Dental Oral/Maxillofacial Surgery Fee Schedule Effective January 1, 2012

Notes:
1. The base fee 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 base PC fee 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)
2. The base for and base DC for far laboratory convision in the 20000 and range are the same for both edults and children. The 1.04 increase does not evolv to the

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 Fee l	Units	Specs
11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH 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 (INCLUDING SIMPL	52.85		1	
11440	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	60.49		1	
11441	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	78.30		1	
11442	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	88.68		1	
11443	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	105.71		1	
11444	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	133.11		1	
11446	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	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	
11644	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LI	190.27		1	
11646	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LI	249.78		1	

Code Description Base Fee PC Fee Units Spaces 12011 SIMPLE REPAR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND 74.19 1 12013 SIMPLE REPAR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND 86.222 1 12014 SIMPLE REPAR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/ 121.76 1 12015 SIMPLE REPAR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/ 146.03 1 12015 SIMPLE REPAR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/ 130.37 1 12017 SIMPLE REPAR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/ 130.37 1 12018 SIMPLE REPAR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME 130.37 1 12015 LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME 130.30 1 12051 LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME 170.11 1 12052 LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME 212.00 1 12054 LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MU				Base	
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/ 121.76 1 12015 SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/ 146.03 1 12016 SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/ 103.37 1 12017 SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/ 164.24 1 12018 SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/ 164.24 1 12015 LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME 130.86 1 12051 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 120.00 1 12056 LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME 120.00 1 12054 LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME 120.00 1 12056 LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME 120.00 1	Code	Description	Base Fee F	PC Fee Uni	ts Specs
12014 SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/ 12175 12015 SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/ 12176 12016 SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/ 130.37 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 170.11 1 12054 LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME 176.13 1 12055 LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME 276.99 1 12056 LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME 276.99 1 12056 LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME 276.99 1 12057 LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND	74.19	1	
12015SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/121.76112016SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/130.37112017SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/164.24112018SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/164.24112015LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS M132.52112025LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME170.11112036LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME170.11112045LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME170.11112056LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME212.00112051LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME240.58112051LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME276.99113131REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H288.73113132REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H288.73113133REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H280.71113134REPAIR, COMPLEX, EVELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS173.63113155REPAIR, COMPLEX, EVELIDS, NOSE, EARS AND/OR LIPS; 1.0	12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND	82.22	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/ 164.24 1 12018 SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS M 164.24 1 12051 LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME 153.08 1 12052 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 12054 LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME 240.58 1 12055 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 240.58 1 1313 REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H 287.3 1 1313 REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H 288.73 1 1313 REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H 388.3 1 <td>12014</td> <td>SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/</td> <td>96.90</td> <td>1</td> <td></td>	12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	96.90	1	
12017SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/130.37112018SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/O164.24112051LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME153.08112052LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME170.11112054LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME170.11112055LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME170.11112056LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME212.00112056LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME240.58112057LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME240.58112058LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME276.9911313REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H277.9911313REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H83.9831315REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H83.9831315REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS173.6311315REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM OR LESS173.6311315REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 C	12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	121.76	1	
12018SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS M164.24112051LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME153.08112052LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME170.11112054LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME170.11112055LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME176.13112056LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME240.58112056LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME240.58112057LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME240.58113056LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME276.9911313REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENTALIA, H177.9411313REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENTALIA, H83.98313150REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENTALIA, H83.98313151REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS173.63113152REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS200.21113152REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR L91.81214021ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS	12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	146.03	1	
12051LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS M132.52112052LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME170.11112054LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME178.13112054LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME178.13112055LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME212.00112056LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME276.99112057LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME276.99113131REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H177.94113132REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H288.73113133REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H288.7311313REPAIR, COMPLEX, EVELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS173.63113151REPAIR, COMPLEX, EVELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS202.02113152REPAIR, COMPLEX, EVELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM202.02113153REPAIR, COMPLEX, EVELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM203.01114024ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT340.02114021ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT	12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	130.37	1	
12052LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME153.08112053LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME170.11112054LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME178.13112055LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME212.00112056LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME240.58112057LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME276.99113131REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILAE, GENITALIA, H288.73113132REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILAE, GENITALIA, H288.73113133REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILAE, GENITALIA, H83.98313151REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILAE, GENITALIA, H83.98313152REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS173.63113152REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM202.02113153REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM ADDITIONAL 5 CM OR L91.81214021ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LIEGS; DEFECT340.02114021ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N378.19114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS,	12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	164.24	1	
12033 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 83.98 3 13131 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; 2.6 CM TO 7.5 CM 280.71 1 14020 ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 340.02 1 14021 ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N 378.19 1 <t< td=""><td>12051</td><td>LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS M</td><td>132.52</td><td>1</td><td></td></t<>	12051	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS M	132.52	1	
12054LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME178.13112055LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME212.00112056LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME240.58112057LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME276.99113131REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H177.94113132REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H288.73113133REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H83.98313151REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS173.63113152REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM200.71113153REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM280.71113154REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR L91.81214020ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LIEGS; DEFECT340.02114021ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N378.19114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N329.70114061ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N328.50114061ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN,	12052	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	153.08	1	
12055LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME212.00112056LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME240.58112057LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME276.99113131REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H177.94113132REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H288.73113133REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H83.98313150REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H83.98313151REPAIR, COMPLEX, FYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS173.63113152REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM202.02113153REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM280.71114020ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT340.02114021ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT342.00114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N378.19114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N374.66114061ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;342.00114061ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR	12053	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	170.11	1	
12056LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME240.58112057LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME276.99113131REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H177.94113132REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H288.73113133REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H83.98313143REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H83.98313150REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS173.63113151REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM202.02113152REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM280.71113153REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM280.71114021ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT340.02114021ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N378.19114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114051ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114061ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114061ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N </td <td>12054</td> <td>LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME</td> <td>178.13</td> <td>1</td> <td></td>	12054	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	178.13	1	
12057LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME276.99113131REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H177.94113132REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H288.73113133REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H83.98313131REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H83.98313151REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS173.63113151REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM202.02113152REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM280.71113153REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR L91.81214020ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT340.02114021ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N378.19114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114050ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114061ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114061ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114061ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUA	12055	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	212.00	1	
13131REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H177.94113132REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H288.73113133REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H83.98313150REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H83.98313151REPAIR, COMPLEX, EVELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS173.63113151REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM202.02113152REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM280.71113153REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM280.71114020ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT340.02114021ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT340.02114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N378.19114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114060ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;362.50114061ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;574.66114071ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL OR C548.69115100SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR O <td>12056</td> <td>LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME</td> <td>240.58</td> <td>1</td> <td></td>	12056	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	240.58	1	
13132REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H288.73113133REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H83.98313150REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS173.63113151REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM202.02113152REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM280.71113153REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR L91.81214020ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT340.02114021ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT340.02114024ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N378.19114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114040ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114042ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114044ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;382.50114045ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;574.66115100SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS	12057	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	276.99	1	
13133REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H83.98313130REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS173.63113151REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM202.02113152REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM280.71113153REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM280.71113153REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR L91.81214020ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT340.02114021ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N378.19114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N378.19114044ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N378.19114044ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N378.19114044ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114045ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;574.66114046ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;574.66114047ADJACENT TISSUE TRANSFER OR REARRANGEMENT, WEILDS, NOSE, EARS AND/OR LIPS;574.66114048ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL OR C <td>13131</td> <td>REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H</td> <td>177.94</td> <td>1</td> <td></td>	13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H	177.94	1	
13150REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS173.63113151REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM202.02113152REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM280.71113153REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR L91.81214020ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT340.02114021ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT432.81114040ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N378.19114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;382.50114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;382.50114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;574.66114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;574.66114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL OR C548.69114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM OR LESS, OR O407.16115100SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LES	13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H	288.73	1	
13151REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM202.02113152REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM280.71113153REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR L91.81214020ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT340.02114021ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT432.81114040ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N378.19114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114040ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114060ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;382.50114061ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;574.66114061ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL OR C548.69115100SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR O407.16115120SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,458.64115121SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,458.641151240FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FO	13133	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H	83.98	3	
13152REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM280.71113153REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR L91.81214020ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT340.02114021ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT432.81114040ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N378.19114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114040ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;382.50114051ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;574.66114061ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;574.66114003ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL OR C548.69115100SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR O407.16115120SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,458.64115121SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA125.082015240FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA453.361	13150	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS	173.63	1	
13153REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR L91.81214020ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT340.02114021ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT432.81114040ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N378.19114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114040ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114060ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114061ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;382.50114061ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;574.66114000ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL OR C548.69115100SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR O407.16115120SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,458.64115121SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA125.082015240FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA453.361	13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM	202.02	1	
14020ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT340.02114021ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT432.81114040ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N378.19114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114060ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114061ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;382.50114061ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;574.66114001ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL OR C548.69115100SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR O407.16115120SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,458.64115121SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,458.64115240FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA453.361	13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM	280.71	1	
14021ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT432.81114040ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N378.19114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114060ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114061ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;382.50114061ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;574.66114001ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL OR C548.69115100SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR O407.16115121SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,458.64115122SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA125.082015240FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA453.361	13153	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR L	91.81	2	
14040ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N378.19114041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114060ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;382.50114061ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;574.66114000ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;574.66114300ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL OR C548.69115100SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR O407.16115120SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,458.64115121SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA125.082015240FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA453.361	14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT	340.02	1	
14041ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N529.70114060ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;382.50114061ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;574.66114300ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;574.66114300ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL OR C548.69115100SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR O407.16115120SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,458.64115121SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA125.082015240FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA453.361	14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT	432.81	1	
14060ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;382.50114061ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;574.66114300ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL OR C548.69115100SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR O407.16115120SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,458.64115121SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA125.082015240FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA453.361	14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N	378.19	1	
14061ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;574.66114300ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL OR C548.69115100SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR O407.16115120SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,458.64115121SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA125.082015240FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA453.361	14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N	529.70	1	
14300ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL OR C548.69115100SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR O407.16115120SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,458.64115121SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA125.082015240FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA453.361	14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;	382.50	1	
15100SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR O407.16115120SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,458.64115121SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA125.082015240FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA453.361	14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;	574.66	1	
15120SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,458.64115121SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA125.082015240FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA453.361	14300	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL OR C	548.69	1	
15121 SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA125.082015240 FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA453.361	15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR O	407.16	1	
15240 FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA 453.36 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)
15241 FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA 90.24 10	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)

Code Description Base Fe P C Fee Units Spece 15260 FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, E 493.68 1 15260 FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, E 493.68 1 15261 FULL THICKNESS GRAFT, FREE, INCLUDING ORECT CLOSURE OF DONOR SITE, NOSE, E 202.60 1 15820 DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEE 202.60 1 15830 DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEE 202.60 1 15830 DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEE 202.60 1 15732 MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALI 718.66 1 15734 MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALI 718.66 1 16020 DERSTRUCTION REG, LASER SURGERY, ELECTROSURGERY, CHEMOSURGERY, CHEMOSUNGURGERY, CHEMOSURGERY, CHEMOSUNGURGERY, CHEMOSURGERY, CHEMOSUNA				Base		
15261 FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, E 10551 10 15574 FORMATION OF DIRECT OR TUBBED PEDICLE, WITH OR WITHOUT TRANSFER, FOREHEAD, C 4927 1 15620 DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE, 221.00 1 15730 DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE, 221.00 1 15734 MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALI 743.86 1 15740 FLAP, ISLAND PEDICLE 507.58 1 10020 DERSTRUCTION (EG, LASER SURGERY, LECTROSURGERY, CHEMOSURGERY, CHEMOSURGERY, 40.13 1 17000 DESTRUCTION (EG, LASER SURGERY, LECTROSURGERY, CHEMOSURGERY, CHEMOSURGERY, 40.13 1 17280 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 83.7 1 17280 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 83.7 1 17281 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 13.316 1 17282 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 13.316 1 17283 DESTRUCTION, MALIGNANT LESION	Code	Description	Base Fee	PC Fee	Units	Specs
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 15732 MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALI 715.86 1 15734 MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALI 715.86 1 15744 MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALI 743.85 1 15740 FLAP; ISLAND PEDICLE 507.58 1 1020 DESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQU 38.37 1 17000 DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, MUTH OT SURGICAL CURETT 3.52 13 17280 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 17280 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 100.22 1 17280 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 130.86 1 17280	15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, E	493.68		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 718.66 1 15744 MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP, HEAD AND NECK (EG, TEMPORALI 743.85 1 15744 FLAP, ISLAND PEDICLE 507.58 1 10202 DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, 40.13 1 17000 DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, 85.74 1 17200 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 88.87 1 17280 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 103.16 1 17282 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 103.16 1 17282 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 123.91 1 17280 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 123.91 <td>15261</td> <td>FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, E</td> <td>105.51</td> <td></td> <td>10</td> <td></td>	15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, E	105.51		10	
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 758.6 1 15734 MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK 743.85 1 15747 FLAP; ISLAND PEDICLE 507.58 1 10000 DESTRUCTION DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQU 38.37 1 10700 DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, 40.13 1 17000 DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, 85.74 1 17280 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 88.87 1 17281 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 103.16 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, 103.16 1 17284 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 103.16 1 17284 DESTRUCTION, MALIGNANT LESION, ANY METHOD, F	15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD, C	439.27		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 17001 DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURCICAL CURENT 3.52 13 17004 DESTRUCTION, MALGNANT LESION (EG, LASER SURGERY, CRYOSURGERY, CHEMOSURGERY, 86.74 1 17280 DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGE 69.88 1 17281 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 133.16 1 17282 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 133.16 1 17283 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 133.16 1 20005 INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR C 149.95 1	15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEE	202.60		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 1000 DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, UNERT 3.52 13 17004 DESTRUCTION MY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETT 3.52 13 17280 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 88.87 1 17281 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 103.16 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, 103.16 1 17284 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 103.16 1 17285 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 103.25 1 17280 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 133.95 1 </td <td>15630</td> <td>DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE,</td> <td>221.00</td> <td></td> <td>1</td> <td></td>	15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE,	221.00		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 17010 DESTRUCTION RAV METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETT 3.52 13 17010 DESTRUCTION, MALIGNANT LESION, EG, LASER SURGERY, CHECTROSURGERY, CHEMOSURGERY, 86.74 1 17280 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 103.16 1 17281 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 103.16 1 17282 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 103.16 1 17282 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 103.16 1 17282 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 103.16 1 17282 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 103.29 1 17280 DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, 103.29 </td <td>15732</td> <td>MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALI</td> <td>715.86</td> <td></td> <td>1</td> <td></td>	15732	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALI	715.86		1	
16020DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQU38.37117000DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,40.13117001DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,85.74117002DESTRUCTION, MALIGNANT LESION, INCLUDING LASER, WITH OW WITHOUT SURGICAL CURETT3.521317024DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,88.87117282DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,103.16117283DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,103.16117284DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,123.91120000INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFIC100.22120020INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFIC100.22120020INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFIC100.22120020INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFIC100.22120020INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFIC100.22120020INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFIC100.22120020INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFIC100.22120202BIOPSY, BONE, OPEN, SUPERFICIAL (EG, ILIUM, ST	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	743.85		1	
17000DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,40.13117003DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETT3.521317004DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CRYOSURGERY,85.74117205DESTRUCTION, MALIGNANT LESION, (EG, LASER SURGERY, CRYOSURGERY, CRYOSURGE69.88117206DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,88.87117282DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,103.16117283DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,103.16117284DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,103.16117285DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,103.16117280DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,103.16117280DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,103.16117280DESTRUCTION, MALIGNANT LESION, ANY METHON, FACE, EARS, EYELIDS, NOSE, LIPS,130.361172000INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFIC100.22117201DICISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR C149.95117202BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS P39.861172020BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, FE	15740	FLAP; ISLAND PEDICLE	507.58		1	
17003DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETT3.521317004DESTRUCTION, KALGNANT LESION, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,85.74117280DESTRUCTION, MALIGNANT LESION, ELECTROSURGERY, CRYOSURGE69.88117281DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,103.16117282DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,103.16117283DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,103.16117280DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,103.16117281DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,103.16117282DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,123.91120000INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEPE OR C149.95120201DIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS P39.86120224BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS,11.256120245DIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)310.85120520REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED216.11120525INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)28.19120535INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)25.25 <t< td=""><td>16020</td><td>DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQU</td><td>38.37</td><td></td><td>1</td><td></td></t<>	16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQU	38.37		1	
17004DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CRYOSURGE85.74117280DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,88.87117281DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,103.16117282DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,103.16117283DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,123.91120000INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFIC100.22120001INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR C149.95120202BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS P39.86120224BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS P310.85120245DIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)310.85120520REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED216.11120525REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED216.11120525INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)25.25120551INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)28.19120650INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING97.68120650INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING97.681	17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	40.13		1	
17280DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGE69.88117281DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,103.16117282DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,103.16117283DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,103.16117284DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,103.16117285DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,100.22120000INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEPEPIC100.22120205INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEPEP OR C149.95120202BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS,112.56120224BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)310.85120525REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE90.83120525REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED216.11120525INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)28.19120656INSERTION OF WIRE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)28.19120650INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING97.68120650INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING <td< td=""><td>17003</td><td>DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETT</td><td>3.52</td><td></td><td>13</td><td></td></td<>	17003	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETT	3.52		13	
17281DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,88.87117282DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,103.16117283DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,123.91120000INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFIC100.22120010INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR C149.95120220BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS P39.86120240BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS P310.85120241BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHUM, FEMUR)310.85120252REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE90.83120552INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)25.25120553INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)28.19120650ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (E29.17120650INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING97.68120660REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P166.1972.84120680REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P166.1972.84120680REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P	17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	85.74		1	
17282DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,103.16117283DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,123.91120000INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFIC100.22120005INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR C149.95120204BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS P39.86120215BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS,112.56120216BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)310.85120225REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE90.83120520REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED216.11120521INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)25.25120523INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)28.19120654INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING97.68120670REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P166.1972.84120680REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P166.1972.84120680REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN OR ROD), NAIL, RO284.43120680REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, RO	17280	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGE	69.88		1	
17283DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,123.91120000INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFIC100.22120005INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR C149.95120202BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS P39.86120204BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS,112.56120215BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)310.85120526REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE90.83120527REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE90.83120528REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEP OR COMPLICATED216.11120529INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)25.25120531INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)28.19120605ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (E29.17120606INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING97.68120607REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P166.1972.84120608REMOVAL OF IMPLANT; DUEPRICIAL, (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, RO284.43120609REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, INA SCREW, METAL BAND, NAIL, RO284.43 </td <td>17281</td> <td>DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,</td> <td>88.87</td> <td></td> <td>1</td> <td></td>	17281	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,	88.87		1	
20000INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFIC100.22120005INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR C149.95120206BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS P39.86120207BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS,112.56120208BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS,112.56120209BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)310.85120205REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE90.83120252REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED216.11120553INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)25.25120553INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)28.19120605ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (E29.17120650INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING97.68120660REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P166.1972.84120680REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P166.1972.84120692APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE534.01120694REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM200.06	17282	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,	103.16		1	
20005INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR C149.95120202BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS P39.86120204BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS,112.56120205BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)310.85120206REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE90.83120205REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED216.11120525REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED216.11120525INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)25.25120553INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)28.19120650ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (E29.17120650INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING97.68120660REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P166.1972.84120680REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, RO284.43120692APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE534.01120694REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM200.06120605BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)312.951 <td>17283</td> <td>DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,</td> <td>123.91</td> <td></td> <td>1</td> <td></td>	17283	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,	123.91		1	
20220BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS P39.86120240BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS,112.56120245BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)310.85120520REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE90.83120525REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED216.11120525REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED216.11120525INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)25.25120535INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)28.19120605ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (E29.17120605INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING97.68120606REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P166.1972.84120608REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, RO284.43120609APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE534.01120604REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM200.06120609BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)312.951	20000	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFIC	100.22		1	
20240BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS,112.56120245BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)310.85120520REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE90.83120525REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED216.11120525INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)25.25120505INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)28.19120605ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (E29.17120605INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING97.68120607REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P166.1972.84120608REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, RO284.43120694APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE534.01120690BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)312.951	20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR C	149.95		1	
20245BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)310.85120520REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE90.83120525REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED216.11120525INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)25.25120505INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)28.19120605ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (E29.17120605INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING97.68120607REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P166.1972.84120608REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, RO284.43120694REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM200.06120900BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)312.951	20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS P	39.86		1	
20520REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE90.83120525REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED216.11120525INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)25.25120535INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)28.19120605ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (E29.17120605INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING97.68120607REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P166.1972.84120680REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, RO284.43120692APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE534.01120694REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM200.06120900BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)312.951	20240	BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS,	112.56		1	
20525REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED216.11120525INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)25.25120535INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)28.19120605ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (E29.17120615INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING97.68120620REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P166.1972.84120630REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, RO284.43120630APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE534.01120634REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM200.06120900BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)312.951	20245	BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)	310.85		1	
20552INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)25.25120553INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)28.19120605ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (E29.17120650INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING97.68120670REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P166.1972.84120680REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, RO284.43120692APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE534.01120694REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM200.06120900BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)312.951	20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	90.83		1	
20553INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)28.19120605ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (E29.17120650INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING97.68120670REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P166.1972.84120680REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, RO284.43120692APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE534.01120694REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM200.06120900BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)312.951	20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	216.11		1	
20605ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (E29.17120605INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING97.68120670REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P166.1972.84120680REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, RO284.43120692APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE534.01120694REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM200.06120900BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)312.951	20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)	25.25		1	
20650INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING97.68120670REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P166.1972.84120680REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, RO284.43120692APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE534.01120694REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM200.06120900BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)312.951	20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	28.19		1	
20670REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P166.1972.84120680REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, RO284.43120692APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE534.01120694REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM200.06120900BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)312.951	20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (E	29.17		1	
20680REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, RO284.43120692APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE534.01120694REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM200.06120900BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)312.951	20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING	97.68		1	
20692 APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE534.01120694 REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM200.06120900 BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)312.951	20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P	166.19	72.84	1	
20694 REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM200.06120900 BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)312.951	20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, RO	284.43		1	
20900 BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON) 312.95 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	
20902 BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE 299.60 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	

