	1	
	21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A	1,420.57	1	

Code Description Base Fe PC Fee Unix Spec 21172 RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT 902.22 1 1 21175 RECONSTRUCTION, BIFROR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT 902.22 1 1 21176 RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS: WI 843.69 1 1 21181 RECONSTRUCTION OF CONTURING OF BENICIN TUMOR OF CRANIAL BONES (EG, FIBROUS 349.02 1 1 21181 RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW 1,009.29 1 1 21183 RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW 1,220.12 1 1 21184 RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW 1,220.12 1 1 21188 RECONSTRUCTION MANDIBULAR RAML, NORIZONTAL, VERTICAL, "C", OR "L" O 700.98 1 1 21198 RECONSTRUCTION OF MANDIBULAR RAML, NORIZONTAL, VERTICAL, "C", OR "L" O 700.98 1 1 21198 RECONSTRUCTION OF MANDIBULAR RAML, NORIZONTAL, VERTICAL, "C", OR "L" O <th></th> <th></th> <th></th> <th>Base</th> <th></th> <th></th>				Base		
21175RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD1,086.61121179RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI733.67121180RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI843.69121181RECONSTRUCTION OF VONTUNING OF BENIGN UNMOR OF CRANIAL BONES (EG, FIBROUS349.00121181RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,009.29121181RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,200.12121181RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,200.12121193RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" O00.98121194RECONSTRUCTION OF MANDIBULAR RAMI, AND/OR BODY, SAGITTAL SPLIT, WITHOUT INTE666.16121195RECONSTRUCTION OF MANDIBULAR RAMI, SAGITAL SPLIT, WITH INTERNAL RIGID FIX718.80121196RECONSTRUCTION OF MANDIBULAR RAMI, SAGITAL SPLIT, WITH INTERNAL RIGID FIX718.80121197RECONSTRUCTION OF MANDIBULAR RAMI, SAGITAL SPLIT, WITH INTERNAL RIGID FIX718.80121198OSTEOTOMY, MANDIBLE, SEGMENTAL (EG,	Code	Description	Base Fee	PC Fee	Units	Specs
21179RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS: WI733.67121180RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS: WI843.69121181RECONSTRUCTION OF CORDINAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,009.29121182RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,140.64121183RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.12121184RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.12121184RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.12121184RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.12121198RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.12121198RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" O700.98121199RECONSTRUCTION OF MANDIBULAR RAMI, MORIZONTAL, VERTICAL, "C", OR "L" O700.98121196RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT: WITH INTERNAL RIGID FIX718.80121197RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT: WITH INTERNAL RIGID FIX718.80121198OSTEOTOMY, MANDIBLE, SEGMENTAL: WITH GENIGCLOSSUS ADVANCEMENT509.93121209OSTEOTOMY, MANDIBLE, SEGMENTAL: WITH GENIGCLOSSUS ADVANCEMENT509.93121208OSTEOTOMY, MANILLS, SUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PR	21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT	902.22		1	
21180RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS: WI843.69121181RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,009.29121182RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,140.64121184RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.12121185RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFT795.53121198RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS612.50121198RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS612.50121199RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT: WITHOUT INTE656.16121199RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT: WITH NITHOUT INTE656.76121199OSTEOTOMY, MANDIBLE, SEGMENTALWITH GENIOGLOSSUS ADVANCEMENT509.93121206OSTEOTOMY, MANDIBLE, SEGMENTALWITH GENIOGLOSSUS ADVANCEMENT509.93121210GRAFT, BONE: MANDIBLE, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)557.50121210OSTEOTOMY, MANDIBLE, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)557.50121210GRAFT, BONE: MANDIBLE (INCLUDES OBTAINING GRAFT)1,099.16420.9421212GRAFT, BONE: MANDIBLE (INCLUDES OBTAINING GRAFT)1,099.16420.9421212GRAFT, BONE: MANDIBLE (INCLUDES OBTAINING GRAFT)1,099.16420.94212123GRAFT, BONE: MANDIBLE (INCLUDE	21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD	1,086.61		1	
21181RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS349.02121182RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,009.29121183RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,140.64121184RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.12121184RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.12121193RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.12121194RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS612.50121195RECONSTRUCTION OF MANDIBULAR RAMI, AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE656.16121196RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX718.80121197RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX718.80121198RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX718.80121199OSTEOTOMY, MANDIBLE, SEGMENTALSCHOTOMY, MANDIBLE, SEGMENTAL567.68121199OSTEOTOMY, MANDIBLE, SEGMENTALSCHOTOMY, MANDIBLE, SEGMENTAL567.61121200OSTEOTOMY, MANDIBLE, SEGMENTALSCHOTOMY, MANDIBLE, SEGMENTAL1221219OSTEOTOMY, MANDIBLE, SEGMENTALSCHOTOMY, MANDIBLE, SEGMENTAL1221219OSTEOTOMY, MANDIBLE, SEGMENTALSCHOTOMY, MANDIGRAFT)1<	21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI	733.67		1	
21182RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,009,29121183RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220,12121184RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220,12121188RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220,12121198RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS612,50121199RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS612,50121194RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT, WITHOUT INTE656,16121195RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT, WITH INTERNAL RIGID FIX718,80121196RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT, WITH INTERNAL RIGID FIX718,80121197RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT, WITH INTERNAL RIGID FIX718,80121198RECONSTRUCTION OF MANDIBLE, SEGMENTAL567,68121199OSTEOTOMY, MANDIBLE, SEGMENTALWITH GENIOGLOSSUS ADVANCEMENT509,93121200OSTEOTOMY, MANDIBLE, SEGMENTAL, WITH GENIOGLOSSUS ADVANCEMENT509,93121210OSTEOTOMY, MANDIBLE, NASAL, MAXILLAR AREAS (INCLUDES OBTAINING GRAFT)1,099,16420,94121210GRAFT, BONE: MANDIBLE (INCLUDES OBTAINING GRAFT)1,099,16420,94121213GRAFT, BONE: MANDIBLE (INCLUDES OBTAINING GRAFT)1,099,16420,941 <tr<tr><t< td=""><td>21180</td><td>RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI</td><td>843.69</td><td></td><td>1</td><td></td></t<></tr<tr>	21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI	843.69		1	
21183RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,140.64121184RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.12121188RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFT795.53121191RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" O700.98121192RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" O700.98121193RECONSTRUCTION OF MANDIBULAR RAMI, AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE656.16121194RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX718.80121195RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX718.80121196OSTEOTOMY, MANDIBLE, SEGMENTAL(EG, WASSMUND OR SCHUCHARD)557.50121206OSTEOTOMY, MAXILA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)557.50121210OSTEOTOMY, MAXILA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)557.50121212GRAFT, BONE: NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)1,991.6420.94212213GRAFT, RID CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTA37.601PA21242ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES545.751121243RCARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTANING GRAFT)353.331PA21244RECONSTRUCTION OF MANDIBLAR JOINT, WITH HORTHOUT AUTOGRAFT (INCLUDES	21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS	349.02		1	
21184RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.12121188RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFT795.53121193RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS612.50121194RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" O700.98121195RECONSTRUCTION OF MANDIBULAR RAMI, SHORZONTAL, VERTICAL, "C", OR "L" O700.98121196RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT: WITHOUT INTE656.16121197RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT: WITH INTERNAL RIGID FIX718.80121198RECONSTRUCTION OF MANDIBLE, SEGMENTAL567.68121199OSTEOTOMY, MANDIBLE, SEGMENTAL: WITH GENIOGLOSSUS ADVANCEMENT509.93121200OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)557.50121201OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)557.50121202OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)1089.75121203CRAFT, BONE: NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)1,089.751212140GRAFT, BONE: MANDIBLE (INCLUDES OBTAINING GRAFT)1,089.75121223GRAFT: IB CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)1,089.75121244ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES545.75121245GRAFT: IB CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OB	21182	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	1,009.29		1	
21188RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFT795.53121193RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS612.50121194RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" O700.98121195RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT: WITHOUT INTE656.16121196RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT: WITH INTERNAL RIGID FIX718.80121197OSTEOTOMY, MANDIBLE, SEGMENTAL567.68121198OSTEOTOMY, MANDIBLE, SEGMENTAL567.68121199OSTEOTOMY, MANDIBLE, SEGMENTAL WITH GENIOGLOSSUS ADVANCEMENT509.93121206OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)557.50121208OSTEOPLASTY, FACIAL BONES: AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETI888.911PA21219GRAFT, BONE: NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)1.089.75121220GRAFT, RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTA377.601PA21232GRAFT, EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)353.331PA21242ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES545.75121243ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ROSTHETIC JOINT REPLACEMENT352.74121244RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN514.63121245RECONSTRUC	21183	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	1,140.64		1	
21193RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS612.50121194RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" O700.98121195RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE656.16121196RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX718.80121197RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX718.80121198OSTEOTOMY, MANDIBLE, SEGMENTAL567.68121199OSTEOTOMY, MANDIBLE, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)557.50121206OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)557.50121218OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETI888.911PA21219GRAFT, BONE: MASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)1,089.75121213GRAFT, RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTA377.601PA21234GRAFT; RIB CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)353.331PA21242ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES545.75121243ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT82.74121244RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN514.63121245RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL556.521<	21184	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	1,220.12		1	
21194RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" O700.98121195RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE656.16121196RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX718.80121197STEOTOMY, MANDIBLE, SEGMENTAL567.68121198OSTEOTOMY, MANDIBLE, SEGMENTAL: WITH GENIOGLOSSUS ADVANCEMENT509.93121206OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)557.50121208OSTEOPLASTY, FACIAL BONES: AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETI888.911PA21210GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)1,089.75121212GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)1,099.16420.94121223GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTA377.601PA21234ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES545.751121242ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETI JOINT REPLACEMENT822.741121243RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN546.521121244RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL556.521121245RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL566.521121246RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL <t< td=""><td>21188</td><td>RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFT</td><td>795.53</td><td></td><td>1</td><td></td></t<>	21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFT	795.53		1	
21195RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE656.16121196RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX718.80121197OSTEOTOMY, MANDIBLE, SEGMENTAL567.68121199OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT509.93121206OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)557.50121208OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETI888.911PA21210GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)1,089.75121212GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)1,099.16420.94121223GRAFT, RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)1PA21242ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES545.75121242ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT497.40121243RECONSTRUCTION OF MANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT822.74121244RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN514.63121245RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL556.52121247RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL56.52121244RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121247RECONSTRUCTION OF MAND	21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS	612.50		1	
21196RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX718.80121196OSTEOTOMY, MANDIBLE, SEGMENTAL567.68121197OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT509.93121206OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)557.50121208OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETI888.911PA21219GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)1,089.75121210GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)1,089.75121213GRAFT, RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTA377.601PA21214GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTA377.601PA21215GRAFT; RIB CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)353.331PA21214ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES545.751121214ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT822.741121215RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN514.631121214RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.751121215RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.751121214RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT;	21194	RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" O	700.98		1	
21198OSTEOTOMY, MANDIBLE, SEGMENTAL567.68121199OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT509.93121206OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)557.50121208OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETI)88.911PA21210GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)1,089.751121212GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)1,089.751121213GRAFT, RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTA377.601PA21224GRAFT; RIB CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)353.331PA21245GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)353.331PA21240ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES545.751121242ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETI JOINT REPLACEMENT822.741121243RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN514.631121244RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL55.521121245RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.751121244RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.751121245RECONSTRUCTION	21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE	656.16		1	
21199OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT509.93121206OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)557.50121208OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETI888.911PA21210GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)1,089.75121215GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)1,909.16420.94121213GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAI377.601PA21214ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES545.751121214ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT497.401121214RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN514.631121214RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL556.521121214RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121214RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE<	21196	RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX	718.80		1	
21206OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)557.50121208OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETI888.911PA21210GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)1,089.75121215GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)1,909.16420.94121223GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTA377.601PA21235GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)353.331PA21242ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES545.751121243ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT822.741121244RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN514.631121245RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL556.521121246RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.751121247RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN792.0111	21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	567.68		1	
21208OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETI888.911PA21210GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)1,089.75121215GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)1,909.16420.94121203GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTA377.601PA21214ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES545.751121215ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT497.401121214ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT822.74121215RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN514.63121216RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121217RECONSTRUCTION OF MANDIBLAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN792.011	21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	509.93		1	
21210GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)1,089.75121215GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)1,909.16420.94121230GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTA377.601PA21235GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)353.331PA21240ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES545.75121242ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT497.40121243ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT822.74121244RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN514.63121245RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL556.52121247RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121247RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN792.011	21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	557.50		1	
21215GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)1,909.16420.94121230GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTA377.601PA21235GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)353.331PA21240ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES545.75121242ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT497.40121243ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT822.74121244RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN514.63121245RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL556.52121247RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121247RECONSTRUCTION OF MANDIBLLAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN792.011	21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETI	888.91		1	PA
21230GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTA377.601PA21235GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)353.331PA21240ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES545.75121242ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT497.40121243ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT822.74121244RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN514.63121245RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL556.52121246RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121247RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121248RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121249RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121247RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121247RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN792.011	21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	1,089.75		1	
21235GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)353.331PA21240ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES545.75121242ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT497.40121243ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT822.74121244RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN514.63121245RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL556.52121246RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121247RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN792.011	21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	1,909.16	420.94	1	
21240ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES545.75121242ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT497.40121243ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT822.74121244RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN514.63121245RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL556.52121246RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121247RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN792.011	21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTA	377.60		1	PA
21242ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT497.40121243ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT822.74121244RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN514.63121245RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL556.52121246RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121247RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN792.011	21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	353.33		1	PA