Code Description Base Fee PC Fee Units Specs 20910 CARTILAGE GRAFT; COSTOCHONDRAL 213.17 1 20912 CARTILAGE GRAFT; NASAL SEPTUM 236.66 1 21013 RADICAL CRESCTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR 209.26 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 499.65 1 21026 EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S) 291.47 1 21028 EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION AND CU 244.30 1 21031 EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA 646.17 1 21032 EXCISION OF MALIGNANT TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOM 601.54 1 21044 EXCISION OF BAINGIN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOM 639.32 1 21045 EXCISION OF BAINGIN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOM 639.32 1 21046 E				Base		
20912CARTILAGE GRAFT; NASAL SEPTUM236.66121010ARTIHACTOMY, TEMPOROMANDIBULAR JOINT359.01121015RADICA RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR292.86121025EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIL BONE(S)291.47121026REDIVING OF BENICING OF OSTEOMYELITIS OR BONE ABSCESS); FACIL BONE(G)291.47121027REDIVING OF DENICING OF DENICING TO FORTING TO TOP SUPPLASIA367.42121030EXCISION OF DRUINING OF GAVINIC TUMOR OF RACIAL BONE (EG, FIBROUS DYSPLASIA367.42121031EXCISION OF BARILARY TORUS PALATINUS191.25121032EXCISION OF MALIKAY TORUS PALATINUS191.25121034EXCISION OF MALIKAY TORUS PALATINUS191.25121045EXCISION OF MALIGNANT TUMOR OF MANDILE, BY ENUCLEATION AND/OR CURETTA246.25121046EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION601.54121047EXCISION OF MALIGNANT TUMOR OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOM533.22121048EXCISION OF BARICIN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOM543.15121049EXCISION OF BENICN TUMOR OR CYST OF MANDILE; REQUIRING EXTRA-ORAL OSTEOTOM543.16121049EXCISION OF BENICN TUMOR OR CYST OF MAXILLA, REQUIRING INTRA-ORAL OSTEOTOM543.16121040EXCISION OF BENICN TUMOR OR CYST OF MAXILLE, REQUIRING EXTRA-ORAL OSTEOTOM543	Code	Description	Base Fee	PC Fee l	Inits	Specs
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 21028 EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S) 291.47 1 21030 EXCISION OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA 367.42 1 21031 EXCISION OF DRUIS MANDIBULARIS 189.29 1 1 21032 EXCISION OF TORUS MANDIBULARIS 191.25 1 1 21034 EXCISION OF MALIGNANT TUMOR OF MAXILLA CR ZYGOMA 646.17 1 21040 EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING RURA-ORAL OSTEOTOM 601.54 1 21044 EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOM 541.64 1 21045 EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOM 543.75 1 21046 EXCISION OF BE	20910	CARTILAGE GRAFT; COSTOCHONDRAL	213.17		1	
21015RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR209.26121025EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE499.65121026EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)291.47121026EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION AND CU244.30121031EXCISION OF DRUNG NANDIBULARIS199.29121032EXCISION OF MAXILLARY TORUS PALATINUS191.25121034EXCISION OF MALIGNANT TUMOR OR CYST OF MANILLA OR ZYGOMA464.17121040EXCISION OF MALIGNANT TUMOR OF MANDIBLE, BY ENUCLEATION AND/OR CURETTA246.25121041EXCISION OF MALIGNANT TUMOR OF MANDIBLE; REDUCEATION AND/OR CURETTA246.25121042EXCISION OF MALIGNANT TUMOR OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM601.54121044EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOM639.32121045EXCISION OF BENIGN TUMOR OR CYST OF MANLIBLE; REQUIRING EXTRA-ORAL OSTEOTOMY545.75121046EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY639.32121045EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY648.16121046EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY648.16121047EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY648.16121048EXCISION OF BENIGN TUMOR OR CYST OF	20912	CARTILAGE GRAFT; NASAL SEPTUM	236.66		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 21031 EXCISION OF DENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION AND CU 244.30 1 21032 EXCISION OF TORUS MANDIBULARIS 199.29 1 21033 EXCISION OF TORUS MANDIBULARIS 199.29 1 21034 EXCISION OF MAXILLA OR ZYGOMA 646.17 1 21034 EXCISION OF MALIGNANT TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND/OR CURETTA 246.25 1 21044 EXCISION OF MALIGNANT TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM 601.54 1 21045 EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM 639.32 1 21045 EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOM 543.75 1 21046 EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY 548.16 1 21047 EXCISIO	21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	359.01		1	
21026 EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S) 291.47 1 21028 REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA 367.42 1 21038 EXCISION OF BENIGN TUMOR OF 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 21044 EXCISION OF MALIGNANT TUMOR OF MANDIBLE, BY ENUCLEATION AND/OR CURETTA 246.25 1 21044 EXCISION OF MALIGNANT TUMOR OF CYST OF MANDIBLE; RADICAL RESECTION 601.54 1 21045 EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM 639.32 1 21046 EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOM 639.32 1 21047 EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOMY 641.64 1 21048 EXCISION OF BENIGN TUMOR OR CYST OF MANULLA, REQUIRING EXTRA-ORAL OSTEOTOMY 643.32 1 21046 EXCISION OF BENIGN TUMOR OR CYST OF MANULLA, REQUIRING INTRA-ORAL OSTEOTOMY 641.61 1 <tr< td=""><td>21015</td><td>RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR</td><td>209.26</td><td></td><td>1</td><td></td></tr<>	21015	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR	209.26		1	
21029REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA367.42121030EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION AND CU244.30121031EXCISION OF TORUS MANDIBULARIS191.25121032EXCISION OF MALILARY TORUS PALATINUS191.25121034EXCISION OF MALILARY TORUS PALATINUS191.25121034EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA646.17121044EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; BY ENUCLEATION AND/OR CURETTA246.25121044EXCISION OF BENIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION601.54121045EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM541.64121046EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM543.75121048EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY545.75121048EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY618.18121049EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY618.18121040EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY618.18121041EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY618.18121042EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY618.18121043EXCISION ADD CUSTOM PREPARATION; ORIGICAL OSTURATOR PROSTHESIS	21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE	489.65		1	
21030EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION AND CU244.30121031EXCISION OF TORUS MANDIBULARIS189.29121032EXCISION OF TORUS MANDIBULARIS191.25121034EXCISION OF MAXILLARY TORUS PALATINUS191.25121034EXCISION OF MALIGNANT TUMOR OF MANDIBLE, BY ENUCLEATION AND/OR CURETTA246.25121040EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION601.54121044EXCISION OF MALIGNANT TUMOR OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM601.54121045EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM639.32121046EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOM639.32121047EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY646.17121048EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY648.18121049EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY648.16121049EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY648.17121050CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)488.90121060MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCED388.96121070IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS780.46121070IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS780.46121	21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)	291.47		1	
21031EXCISION OF TORUS MANDIBULARIS189.29121032EXCISION OF MAXILLARY TORUS PALATINUS191.25121034EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA646.17121040EXCISION OF MALIGNANT TUMOR OF CYST OF MANDIBLE, BY ENUCLEATION AND/OR CURETTA246.25121041EXCISION OF MALIGNANT TUMOR OF MANDIBLE, BY ENUCLEATION AND/OR CURETTA246.25121044EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION601.54121045EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM541.64121046EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOM639.32121048EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOMY545.75121049EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOMY618.18121049EXCISION OF BENIGN TUMOR OR CYST OF MANDIBULAR; REQUIRING EXTRA-ORAL OSTEOTOMY618.18121049EXCISION OF BENIGN TUMOR OR CYST OF MANDIBULAR; REQUIRING EXTRA-ORAL OSTEOTOMY618.18121050CONDYLECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCED)388.96121060MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCED)318.29121070CORONOIDECTOMY (SEPARATE PROCEDURE)318.29121071IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS780.46121072IMPRESSION AND CUSTOM PREPARATION; OBTURATOR PROSTHESIS780.461	21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA	367.42		1	
21032EXCISION OF MAXILLARY TORUS PALATINUS191.25121034EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA646.17121040EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND/OR CURETTA246.25121041EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION601.54121045EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM631.32121046EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOM633.32121047EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOM633.32121048EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY545.75121049EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY618.18121050CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)428.30121060MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCED388.96121076IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS464.71121077IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS1,133.99121081IMPRESSION AND CUSTOM PREPARATION; DEFINITVE OBTURATOR PROSTHESIS760.46121081IMPRESSION AND CUSTOM PREPARATION; PLATAL AUGMENTATION PROSTHESIS767.54121081IMPRESSION AND CUSTOM PREPARATION; PLATAL AUGMENTATION PROSTHESIS767.54121081IMPRESSION AND CUSTOM PREPARATION; PLATAL LIFT PROSTHESIS <td>21030</td> <td>EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION AND CU</td> <td>244.30</td> <td></td> <td>1</td> <td></td>	21030	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION AND CU	244.30		1	
21034EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA646.17121040EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; BY ENUCLEATION AND/OR CURETTA246.25121044EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION601.54121045EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM541.64121046EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOM639.32121048EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY545.75121049EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY618.18121050CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)428.30121060MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCED388.96121070CORONOIDECTOMY (SEPARATE PROCEDURE)318.29121071IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS1,133.99121072IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS1,133.99121073IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS888.32121081IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS881.10121081IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS77.54121081IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS72.956121081IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS72.9561<	21031	EXCISION OF TORUS MANDIBULARIS	189.29		1	
21040EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND/OR CURETTA246.25121044EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION601.54121045EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM541.64121046EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOM639.32121047EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOM639.32121048EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY545.75121049EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY618.18121050CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)428.30121060MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCED388.96121070IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS464.71121071IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS131.33.99121072IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS700.46121081IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS888.32121081IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS707.54121081IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS729.56121081IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT338.06121081IMPRESSION AND CUSTOM PREPARATION;	21032	EXCISION OF MAXILLARY TORUS PALATINUS	191.25		1	
21044EXCISION OF MALIGNANT TUMOR OF MANDIBLE; EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION430.85121045EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM541.64121046EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOM639.32121048EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY545.75121048EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY618.18121050CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)428.30121060MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCED388.96121070CORONOIDECTOMY (SEPARATE PROCEDURE)318.29121076IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS464.71121077IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS11.33.99121078IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS780.46121080IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS767.54121081IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS767.54121083IMPRESSION AND CUSTOM PREPARATION; ORAL SPECITION PROSTHESIS729.56121084IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS729.56121085IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS729.56121084IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGME	21034	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA	646.17		1	
21045EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION601.54121046EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM541.64121047EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOM639.32121048EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOMY545.75121049EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY618.18121050CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)428.30121060MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCED388.96121070CORONOIDECTOMY (SEPARATE PROCEDURE)318.29121071IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS464.71121073IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS780.46121080IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS888.32121081IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS888.32121081IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS811.00121082IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS767.54121083IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS729.56121084IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS729.56121085IMPRESSION AND CUSTOM PREPARATION; CALS URGICAL SPLINT338.06<	21040	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND/OR CURETTA	246.25		1	
21046EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM541.64121047EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOM639.32121048EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY545.75121049EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY618.18121050CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)428.30121060MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCED388.96121070CORONOIDECTOMY (SEPARATE PROCEDURE)318.29121071IMPRESSION AND CUSTOM PREPARATION; SUBGICAL OBTURATOR PROSTHESIS464.71121072IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS780.46121080IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS888.32121081IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS881.10121082IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS767.54121083IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS729.56121084IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS729.56121085IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS729.56121085IMPRESSION AND CUSTOM PREPARATION; ANAL PROSTHESIS820.98121086IMPRESSION AND CUSTOM PREPARATION; AAL PROSTHESIS820.98121085 <td< td=""><td>21044</td><td>EXCISION OF MALIGNANT TUMOR OF MANDIBLE;</td><td>430.85</td><td></td><td>1</td><td></td></td<>	21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	430.85		1	
21047EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOM639.32121048EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY545.75121049EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY618.18121050CONDYLECTOMY, TEMPOROMANDIBULAR, JOINT (SEPARATE PROCEDURE)428.30121060MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCED388.96121070CORONOIDECTOMY (SEPARATE PROCEDURE)318.29121071IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS464.71121077IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS1,133.99121079IMPRESSION AND CUSTOM PREPARATION; OBTURATOR PROSTHESIS780.46121080IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS888.32121081IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS811.00121082IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS767.54121083IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS729.56121084IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT338.06121085IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT338.06121086IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT38.06121086IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS819.02121086	21045	EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION	601.54		1	
21048EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY545.75121049EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY618.18121050CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)428.30121060MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCED388.96121070CORONOIDECTOMY (SEPARATE PROCEDURE)318.29121071IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS464.71121077IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS1,133.99121079IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS780.46121080IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS888.32121081IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS811.00121082IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS767.54121083IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS729.56121084IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS320.06121085IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT338.06121086IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS820.98121085IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS820.98121086IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS819.02121086IM	21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM	541.64		1	
21049EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY618.18121050CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)428.30121060MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCED388.96121070CORONOIDECTOMY (SEPARATE PROCEDURE)318.29121076IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS464.71121077IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS1,133.99121079IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS780.46121080IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS888.32121081IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS811.00121082IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS767.54121083IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS729.56121084IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT338.06121085IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT338.06121086IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS820.98121087IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS819.02121086IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS819.02121087IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS819.02121086IMPRESSION AND CUSTOM PREPARATION; A	21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOM	639.32		1	
21050CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)428.30121060MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCED)388.96121070CORONOIDECTOMY (SEPARATE PROCEDURE)318.29121076IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS464.71121077IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS1,133.99121079IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS780.46121080IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS888.32121081IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS811.00121082IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS767.54121083IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS729.56121085IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT338.06121086IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS820.98121086IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS820.98121087IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS819.02121087IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS819.02121086IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS819.02121087IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS819.02121086IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY	545.75		1	
21060MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCED)388.96121070CORONOIDECTOMY (SEPARATE PROCEDURE)318.29121076IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS464.71121077IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS1,133.99121079IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS780.46121080IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS888.32121081IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS811.00121082IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS767.54121083IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS729.56121084IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT338.06121085IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT338.06121086IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS820.98121087IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS820.98121086IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS819.02121087IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.02121088IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.02121089IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.02121080IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS81	21049	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY	618.18		1	
21070CORONOIDECTOMY (SEPARATE PROCEDURE)318.29121076IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS464.71121077IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS1,133.99121079IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS780.46121080IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS888.32121081IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS811.00121082IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS767.54121083IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS729.56121084IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT338.06121085IMPRESSION AND CUSTOM PREPARATION; ANAL SURGICAL SPLINT338.06121086IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS820.98121087IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.02121084IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.02121085IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.02121086IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.02121087IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.02121088IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.02121089IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.021 <tr <td="">21100</tr>	21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	428.30		1	
21076IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS464.71121077IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS1,133.99121079IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS780.46121080IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS888.32121081IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS811.00121082IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS767.54121083IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS729.56121084IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT338.06121085IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT338.06121086IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS820.98121087IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.02121100APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES RE350.591	21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCED	388.96		1	
21077IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS1,133.99121079IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS780.46121080IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS888.32121081IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS811.00121082IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS767.54121083IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS729.56121084IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT338.06121085IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS820.98121086IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS819.02121087IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.02121100APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES RE350.591	21070	CORONOIDECTOMY (SEPARATE PROCEDURE)	318.29		1	
21079IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS780.46121080IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS888.32121081IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS811.00121082IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS767.54121083IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS729.56121085IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT338.06121086IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS820.98121087IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.02121100APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES RE350.591	21076	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	464.71		1	
21080IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS888.32121081IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS811.00121082IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS767.54121083IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS729.56121085IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT338.06121086IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS820.98121087IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.02121100APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES RE350.591	21077	IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS	1,133.99		1	
21081IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS811.00121082IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS767.54121083IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS729.56121085IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT338.06121086IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS820.98121087IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.02121100APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES RE350.591	21079	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS	780.46		1	
21082IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS767.54121083IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS729.56121085IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT338.06121086IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS820.98121087IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.02121100APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES RE350.591	21080	IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS	888.32		1	
21083IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS729.56121085IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT338.06121086IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS820.98121087IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.02121100APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES RE350.591	21081	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS	811.00		1	
21085IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT338.06121086IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS820.98121087IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.02121100APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES RE350.591	21082	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS	767.54		1	
21086IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS820.98121087IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.02121100APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES RE350.591	21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS	729.56		1	
21087 IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS819.02121100 APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES RE350.591	21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	338.06		1	
21100 APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES RE 350.59 1	21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	820.98		1	
	21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	819.02		1	
21110 APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTU 379.56 1	21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES RE	350.59		1	
	21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTU	379.56		1	

1121 GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE 382.89 1 1125 AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL 351.43 1 1127 AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSI 417.40 1 1127 AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSI 417.40 1 1128 AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSI 417.40 1 1141 RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR 670.45 1 1143 RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIR 771.06 1 1144 RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIR 771.06 1 1145 RECONSTRUCTION MIDFACE, LEFORT II; HERE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIR 829.79 1 1151 RECONSTRUCTION MIDFACE, LEFORT II; HERE OR MORE PIECES, SEGMENT MOVEMENT IN 843.25 1 1146 RECONSTRUCTION MIDFACE, LEFORT II; HERE OR MORE PIECES, SEGMENT MOVEMENT IN 843.25 1 1151 RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE </th <th></th> <th></th> <th></th> <th>Base</th> <th></th> <th></th>				Base		
1125AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL351.4311127AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSI417.4011141RECONSTRUCTION INDFACE, LEFORT I; SINGLE PICEC, SEGMENT MOVEMENT IN ANY DIREC660.0711142RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PICEC, SEGMENT MOVEMENT IN ANY DIREC660.0711143RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PICEC, SEGMENT MOVEMENT IN ANY DIREC676.5211144RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PICEC, SEGMENT MOVEMENT IN ANY DIREC722.8911146RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIREC722.8911147RECONSTRUCTION MIDFACE, LEFORT I; ANY DIRECTION, REQUIRING BONE GRAFTS (IN839.5211158RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE988.5311159RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE988.5311150RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,394.3311160RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,420.5711172RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,420.5711173RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD A1,420.5711174RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,420.5711175RECONSTRUCTION NIDFACE, LEFORT III (EXTRA AND INTRA	Code	Description	Base Fee	PC Fee	Units	Specs
1127AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSI417.4011141RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIREC660.0711142RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIREC660.0711143RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIR676.5211148RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIREC722.8911146RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIREC722.8911151RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIREC722.8911151RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS829.7911151RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (IN839.5211152RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.2811153RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.2811154RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,394.3311155RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,420.5711172RECONSTRUCTION, BITRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD1,086.6111172RECONSTRUCTION, BITRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD1,086.611	21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	382.89		1	R
1141RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIREC670.4511142RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC660.0711143RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIREC771.0611146RECONSTRUCTION MIDFACE, LEFORT I; SINCLE PIECE, SEGMENT MOVEMENT IN ANY DIRE771.0611147RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIREC722.8911148RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN845.2511150RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN839.5211151RECONSTRUCTION MIDFACE, LEFORT II (EXTRACRANIAL), ANY TYPE, REQUIRING BONE98.5311155RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE98.5311160RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1.394.3311161RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1.394.3311161RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1.420.5711172RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, DAVANCEMENT902.2211173RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD, DAVANCEMENT902.9211181RECONSTRUCTION, BITRIE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI733.6711181RECONSTRUCTIO	21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	351.43		1	
1142RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN660.0711143RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN676.5211144RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRE771.0611146RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECES, SEGMENT MOVEMENT IN ANY DIREC722.8911147RECONSTRUCTION MIDFACE, LEFORT I; ANTERIOR INTRUSION (EG, TREACHER-COLINS829.7911150RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLINS829.7911151RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLINS829.7911154RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE998.5311155RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.2811159RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,420.5711172RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT902.2211175RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI733.6711181RECONSTRUCTION NETRE OR MAJORITY OF FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,400.4411182RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,400.4411184RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,400.4411184RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOET	21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSI	417.40		1	
1143RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIR676.5211145RECONSTRUCTION MIDFACE, LEFORT I; TING PIECES, SEGMENT MOVEMENT IN ANY DIRC771.0611146RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRC722.8911147RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN845.2511150RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS829.7911151RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRCTION, REQUIRING BONE GRAFTS (IN839.5211154RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE998.5311155RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.2811156RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,294.3311170RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,202.5711171RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,202.5711172RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD1,208.6111173RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD1,208.6111174RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS, WI733.6711180RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD AND/OR SUPRAORBITAL RIMS, WI733.6711181RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FO	21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR	670.45		1	
1145RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRC771.0611146RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC722.8911147RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN845.2511150RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS829.7911151RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (IN839.5211152RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE998.5311155RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,57.2811156RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,394.3311157RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,420.5711178RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,420.5711179RECONSTRUCTION, BUPRADR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT902.2211175RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI733.6711180RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI343.6911181RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,009.2911182RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,200.1211188RECONSTRUCTION OF ORBITAL WAL	21142	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC	660.07		1	
1146RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC722.8911147RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN845.2511150RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS829.7911151RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN839.5211154RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE998.5311155RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.2811156RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,394.3311160RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,420.5711172RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT902.2211175RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD1,086.6111179RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI733.6711180RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,009.2911181RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,200.1211182RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,200.1211183RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,200.1211184RECONSTRUCTION OF ORBITAL WALLS, RIM	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN	676.52		1	
1147RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN845.2511150RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS829.7911151RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN839.5211154RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE998.5311155RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.2811156RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,394.3311160RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,420.5711172RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), WITH FOREHEAD A1,420.5711173RECONSTRUCTION, SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT902.2211174RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD, ADVANCEMENT902.2211175RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI733.6711180RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,009.2911181RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,009.2911182RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,20.1211183RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,20.1211184RECONSTRUCTION OF ORBITAL WALLS, R	21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR	771.06		1	
1150RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS829.7911151RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN839.5211154RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE998.5311155RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.2811159RECONSTRUCTION MIDFACE, LEFORT III (EXTRACANIAL), ANY TYPE, REQUIRING BONE1,394.3311159RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,420.5711170RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT902.22111717RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD1,086.61111718RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI733.6711181RECONSTRUCTION DEY CONTOURING OF BEIIGN TUMOR OF CRANIAL BONES (EG, FIBROUS349.0211182RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,406.411183RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.1211184RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.1211185RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.1211186RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS612.5011197RECONSTRUCTION OF MANDIBULAR RAMI, HORIZ	21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC	722.89		1	
1151RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN839.5211154RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE998.5311155RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.2811159RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.2811160RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,394.3311161RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,420.5711172RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD A, DVANCEMENT902.2211173RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI733.6711180RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI843.6911181RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,009.2911182RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,009.2911183RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.1211184RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.1211185RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" O700.9811196RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" O700.9811197RECONSTRUCTION OF MANDIBULAR RAMI, AND/OR BODY	21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN	845.25		1	
1154RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE998.5311155RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.2811159RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL) WITH FOREHEAD A1,394.3311160RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,420.5711171RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD A1,420.5711172RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD A1,086.6111173RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD1,086.6111174RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI733.6711180RECONSTRUCTION OF ORMAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI843.6911181RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,009.2911182RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,20.1211188RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.1211189RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS612.5011194RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" O700.9811195RECONSTRUCTION OF MANDIBULAR RAMI, AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE656.1611196NECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGI	21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS	829.79		1	
1155RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE1,157.2811159RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,394.3311160RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,420.5711172RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT902.2211175RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD1,086.6111176RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI733.6711180RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI843.6911181RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,009.2911182RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,20.1211183RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,20.1211184RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,20.1211185RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,20.1211186RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,20.1211187RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS612.5011188RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS612.5011194RECONSTRUCTION OF MANDIBULAR RAMI, AND/OR BOD	21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN	839.52		1	
1159RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,394.3311160RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,420.5711172RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT902.2211175RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD1,086.6111179RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI733.6711180RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI843.6911181RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS349.0211182RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,009.2911188RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.1211188RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.1211188RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.1211188RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, VERTICAL, "C", OR "L" O700.9811199RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" O700.9811199RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" O700.9811199RECONSTRUCTION OF MANDIBULAR RAMI, AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE656.1611199RECONSTRUCTION OF MANDIBULAR RAMI, AND/OR BODY, S	21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	998.53		1	
1160RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A1,420.5711172RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT902.2211175RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD1,086.6111179RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI733.6711180RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI843.6911181RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS349.0211182RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,009.2911183RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.1211184RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.1211188RECONSTRUCTION OF MANDIBLAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" O700.9811199RECONSTRUCTION OF MANDIBULAR RAMI, HORI	21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	1,157.28		1	
1172RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT902.2211175RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD1,086.6111179RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI733.6711180RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI843.6911181RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI843.6911182RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS349.0211183RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,009.2911184RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.1211188RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, VERTICAL, "C", OR "L" OS612.5011199RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" O700.9811199RECONSTRUCTION OF MANDIBULAR RAMI, AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE656.1611199RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL S	21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A	1,394.33		1	
1175RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD1,086.6111179RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI733.6711180RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI843.6911181RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS349.0211182RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,009.2911183RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.1211184RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.1211188RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" O700.9811199RECONSTRUCTION OF MANDIBULAR RAMI, AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE656.1611199RECONSTRUCTION OF MANDIBULAR RAMI, SA	21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A	1,420.57		1	
1179RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI733.6711180RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI843.6911181RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS349.0211182RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,009.2911183RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,140.6411184RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.1211188RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS612.5011199RECONSTRUCTION OF MANDIBULAR RAMIS, HORIZONTAL, VERTICAL, "C", OR "L" O700.9811196RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX718.8011197RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX718.8011198OSTEOTOMY, MANDIBLE, SEGMENTAL507.68 </td <td>21172</td> <td>RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT</td> <td>902.22</td> <td></td> <td>1</td> <td></td>	21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT	902.22		1	
1180RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI843.6911181RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS349.0211182RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,009.2911183RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,140.6411184RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.1211188RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFT795.5311193RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS612.5011194RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE656.1611195RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX718.8011198OSTEOTOMY, MANDIBLE, SEGMENTAL567.6811199OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT509.931	21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD	1,086.61		1	
1181RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS349.0211182RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,009.2911183RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,140.6411184RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.1211188RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS612.5011194RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" O700.9811195RECONSTRUCTION OF MANDIBULAR RAMI, AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE656.1611196RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX718.8011198OSTEOTOMY, MANDIBLE, SEGMENTAL567.6811199OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT509.931	21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI	733.67		1	
1182RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,009.2911183RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,140.6411184RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.1211188RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.1211188RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFT795.5311193RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS612.5011194RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" O700.9811195RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE656.1611196RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX718.8011198OSTEOTOMY, MANDIBLE, SEGMENTAL567.6811199OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT509.931	21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI	843.69		1	
1183RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,140.6411184RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.1211188RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFT795.5311193RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS612.5011194RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" O700.9811195RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE656.1611196RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX718.8011198OSTEOTOMY, MANDIBLE, SEGMENTAL567.6811199OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT509.931	21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS	349.02		1	
1184RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW1,220.1211188RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFT795.5311193RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS612.5011194RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" O700.9811195RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE656.1611196RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX718.8011198OSTEOTOMY, MANDIBLE, SEGMENTAL567.6811199OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT509.931	21182	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	1,009.29		1	
1188RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFT795.5311193RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS612.5011194RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" O700.9811195RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE656.1611196RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX718.8011198OSTEOTOMY, MANDIBLE, SEGMENTAL567.6811199OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT509.931	21183	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	1,140.64		1	
1193RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS612.5011194RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" O700.9811195RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE656.1611196RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX718.8011198OSTEOTOMY, MANDIBLE, SEGMENTAL567.6811199OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT509.931	21184	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	1,220.12		1	
1194RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" O700.9811195RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE656.1611196RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX718.8011198OSTEOTOMY, MANDIBLE, SEGMENTAL567.6811199OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT509.931	21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFT	795.53		1	
1195RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE656.1611196RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX718.8011198OSTEOTOMY, MANDIBLE, SEGMENTAL567.6811199OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT509.931	21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS	612.50		1	
1196RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX718.8011198OSTEOTOMY, MANDIBLE, SEGMENTAL567.6811199OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT509.931	21194	RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" O	700.98		1	
1198OSTEOTOMY, MANDIBLE, SEGMENTAL567.6811199OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT509.931	21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE	656.16		1	
1199 OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT 509.93 1	21196	RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX	718.80		1	
	21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	567.68		1	
	21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	509.93		1	
1206 OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD) 557.50 1	21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	557.50		1	
1208 OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETI 888.91 1 PA	21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETI	888.91		1	PA
1210 GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT) 1,089.75 1	21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	1,089.75		1	