21243ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT822.74121244RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN514.63121245RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL556.52121246RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121247RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN792.011	21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES	545.75		1	
21244RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN514.63121245RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL556.52121246RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121247RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN792.011	21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	497.40		1	
21245RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL556.52121246RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121247RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN792.011	21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	822.74		1	
21246RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121247RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN792.011	21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN	514.63		1	
21247 RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN 792.01 1	21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	556.52		1	
	21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	416.75		1	
21248 RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND 530.88 1 PA	21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN	792.01		1	
	21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND	530.88		1	PA

			Base		
Code	Description	Base Fee F	PC Fee	Units	Specs
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND	729.56		1	PA
21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE	719.38		1	
21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFT	575.31		1	
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	441.61		1	
21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER	84.37		1	
21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER	211.61		1	
21315	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH OUT STABILIZATION	127.43		1	
21320	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION	122.54		1	
21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED	219.44		1	
21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNA	270.14		1	
21335	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTU	357.05		1	
21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	307.92		1	
21340	PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE O	397.18		1	
21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE	554.37		1	
21344	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR WALL)	734.46		1	
21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH I	394.83		1	
21346	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIR	466.08		1	
21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIN	525.20		1	
21348	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON	575.90		1	
21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH	211.02		1	
21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH)	236.86		1	
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MA	259.37		1	
21365	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FO	542.03		1	
21366	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FO	607.42		1	
21385	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH	348.63		1	
21386	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	325.14		1	
21387	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH	360.77		1	
21390	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH,	377.41		1	
21395	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	477.24		1	

ode Description Base Fee PC Fee Unit Space 401 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT", WITH MANPULATIO 225.70 1 402 OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT", WITH MONE GRAFTING 302.81 1 412 CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT", WITH BONE GRAFTING 366.64 1 1 412 CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATE 366.61 1 1 412 OPEN TREATMENT OF FRACTURE OF CRAIN CACULE (LEFORT I TYPE); COMPLICATE 366.61 1 1 412 OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATE 0 363.41 1 1 413 OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U 364.47 1 1 414 OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U 364.77 1 1 415 OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U 366.60 1 1 414 OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARAT 377.21 1				Base		
407OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT312.811408OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT360.851411CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); WITH INT366.641422OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATE386.611423OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT II TYPE); COMPLICATE366.611434CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATE366.411435OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E366.441436OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U664.771437OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U664.771438OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U664.771444OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARAT270.531445OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARAT271.121446OPEN TREATMENT OF MANDIBULAR FRACTURE WITH MAIPLUATION368.601445OPEN TREATMENT OF MANDIBULAR FRACTURE WITH MAIPLUATION368.611446OPEN TREATMENT OF MANDIBULAR FRACTURE WITH MAIPLUATION1001.851445OPEN TREATMENT OF MANDIBULAR FRACTURE WITH MAIPLUATION1008.801446OPEN TREATMENT OF MANDIBULAR FRACTURE WITH MI	Code	Description	Base Fee	PC Fee	Units	Specs
408OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING430.851421CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); WITH INT366.641422OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATE386.611423OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT II TYPE); COMPLICATE386.611434CIOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDE363.311435OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E836.441436OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E836.441437OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, M977.971448OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, M977.971449OPEN TREATMENT OF MANDIBULAR CR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARA270.531441OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION388.601445OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION368.601445OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION271.121446OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION1.001.851445OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION1.001.851445OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION1.001.851446OPEN TREATMENT OF MANDI	21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATIO	225.70		1	
421CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INT366.641422OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);326.511423OPEN TREATMENT OF CANIOFACIAL SEPARATION (LEFORT II TYPE); COMPLICATE366.611424CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); USING INTERDE363.311425OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); USING INTERDE363.441433OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E836.441434OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U664.771435OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U664.771436OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U664.771437OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARAT270.531445OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE377.211451CLOSED TREATMENT OF MANDIBULAR RACTURE WITH INTERDENTAL FIXATION366.601452OPEN TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION1,001.851454OPEN TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION1,001.851455OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH MOUT INTERDENTAL FIXATION1,001.851456OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION1,001.851456	21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT	312.81		1	
422OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE):326.511423OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE): COMPLICATE386.611421CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): WITH WIRING AN324.161423OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): WITH WIRING AN324.161424OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): WITH WIRING AN324.161425OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): COMPLICATED (E836.441426OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): COMPLICATED, U664.771436OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): COMPLICATED, W664.771440CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARA270.531441CLOSED TREATMENT OF MANDIBULAR RACTURE WITH MANIPULATION366.6014423CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH MANIPULATION426.541443OPEN TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION271.121441OPEN TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION1.00.851442OPEN TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION1.00.861444OPEN TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION1.00.851445OPEN TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION1.00.851446OPEN TREATMENT OF MANDIBULAR FRACTURE W	21408	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING	430.85		1	
423OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE): COMPLICATE386.611431CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): USING INTERDE363.311432OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): WITH WIRING AN324.161433OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): COMPLICATED (E836.441434OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): COMPLICATED, U664.771435OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): COMPLICATED, U664.771436OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): COMPLICATED, M977.971447OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARA270.531445OPEN TREATMENT OF MANDIBULAR ROR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARA377.211451CLOSED TREATMENT OF MANDIBULAR RACTURE: WITH INTERDENTAL FIXATION368.601453CLOSED TREATMENT OF MANDIBULAR FRACTURE: WITH ONT INTERDENTAL FIXATION271.121454OPEN TREATMENT OF MANDIBULAR FRACTURE: WITH INTERDENTAL FIXATION1,068.801455OPEN TREATMENT OF MANDIBULAR FRACTURE: WITH INTERDENTAL FIXATION1,001.851456OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE446.311470OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE332.581470OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION457.471471OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION457	21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INT	366.64		1	
431CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDE363.311432OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): WITH WIRING AN324.161433OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): COMPLICATED (E836.441435OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): COMPLICATED, U664.771436OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): COMPLICATED, M977.971437OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): COMPLICATED, M977.971440CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): COMPLICATED, M977.971441OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARA270.531445OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARA377.211451CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION368.601453CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION271.121454OPEN TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION1,008.801455OPEN TREATMENT OF MANDIBULAR CONDVLAR FRACTURE31.111450OPEN TREATMENT OF MANDIBULAR CONDVLAR FRACTURE32.581450OPEN TREATMENT OF MANDIBULAR CONDVLAR FRACTURE32.581450OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE332.581450OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (21422	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);	326.51		1	
432OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): WITH WIRING AN324.161433OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): COMPLICATED (E836.441435OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): COMPLICATED, U664.771436OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): COMPLICATED, M977.971437OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARA270.531445OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARA377.211451CLOSED TREATMENT OF MANDIBULAR FRACTURE: WITH MANIPULATION368.601453CLOSED TREATMENT OF MANDIBULAR FRACTURE: WITH MANIPULATION426.541454OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION271.121454OPEN TREATMENT OF MANDIBULAR FRACTURE: WITH EXTERNAL FIXATION1001.851454OPEN TREATMENT OF MANDIBULAR FRACTURE: WITH INTERDENTAL FIXATION1001.851455OPEN TREATMENT OF MANDIBULAR FRACTURE: WITH INTERDENTAL FIXATION1.068.801456OPEN TREATMENT OF MANDIBULAR FRACTURE: WITH INTERDENTAL FIXATION1.068.801457OPEN TREATMENT OF MANDIBULAR FRACTURE: WITH INTERDENTAL FIXATION1.068.801458OPEN TREATMENT OF MANDIBULAR FRACTURE: WITH INTERDENTAL FIXATION1.068.801459OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION: COMPLICATED (EG, RECURRE332.581450OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION: COM	21423	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATE	386.61		1	
433OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): COMPLICATED (E836.441435OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): COMPLICATED, U664.771436OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): COMPLICATED, M977.971440CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARA270.531441OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE377.211451CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION368.601453CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION270.531454OPEN TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION271.121454OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION1,001.851454OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION1,001.851455OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION1,006.801456OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE446.311470OPEN TREATMENT OF TAMPOROMANDIBULAR DISLOCATION: COMPLICATED (EG, RECURRE332.581470OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION: COMPLICATED (EG, RECURRE335.911470OPEN TREATMENT OF THOPOROMANDIBULAR DISLOCATION: COMPLICATED (EG, RECURRE335.911470OPEN TREATMENT OF HYDIO FRACTURE311.001471OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION: COMPLICATED (EG, RECURRE	21431	CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDE	363.31		1	
435OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): COMPLICATED, U664.771436OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): COMPLICATED, M977.971440CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARA270.531445OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE377.211451CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION368.601452CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION426.541454OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION271.121461OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION1,001.851462OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION1,006.801465OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION1,068.801466OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION1,068.801470OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION1,068.801471OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE332.581472OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE332.581473OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE332.581474OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE335.911475OPEN TREATMENT OF TEMPOROMANDIBULAR ADISLOCATION; COMPLICATED (EG, RECURRE <t< td=""><td>21432</td><td>OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AN</td><td>324.16</td><td></td><td>1</td><td></td></t<>	21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AN	324.16		1	
436OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE): COMPLICATED, M977.971440CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARA270.531445OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE377.211451CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION368.601452CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION426.541454OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH EXTERNAL FIXATION271.121461OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION1,001.851462OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION1,006.801463OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION1,068.801464OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION1,068.801470OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPR584.711485CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE332.581496OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE341.001497INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE341.001498OPEN TREATMENT OF HADID FRACTURE355.911499OPEN TREATMENT OF TREADPOROMANDIBULAR DISLOCATION; SOFT TISSUES OF NECK OR TH11.411490INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH	21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E	836.44		1	
440CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARA270.531445OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE377.211451CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION368.601453CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION426.541454OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION271.121461OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION1,001.851462OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH UNTERDENTAL FIXATION1,068.801465OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION1,068.801465OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION1,068.801470OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE446.311470OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPR584.711470OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE332.581470OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE335.911471INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE341.001472INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE335.911473INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH211.411474BIOPSY, SOFT TISSUE OF NECK OR THORAX126.851476 <t< td=""><td>21435</td><td>OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U</td><td>664.77</td><td></td><td>1</td><td></td></t<>	21435	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U	664.77		1	
445OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE377.211451CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION368.601453CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION426.541454OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION271.121461OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION1,001.851462OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH UTTERDENTAL FIXATION1,068.801465OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION1,068.801470OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE446.311470OPEN TREATMENT OF TEMPOROMANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPR584.711475CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE332.581479OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE335.911479OPEN TREATMENT OF HYOID FRACTURE341.001479INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE335.911470INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH211.411471111472BIOPSY, SOFT TISSUE OF NECK OR THORAX126.851474ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL248.601	21436	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, M	977.97		1	
451CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION368.601453CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION426.541454OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION271.121461OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION1,001.851462OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION1,068.801470OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION1,068.801471OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE446.311475OPEN TREATMENT OF TEMPOROMANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPR584.711476OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE332.581479OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE341.001479INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE341.001470INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE335.911471INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH11.411475BIOPSY, SOFT TISSUE OF NECK OR THORAX126.851476ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL248.601476ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL313.401	21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARA	270.53		1	
453CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION426.541454OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION271.121461OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION1,001.851462OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION1,068.801463OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE; WITH INTERDENTAL FIXATION1,068.801464OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE446.311470OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPR584.711485CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE332.581490OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE341.001497INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE341.001498INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH211.411590BIOPSY, SOFT TISSUE OF NECK OR THORAX126.851490ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL248.601490ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL313.401	1445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE	377.21		1	
454OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION271.121461OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION1,001.851462OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION1,068.801465OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE446.311470OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPR584.711485CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE332.581490OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE341.001491OPEN TREATMENT OF HYOID FRACTURE341.001492INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE335.911501INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH211.411502BIOPSY, SOFT TISSUE OF NECK OR THORAX126.851600ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL248.601704ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL313.401	21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION	368.60		1	
461OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION1,001.851462OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION1,068.801465OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE446.311470OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPR584.711485CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE332.581490OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE341.001491OPEN TREATMENT OF HYOID FRACTURE341.001495OPEN TREATMENT OF HYOID FRACTURE335.911496INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE335.911501INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH211.411502BIOPSY, SOFT TISSUE OF NECK OR THORAX126.8516100ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL248.6017804ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL313.401	1453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION	426.54		1	
462OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION1,068.801465OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE446.311470OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPR584.711485CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE332.581490OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE341.001495OPEN TREATMENT OF HYOID FRACTURE341.001496INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE335.911501INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH211.411505BIOPSY, SOFT TISSUE OF NECK OR THORAX126.851800ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL248.601804ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL313.401	1454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	271.12		1	
465OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE446.311470OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPR584.711485CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE332.581490OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION457.471495OPEN TREATMENT OF HYOID FRACTURE341.001497INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE335.911501INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH211.411505BIOPSY, SOFT TISSUE OF NECK OR THORAX126.851800ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL248.601801ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL313.401	1461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	1,001.85		1	
470OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPR584.711485CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE332.581490OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION457.471491OPEN TREATMENT OF HYOID FRACTURE341.001492OPEN TREATMENT OF HYOID FRACTURE335.911493INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE335.911501INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH211.411502BIOPSY, SOFT TISSUE OF NECK OR THORAX126.851804ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL248.601804ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL313.401	1462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	1,068.80		1	
485CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE332.581490OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION457.471495OPEN TREATMENT OF HYOID FRACTURE341.001497INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE335.911501INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH211.411505BIOPSY, SOFT TISSUE OF NECK OR THORAX126.851800ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL248.601801ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL313.401	1465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	446.31		1	
490OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION457.471493OPEN TREATMENT OF HYOID FRACTURE341.001494INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE335.911505INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH211.411506BIOPSY, SOFT TISSUE OF NECK OR THORAX126.851507ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL248.601508ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL313.401	1470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPR	584.71		1	
4495OPEN TREATMENT OF HYOID FRACTURE341.0014497INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE335.9114501INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH211.411450BIOPSY, SOFT TISSUE OF NECK OR THORAX126.8514800ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL248.6014804ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL313.401	1485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE	332.58		1	
4497INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE335.911501INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH211.411505BIOPSY, SOFT TISSUE OF NECK OR THORAX126.8517800ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL248.6017804ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL313.401	1490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	457.47		1	
501INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH211.411550BIOPSY, SOFT TISSUE OF NECK OR THORAX126.8512800ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL248.6012804ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL313.401	1495	OPEN TREATMENT OF HYOID FRACTURE	341.00		1	
1550BIOPSY, SOFT TISSUE OF NECK OR THORAX126.8511800ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL248.6011804ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL313.401	1497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	335.91		1	
2800ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL248.6012804ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL313.401	1501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH	211.41		1	
2804 ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL313.401	1550	BIOPSY, SOFT TISSUE OF NECK OR THORAX	126.85		1	
	9800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL	248.60		1	
130 EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD 182.64 1	9804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	313.40		1	
	0130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	182.64		1	

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Code	Description	Base Fee PC	Fee Units	Specs
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONT	300.67	1	
30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)	311.05	1	
30600	REPAIR FISTULA; ORONASAL	284.62	1	
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUT	117.65	1	
30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAU	135.07	1	
30920	LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL	408.73	1	
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS(ANTRUM PUNCTURE OR NATURAL OSTIUM)	86.52	1	
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL	230.59	1	
31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL O	331.80	1	
31032	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF A	278.95	1	
31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH	359.59	1	
31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	620.53	1	
31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	546.93	1	
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	409.51	1	
31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	908.28	1	
31230	MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC)	1,015.95	1	
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	57.36	1	
31510	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH BIOPSY	103.36	1	
31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION	101.20	1	
31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBO	122.74	1	
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	96.51	1	
31603	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL	114.91	1	
31605	TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE	94.94	1	
38700	SUPRAHYOID LYMPHADENECTOMY	394.24	1	
38720	CERVICAL LYMPHADENECTOMY (COMPLETE)	656.55	1	
38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	712.93	1	
40490	BIOPSY OF LIP	65.58	1	
40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT	244.88	1	
40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE	234.51	1	

		Base		
Code	Description	Base Fee PC Fee	Units	Specs
40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE	237.25	1	
40525	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLAN	274.25	1	
40527	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP (ABBE-E	322.99	1	
40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	263.48	1	
40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY	194.97	1	
40652	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT	231.38	1	
40654	REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX	274.64	1	
40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE,	459.23	1	
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE P	520.28	1	
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO	441.61	1	
40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DE	489.96	1	
40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (A	533.62	1	
40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE	100.22	1	
40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED	152.49	1	
40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE	99.44	1	
40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED	157.97	1	
40808	BIOPSY, VESTIBULE OF MOUTH	90.83	1	
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REP	100.03	1	
40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE	139.77	1	
40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE	186.55	1	
40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI	196.14	1	
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	171.87	1	
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOM	149.55	1	
40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG	131.74	1	
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS	117.06	1	
40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX	156.41	1	
40840	VESTIBULOPLASTY; ANTERIOR	397.77	1	
40842	VESTIBULOPLASTY; POSTERIOR, UNILATERAL	387.98	1	
40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL	508.17	1	

	Base		
Code Description	Base Fee PC Fee	Units Spece	5
40844 VESTIBULOPLASTY; ENTIRE ARCH	676.12	1	-
40845 VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)	728.39	1	
41000 INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	77.52	1	
41005 INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	112.36	1	
41006 INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	175.98	1	
41007 INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	175.00	1	
41008 INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	183.42	1	
41009 INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	194.58	1	
41010 INCISION OF LINGUAL FRENUM (FRENOTOMY)	98.27	1	
41015 EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF M	208.47	1	
41016 EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF M	213.56	1	
41017 EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF M	215.52	1	
41018 EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF M	246.25	1	
41100 BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS	82.22	1	
41105 BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	82.80	1	
41108 BIOPSY OF FLOOR OF MOUTH	71.64	1	
41110 EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	103.16	1	
41112 EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS	161.89	1	
41113 EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD	177.35	1	
41114 EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP	313.79	1	
41115 EXCISION OF LINGUAL FRENUM (FRENECTOMY)	121.56	1	
41116 EXCISION, LESION OF FLOOR OF MOUTH	160.52	1	
41120 GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	510.91	1	
41130 GLOSSECTOMY; HEMIGLOSSECTOMY	634.23	1	
41135 GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION	1,056.47	1	
41140 GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT RADIC	1,081.52	1	