Code Description Base Fee PC Fee Units Specs 21215 GRAFT, RID CNEL: MANDIBLE (INCLUDES OBTAINING GRAFT) 1,909.16 420.94 1 21205 GRAFT, RID CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT) 353.33 1 PA 21240 GRAFT, RID CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT) 353.33 1 PA 21242 ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHELIC JOINT REPLACEMENT 822.74 1 - 21243 ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHELIC JOINT REPLACEMENT 822.74 1 - 21244 RECONSTRUCTION OF MANDIBULE OR MAXILLA, SUBPERIOSTEAL IMPLANT, PARTIAL 566.52 1 - 21245 RECONSTRUCTION OF MANDIBULAR ONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN 792.01 1 - 21246 RECONSTRUCTION OF MANDIBULAR ONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN 792.01 1 - 21247 RECONSTRUCTION OF MANDIBULAR ONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN 792.01 1 - 21248 RECONSTRUCTION OF MANDIBULAR ONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN <				Base		
21230GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTA)377.601PA21235GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTANING GRAFT)353.33PA21240ARTHROPLASTY, TEMPOROMANDIBULAR, JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES)545.75121242ARTHROPLASTY, TEMPOROMANDIBULAR, JOINT, WITH AUTOGRAFT (INCLUDES)497.40121243ARTHROPLASTY, TEMPOROMANDIBULAR, JOINT, WITH PROSTHEITIC JOINT REPLACEMENT822.74121244RECONSTRUCTION OF MANDIBLE CR TRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN)514.63121247RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121247RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121248RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND)79.95PA21249RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND)79.95PA21258RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE AND CARTILAGE719.38121259REDUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE AND CARTILAGE719.33121250REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER21.61121251REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER21.61121352OPEN TREATMENT OF NASAL BORE FRACTURE; WITH OTH STABILIZATION12.254121363OPEN TREATMENT OF NASAL BONE FRACTURE; WITH OT	Code	Description	Base Fee	PC Fee	Units	Specs
2123GRAFT, EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)353.331PA21240ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES)547.75121242ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRART497.40121243ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRART822.74121244RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, NAN)514.63121245RECONSTRUCTION OF MANDIBLE, DOR 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, COMPLETE503.08PA21249RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND)530.88PA21250RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND)729.56PA21251RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFT75.51121252RECONSTRUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER211.61121254RECOUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER211.61121352OPEN TREATMENT OF NASAL ERACTURE; WITH OUT STABILIZATION122.44121353OPEN TREATMENT OF NASAL ERACTURE; WITH OUT STABILIZATION122.441 <t< td=""><td>21215</td><td>GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)</td><td>1,909.16</td><td>420.94</td><td>1</td><td></td></t<>	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 AUTOGRAFT497.40121243ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT82.74121244RECONSTRUCTION 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, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND530.88PA21249RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND729.56121250RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE AND CARTILAGE719.38121256RECONSTRUCTION OF ORSTHETIC MATERIAL441.61121257RECONSTRUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER84.37121268REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER211.61121310CLOSED TREATMENT OF NASAL FRACTURE; WITH OUT STABILIZATION122.54121320CLOSED TREATMENT OF NASAL FRACTURE; WITH OUT STABILIZATION122.54121330OPEN TREATME	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 OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL566.52121245RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121246RECONSTRUCTION OF MANDIBUL OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121247RECONSTRUCTION OF MANDIBUL OR MAXILLA, ENDOSTEAL IMPLANT; COMPLETE416.75121248RECONSTRUCTION OF MANDIBUL OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND530.881PA21249RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND729.561PA21256RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE AND CARTILAGE719.38121256RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFT575.31121260RECONSTRUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER84.37121302CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH OT STABILIZATION127.43121303OPEN TREATMENT OF NASAL FRACTURE; WITH STABILIZATION122.54121303OPEN TREATMENT OF NASAL FRACTURE; WITH OR WITHOUT STABILIZATION307.92121334OPEN TREATMENT OF NASAL FRACTURE; WITH OR WITHOUT STABILIZATION307.92121344OPEN TREATMENT OF NASAL SEPTAL FRACTURE; WITH ORY MITHOUT STABILIZATION307.921 <t< td=""><td>21235</td><td>GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)</td><td>353.33</td><td></td><td>1</td><td>PA</td></t<>	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, MAN)514.63121245RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121246RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121247RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121248RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND)729.561PA21249RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND)729.561PA21249RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE AND CARTILAGE719.38121206RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFT575.31121207MALAR AUGMENTATION, PROSTHETIC MATERIAL441.61121208REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER84.37121301CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH OTY STABILIZATION127.43121320CLOSED TREATMENT OF NASAL FRACTURE; UNCOMPLICATED219.44121330OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED219.44121330OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED, WITH NTERNAL AND/OR EXTERNA270.14121330OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED, WITH HOT STABILIZATION370.5121340	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 MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT; COMPLETE416.75121248RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND530.881PA21249RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND79.561PA21256RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE AND CARTILAGE719.38121256RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFT575.31121267REDORSTRUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER84.37121298REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER211.61121315CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH OUT STABILIZATION127.43121320OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTU37.05121340OPEN TREATMENT OF NASAL FRACTURE; WITH OR WITHOUT STABILIZATION37.92121340OPEN TREATMENT OF NASAL FRACTURE; WITH OR WITHOUT STABILIZATION37.92121340OPEN TREATMENT OF NASAL FRACTURE; WITH OCOMPLICATED397.18121340OPEN TREATMENT OF NASAL FRACTURE; WITH OCOMPLEX FRACTURE, WITH SPLINT, WIRE O	21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	497.40		1	
21245RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE556.52121246RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121247RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE416.75121248RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND530.881PA21249RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND729.561PA21256RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE AND CARTILAGE719.38121267RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFT575.31121270MALAR AUGMENTATION, PROSTHETIC MATERIAL441.61121295REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER84.37121305CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH OUT STABILIZATION127.43121320CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH OUT STABILIZATION122.44121330OPEN TREATMENT OF NASAL SEPTAL FRACTURE; WITH NOT STABILIZATION127.43121340PERCUTANEOUS TREATMENT OF NASAL SEPTAL FRACTURE; WITH OR TRAILLAND/OR EXTERNA270.14121341OPEN TREATMENT OF NASAL SEPTAL FRACTURE; WITH OR WITHOUT STABILIZATION307.92121342OPEN TREATMENT OF NASAL SEPTAL FRACTURE; WITH OR WITHOUT STABILIZATION307.92121343OPEN TREATMENT OF NASAL SEPTAL FRACTURE; WITH OR WITHOUT STABILIZATION307.921 </td <td>21243</td> <td>ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT</td> <td>822.74</td> <td></td> <td>1</td> <td></td>	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 (IN792.01121248RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND530.881PA21249RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND729.561PA21255RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE719.38121266RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFT575.31121270MALAR AUGMENTATION, PROSTHETIC MATERIAL441.61121296REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER84.37121296REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER211.61121320CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH OUT STABILIZATION127.43121320OLOSED TREATMENT OF NASAL BONE FRACTURE; WITH OUT STABILIZATION122.54121330OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED219.44121340OPEN TREATMENT OF NASAL FRACTURE; WITH ONCOMTANT OPEN TREATMENT OF FRACTU337.05121340OPEN TREATMENT OF NASAL FRACTURE, WITH OW STABILIZATION307.92121340OPEN TREATMENT OF NASAL FRACTURE, WITH OW WITHOUT STABILIZATION307.92121341OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OWITHOUT STABILIZATION307.92121342OPEN TREATMENT OF	21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN	514.63		1	
21247RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN792.01121248RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND530.881PA21249RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND729.561PA21255RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE719.38121256RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFT575.31121270MALAR AUGMENTATION, PROSTHETIC MATERIAL441.61121298REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER84.37121290REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER211.61121312CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH OUT STABILIZATION127.43121320CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH OUT STABILIZATION122.54121330OPEN TREATMENT OF NASAL FRACTURE; WITH OUNDLATED219.44121330OPEN TREATMENT OF NASAL FRACTURE; WITH OWNITHOUT STABILIZATION357.05121340OPEN TREATMENT OF NASAL SEPTAL FRACTURE; WITH OWNITHOUT STABILIZATION37.16121341OPEN TREATMENT OF NASAL SEPTAL FRACTURE; WITH OWNITHOUT STABILIZATION37.05121343OPEN TREATMENT OF NASAL FRACTURE; WITH OWNITHOUT STABILIZATION37.05121344OPEN TREATMENT OF NASAL FRACTURE; WITH OWNITHOUT STABILIZATION37.16121344OPEN TREATMENT OF NASAL FR	21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	556.52		1	
21248RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND530.881PA21249RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND729.561PA21256RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE719.38121256RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFT575.31121270MALAR AUGMENTATION, PROSTHETIC MATERIAL441.61121295REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER84.37121296REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER211.61121321CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH OUT STABILIZATION127.43121322OPEN TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION122.54121330OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED219.44121330OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED219.44121330OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNA270.14121340OPEN TREATMENT OF NASAL SEPTAL FRACTURE; WITH OUT STABILIZATION307.92121341OPEN TREATMENT OF DASAL SEPTAL FRACTURE; WITH ON WITHOUT STABILIZATION307.92121342OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION307.92121344OPEN TREATMENT OF ONASAL SEPTAL FRACTURE; WITH SPLINT, WIRE O397.18121344OPEN TREATMENT OF DASAL SEPTAL FRACTURE, WITH	21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	416.75		1	
21249RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND729.561PA21255RECONSTRUCTION OF DRBIT WITH OSTEOTOMES (EXTRACRANIAL) AND WITH BONE AND CARTILAGE719.38121266RECONSTRUCTION OF ORBIT WITH OSTEOTOMES (EXTRACRANIAL) AND WITH BONE GRAFT575.31121270MALAR AUGMENTATION, PROSTHETIC MATERIAL441.61121296REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER84.37121296REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER211.61121315CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH OUT STABILIZATION127.43121320OPEN TREATMENT OF NASAL BONE FRACTURE; WITH OUT STABILIZATION122.54121321OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED219.44121330OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTU357.05121340OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION307.92121341OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION307.92121343OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION307.92121344OPEN TREATMENT OF NASONAXILLARY COMPLEX FRACTURE, WITH SPLINT, WIRE O397.18121344OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH I394.83121345CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH WIR466.08121346O	21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN	792.01		1	
21255RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE719.38121256RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFT575.31121270MALAR AUGMENTATION, PROSTHETIC MATERIAL441.61121297REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER84.37121298REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER211.61121315CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH OUT STABILIZATION127.43121320CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION122.54121331OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED219.44121333OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTU357.05121343OPEN TREATMENT OF NASAL FRACTURE; WITH OWN STABILIZATION307.92121344OPEN TREATMENT OF DASAL FRACTURE; WITH OR WITHOUT STABILIZATION307.92121345OPEN TREATMENT OF DASAL FRACTURE, WITH OR STABILIZATION307.92121344OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE554.37121345OPEN TREATMENT OF DASSOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH I394.83121346OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH WIR466.08121347OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH WIR466.08121348OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH WIR	21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND	530.88		1	PA
21256RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFT575.31121270MALAR AUGMENTATION, PROSTHETIC MATERIAL441.61121295REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER84.37121296REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER211.61121315CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH OUT STABILIZATION122.43121320CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION122.54121330OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED219.44121330OPEN TREATMENT OF NASAL FRACTURE; WITH ONCOMPLICATED357.05121340OPEN TREATMENT OF NASAL SEPTAL FRACTURE; WITH ON ONTHOUT STABILIZATION307.92121341OPEN TREATMENT OF NASAL SEPTAL FRACTURE; WITH ON WITHOUT STABILIZATION307.92121342OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OW WITHOUT STABILIZATION307.92121343OPEN TREATMENT OF ONASAL SEPTAL FRACTURE, WITH OW WITHOUT STABILIZATION307.92121344OPEN TREATMENT OF ONASOLESED FRONTAL SINUS FRACTURE, WITH SPLINT, WIRE O397.18121343OPEN TREATMENT OF ONASOLESED FRONTAL SINUS FRACTURE (LEFORT II TYPE), WITH I394.83121344OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH WIR466.08121345OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH WIR466.08121346OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRA	21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND	729.56		1	PA
21270MALAR AUGMENTATION, PROSTHETIC MATERIAL441.61121295REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER84.37121296REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER211.61121315CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH OUT STABILIZATION127.43121320CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH OUT STABILIZATION122.54121325OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED219.44121330OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTU357.05121336OPEN TREATMENT OF NASAL SEPTAL FRACTURE; WITH OR WITHOUT STABILIZATION307.92121340PERCUTANEOUS TREATMENT OF NASAL SEPTAL FRACTURE; WITH OR WITHOUT STABILIZATION307.92121341OPEN TREATMENT OF COMPLICATED OR INVOLVING POSTERIOR WALL)734.46121343OPEN TREATMENT OF NASOLETHONID COMPLEX FRACTURE554.37121344OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIR466.08121347OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIN525.20121348OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIN525.20121349OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIN525.20121344OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIN525.20121345OPEN TREATMENT OF NASOMAXILLARY COMPLEX	21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE	719.38		1	
21295REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER84.37121296REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER211.61121315CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH OUT STABILIZATION127.43121320CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION122.54121331OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED219.44121332OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNA270.14121333OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTU357.05121340OPEN TREATMENT OF NASAL FRACTURE; WITH OW WITH OWT STABILIZATION307.92121343OPEN TREATMENT OF NASAL FRACTURE, WITH OW WITH OWT STABILIZATION307.92121344OPEN TREATMENT OF NASAL FRACTURE, WITH OR WITHOUT STABILIZATION307.92121343OPEN TREATMENT OF NASAL FRACTURE, WITH OW WITH OW WITH SPLINT, WIRE O397.18121344OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE554.37121345OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH VIR466.08121344OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH VIR466.08121345OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH VIR466.08121344OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH WIR466.08121345OPEN TREATMENT OF NASOMAXI	21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFT	575.31		1	
21296REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER211.61121315CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH OUT STABILIZATION127.43121320CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION122.54121325OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED219.44121330OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNA270.14121335OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTU357.05121346OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION307.92121343OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE, WITH SPLINT, WIRE O397.18121344OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR WALL)734.46121345OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH I394.83121346OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIN525.20121348OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIN525.20121348OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121349OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121349OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121349OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.901 <td>21270</td> <td>MALAR AUGMENTATION, PROSTHETIC MATERIAL</td> <td>441.61</td> <td></td> <td>1</td> <td></td>	21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	441.61		1	
21315CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH OUT STABILIZATION127.43121320CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION122.54121325OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED219.44121330OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNA270.14121335OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTU357.05121340PERCUTANEOUS TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION307.92121341OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION307.92121343OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE554.37121344OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE554.37121345CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH I394.83121346OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH WIR466.08121347OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIR466.08121348OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121349OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121349OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121349OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121349OPEN TREATME	21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER	84.37		1	
21320CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION122.54121325OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED219.44121330OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNA270.14121335OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTU357.05121340OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION307.92121341OPEN TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE O397.18121343OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE554.37121344OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR WALL)734.46121345CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH 1394.83121346OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIR466.08121347OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIR525.20121348OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121349OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121349OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121349OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121349OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH)236.861 <td>21296</td> <td>REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER</td> <td>211.61</td> <td></td> <td>1</td> <td></td>	21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER	211.61		1	
21325OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED219.44121330OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNA270.14121335OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTU357.05121336OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION307.92121340PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE O397.18121343OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE554.37121344OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR WALL)734.46121345CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH I394.83121347OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH WIR466.08121348OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), REQUIRIN525.20121349OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH WIR466.08121349OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIR525.20121349OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121349OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121349OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121349OPEN TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH211.021 <td>21315</td> <td>CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH OUT STABILIZATION</td> <td>127.43</td> <td></td> <td>1</td> <td></td>	21315	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH OUT STABILIZATION	127.43		1	
21330OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNA270.14121335OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTU357.05121336OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION307.92121340PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE O397.18121343OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE554.37121344OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR WALL)734.46121345CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH I394.83121346OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIR466.08121347OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIR525.20121348OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121349OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121349OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121349OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121349OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121340OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH)236.861	21320	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION	122.54		1	
21335OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTU357.05121336OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION307.92121340PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE O397.18121343OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE554.37121344OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR WALL)734.46121345CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH I394.83121346OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIR466.08121347OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIN525.20121348OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121349OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121349OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121349OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121349OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121350PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH211.02121356OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH)236.861	21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED	219.44		1	
21336OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION307.92121340PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE O397.18121343OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE554.37121344OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR WALL)734.46121345CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH I394.83121346OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIR466.08121347OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIR525.20121348OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121345PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH211.02121356OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH)236.861	21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNA	270.14		1	
21340PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE O397.18121343OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE554.37121344OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR WALL)734.46121345CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH I394.83121346OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIR466.08121347OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIN525.20121348OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121345PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH211.02121356OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH)236.861	21335	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTU	357.05		1	
21343OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE554.37121344OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR WALL)734.46121345CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH I394.83121346OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIR466.08121347OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIN525.20121348OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121355PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH211.02121366OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH)236.861	21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	307.92		1	
21344OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR WALL)734.46121345CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH I394.83121346OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIR466.08121347OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIN525.20121348OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121355PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH211.02121356OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH)236.861	21340	PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE O	397.18		1	
21345CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH I394.83121346OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIR466.08121347OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIN525.20121348OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121355PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH211.02121356OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH)236.861	21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE	554.37		1	
21346OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIR466.08121347OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIN525.20121348OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121355PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH211.02121356OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH)236.861	21344	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR WALL)	734.46		1	
21347OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIN525.20121348OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121355PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH211.02121356OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH)236.861	21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH I	394.83		1	
21348OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON575.90121355PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH211.02121356OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH)236.861	21346	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIR	466.08		1	
21355PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH211.02121356OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH)236.861	21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIN	525.20		1	
21356 OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH) 236.86 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	
21360 OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MA 259.37 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	