41145 GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH UNILATER	1,362.43	1	
41150 GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND MANDIBUL	1,075.06	1	
41153 GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH SUPRAH	1,168.44	1	

		Base		
Code	Description	Base Fee PC Fee	Units	Specs
41155	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIBULAR	1,463.43	1	
41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-TH	113.73	1	
41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE	112.95	1	
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX	150.73	1	
41500	FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE)	215.91	1	
41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)	190.86	1	
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)	170.69	1	
41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	118.43	1	
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUE	122.15	1	
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	175.39	1	
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES	73.84	1	
41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	140.94	1	
41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	210.63	1	
41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES	101.01	1	
41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES	151.51	1	
41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES	210.43	1	
41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES	15.60	1	
41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)	181.27	1	
42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	75.17	1	
42100	BIOPSY OF PALATE, UVULA	72.82	1	
42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE	104.92	1	
42106	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE	133.11	1	
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	480.18	1	
42140	UVULECTOMY, EXCISION OF UVULA	123.13	1	
42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	348.83	1	
42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)	113.34	1	
42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM	118.82	1	
42182	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX	162.47	1	
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	437.11	1	

Dade Description Base Fee PC Fee Units Spaces 2020 PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE: SOTT HISUE 449 61 1 2021 PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE: WITH BONE GR 533.03 1 1 2021 PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE: WITH BONE GR 268.37 1 1 2022 PALATOPLASTY FOR CLEFT PALATE: MAJOR REVISION 442.20 1 1 2023 PALATOPLASTY FOR CLEFT PALATE: ATACHMENT PHARYNGEAL FLAP 442.20 1 1 2024 LENGTHENING OF PALATE, MITH HISLAND FLAP 430.06 1 1 2025 REPAIR OF ANSOLBBIAL FISTULA 410.02 1 1 1 2026 REPAIR OF ANSOLBBIAL FISTULA PROSTHESIS 100.03 1 1 1 2020 RAINAGE OF ANSCESS: PAROTID, COMPLICATED 213.56 1 1 1 2030 DRAINAGE OF ASSCESS: SUBMAXILLARY, OS UBLINGUAL, INTRAORAL 13.13 1 1 1 2030 RAINAGE OF ASSCESS: SUBMAXILLARY, SUBLI				Base		
2210PALATOPLASTY FOR CLEFT PALATE. WITH CLOSURE OF ALVEOLAR RIDGE: WITH BONE GR533.0312215PALATOPLASTY FOR CLEFT PALATE: MAJOR REVISION345.5012220PALATOPLASTY FOR CLEFT PALATE: SCONDARY LENGTHENING PROCEDURE268.3712220PALATOPLASTY FOR CLEFT PALATE: ATTACHMENT PHARYNGEAL FLAP442.2012221ELNGTHENING OF PALATE, AND PHARYNGEAL FLAP449.8412222ELNGTHENING OF PALATE, INCLUDING VOMER FLAP430.0612223ERPAIR OF ANSCILABIAL FISTULA410.2912260REPAIR OF ANSCILABIAL FISTULA410.2912281INSERTION OF PIALATE, INCLUDING VOMER FLAP100.0312280MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS100.0312301DRAINAGE OF ABSCESS: PAROTID, SIMPLE101.7912302DRAINAGE OF ABSCESS: PAROTID, SIMPLE101.7912303DRAINAGE OF ABSCESS: SUBMAXILLARY OR SUBLINGUAL, INTRAORAL78.5012304DIALOUTHOTOMY, SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMP13.7312305SIALOUTHOTOMY, SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL28.6412406BIOPSY OF SALIVARY GLAND: INCISIONAL163.4512407BIOPSY OF SALIVARY GLAND: INCISIONAL163.4512408BIOPSY OF SALIVARY GLAND: INCISIONAL163.4512409MASUPIALIZATION OF PAROTID DULAND: LATERAL LOBE, WITHOUT NERVE DIS30.0612411EXCISION OF PAROTID TUMOR OR PAROTID GLAND: LA	Code	Description	Base Fee	PC Fee	Units	Specs
2215PALATOPLASTY FOR CLEFT PALATE: MAJOR REVISION345.5012220PALATOPLASTY FOR CLEFT PALATE: SECONDARY LENGTHENING PROCEDURE268.3712221PALATOPLASTY FOR CLEFT PALATE: ATTACHMENT PHARYNGEAL FLAP449.2012222LENGTHENING OF PALATE, AND PHARYNGEAL FLAP449.8412221LENGTHENING OF PALATE, WITH ISLAND FLAP49.0612223REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP357.2512240REPAIR OF NASOLABIAL FISTULA410.2912281INSERTION OF PINERTAINED PALATAL PROSTHESIS77.71122820DRAINAGE OF ABSCESS: PAROTID, SIMPLE101.7912303DRAINAGE OF ABSCESS: SUBMAXILLARY OR SUBLINGUAL, INTRAORAL78.5012303DRAINAGE OF ABSCESS: SUBMAXILLARY, SUBLINGUAL, INTRAORAL78.5012304DRAINAGE OF ABSCESS: SUBMAXILLARY, COMPLICATED, INTRAORAL28.6412305DRAINAGE OF ABSCESS: SUBMAXILLARY, COMPLICATED, INTRAORAL28.6412305SIALOLITHOTOMY: SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL28.6412406BIOPSY OF SALLVARY GLAND: NEEDLE54.8112407BIOPSY OF SALLVARY GLAND: NEEDLE54.8112410EXCISION OF PAROTID TUMOR OR PAROTID GLAND: LATERAL LOBE, WITHOUT NERVE DIS310.66124211EXCISION OF PAROTID TUMOR OR PAROTID GLAND: LATERAL LOBE, WITHOUT NERVE DIS310.6612422EXCISION OF PAROTID TUMOR OR PAROTID GLAND: TOTAL, WITH DISECTION AND PRES36.781 <td>42205</td> <td>PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE</td> <td>469.61</td> <td></td> <td>1</td> <td></td>	42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE	469.61		1	
2220PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE268.3712225PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP442.2012226LENGTHENING OF PALATE, MID PHARYNGEAL FLAP449.8412227LENGTHENING OF PALATE, WITH ISLAND FLAP430.0612228REPAIR OF ANTERIOR PALATE, INCLUDING YOMER FLAP357.2512260REPAIR OF NASOLABIAL FISTULA410.2912281NAXILLARY IMPRESSION FOR PALATAL PROSTHESIS77.7112281INSERTION OF PIN-RETAINED PALATAL PROSTHESIS101.7912302DRAINAGE OF ABSCESS: PAROTID, SIMPLE101.7912303DRAINAGE OF ABSCESS: SUBMAXILLARY OR SUBLINGUAL, INTRAORAL78.5012303SIALOLITHOTOMY: SUBMAXILLARY, SUBLINGUAL, INTRAORAL183.6112314SIALOLITHOTOMY: SUBMAXILLARY, GUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMP113.7312315SIALOLITHOTOMY: SUBMAXILLARY (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMP113.7312316SIALOLITHOTOMY: SUBMAXILLARY (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMP113.7312316SIALOLITHOTOMY: SUBMAXILLARY (SUBMAXILLARY), COMPLICATED, INTRAORAL28.6412404BIOPSY OF SALIVARY GLAND, INCISIONAL146.1812405BIOPSY OF SALIVARY GLAND, INCISIONAL146.1812410BIOPSY OF SALIVARY GLAND, INCISIONAL146.34512411EXCISION OF PAROTID GLAND; CATEAL LOBE, WITHOUT NERVE DIS310.6612420 <td>42210</td> <td>PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GR</td> <td>533.03</td> <td></td> <td>1</td> <td></td>	42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GR	533.03		1	
2225PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP442.2012226LENGTHENING OF PALATE, AND PHARYNGEAL FLAP430.0612227LENGTHENING OF PALATE, INCLUDING VOMER FLAP357.2512228REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP357.2512260REPAIR OF ANSCLABIAL FISTULA410.2912280MAXILARY IMPRESSION FOR PALATAL PROSTHESIS77.7112281INSERTION OF PIN-RETAINED PALATAL PROSTHESIS100.0312300DRAINAGE OF ABSCESS; PAROTID, SIMPLE101.7912301DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL78.5012302DRAINAGE OF ABSCESS; SUBMAXILLARY, SUBLINGUAL, INTRAORAL78.5012303SIALOLITHOTOMY; SUBMAXILLARY, EXTERNAL123.1312304DIONSY OF SALIVARY GLAND. REVENAL183.6112305SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMP113.7312304SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL28.6412305SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL28.6412406BIOPSY OF SALIVARY GLAND. INCISIONAL163.4512407BIOPSY OF SALIVARY GLAND, INCISIONAL163.4512408EXCISION OF PAROTID TUMOR OR PAROTID GLAND; CATERAL LOBE, WITHOUT NERVE DIS310.6612409KACISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES636.7812410EXCISION O	42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	345.50		1	
2226LENGTHENING OF PALATE, AND PHARYNGEAL FLAP449.8412227LENGTHENING OF PALATE, WITH ISLAND FLAP430.0612238REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP357.2512260REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP357.2512260REPAIR OF NASOLABIAL FISTULA410.2912281MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS77.7112282DRAINAGE OF ABSCESS; PAROTID, SIMPLE101.7912305DRAINAGE OF ABSCESS; PAROTID, COMPLICATED213.5612305DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL78.5012305DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL123.1312305SIALOLITHOTOMY: SUBMAXILLARY, EXTERNAL123.1312306SIALOLITHOTOMY: SUBMAXILLARY, COMPLICATED, INTRAORAL183.6112307SIALOLITHOTOMY: SUBMAXILLARY, COMPLICATED, INTRAORAL183.6112308SIALOLITHOTOMY: SUBMAXILLARY, COMPLICATED, INTRAORAL183.6112309SIALOLITHOTOMY: PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL228.6412400BIOPSY OF SALIVARY GLAND: INCISIONAL148.1812408EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)163.4512409MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)163.4512410EXCISION OF PAROTID TUMOR OR PAROTID GLAND: TOTAL, WITH DISSECTION AND PRES63.7812422EXCISION OF PAROTID TUMOR OR PAROTID GLAND: TOTAL, WITH DISSECTION AND	42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	268.37		1	
2227LENGTHENING OF PALATE, WITH ISLAND FLAP430.0612238REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP357.2512240REPAIR OF NASOLABIAL FISTULA410.2912280MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS77.7112281INSERTION OF PIN-RETAINED PALATAL PROSTHESIS100.0312300DRAINAGE OF ABSCESS: PAROTID, SIMPLE101.7912301DRAINAGE OF ABSCESS: PAROTID, COMPLICATED213.5612302DRAINAGE OF ABSCESS: SUBMAXILLARY OR SUBLINGUAL, INTRAORAL78.5012303SIALOLITHOTOMY: SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMP113.7312304SIALOLITHOTOMY: SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL183.6112305ORAINAGE OF ABSCESS: SUBMAXILLARY, EXTERNAL123.1312306SIALOLITHOTOMY: SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL228.6412307ORAINARY GLAND, INCISIONAL148.1812408BIOPSY OF SALIVARY GLAND, INCISIONAL148.1812409MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)223.5512409MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)163.4512410EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRES636.7812420EXCISION OF PAROTID TUMOR OR PAROTID GLAND; INTHIN BISCETION AND PRES636.7812421EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES636.781 </td <td>42225</td> <td>PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP</td> <td>442.20</td> <td></td> <td>1</td> <td></td>	42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	442.20		1	
2233REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP357.2512260REPAIR OF NASOLABIAL FISTULA410.2912280MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS77.7112281INSERTION OF PIN-RETAINED PALATAL PROSTHESIS100.0312303DRAINAGE OF ABSCESS: PAROTID, SIMPLE101.7912305DRAINAGE OF ABSCESS: SUBMAXILLARY OR SUBLINGUAL, INTRAORAL213.5612306DRAINAGE OF ABSCESS: SUBMAXILLARY OR SUBLINGUAL, INTRAORAL78.5012310DRAINAGE OF ABSCESS: SUBMAXILLARY, EXTERNAL123.1312323SIALOLITHOTOMY: SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMP113.7312335SIALOLITHOTOMY: SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMP113.7312400BIOPSY OF SALIVARY GLAND; INCISIONAL228.6412400BIOPSY OF SALIVARY GLAND; INCISIONAL23.5512401EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)23.5512402EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS310.6612411EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES636.7812422EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012424EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012425EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012426EXCISION OF PAROT	42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	449.84		1	