CodeDescriptionBase FeePC FeeUnitsSpec21365OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FO542.031121366OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FO607.421121365OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSARTRAL APPROACH348.631121386OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSARTRAL APPROACH325.141121387OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH360.771121390OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH377.411121395OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH377.411121401CLOSED TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH377.411121401CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATIO225.701121401CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MONE GRAFTING430.851121422OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING360.611121423OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); WITH INT366.641121424CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATE363.311121423OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATE363.31
21366OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FO607.42121385OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH348.63121386OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH325.14121387OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH360.77121398OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH360.77121395OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH,377.41121395OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH,477.24121401CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATIO225.70121401OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MONIPULATI312.81121408OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MONANT312.81121420OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INT366.64121422OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATE386.61121423OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT II TYPE); COMPLICATE386.61121433OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATE386.61121433OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AN324.16121433OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED8
21385OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH348.63121386OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH325.14121387OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH360.77121390OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH,377.41121395OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH,377.41121401CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATIO225.70121407OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATIO225.70121408OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT312.81121421CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INT366.64121422OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);326.51121423OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);363.31121423OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT II TYPE); WITH WIRING AN324.16121433OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT II TYPE); COMPLICATE363.31121433OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E364.44121433OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E364.44121434OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E364.44
21386OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH325.14121387OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH360.77121390OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH,377.41121395OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH477.24121401CLOSED TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH477.24121401CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATIO225.70121407OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATIO312.81121408OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MONE GRAFTING430.85121421CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INT366.64121422OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATE386.61121423OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT II TYPE); COMPLICATE386.61121431CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AN324.16121433OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E386.44121433OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E386.44121433OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E386.44121434OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); C
21387OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH360.77121390OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH,377.41121395OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH477.24121401CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATIO225.70121407OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT312.81121408OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING430.85121421CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INT366.64121422OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);326.51121423OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATE363.31121431CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT II TYPE); OMPLICATE363.31121432OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED363.31121433OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E836.44121435OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U664.77121436OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U664.77121436OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U664.77121436OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, M </td
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21408OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING430.85121421CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INT366.64121422OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);326.51121423OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);386.61121424OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);COMPLICATE386.61121425OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDE363.31121432OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AN324.16121433OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E836.44121435OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U664.77121436OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U664.77121436OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, M977.97121440CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARA270.531
21421CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INT366.64121422OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);326.51121423OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATE386.61121431CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT II TYPE) USING INTERDE363.31121432OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AN324.16121433OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E836.44121435OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U664.77121436OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, M977.97121440CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARA270.531
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21431CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDE363.31121432OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AN324.16121433OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E836.44121435OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U664.77121436OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, M977.97121440CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARA270.531
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21433OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E836.44121435OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U664.77121436OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, M977.97121440CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARA270.531
21435OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U664.77121436OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, M977.97121440CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARA270.531
21436 OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, M977.97121440 CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARA270.531
21440 CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARA 270.53 1
21445 OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE 377.21 1
21451 CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION 368.60 1
21453 CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION 426.54 1
21454 OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION 271.12 1
21461 OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION 1,001.85 1
21462 OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION 1,068.80 1
21465 OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE 446.31 1
21470 OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPR 584.71 1
21485 CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE 332.58 1
21490 OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION 457.47 1
21495 OPEN TREATMENT OF HYOID FRACTURE 341.00 1
21497 INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE 335.91 1
21501 INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH 211.41 1
21550 BIOPSY, SOFT TISSUE OF NECK OR THORAX 126.85 1

			Base		
Code	Description	Base Fee	PC Fee	Units	Specs
29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL	248.60		1	
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	313.40		1	
30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	182.64		1	
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	
	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE	234.51		1	
40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE	237.25		1	

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1927 EXCISION OF LIP: FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP (ABBE-E 322.99 1 1950 RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION 263.48 1 1950 RESPAIR LIP, FULL THICKNESS; VERN ONE-HALF VERTICAL HEIGHT 231.38 1 1952 REPAIR LIP, FULL THICKNESS; VER ONE-HALF VERTICAL HEIGHT, OR COMPLEX 274.64 1 1970 PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, 459.23 1 1970 PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE P 520.28 1 1970 PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY PARTIAL OR COMPLETE, 449.80 1 1970 PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DE 449.96 1 1971 PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DE 49.94 1 1970 PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DE 49.94 1 1971 PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DE 49.94 1 1970 DASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; ESCONDARY, BY RECREATION OF DE 49.41	Code	Description	Base Fee	PC Fee	Units	Specs
1530RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION263.4811560REPAIR LIP, FULL THICKNESS; VERMILION ONLY194.9711561REPAIR LIP, FULL THICKNESS; VERMILION ONLY211.3811562REPAIR LIP, FULL THICKNESS; VER ONE-HALF VERTICAL HEIGHT211.3811564REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX274.6411700PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO441.6111701PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO441.6111702PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DE489.9611701PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DE489.9611701PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DE489.9611701PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (A533.6211701PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH COMPLICATED100.2211702PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH COMPLICATED100.2211703PLANAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE100.2211704REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; WITHOUT REP100.0311705REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; WITH SIMPLE190.7711704EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE186.	40525	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLAN	274.25		1	
19650REPAIR LIP, FULL THICKNESS; VERMILION ONLY194.97119652REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT211.38119654REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT, OR COMPLEX274.6411070PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE,459.2311071PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE,459.2311072PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, BILATERAL, ONE STAGE P520.2811072PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DE489.9611073PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (A533.6211080DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE100.2211080DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE100.2211080REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE157.9711080REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED157.9711080BOPSY, VESTIBULE OF MOUTH; COMPLICATED100.311812EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH OUT REP100.311814EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE186.5511816EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE186.5511816EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH	40527	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP (ABBE-E	322.99		1	
1652REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT231.3811654REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX274.6411700PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE;459.2311701PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE P520.2811702PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO441.6111703PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO441.6111704PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (A533.6211705PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (A533.6211704PLASTIC REPAIR OF CLEFT LIP/NASAL VESTIBULE OF MOUTH; SIMPLE100.2211705PLAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE100.2211704REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE99.4411705REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED157.9711706BEOPSY, VESTIBULE OF MUCHH100.0311707EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REP100.0311708EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX, WI196.1411709EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX, WI196.1411718EXCISION OF LESION OF MUCOSA AND SUBMUCOSA,	40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	263.48		1	
1654REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX274.6411700PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE,459.2311701PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO441.6111702PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO441.6111702PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (A533.6211701PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (A533.6211701PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (A533.6211701PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (A533.6211701PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (A533.6211701DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE100.2211701IDARINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED152.4911706REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED157.9711708BLOPSY, VESTIBULE OF MOUTH, COMPLICATED169.7711709VESTIBULE OF MOUTH; VITH SIMPLE139.7711711EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE139.7711712EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE139.7711714EXCISION OF LESION OF MUCOSA AND SUBMU	40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY	194.97		1	
1700PLASTIC REPAIR OF CLEFT LIPINASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE P520.2811701PLASTIC REPAIR OF CLEFT LIPINASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO441.6111702PLASTIC REPAIR OF CLEFT LIPINASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO441.6111701PLASTIC REPAIR OF CLEFT LIPINASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO441.6111702PLASTIC REPAIR OF CLEFT LIPINASAL DEFORMITY; BECONDARY, BY RECREATION OF DE489.9611701PLASTIC REPAIR OF CLEFT LIPINASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (A533.6211701PRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE100.2211701DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE100.2211701DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE99.4411703REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED157.9711808BIOPSY, VESTIBULE OF MOUTH90.8311808BIOPSY, VESTIBULE OF MOUTHSIMPLE OF MOUTH; WITHOUT REP100.311814EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE186.5511814EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI196.1411814EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI196.1411814EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI196.1411816EXCISION OF LESION OF MUCOSA AND S	40652	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT	231.38		1	
1701PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY: PRIMARY BILATERAL, ONE OF TWO441.611702PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY: SECONDARY, BY RECREATION OF DE489.961701PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY: SECONDARY, BY RECREATION OF DE489.961702PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY: WITH CROSS LIP PEDICEFLAP (A533.621703DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE100.221704DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED152.491705REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED157.971706SEMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED157.9717080BIOPSY, VESTIBULE OF MOUTH90.83117091EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REP100.03117091124EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE186.55117181EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE186.55117181EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE, WI196.14117181EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE, WI196.14117181EXCISION OF MUCOSA OF VESTIBULE OF MOUTH BY DHYSICAL METHODS (EG131.74117182DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG131.741171830CLOSURE OF LACERATION, VESTIBULE OF MOUTH S. COMPLEX156.41 <t< td=""><td>40654</td><td>REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX</td><td>274.64</td><td></td><td>1</td><td></td></t<>	40654	REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX	274.64		1	
1702PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO441.6111720PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DE489.9611761PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS IP PEDICLE FLAP (A533.6211800DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE100.2211801DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE99.4411804REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED152.4911805REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED157.9711808BIOPSY, VESTIBULE OF MOUTH90.8311809REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; WITHOUT REP100.0311810EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE199.7711814EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE186.5511815EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX, WI196.1411816EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI196.1411817EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI196.1411818EXCISION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX, WI196.1411818EXCISION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX, WI196.1411818EXCISION OF MUCOSA AND SUBMUCOSA,	40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE,	459.23		1	
1720PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DE489.9611761PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (A533.6211800DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE100.221101DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE152.4911804REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE99.4411805REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED157.9711808BIOPSY, VESTIBULE OF MOUTH90.8311810EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REP100.0311814EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE139.7711814EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE186.5511818EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE186.5511814EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI196.1411818EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI196.1411818EXCISION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI196.1411818EXCISION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI196.1411818EXCISION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI196.1411818EXCISION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH	40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE P	520.28		1	
1761PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (A533.6211800DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE100.2211801DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED152.4911804REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED157.9711805REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED90.8311808BIOPSY, VESTIBULE OF MOUTH90.8311810EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE139.7711811EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE139.7711814EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE186.5511814EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI196.1411818EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI196.1411818EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI196.1411819EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI196.1411818EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI196.1411819EXCISION OF LESION OF MUCOSA OF VESTIBULE OF MOUTH; COMPLEX, WI196.1411818EXCISION OF LESION OF MUCOSA OF VESTIBULE OF MOUTH; COMPLEX, WI196.1411819EXCISION OF LESION OF MUCOSA OF VES	40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO	441.61		1	
N800DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE100.2211801DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED152.4911804REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE99.4411805REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED157.9711808BIOPSY, VESTIBULE OF MOUTH90.8311809BIOPSY, VESTIBULE OF MOUTH90.8311810EXCISION OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; WITHOUT REP100.0311811EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE139.7711814EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI196.1411818EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI196.1411818EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOM149.5511820DESTRUCTION OF LESION OF RENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOM149.5511821CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR COMPLEX156.4111832CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX156.4111843VESTIBULOPLASTY; POSTERIOR, UNILATERAL387.9811844VESTIBULOPLASTY; POSTERIOR, BILATERAL508.1711844VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)728.3911000INTRAORAL INCISION AND DRAINAGE O	40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DE	489.96		1	
1801DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED152.4911804REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE99.4411805REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED157.9711808BIOPSY, VESTIBULE OF MOUTH90.8311810EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REP100.0311814EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE139.7711814EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE186.5511816EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX, WI196.1411817EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI196.1411818EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENUECTOMY, FRENECTOM149.5511820DESTRUCTION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENUECTOMY, FRENECTOM149.5511820DESTRUCTION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENUECTOMY, FRENECTOM149.5511820DESTRUCTION OF LESION OF NOUTH; 2.5 CM OR LESS117.0611821CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX156.4111840VESTIBULOPLASTY; POSTERIOR, UNILATERAL387.9811841VESTIBULOPLASTY; POSTERIOR, UNILATERAL508.1711844VESTIBULOPLASTY; POSTERIOR, BILATERAL508.1711844VESTIBULOPLASTY;	40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (A	533.62		1	
N804REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE99.441N805REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED157.971N808BIOPSY, VESTIBULE OF MOUTH90.831N810EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REP100.031N811EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE139.771N814EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE186.551N814EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE196.141N816EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI196.141N816EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOM149.551N818EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOM149.551N810CLOSURE OF LACERATION, VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG131.741N831CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX156.411N841VESTIBULOPLASTY; ANTERIOR397.771N842VESTIBULOPLASTY; POSTERIOR, UNILATERAL387.981N843VESTIBULOPLASTY; ENTIRE ARCH676.121N844VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)728.391N845VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)728.391N000INTRAORAL INCISION AND	40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE	100.22		1	
N805REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED157.971N808BIOPSY, VESTIBULE OF MOUTH90.831N810EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REP100.031N812EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE139.771N814EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE186.551N814EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX, WI196.141N816EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX, WI196.141N817EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI196.141N818EXCISION OF FLENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOM149.551N819EXCISION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG131.741N810CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS117.061N811CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 0.7711N842VESTIBULOPLASTY; ANTERIOR397.771N843VESTIBULOPLASTY; POSTERIOR, UNILATERAL387.981N844VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)728.391N844VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)728.391N845VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)77.521 <t< td=""><td>40801</td><td>DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED</td><td>152.49</td><td></td><td>1</td><td></td></t<>	40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED	152.49		1	
9808BIOPSY, VESTIBULE OF MOUTH90.8311810EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REP100.0311812EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE139.7711814EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE186.5511816EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI196.1411818EXCISION OF LESION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT171.8711819EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOM149.5511820DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG131.7411830CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS117.0611841VESTIBULOPLASTY; ANTERIOR397.7711842VESTIBULOPLASTY; POSTERIOR, UNILATERAL387.9811843VESTIBULOPLASTY; POSTERIOR, BILATERAL508.1711844VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)728.3911000INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR77.5211000INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR112.361	40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE	99.44		1	
Na10EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REP100.031Na12EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE139.771Na14EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE186.551Na16EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI196.141Na18EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT171.871Na18EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOM149.551Na20DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG131.741Na20CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR LESS117.061Na21CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX156.411Na24VESTIBULOPLASTY; ANTERIOR397.771Na24VESTIBULOPLASTY; POSTERIOR, UNILATERAL387.981Na24VESTIBULOPLASTY; POSTERIOR, BILATERAL508.171Na24VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)728.391Na24VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)728.391Na40VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)728.391Na40VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)728.391Na40NITARORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR77.52	40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED	157.97		1	
1812EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE139.7711814EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE186.5511816EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI196.1411818EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT171.8711819EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOM149.5511820DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG131.7411831CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX156.4111844VESTIBULOPLASTY; ANTERIOR397.7711844VESTIBULOPLASTY; POSTERIOR, UNILATERAL387.9811844VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)728.3911845VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)728.3911840INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR77.521	40808	BIOPSY, VESTIBULE OF MOUTH	90.83		1	
814EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE186.551816EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI196.141817EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT171.871818EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOM149.551819EXCISION OF LESION OF SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG131.741820DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG131.741831CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS117.061841VESTIBULOPLASTY; ANTERIOR397.771842VESTIBULOPLASTY; POSTERIOR, UNILATERAL387.981844VESTIBULOPLASTY; POSTERIOR, BILATERAL508.171844VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)728.391845VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)728.391840VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)77.521841VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)77.521845VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)77.521845VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)77.521846VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)77.521 <t< td=""><td>40810</td><td>EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REP</td><td>100.03</td><td></td><td>1</td><td></td></t<>	40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REP	100.03		1	
N816EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI196.141N818EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT171.871N819EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOM149.551N820DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG131.741N830CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS117.061N841CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 0.VER 2.5 CM OR COMPLEX156.411N842VESTIBULOPLASTY; ANTERIOR397.771N842VESTIBULOPLASTY; POSTERIOR, UNILATERAL387.981N843VESTIBULOPLASTY; POSTERIOR, BILATERAL508.171N844VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)728.391N845VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)77.521N846INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR77.521N847INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR112.361	40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE	139.77		1	
N818EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT171.871N819EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOM149.551N820DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG131.741N830CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS117.061N841CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 0.VER 2.5 CM OR COMPLEX156.411N842VESTIBULOPLASTY; ANTERIOR397.771N842VESTIBULOPLASTY; POSTERIOR, UNILATERAL387.981N843VESTIBULOPLASTY; POSTERIOR, BILATERAL508.171N844VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)728.391N845VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)77.521N840INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR77.521	40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE	186.55		1	
N819EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOM149.551N820DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG131.741N830CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS117.061N831CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX156.411N840VESTIBULOPLASTY; ANTERIOR397.771N842VESTIBULOPLASTY; POSTERIOR, UNILATERAL387.981N843VESTIBULOPLASTY; POSTERIOR, BILATERAL508.171N844VESTIBULOPLASTY; ENTIRE ARCH676.121N845VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)728.391N845VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)77.521N840INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR77.521	40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI	196.14		1	
N820DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG131.741N830CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS117.061N841CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 0/VER 2.5 CM OR COMPLEX156.411N840VESTIBULOPLASTY; ANTERIOR397.771N842VESTIBULOPLASTY; POSTERIOR, UNILATERAL387.981N843VESTIBULOPLASTY; POSTERIOR, BILATERAL508.171N844VESTIBULOPLASTY; ENTIRE ARCH676.121N845VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)728.391N845INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR77.521N845INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR112.361	40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	171.87		1	
N830CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS117.061N831CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX156.411N840VESTIBULOPLASTY; ANTERIOR397.771N842VESTIBULOPLASTY; POSTERIOR, UNILATERAL387.981N843VESTIBULOPLASTY; POSTERIOR, BILATERAL508.171N844VESTIBULOPLASTY; ENTIRE ARCH676.121N845VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)728.391N000INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR77.521N005INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR112.361	40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOM	149.55		1	
N831CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX156.411N840VESTIBULOPLASTY; ANTERIOR397.771N842VESTIBULOPLASTY; POSTERIOR, UNILATERAL387.981N843VESTIBULOPLASTY; POSTERIOR, BILATERAL508.171N844VESTIBULOPLASTY; ENTIRE ARCH676.121N845VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)728.391N846INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR77.521N847INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR112.361	40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG	131.74		1	
N840VESTIBULOPLASTY; ANTERIOR397.771N842VESTIBULOPLASTY; POSTERIOR, UNILATERAL387.981N843VESTIBULOPLASTY; POSTERIOR, BILATERAL508.171N844VESTIBULOPLASTY; ENTIRE ARCH676.121N845VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)728.391N000INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR77.521N005INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR112.361	40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS	117.06		1	
3842VESTIBULOPLASTY; POSTERIOR, UNILATERAL387.9813843VESTIBULOPLASTY; POSTERIOR, BILATERAL508.1713844VESTIBULOPLASTY; ENTIRE ARCH676.1213845VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)728.3913840INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR77.521385INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR112.361	40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX	156.41		1	
0843VESTIBULOPLASTY; POSTERIOR, BILATERAL508.1710844VESTIBULOPLASTY; ENTIRE ARCH676.1210845VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)728.3910000INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR77.5210005INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR112.361	40840	VESTIBULOPLASTY; ANTERIOR	397.77		1	
0844VESTIBULOPLASTY; ENTIRE ARCH676.1210845VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)728.3910000INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR77.5210005INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR112.361	40842	VESTIBULOPLASTY; POSTERIOR, UNILATERAL	387.98		1	
N845VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)728.3911000INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR77.5211005INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR112.361	40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL	508.17		1	
1000INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR77.5211005INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR112.361	40844	VESTIBULOPLASTY; ENTIRE ARCH	676.12		1	
1000INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR77.5211005INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR112.361	40845	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)	728.39		1	
		· ·	77.52		1	
	41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	112.36		1	
1111006 INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR 175.98	41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	175.98		1	

			Base	
Code	Description	Base Fee F	PC Fee Unit	s Specs
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	
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	

Code Description Base Fee PC Fee Units Speces 1006 REMOVAL OF EMBEDDED FORLIGN BODY FROM DENTOALVEOLAR STRUCTURES, BONE 175.33 1 1210 OPERCIULECTOMY, EXCISION PERICERONAL TISSUES 140.94 1 1 1282 EXCISION OF FIBRICORANAL TISSUES 140.94 1 1 1282 EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES 101.01 1 1 1282 EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES 16.60 1 1 1282 EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES 16.60 1 1 1282 EXCISION OF LESION OR TUMOR (EXCEPT EXCISION, DENTOALVEOLAR STRUCTURES 16.60 1 1 1283 DESTRUCTION OF LESION RECEDENTOLALVEOLAR STRUCTURES 16.60 1 1 1284 DESTRUCTION OF LESION RECEPT EXCISION, DENTOALVEOLAR STRUCTURES 16.61 1 1 1280 DESTRUCTION OF LESION RATE, UVULA 17.22 1 1 1 12100 BRAINAGE OF ABACES OF PALATE, UVULA				Base		
1821OPERCULECTOMY, EXCISION PERICORONAL TISSUES73.8411822EVCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES140.9411823EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES210.6311825EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES101.0111826EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES151.5111827EXCISION OF LESION OR TUMOR (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES151.6011817EXCISION OF LESION OF TIMOR (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES15.6011817XUEOLOPLASTY, FACH QUADRANT (SPECIFY)181.2712000DRAINAGE OF ABSCES OF PALATE, UVULA75.1712104EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE104.9212105EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE133.1112106EXCISION, LESION OF PALATE; UVULA; WITH SIMPLE PRIMARY CLOSURE133.1112107EXCISION OF USATE, VULA123.1312108EXCERTION OF PALATE; UVULA; WITH SIMPLE PRIMARY CLOSURE133.1412109EXCISION OF PALATE; UVULA; WITH SIMPLE PRIMARY CLOSURE133.1412109EXCISION OF USATE; CONCOMPLEX133.4412114EXCERTION OF PALATE; UVULA; WITH SIMPLE PRIMARY CLOSURE133.4112120REPAIR, LACERATION OF PALATE; UVULA (THERMAL, CRYO OR CHEMICAL)113.3412140UVULECTOMY, EXCISION OF UALTE; UVULA133	Code	Description	Base Fee	PC Fee	Units	Specs
1822EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES140.9411823EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES101.0111826EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES151.5111827EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES210.4311826DESTRUCTION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES15.6011847ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)161.2712000DRAINAGE OF ABSCESS OF PALATE, UVULA75.1712101BIOPSY OF PALATE, UVULAWITHOUT CLOSURE104.9212104EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE133.1112105EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE133.1112106EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE133.1112107ESECCTION OF LESION, OF ULAL123.1312108EVENTY, EXCISION, OF ULALA124.1312109UVULCOMY, EXCISION, OF ULALA124.1312109ESTRUCTION OF LESION OF ULALA124.2412101EVENTY133.4112102EVENTY, EXCUSION113.8412103PALATEOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY)348.8312104UVULECTWY, EXCISION OF ULAL113.3412105EVENTY, EXCUSION OF LESION OF LESION49.6112109PALATOP	41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	175.39		1	
1823EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES210.6311825EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES101.0111826EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES151.5111827EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES210.4311820DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES161.2712000DRAINAGE OF ABSCESS OF PALATE, UVULA75.1712104BLOPESY OF PALATE, UVULA75.1712105EXCISION, LESION OF PALATE, UVULA, WITH OT CLOSURE104.9212106EXCISION, LESION OF PALATE, UVULA, WITH SIMPLE PRIMARY CLOSURE133.1112107ESSECTION OF PALATE, UVULA, WITH SIMPLE PRIMARY CLOSURE133.1112108EXCISION, LESION OF UVULA, WITH SIMPLE PRIMARY CLOSURE133.1112109ESSECTION OF PALATE, UVULA, WITH SIMPLE PRIMARY CLOSURE133.1112109ESSECTION OF PALATE, UVULA, WITH SIMPLE PRIMARY CLOSURE133.1112114EVALOPHARYNGOPLASTY (EG, UVULAPALATOPHARYNGOPLASTY)346.8312120ESSECTION OF PALATE, UVULA, WITH SIMPLE PRIMARY CLOSURE133.111213111112140UVULECTOMY, EXCISION OF UVULA113.34112141UVULECTOMY, EXCISION OF UVULA110.211112145PALATOPLASTY FOR CLEFT PALATE, OVER 2 CM OR COMPLEX162.47<	41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES	73.84		1	
1825 EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES 101.01 1 1826 EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES 151.51 1 1827 EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES 15.60 1 1827 EXCISION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES 161.60 1 1817 1.01 11.01 1 1 1800 DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES 161.01 1 1817 1.01 11.01 1 1 2000 DRAINAGE OF ABSCESS OF PALATE, UVULA 75.17 1 1 2104 EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE 104.92 1 1 2104 EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE 133.11 1 1 1 2104 EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE 133.11 1 1 2104 EXCISION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE 123.13 1 1 2104 EXCISION OF PALATE, UVULA WULA (THERMAL, CRYO OR CLESID 133.11 1 <t< td=""><td>41822</td><td>EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES</td><td>140.94</td><td></td><td>1</td><td></td></t<>	41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	140.94		1	
1826 EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES 151.51 1 1827 EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES 210.43 1 1850 DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES 15.60 1 1847 ALVEOLOPLASTY, EACH QUADRANT (SPECIFY) 181.27 1 2000 DRAINAGE OF ABSCESS OF PALATE, UVULA 75.17 1 2104 EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE 104.92 1 2104 EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE 133.11 1 2104 EXCISION, LESION OF PALATE, OR UVULA; WITHOUT CLOSURE 133.11 1 2104 EXCISION, LESION OF PALATE, OR UVULA; WITH SIMPLE PRIMARY CLOSURE 133.11 1 2104 EXCISION, LESION OF PALATE OR UVULA; WITHOUT CLOSURE 133.11 1 2104 UVULECTOMY, EXCISION OF UVULA 123.13 1 2145 PALATOPHARYNGOPLASTY (UVULOPALATOPHARYNGOPLASTY) 348.83 1 2146 PALATOPHARYNGOPLASTY (UVULOPALATOPHARYNGOPLASTY) 348.83 1 2145 PALATOPHARYNGOPLASTY (OR CLEAT PALATE; OR OC OMPLEX 162.47	41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	210.63		1	
1827 EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES 210.43 1 1850 DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES 16.60 1 1874 ALVEOLOPLASTY, EACH QUADRANT (SPECIFY) 181.27 1 2000 DRAINAGE OF ABSCESS OF PALATE, UVULA 75.17 1 2104 EXCISION, LESION OF PALATE, UVULA 72.82 1 2105 EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE 133.11 1 2106 EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE 133.11 1 2106 EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE 133.11 1 2104 EXCISION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE 133.11 1 2104 EXCISION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE 133.11 1 2104 EXCISION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE 133.11 1 2104 EXCISION OF PALATE, UVULA; (THERMAL, CRYO OR CHEMICAL) 133.41 1 2105 PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY) 348.83 1 <td< td=""><td>41825</td><td>EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES</td><td>101.01</td><td></td><td>1</td><td></td></td<>	41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES	101.01		1	
1850 DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOAL/EQLAR STRUCTURES 15.60 1 1874 ALVEOLOPLASTY, EACH QUADRANT (SPECIFY) 181.27 1 2000 DRAINAGE OF ABSCESS OF PALATE, UVULA 75.17 1 2010 DRAINAGE OF ABSCESS OF PALATE, UVULA 75.17 1 2104 EXCISION, LESION OF PALATE, UVULA; WITH OUT CLOSURE 104.92 1 2105 EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE 133.11 1 2106 EXCISION OF PALATE OR EXTENSIVE RESECTION OF LESION 480.18 1 2104 UVULCOTOMY, EXCISION OF PALATE OR UVULA 121.31 1 2104 UVULCOTOMY, EXCISION OF LOYULA 133.11 1 2104 UVULCOTOMY, EXCISION OF UVULA 133.13 1 2105 DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL) 13.34 1 2106 DESTRUCTION OF PALATE; OUTO 2 CM 118.82 1 2128 REPAIR, LACERATION OF PALATE; OUTO 2 CM 118.82 1 2128 REPAIR, LACERATION OF PALATE; ONCOMPLEX 162.47 1 <tr< td=""><td>41826</td><td>EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES</td><td>151.51</td><td></td><td>1</td><td></td></tr<>	41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES	151.51		1	
1874 ALVEOLOPLASTY, EACH QUADRANT (SPECIFY) 181.27 1 2000 DRAINAGE OF ABSCESS OF PALATE, UVULA 75.17 1 2100 BIOPSY OF PALATE, UVULA 72.82 1 2104 EXCISION, LESION OF PALATE, UVULA; WITH OUT CLOSURE 104.92 1 2106 EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE 133.11 1 2107 RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION 480.18 1 2108 DESTRUCTION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE 133.11 1 2109 RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION 480.18 1 2140 UVULECTOMY, EXCISION OF UVULA (HERMARD) 133.4 1 2140 DESTRUCTION OF PALATE; OVULA/ITHERMAL, CRYO OR CHEMICAL) 113.34 1 2180 REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX 162.47 1 2100 PALATOPLASTY FOR CLEFT PALATE; WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE 469.61 1 2100 PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION 345.50 1 2110 PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION 345.50 1 2121 <td>41827</td> <td>EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES</td> <td>210.43</td> <td></td> <td>1</td> <td></td>	41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES	210.43		1	
2000DRAINAGE OF ABSCESS OF PALATE, UVULA75.1712100BIOPSY OF PALATE, UVULA72.8212104EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE104.9212106EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE133.1112107RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION480.1812108EXCISION, EXCISION OF UVULA; WITH SIMPLE PRIMARY CLOSURE123.1312140UVULECTOMY, EXCISION OF UVULA123.1312141UVULECTOMY, EXCISION OF UVULA123.1312142RESECTION OF PALATE; UP TO 2 CM113.3412143REPAIR, LACERATION OF PALATE; UP TO 2 CM118.8212144REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX162.4712109PALATOPLASTY FOR CLEFT PALATE; OVER 2 CM OR COMPLEX162.4712109PALATOPLASTY FOR CLEFT PALATE; WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE469.6112109PALATOPLASTY FOR CLEFT PALATE; WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GR533.0312110PALATOPLASTY FOR CLEFT PALATE; MITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GR533.0312225PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION345.5012226PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION442.2012226LENGTHENING OF PALATE, MAT PHARYNGEAL FLAP449.8412227LENGTHENING OF PALATE, WITH ISLAND FLAP430.0612228LENGTHENING OF PALATE, MAT HEAPHARYNGEAL FLAP<	41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES	15.60		1	
2100BIOPSY OF PALATE, UVULA72.8212104EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE104.9212105EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE133.1112106EXCISION OF PALATE OR EXTENSIVE RESECTION OF LESION480.1812107UVULECTOMY, EXCISION OF UVULA123.1312108PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)348.8312109DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)113.3412109REPAIR, LACERATION OF PALATE; UP TO 2 CM118.8212109PALATOPLASTY FOR CLEFT PALATE; OVER 2 CM OR COMPLEX162.4712109PALATOPLASTY FOR CLEFT PALATE, OFT AND/OR HARD PALATE ONLY37.1112109PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE469.6112109PALATOPLASTY FOR CLEFT PALATE; MUTH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE469.6112119PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION345.5012120PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION345.5012121PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE268.3712122PALATOPLASTY FOR CLEFT PALATE; NCLUDING VOMER FLAP430.0612123REPAIR OF ANSOLABIAL FISTULA410.2912124LENGTHENING OF PALATE, INCLUDING VOMER FLAP357.2512125REPAIR OF ANSOLABIAL FISTULA410.2912126REP	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)	181.27		1	
214EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE104.9212106EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE133.1112120RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION480.1812140UVULECTOMY, EXCISION OF UVULA123.1312145PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)348.8312160DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)113.3412182REPAIR, LACERATION OF PALATE; OV D 2 CM118.8212193REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX162.4712104PALATOPLASTY FOR CLEFT PALATE; SOFT AND/OR HARD PALATE ONLY437.1112105PALATOPLASTY FOR CLEFT PALATE; WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE469.6112106PALATOPLASTY FOR CLEFT PALATE; WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GR533.0312115PALATOPLASTY FOR CLEFT PALATE; MITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GR345.5012104PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION345.5012115PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION345.5012120PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION345.5012212PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION345.5012220PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION345.5012221PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION345.5012222PALATOPLASTY FOR CLEFT PALATE; MAJOR	42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	75.17		1	
2106EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE133.1112120RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION480.1812141UVULECTOMY, EXCISION OF UVULA123.1312145PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)348.8312160DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)113.3412171REPAIR, LACERATION OF PALATE; UP TO 2 CM118.8212182REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX162.4712190PALATOPLASTY FOR CLEFT PALATE; SOFT AND/OR HARD PALATE ONLY437.1112101PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE469.6112102PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE469.6112103PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION345.5012104PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION345.5012115PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE268.3712126PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP442.2012127LENGTHENING OF PALATE, AND PHARYNGEAL FLAP449.8412128REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP357.2512129REPAIR OF NASOLABIAL FISTULA410.2912120REPAIR OF NASOLABIAL FISTULA410.2912121ILNGTHENING OF PIN-RETAINED PALATAL PROSTHESIS77.711<	42100	BIOPSY OF PALATE, UVULA	72.82		1	
2120RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION480.1812141UVULECTOMY, EXCISION OF UVULA123.1312145PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)348.8312160DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)113.3412181REPAIR, LACERATION OF PALATE; UP TO 2 CM118.8212182REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX162.4712193PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY437.1112204PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE469.6112215PALATOPLASTY FOR CLEFT PALATE; MITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GR533.0312216PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION345.5012220PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP442.2012221LENGTHENING OF PALATE, AND PHARYNGEAL FLAP443.0412222LENGTHENING OF PALATE, INCLUDING VOMER FLAP357.2512235REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP357.2512240MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS77.7112281INSERTION OF PIN-RETAINED PALATAL PROSTHESIS100.0312381NESRTION OF PIN-RETAINED PALATAL PROSTHESIS101.791	42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE	104.92		1	
2140UVULECTOMY, EXCISION OF UVULA123.1312145PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)348.8312160DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)113.3412180REPAIR, LACERATION OF PALATE; UP TO 2 CM118.8212182REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX162.471200PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY437.1112201PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE469.6112212PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION345.5012213PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION345.5012214PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION345.5012215PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION345.5012216LENGTHENING OF PALATE, AND PHARYNGEAL FLAP442.2012217LENGTHENING OF PALATE; AND FLAP430.0612228LENGTHENING OF PALATE, INCLUDING VOMER FLAP430.0612237REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP357.2512240REPAIR OF ANSOLABIAL FISTULA410.2912280MAXILLARY IMPRESSION FOR PALATE, INCLUDING VOMER FLAP410.2912281INSERTION OF PIN-RETAINED PALATE, INCLUDING VOMER FLAP357.2512281INSERTION OF PIN-RETAINED PALATE, PROSTHESIS77.7112381INSERTION OF PIN-RETAINED PALATAL PROSTHES	42106	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE	133.11		1	
2145PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)348.8312160DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)113.3412180REPAIR, LACERATION OF PALATE; UP TO 2 CM118.8212182REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX162.471200PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY437.1112010PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE469.6112021PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GR533.0312131PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION345.5012202PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE268.3712203PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP442.2012204LENGTHENING OF PALATE, AND PHARYNGEAL FLAP430.0612215PALATOPLASTY FOR CLEFT PALATE; NITH ISLAND FLAP430.0612226LENGTHENING OF PALATE, MITH ISLAND FLAP430.0612227LENGTHENING OF PALATE, NITH ISLAND FLAP430.0612228REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP357.2512204REPAIR OF ANSOLABIAL FISTULA410.2912215INSERTION OF PIN-RETAINED PALATAL PROSTHESIS77.7112216INSERTION OF PIN-RETAINED PALATAL PROSTHESIS100.0312217INSERTION OF PIN-RETAINED PALATAL PROSTHESIS100.031<	42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	480.18		1	
2160DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)113.3412180REPAIR, LACERATION OF PALATE; UP TO 2 CM118.8212182REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX162.471200PALATOPLASTY FOR CLEFT PALATE; SOFT AND/OR HARD PALATE ONLY437.1112010PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE469.6112011PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GR533.0312012PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION345.5012020PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE268.3712021PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP442.2012022PALATOPLASTY FOR CLEFT PALATE, AND PHARYNGEAL FLAP449.8412023REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP430.0612034REPAIR OF NASOLABIAL FISTULA410.2912035REPAIR OF NASOLABIAL FISTULA410.2912040MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS77.7112051INSERTION OF PIN-RETAINED PALATAL PROSTHESIS100.0312051DRAINAGE OF ABSCESS; PAROTID, SIMPLE101.791	42140	UVULECTOMY, EXCISION OF UVULA	123.13		1	
2180REPAIR, LACERATION OF PALATE; UP TO 2 CM118.8212182REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX162.4712200PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY437.1112205PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE469.6112210PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GR533.0312211PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION345.5012222PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE268.3712225PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP442.2012226LENGTHENING OF PALATE, AND PHARYNGEAL FLAP430.0612227LENGTHENING OF PALATE, INCLUDING VOMER FLAP357.2512238REPAIR OF NASOLABIAL FISTULA410.2912240NAXILLARY IMPRESSION FOR PALATAL PROSTHESIS77.7112281INSERTION OF PIN-RETAINED PALATAL PROSTHESIS100.0312300DRAINAGE OF ABSCESS; PAROTID, SIMPLE101.791	42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	348.83		1	
2182REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX162.4712200PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY437.1112205PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE469.6112210PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GR533.0312215PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION345.5012220PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE268.3712221PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP442.2012222LENGTHENING OF PALATE, AND PHARYNGEAL FLAP430.0612223REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP357.2512260REPAIR OF NASOLABIAL FISTULA410.2912280MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS77.7112281INSERTION OF PIN-RETAINED PALATAL PROSTHESIS100.0312300DRAINAGE OF ABSCESS; PAROTID, SIMPLE101.791	42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)	113.34		1	
2200PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY437.1112205PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE469.6112210PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GR533.0312215PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION345.5012220PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE268.3712221PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP442.2012222LENGTHENING OF PALATE, AND PHARYNGEAL FLAP449.8412223REPAIR OF ANTERIOR PALATE, WITH ISLAND FLAP357.2512204REPAIR OF ANSOLABIAL FISTULA410.2912215MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS77.7112216INSERTION OF PIN-RETAINED PALATAL PROSTHESIS100.0312217DRAINAGE OF ABSCESS; PAROTID, SIMPLE101.791	42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM	118.82		1	
2205PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE469.6112210PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GR533.0312215PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION345.5012220PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE268.3712225PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP442.2012226LENGTHENING OF PALATE, AND PHARYNGEAL FLAP449.8412227LENGTHENING OF PALATE, WITH ISLAND FLAP430.0612238REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP357.2512260REPAIR OF NASOLABIAL FISTULA410.2912280MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS77.7112281INSERTION OF PIN-RETAINED PALATAL PROSTHESIS100.0312300DRAINAGE OF ABSCESS; PAROTID, SIMPLE101.791	42182	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX	162.47		1	
2210PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GR533.0312215PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION345.5012220PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE268.3712225PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP442.2012226LENGTHENING OF PALATE, AND PHARYNGEAL FLAP449.8412227LENGTHENING OF PALATE, WITH ISLAND FLAP430.0612238REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP357.2512260REPAIR OF NASOLABIAL FISTULA410.2912281INSERTION OF PIN-RETAINED PALATAL PROSTHESIS77.71122030DRAINAGE OF ABSCESS; PAROTID, SIMPLE101.791	42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	437.11		1	
2215PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION345.5012220PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE268.3712225PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP442.2012226LENGTHENING OF PALATE, AND PHARYNGEAL FLAP449.8412227LENGTHENING OF PALATE, WITH ISLAND FLAP430.0612238REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP357.2512260REPAIR OF NASOLABIAL FISTULA410.2912281INSERTION OF PIN-RETAINED PALATAL PROSTHESIS77.7112281INSERTION OF PIN-RETAINED PALATAL PROSTHESIS100.0312300DRAINAGE OF ABSCESS; PAROTID, SIMPLE101.791	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, AND PHARYNGEAL FLAP449.8412227LENGTHENING OF PALATE, WITH ISLAND FLAP430.0612238REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP357.2512260REPAIR OF NASOLABIAL FISTULA410.2912281INSERTION OF PIN-RETAINED PALATAL PROSTHESIS77.7112281INSERTION OF PIN-RETAINED PALATAL PROSTHESIS100.0312300DRAINAGE OF ABSCESS; PAROTID, SIMPLE101.791	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 FLAP449.8412227LENGTHENING OF PALATE, WITH ISLAND FLAP430.0612235REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP357.2512260REPAIR OF NASOLABIAL FISTULA410.2912281INSERTION OF PIN-RETAINED PALATAL PROSTHESIS77.7112281INSERTION OF PIN-RETAINED PALATAL PROSTHESIS100.0312300DRAINAGE OF ABSCESS; PAROTID, SIMPLE101.791	42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	345.50		1	
2226LENGTHENING OF PALATE, AND PHARYNGEAL FLAP449.8412227LENGTHENING OF PALATE, WITH ISLAND FLAP430.0612235REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP357.2512260REPAIR OF NASOLABIAL FISTULA410.2912280MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS77.7112281INSERTION OF PIN-RETAINED PALATAL PROSTHESIS100.0312300DRAINAGE OF ABSCESS; PAROTID, SIMPLE101.791	42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	268.37		1	
2227LENGTHENING OF PALATE, WITH ISLAND FLAP430.0612235REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP357.2512260REPAIR OF NASOLABIAL FISTULA410.2912280MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS77.7112281INSERTION OF PIN-RETAINED PALATAL PROSTHESIS100.0312300DRAINAGE OF ABSCESS; PAROTID, SIMPLE101.791	42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	442.20		1	
2235REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP357.2512260REPAIR OF NASOLABIAL FISTULA410.2912280MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS77.7112281INSERTION OF PIN-RETAINED PALATAL PROSTHESIS100.0312300DRAINAGE OF ABSCESS; PAROTID, SIMPLE101.791	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, SIMPLE101.791	42227	LENGTHENING OF PALATE, WITH ISLAND FLAP	430.06		1	
2280 MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS77.7112281 INSERTION OF PIN-RETAINED PALATAL PROSTHESIS100.0312300 DRAINAGE OF ABSCESS; PAROTID, SIMPLE101.791	42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	357.25		1	
2281 INSERTION OF PIN-RETAINED PALATAL PROSTHESIS100.0312300 DRAINAGE OF ABSCESS; PAROTID, SIMPLE101.791	42260	REPAIR OF NASOLABIAL FISTULA	410.29		1	
2300 DRAINAGE OF ABSCESS; PAROTID, SIMPLE 101.79 1	42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	77.71		1	
	42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	100.03		1	
	42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE	101.79		1	
			213.56		1	