2260REPAIR OF NASOLABIAL FISTULA410.2912280MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS77.7112281INSERTION OF PIN-RETAINED PALATAL PROSTHESIS100.0312300DRAINAGE OF ABSCESS: PAROTID, SIMPLE101.7912301DRAINAGE OF ABSCESS: PAROTID, SIMPLE213.5612302DRAINAGE OF ABSCESS: SUBMAXILLARY OR SUBLINGUAL, INTRAORAL78.5012303DRAINAGE OF ABSCESS: SUBMAXILLARY OR SUBLINGUAL, INTRAORAL78.5012304DRAINAGE OF ABSCESS: SUBMAXILLARY, EXTERNAL123.1312305DRAINAGE OF ABSCESS: SUBMAXILLARY, SUBLINGUAL OR PAROTID, UNCOMP113.7312315SIALOLITHOTOMY: SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMP113.7312316SIALOLITHOTOMY: SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL28.6412404BIOPSY OF SALIVARY GLAND; NEEDLE54.8112405BIOPSY OF SALIVARY GLAND; INCISIONAL148.1812406EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)23.5512417EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS310.6612426EXCISION OF PAROTID TUMOR OR PAROTID GLAND; IOTAL, WITH DISSECTION AND PRES636.7812426EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012426EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL636.7812426EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL,	42227	LENGTHENING OF PALATE, WITH ISLAND FLAP	430.06		1	
2280MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS77.7112281INSERTION OF PIN-RETAINED PALATAL PROSTHESIS100.0312302DRAINAGE OF ABSCESS; PAROTID, SIMPLE101.7912303DRAINAGE OF ABSCESS; PAROTID, COMPLICATED213.5612304DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL78.5012305DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL123.1312306SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMP113.7312307SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL183.6112308SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL183.6112309SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL288.6412310SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL288.6412311SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL288.6412408BIOPSY OF SALIVARY GLAND; INCISIONAL148.1812409BIOPSY OF SALIVARY GLAND; INCISIONAL148.1812409BARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)163.4512410EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS310.66124211EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS636.7812422EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES636.781<	42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	357.25		1	
2281INSERTION OF PIN-RETAINED PALATAL PROSTHESIS100.0312303DRAINAGE OF ABSCESS; PAROTID, SIMPLE101.7912304DRAINAGE OF ABSCESS; PAROTID, COMPLICATED213.5612305DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL78.5012306DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL123.1312307DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL123.1312308SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMP113.7312318SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL28.6412408SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL28.6412409BIOPSY OF SALIVARY GLAND; NEEDLE54.8112408EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)23.5512409MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)163.4512410EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS310.66124212EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRES636.7812422EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES636.7812424EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES636.7812424EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES636.7812425EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.60<	42260	REPAIR OF NASOLABIAL FISTULA	410.29		1	
2300DRAINAGE OF ABSCESS; PAROTID, SIMPLE101.7912305DRAINAGE OF ABSCESS; PAROTID, COMPLICATED213.5612305DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL78.5012302DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL123.1312303SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMP113.7312304SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL183.6112305SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL228.6412400BIOPSY OF SALIVARY GLAND; NEEDLE54.8112401BIOPSY OF SALIVARY GLAND; INCISIONAL148.1812402EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)223.5512403EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)163.4512414EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS310.6612425EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRES636.7812426EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES636.7812426EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SAC419.1012426EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SAC419.1012426EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012426EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICA	42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	77.71		1	
2305DRAINAGE OF ABSCESS; PAROTID, COMPLICATED213.5612310DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL78.5012320DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL123.1312330SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMP113.7312331SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMP113.7312332SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL183.6112340SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL228.6412400BIOPSY OF SALIVARY GLAND; NEEDLE54.8112401BIOPSY OF SALIVARY GLAND; INCISIONAL148.1812402EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)223.5512403EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)163.4512414EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS310.6612425EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRES636.7812426EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES636.7812425EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012426EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012426EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012440EXCISION OF PAROTID TUMOR OR PAROTID	42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	100.03		1	
2310DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL78.5012320DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL123.1312330SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMP113.7312331SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL183.6112340SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL228.6412400BIOPSY OF SALIVARY GLAND; NEEDLE54.8112401BIOPSY OF SALIVARY GLAND; INCISIONAL183.6112402BIOPSY OF SALIVARY GLAND; INCISIONAL183.6112403BIOPSY OF SALIVARY GLAND; INCISIONAL183.6112404EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)163.4512405EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)163.4512410EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS310.6612420EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES636.7812421EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SAC19.1012422EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012424EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND23.531	42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE	101.79		1	
2320DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL123.1312331SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMP113.7312332SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL183.6112340SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL228.6412400BIOPSY OF SALIVARY GLAND; NEEDLE54.8112401BIOPSY OF SALIVARY GLAND; NEEDLE148.1812402BIOPSY OF SALIVARY GLAND; NEEDLE223.5512403BIOPSY OF SALIVARY GLAND; NEISIONAL223.5512404EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)223.5512405MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)163.4512410EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS310.6612421EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRES636.7812422EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES636.7812423EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SAC419.1012424EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012424EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012424EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012440EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND233.53 </td <td>42305</td> <td>DRAINAGE OF ABSCESS; PAROTID, COMPLICATED</td> <td>213.56</td> <td></td> <td>1</td> <td></td>	42305	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED	213.56		1	
2330SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMP113.7312335SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL183.6112340SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL228.6412400BIOPSY OF SALIVARY GLAND; NEEDLE54.8112401BIOPSY OF SALIVARY GLAND; INCISIONAL148.1812402BIOPSY OF SUBLINGUAL SALIVARY CYST (RANULA)223.5512403MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)163.4512414EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS310.6612415EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRES636.7812420EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES636.7812421EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012424EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012424EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012424EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012424EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012424EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012440EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND233.531 <td>42310</td> <td>DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL</td> <td>78.50</td> <td></td> <td>1</td> <td></td>	42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL	78.50		1	
2335SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL183.6112340SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL228.6412400BIOPSY OF SALIVARY GLAND; NEEDLE54.8112401BIOPSY OF SALIVARY GLAND; INCISIONAL148.1812402BIOPSY OF SALIVARY GLAND; INCISIONAL223.5512403EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)223.5512404EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS310.6612415EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRES56.5212426EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES636.7812425EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SAC419.1012426EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012427EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL631.6012428EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL631.6012429EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL631.6012440EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND23.531	42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL	123.13		1	
2340SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL228.6412400BIOPSY OF SALIVARY GLAND; NEEDLE54.8112405BIOPSY OF SALIVARY GLAND; INCISIONAL148.1812408EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)223.5512409MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)163.4512410EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS310.6612421EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION A556.5212422EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES636.7812425EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SAC419.1012426EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012427EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL631.6312428EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL631.6012429EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL631.6012440EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND233.531	42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMP	113.73		1	