			Base	
Code	Description	Base Fee	PC Fee Unit	s Specs
42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL	78.50	1	
42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL	123.13	1	
42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMP	113.73	1	
42335	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL	183.61	1	
42340	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL	228.64	1	
42400	BIOPSY OF SALIVARY GLAND; NEEDLE	54.81	1	
42405	BIOPSY OF SALIVARY GLAND; INCISIONAL	148.18	1	
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)	223.55	1	
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	163.45	1	
42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS	310.66	1	
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION A	556.52	1	
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES	636.78	1	
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	
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	233.53	1	
42450	EXCISION OF SUBLINGUAL GLAND	222.76	1	
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	
42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF	408.73	1	
42510	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF	312.42	1	
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	34.55	1	
42600	CLOSURE SALIVARY FISTULA	238.23	1	
42650	DILATION SALIVARY DUCT	41.50	1	
42660	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION	52.66	1	
42665	LIGATION SALIVARY DUCT, INTRAORAL	154.06	1	
42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR	92.20	1	
42720	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL	226.88	1	
42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL	404.23	1	
42900	SUTURE PHARYNX FOR WOUND OR INJURY	172.26	1	
61586	BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERIOR CR	1,051.18	1	
64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH	50.70	1	

Code Description Base Fee PC Fee Units Specs 04600 DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE (SPECIFY) 186.87 1 04712 NEUROPLASTY AND/OR TRANSPOSITION, CRANIAL NERVE (SPECIFY) 186.78 1 04723 DECOMPRESSION, UNSPECIFIED NERVE(S) (SPECIFY) 186.78 207.30 1 04733 TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE 207.30 1 1 04747 TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY 229.69 1 1 04740 TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY 29.81 1 1 04747 TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY 29.81 1 1 04748 TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY 29.81 1 1 04740 TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE STENTY AND/OLOGIC SCAMINATION, AND/OBLE, PARTIAL LESS THAN FOUR VIEWS 16.44 4.89 1 04710 RADIOLOGIC EXAMINATION, MANDIBLE, COMPLETE, MINIMUM OF THREE VIEWS 15.27 5.09 1 07100				Base		
64716 NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY) 255.85 1 64722 DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY) 166.78 1 64734 TRANSECTION OR AVULSION OF; INFARORBITAL NERVE 207.30 1 64736 TRANSECTION OR AVULSION OF; INFARORBITAL NERVE 193.99 1 64736 TRANSECTION OR AVULSION OF; INFARORBITAL NERVE 226.09 1 64740 TRANSECTION OR AVULSION OF; INFARORBITAL NERVE 226.09 1 64742 TRANSECTION OR AVULSION OF; INGUAL NERVE 226.09 1 64742 TRANSECTION OR AVULSION OF; INGUAL NERVE 226.09 1 64742 TRANSECTION OR AVULSION OF; INGUAL NERVE 226.09 1 64740 TRANSECTION OR AVULSION OF; INGUAL NERVE 21.53 6.85 1 70100 RADIOLOGIC EXAMINATION, MANDIBLE; PATIAL LESS THAN TOR VIEWS 21.53 6.85 1 70101 RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS 22.7 7.05 1 701010 RADIOLOGIC EXAMINATION, TECHT, BARTIAL EXAMINATION OF THREE VIEWS 1 1 1 <th>Code</th> <th>Description</th> <th>Base Fee</th> <th>PC Fee</th> <th>Units</th> <th>Specs</th>	Code	Description	Base Fee	PC Fee	Units	Specs
64722 DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY) 166.78 1 64734 TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE 207.30 1 64735 TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE 193.99 1 64738 TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY 229.81 1 64742 TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY 229.81 1 64742 TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY 229.81 1 64742 TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY 229.81 1 64742 TRANSECTION OR AVULSION OF; INGUAL NERVE 00.75 (ALL NERVE, DIFFERENTIAL OR COMPLETE 231.38 1 64742 TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE 231.35 6.85 1 71010 RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS 21.53 6.85 1 70100 RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS 22.71 7.05 1 70101 RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW 7.05 2.744 1	64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBIT	180.87		1	
64734 TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE 207.30 1 64735 TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE 193.99 1 64736 TRANSECTION OR AVULSION OF; INERIOR ALVEOLAR NERVE BY OSTEOTOMY 229.81 1 64740 TRANSECTION OR AVULSION OF; LINGUAL NERVE 206.09 1 64740 TRANSECTION OR AVULSION OF; LINGUAL NERVE 2016 ROME 226.09 1 64740 TRANSECTION OR AVULSION OF; LINGUAL NERVE 01FERENTIAL OR COMPLETE 231.38 1 64740 TRANSECTION OR AVULSION OF; LINGUAL NERVE, DIFFERENTIAL OR COMPLETE 201.30 664.38 1 70100 RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS 21.53 6.85 1 70101 RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN FOUR VIEWS 22.71 7.05 1 70106 RADIOLOGIC EXAMINATION, NASAL BONES; COMPLETE, MINIMUM OF THREE VIEWS 27.6 1 70300 RADIOLOGIC EXAMINATION, NESH, PARTIAL EXAMINATION, LESS THAN FULL MOUTH 19.38 4.31 1 70300 RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH 19.38	64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	255.85		1	
64736 TRANSECTION OR AVULSION OF; MENTAL NERVE 193.99 1 64738 TRANSECTION OR AVULSION OF; MERRIC ALVEQLAR NERVE BY OSTEOTOMY 229.81 1 64740 TRANSECTION OR AVULSION OF; INFERIOR ALVEQLAR NERVE BY OSTEOTOMY 229.81 1 64740 TRANSECTION OR AVULSION OF; INFERIOR ALVEQLAR NERVE BY OSTEOTOMY 229.81 1 64741 TRANSECTION OR AVULSION OF; INFERIOR ALVEQUAR NERVE BY OSTEOTOMY 220.91 1 64780 RANSECTION OR AVULSION OF; INFERIOR ALVEQUAR NERVE BY OSTEOTOMY 231.8 1 64780 NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM IN LEN 664.38 1 70100 RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS 21.53 6.85 1 70110 RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS 22.71 7.05 1 70100 RADIOLOGIC EXAMINATION, TECHT; PARTIAL EXAMINATION, LESS THAN FULL MOUTH 19.38 4.31 1 70301 RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW 7.05 2.74 1 70312 RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH 19.38	64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	166.78		1	
64738 TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY 229.81 1 64740 TRANSECTION OR AVULSION OF; LINGUAL NERVE 226.09 1 64742 TRANSECTION OR AVULSION OF; LINGUAL NERVE 231.38 1 64742 TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE 231.38 1 64780 NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK, MORE THAN 4 CM IN LEN 664.38 1 70100 RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS 21.53 6.85 1 70110 RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS 15.27 5.09 1 70150 RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS 22.11 7.05 1 70100 RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS 7.05 2.74 1 701010 RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW 7.05 2.74 1 70301 RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH 26.23 6.07 1 70302 RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH 26.24 6.66 </td <td>64734</td> <td>TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE</td> <td>207.30</td> <td></td> <td>1</td> <td></td>	64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE	207.30		1	
64740 TRANSECTION OR AVULSION OF; LINGUAL NERVE 226.09 1 64742 TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE 231.38 1 64886 NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM IN LEN 664.38 1 100 RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS 16.44 4.89 1 70110 RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF FOUR VIEWS 21.53 6.85 1 70110 RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS 12.7 5.09 1 70150 RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS 27.24 7.0 1 70100 RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW 7.05 2.74 1 70300 RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH 28.23 6.07 1 70320 RADIOLOGIC EXAMINATION, TEETH; SINGLA VIEW, RADIOLOSED MOUTH; UNI 16.05 4.89 1 70330 RADIOLOGIC EXAMINATION, TEETH; SINGLA VIEW, RADIOLOSED MOUTH; BIL 26.64 6.66 1 70332 TEMPOROMANDIBULAR JOINT ATHR	64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	193.99		1	
64742 TRANSECTION OR AVULSION OF, FACIAL NERVE, DIFFERENTIAL OR COMPLETE 231.38 1 64886 NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM IN LEN 664.38 1 70100 RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS 16.44 4.89 1 70110 RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS 12.53 6.85 1 70110 RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS 12.71 7.05 1 70160 RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS 17.62 4.70 1 7017010 RADIOLOGIC EXAMINATION, NASAL BONES; COMPLETE, MINIMUM OF THREE VIEWS 7.05 1 70180 RADIOLOGIC EXAMINATION, NEETH; SINGLE VIEW 7.05 2.74 1 70301 RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW 7.05 1 1 70320 RADIOLOGIC EXAMINATION, TEETH; ORPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNI 16.05 4.89 1 70320 RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BIL 25.64 6.66 1 70330 <td>64738</td> <td>TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY</td> <td>229.81</td> <td></td> <td>1</td> <td></td>	64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	229.81		1	
64886 NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM IN LEN 664.38 1 70100 RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS 16.44 4.89 1 70110 RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS 21.53 6.65 1 70140 RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS 22.71 7.05 1 70150 RADIOLOGIC EXAMINATION, NASAL BONES; COMPLETE, MINIMUM OF THREE VIEWS 22.74 1 70160 RADIOLOGIC EXAMINATION, NASAL BONES; COMPLETE, MINIMUM OF THREE VIEWS 7.05 2.74 1 70300 RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW 7.05 2.74 1 70310 RADIOLOGIC EXAMINATION, TEETH; COMPLETE, MINIMUM OF THREE VIEWS 2.6 6.07 1 70320 RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH 26.23 6.07 1 70320 RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNI 16.05 4.89 1 70331 RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS 20.6 1 1 1 <t< td=""><td>64740</td><td>TRANSECTION OR AVULSION OF; LINGUAL NERVE</td><td>226.09</td><td></td><td>1</td><td></td></t<>	64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE	226.09		1	
70100 RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS 16.44 4.89 1 70110 RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS 21.53 6.85 1 70140 RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS 15.27 5.09 1 70150 RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS 22.71 7.05 1 70100 RADIOLOGIC EXAMINATION, NASAL BONES; COMPLETE, MINIMUM OF THREE VIEWS 17.62 4.70 1 70300 RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH 19.38 4.31 1 70320 RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH 26.23 6.07 1 70320 RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH 26.64 6.66 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; UNI 16.05 4.89 1 70332 TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRE	64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	231.38		1	
70110 RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS 21.53 6.85 1 70140 RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS 15.27 5.09 1 70150 RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS 22.71 7.05 1 70160 RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS 7.62 4.70 1 70300 RADIOLOGIC EXAMINATION, NEETH; SINGLE VIEW 7.05 2.74 1 70301 RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW 7.05 2.74 1 70302 RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH 19.38 4.31 1 70303 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 INTERPRETATION 14.10 1 703	64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM IN LEN	664.38		1	
70140 RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS 15.27 5.09 1 70150 RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS 22.71 7.05 1 70150 RADIOLOGIC EXAMINATION, ASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS 7.05 2.74 1 70300 RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW 7.05 2.74 1 70310 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; PARTIAL EXAMINATION, LESS THAN FULL MOUTH 26.23 6.07 1 70320 RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH 26.23 6.07 1 70320 RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNI 16.05 4.89 1 70330 RADIOLOGIC EXAMINATION, TETH; PARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRE 41.00 14.49 1 70330 RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS 10.37 4.70	70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	16.44	4.89	1	
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, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS 7.05 2.74 1 70310 RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW 7.05 2.74 1 70320 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, TEETH; COMPLETE, FULL MOUTH 26.24 6.66 1 70330 RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNI 16.05 4.89 1 70332 TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRE 41.30 14.49 1 70350 CEPHALOGRAM, ORTHODONTIC 10.37 4.70 1 70380 RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS 20.16 4.70 1 70390	70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	21.53	6.85	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; SINGLE VIEW 7.05 2.74 1 70320 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 70330 RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNI 16.05 4.89 1 70332 TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRE 41.30 14.49 1 70330 RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS 277.97 41.11 1 70330 RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS 20.16 4.70 1 70330 SILOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION 55.40 10.77 1 70340 COMPUTED TOMOGRAPHY, MAXILOFACIAL AREA; WITHOUT CONTRAST MATERIAL 159.93 31.71 1 70486 </td <td>70140</td> <td>RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS</td> <td>15.27</td> <td>5.09</td> <td>1</td> <td></td>	70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	15.27	5.09	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 70320 RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH 26.63 6.07 1 70320 RADIOLOGIC EXAMINATION, TEEMPOROMANDIBULAR 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 41.00 1 1 70336 MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S) 277.97 41.11 1 70350 CEPHALOGRAM, ORTHODONTIC 10.37 4.70 1 70353 ORTHOPANTOGRAM 10.77 5.48 1 70340 RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS 20.16 4.70 1 70340 SALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION 55.40 10.77 1	70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	22.71	7.05	1	
70310RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH19.384.31170320RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH26.236.07170321RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNI16.054.89170332RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BIL25.646.66170333RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BIL25.646.66170334TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRE41.3014.49170335MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)277.9741.11170350CEPHALOGRAM, ORTHODONTIC10.374.70170351ORTHOPANTOGRAM10.775.48170380RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS20.164.70170390SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION55.4010.77170340COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL159.9331.71170486COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL, FOLLOWE237.0539.54170341REATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPEC81.2433.86170345LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION57.1619.5810	70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	17.62	4.70	1	
70320RADIOLOGIC EXAMINATION, TEETH, COMPLETE, FULL MOUTH26.236.07170328RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNI16.054.89170330RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BIL25.646.66170332TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRE41.3014.49170333MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)277.9741.11170350CEPHALOGRAM, ORTHODONTIC10.374.70170351ORTHOPANTOGRAM10.775.48170380RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS20.164.70170380SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION55.4010.77170380SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION55.4010.77170380COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL159.9331.71170481COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL194.3836.611705450MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT309.0937.39170341TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPEC81.2433.86170345LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION57.1619.5810	70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	7.05	2.74	1	
70328RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNI16.054.89170330RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BIL25.646.66170332TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRE41.3014.49170336MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)277.9741.11170350CEPHALOGRAM, ORTHODONTIC10.374.70170355ORTHOPANTOGRAM10.775.48170380RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS20.164.70170390SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION55.4010.77170486COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL159.9331.71170488COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL194.3836.61170549MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT309.0937.39170341TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPEC81.2433.86170345LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION57.1619.5810	70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	19.38	4.31	1	
70330RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BIL25.646.66170332TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRE41.3014.49170336MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)277.9741.11170330CEPHALOGRAM, ORTHODONTIC10.374.70170330RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS20.164.70170340SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION55.4010.77170340SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION55.4010.77170486COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL159.9331.71170488COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL194.3836.61170488COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE237.0539.54170540MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT309.0937.39170341TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPEC81.2433.86188100CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION27.9912.92188305LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION57.1619.5810	70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	26.23	6.07	1	
70332TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRE41.3014.49170336MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)277.9741.11170350CEPHALOGRAM, ORTHODONTIC10.374.70170351ORTHOPANTOGRAM10.775.48170380RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS20.164.70170390SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION55.4010.77170486COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL159.9331.71170487COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL194.3836.61170488COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE237.0539.54170480COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE237.0539.54170481COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE237.0539.541704834TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPEC81.2433.86170344TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPEC81.2433.86188305LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION57.1619.5810	70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNI	16.05	4.89	1	
70336MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)277.9741.11170350CEPHALOGRAM, ORTHODONTIC10.374.70170355ORTHOPANTOGRAM10.775.48170380RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS20.164.70170390SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION55.4010.77170480COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL159.9331.71170481COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL(S)194.3836.61170482COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE237.0539.54170483COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE237.0539.54170484COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE237.0539.54170495VICPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION27.9912.92188305LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION57.1619.5810	70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BIL	25.64	6.66	1	
70350CEPHALOGRAM, ORTHODONTIC10.374.70170355ORTHOPANTOGRAM10.775.48170380RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS20.164.70170390SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION55.4010.77170486COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL159.9331.71170487COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL(S)194.3836.61170488COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE237.0539.54170480COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE237.0539.54170481COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE237.0539.54170540MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT309.0937.39177334TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPEC81.2433.86188160CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION27.9912.92188305LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION57.1619.5810	70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRE	41.30	14.49	1	
70355ORTHOPANTOGRAM10.775.48170380RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS20.164.70170390SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION55.4010.77170486COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL159.9331.71170487COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL(S194.3836.61170488COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE237.0539.54170489COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE237.0539.54170480COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE237.0539.54170540MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT309.0937.39177334TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPEC81.2433.86188160CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION27.9912.92188305LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION57.1619.5810	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)	277.97	41.11	1	