2400BIOPSY OF SALIVARY GLAND; NEEDLE54.8112405BIOPSY OF SALIVARY GLAND; INCISIONAL148.1812406EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)223.5512407MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)163.4512410EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS310.6612411EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION A556.5212422EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES636.7812423EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SAC419.1012424EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012425EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL233.531	42335	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL	183.61		1	
2405BIOPSY OF SALIVARY GLAND; INCISIONAL148.1812406EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)223.5512407MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)163.4512410EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS310.6612411EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION A556.5212420EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES636.7812421EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SAC419.1012422EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012440EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND233.531	42340	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL	228.64		1	
2408EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)223.5512409MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)163.4512410EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS310.6612415EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION A556.5212420EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES636.7812421EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SAC419.1012422EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012430EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND233.531	42400	BIOPSY OF SALIVARY GLAND; NEEDLE	54.81		1	
2409MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)163.4512410EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS310.6612415EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION A556.5212420EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES636.7812421EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SAC419.1012422EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012440EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND233.531	42405	BIOPSY OF SALIVARY GLAND; INCISIONAL	148.18		1	
2410EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS310.6612415EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION A556.5212420EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES636.7812425EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SAC419.1012426EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012440EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND233.531	42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)	223.55		1	
2415EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION A556.5212420EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES636.7812425EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SAC419.1012426EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012440EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND233.531	42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	163.45		1	
2420EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES636.7812425EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SAC419.1012426EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012440EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND233.531	42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS	310.66		1	
2425 EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SAC419.1012426 EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012440 EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND233.531	42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION A	556.52		1	
2426EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL681.6012440EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND233.531	42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES	636.78		1	
2440 EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND233.531	42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SAC	419.10		1	
	42426	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL	681.60		1	
2450 EXCISION OF SUBLINGUAL GLAND222.761	42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	233.53		1	
	42450	EXCISION OF SUBLINGUAL GLAND	222.76		1	

		Base			
Code	Description	Base Fee P	C Fee	Units	Specs
42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE	212.78		1	
42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED	274.05		1	
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	255.85		1	
42508	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF	367.82		1	
12509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF	408.73		1	
12510	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF	312.42		1	
12550	INJECTION PROCEDURE FOR SIALOGRAPHY	34.55		1	
2600	CLOSURE SALIVARY FISTULA	238.23		1	
2650	DILATION SALIVARY DUCT	41.50		1	
2660	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION	52.66		1	
2665	LIGATION SALIVARY DUCT, INTRAORAL	154.06		1	
2700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR	92.20		1	
2720	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL	226.88		1	
2725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL	404.23		1	
2900	SUTURE PHARYNX FOR WOUND OR INJURY	172.26		1	
1586	BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERIOR CR	1,051.18		1	
4400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH	50.70		1	
4600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBIT	180.87		1	
4716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	255.85		1	
4722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	166.78		1	
4734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE	207.30		1	
4736	TRANSECTION OR AVULSION OF; MENTAL NERVE	193.99		1	
4738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	229.81		1	
4740	TRANSECTION OR AVULSION OF; LINGUAL NERVE	226.09		1	
4742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	231.38		1	
4886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM IN LEN	664.38		1	
0100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	16.44	4.89	1	
0110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	21.53	6.85	1	
0140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	15.27	5.09	1	

			Base		
Code	Description	Base Fee	PC Fee	Units	Specs
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	22.71	7.05	1	
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	17.62	4.70	1	
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	7.05	2.74	1	
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	19.38	4.31	1	
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	26.23	6.07	1	
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNI	16.05	4.89	1	
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BIL	25.64	6.66	1	
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRE	41.30	14.49	1	
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)	277.97	41.11	1	
70350	CEPHALOGRAM, ORTHODONTIC	10.37	4.70	1	
70355	ORTHOPANTOGRAM	10.77	5.48	1	
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	20.16	4.70	1	
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	55.40	10.77	1	
70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	159.93	31.71	1	
70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S	194.38	36.61	1	
70488	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE	237.05	39.54	1	
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT	309.09	37.39	1	
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPEC	81.24	33.86	1	
88160	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION	27.99	12.92	1	
88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	57.16	19.58	10	
88307	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	118.23	41.89	7	
88311	DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL	9.79	6.26	5	
88312	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE); G	56.96	13.90	6	
88321	CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE	46.98		1	
88342	IMMUNOHISTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBODY	55.59	21.73	5	
88346	IMMUNOFLUORESCENT STUDY, EACH ANTIBODY; DIRECT METHOD	54.81	22.12	1	
92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)	77.13		1	
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND; NON-SELECTIVE DEBRIDEMENT, WITHOU	20.70		1	
99143	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	53.36		1	R

		Base		
Code Description	Base Fee PC Fee	Units	Specs	
99144 MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	53.36	1	R	
99145 MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	26.68	4	R	
99148 MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	53.36	1	R	
99149 MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	53.36	1	R	
99150 MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES	26.68	4	R	
99201 OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	31.20	1		
99202 OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	32.71	1		
99203 OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED	48.68	1		
99204 OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	68.84	1		
99205 OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	87.48	1		
99211 OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	12.48	1		
99212 OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	21.84	1		
99213 OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	26.61	1		
99214 OFFICE OR OUTPATIENT VISIT FOR THE EVAL AND MANAGEMENT OF AN EST. PATIENT,	41.46	1		
99215 OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	60.28	1		
99221 INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	49.13	1		
99222 INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	66.56	1		
99223 INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	98.27	1		
99231 SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	20.36	1		
99232 SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	36.61	1		
99233 SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	52.46	1		
99238 HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS	35.82	1		
99239 HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES	51.87	1		
99241 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	26.43	1		
99242 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	49.72	1		
99243 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	67.93	1		
99244 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	100.62	1		
99245 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	122.93	1		
99251 INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	26.82	1		

		Base		
Code	Description	Base Fee PC Fee	Units S	pecs
99252	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	41.30	1	
99253	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	63.03	1	
99254	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	91.02	1	
99255	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	110.01	1	
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	14.23	1	
99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	22.04	1	
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	40.62	1	
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	62.20	1	
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	98.01	1	