70380RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS20.164.70170390SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION55.4010.77170486COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL159.9331.71170487COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S194.3836.61170488COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE237.0539.54170489COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE309.0937.39170480COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE309.0937.39170481TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPEC81.2433.86188160CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION27.9912.92188305LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION57.1619.5810	70350	CEPHALOGRAM, ORTHODONTIC	10.37	4.70	1	
70390SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION55.4010.77170486COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL159.9331.71170487COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S194.3836.61170488COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE237.0539.54170488COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE237.0539.54170540MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT309.0937.39177334TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPEC81.2433.86188160CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION27.9912.92188305LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION57.1619.5810	70355	ORTHOPANTOGRAM	10.77	5.48	1	
70486COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL159.9331.71170487COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S194.3836.61170488COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE237.0539.54170488COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE237.0539.54170540MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT309.0937.39177334TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPEC81.2433.86188160CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION27.9912.92188305LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION57.1619.5810	70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	20.16	4.70	1	
70487COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S194.3836.61170488COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE237.0539.54170540MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT309.0937.39177334TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPEC81.2433.86188160CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION27.9912.92188305LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION57.1619.5810	70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	55.40	10.77	1	
70488COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE237.0539.54170540MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT309.0937.39177334TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPEC81.2433.86188160CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION27.9912.92188305LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION57.1619.5810	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	159.93	31.71	1	
70540MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT309.0937.39177334TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPEC81.2433.86188160CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION27.9912.92188305LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION57.1619.5810	70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S	194.38	36.61	1	
77334TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPEC81.2433.86188160CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION27.9912.92188305LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION57.1619.5810	70488	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE	237.05	39.54	1	
88160CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION27.9912.92188305LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION57.1619.5810	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT	309.09	37.39	1	
88305LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION57.1619.5810	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPEC	81.24	33.86	1	
88305 LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION 57.16 19.58 10	88160	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION	27.99	12.92	1	
88307 LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION 118.23 41.89 7	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	

Code Description Base Fee PC Fee Units Specs 8811 DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL 9.79 6.26 5 8812 SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL 9.79 6.26 5 8832 CONSULTATION AND REPORT ON REFERRED SUDES PREPARED ELSEWHERE 46.98 1 1 8834 IMMUNOFLIORESCENT STUDY, EACH ANTIBODY, DIRECT METHOD 54.81 22.12 1 97602 REMOVAL OF DEVITALIZED TISSUE EMMUNOPECOEDURE) 77.13 1 1 97614 MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00 53.36 1 R 99144 MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00 53.36 1 R 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 53.36 1 R 99144 MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00 53.36 1 R 9914				Base		
88312 SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE); G 56.96 1.3.90 6 88321 CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED LISEWHERE 46.98 1 88324 IMMUNOFISTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE); EACH ANTIBODY 55.59 21.73 5 88346 IMMUNOFISTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE); EACH ANTIBODY 77.13 1 97002 REMOVAL OF DEVITALIZED TISSUE FORM (SUBAR) NON-SELECTIVE DEBRIDEMENT, WITHOU 20.70 1 99144 MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00 53.36 1 R 99144 MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00 53.36 1 R 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 53.36 1 R 99149 MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00 53.36 1 R 99140 MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00 53.36	Code	Description	Base Fee	PC Fee	Units	Specs
88321 CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE 46.98 1 88342 LIMUNOHISTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBODY 55.59 21.73 5 88346 IMMUNOHISTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBODY 54.81 22.12 1 92511 NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE) 77.13 1 97602 REMOVAL OF DEVITIALIZED TISSUE FROM WOUND; NON SELECTITU DEBRIDEMENT, WITHOU 20.70 1 99143 MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00 53.36 1 R 99144 MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00 53.36 1 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 99140 MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00 53.36 1 R 99140 MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00 53.36 1 <	88311	DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL	9.79	6.26	5	
88342 IMMUNOHISTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBODY 55.59 21.73 5 88346 IMMUNOFLUDRESCENT STUDY, EACH ANTIBODY, DIRECT METHOD 54.81 22.12 1 97602 REMOVAL OF DEVITALIZED TISSUE FROM WOUND; NON-SELECTIVE DEBRIDEMENT, WITHOU 20.70 1 99143 MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIED BY CODES 00 53.36 1 R 99144 MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIED BY CODES 00 53.36 1 R 99145 MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIED BY CODES 00 53.36 1 R 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 53.36 1 R 99149 MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00 53.36 1 R 99200 OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW 31.20 1 99200 OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW 82.84 1 99205 OFFICE OR OTHER OUTP	88312	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE); G	56.96	13.90	6	
88346IMMUNOFLUORESCENT STUDY, EACH ANTIBODY; DIRECT METHOD54.8122.12192511NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)77.13197602REMOVAL OF DEVITALIZED TISSUE FROM WOUND; NON-SELECTIVE DEBRIDEMENT, WITHOU20.70199143MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99144MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99145MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99149MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99149MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99140MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99140MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99120OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW31.20199202OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW32.71199203OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW87.48199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NES21.84199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NES21.84199214OFFICE OR O	88321	CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE	46.98		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 99144 MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00 53.36 1 R 99144 MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00 53.36 1 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 99120 OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW 31.20 1 99201 OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW 32.71 1 99202 OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW 86.84 1 99203 OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW 87.48 1 99214 OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A	88342	IMMUNOHISTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBODY	55.59	21.73	5	
97602REMOVAL OF DEVITALIZED TISSUE FROM WOUND; NON-SELECTIVE DEBRIDEMENT, WITHOU20.70199143MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99144MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99145MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99146MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99149MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99149MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99149MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99150MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99201OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW31.20199202OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW32.71199203OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW87.48199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW87.48199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NES21.84199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NES21.841 <td>88346</td> <td>IMMUNOFLUORESCENT STUDY, EACH ANTIBODY; DIRECT METHOD</td> <td>54.81</td> <td>22.12</td> <td>1</td> <td></td>	88346	IMMUNOFLUORESCENT STUDY, EACH ANTIBODY; DIRECT METHOD	54.81	22.12	1	
99143MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99144MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99145MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99149MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99140MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99140MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99140MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99140OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW31.20199201OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW32.71199203OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW87.48199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW87.48199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES21.84199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.61199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.61199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.611 <tr< td=""><td>92511</td><td>NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)</td><td>77.13</td><td></td><td>1</td><td></td></tr<>	92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)	77.13		1	
99144MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99145MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99148MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99149MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99149MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99140MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99150MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99120OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW31.20199203OFFICE AND OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW32.71199204OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW68.84199210OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW87.48199211OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES21.84199212OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.61199213OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.61199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.611	97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND; NON-SELECTIVE DEBRIDEMENT, WITHOU	20.70		1	
99145MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0026.684R99144MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99149MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99150MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99201OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW31.20199202OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW32.71199203OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW88.84199204OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW87.48199211OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW87.48199212OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NES21.84199213OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES21.84199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES21.84199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES21.84199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES21.84199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES21.84199215OFFICE OR O	99143	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	53.36		1	R
99148MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99149MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99140MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 26.684R99201OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW31.20199202OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW32.71199203OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW88.84199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW87.48199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW87.48199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES12.48199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.61199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.61199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.61199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES60.28199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES60.28199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI49.131992215INITIAL HOSPITAL CARE, PER DAY	99144	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	53.36		1	R
99149MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 0053.361R99150MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES26.684R99201OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW32.71199202OFFICE AND OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW32.71199203OFFICE AND OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW48.68199204OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW68.84199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW87.48199210OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW87.48199211OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES21.84199212OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.61199213OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES60.28199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES60.28199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES60.28199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES60.28199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI41.46199216OFFICE OR OTHER OUTPATIENT VISIT FOR THE EV	99145	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	26.68		4	R
99150MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES26.684R99201OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW31.20199203OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW32.71199204OFFICE OR OTHER OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED48.68199205OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW87.48199210OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW87.48199211OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES12.48199212OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES21.84199213OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.61199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.61199213OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES60.28199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PAS60.28199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI49.13199212INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI49.13199223INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199234SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE E	99148	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	53.36		1	R
99201OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW31.20199202OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW32.71199203OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW48.68199204OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW68.84199205OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW87.48199212OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES12.48199213OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES21.84199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.61199213OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.61199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.61199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.61199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES60.28199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI49.13199221INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI66.56199223INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P20.36199233SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION	99149	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	53.36		1	R
99202OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW32.71199203OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED48.68199204OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW68.84199205OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW87.48199211OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW87.48199212OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES21.84199213OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.61199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.61199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES60.28199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES60.28199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI49.13199214INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI49.13199223INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199231SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199232SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199233SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUAT	99150	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES	26.68		4	R
99203OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED48.68199204OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW68.84199205OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW87.48199211OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES12.48199212OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES21.84199213OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.61199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.61199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES60.28199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES60.28199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES60.28199211INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI49.13199222INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199233SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P20.36199234UBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P20.661199233SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P20.61199234UBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND	99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	31.20		1	
99204OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW68.84199205OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW87.48199211OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES12.48199212OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES21.84199213OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.61199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.61199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES60.28199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI49.13199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI49.13199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATI49.13199221INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI49.13199222INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199233SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P20.36199233SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P36.61199233SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P36.61199234HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR	99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	32.71		1	
99205OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW87.48199211OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES12.48199212OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES21.84199213OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.61199214OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVAL AND MANAGEMENT OF AN ES26.61199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVAL AND MANAGEMENT OF AN ES60.28199211INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI49.13199222INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI66.56199231SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199232SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199233SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P20.36199234SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P36.61199235SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P36.61199234SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P36.61199235SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P52.46199236SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND	99203	OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED	48.68		1	
99211OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES12.48199212OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES21.84199213OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.61199214OFFICE OR OUTPATIENT VISIT FOR THE EVAL AND MANAGEMENT OF AN EST. PATIENT,41.46199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESS60.28199221INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI49.13199222INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI66.56199233INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199234SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199235SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199236SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199237SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P20.36199238SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P26.61199239SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P26.61199239SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P26.61199239SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE	99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	68.84		1	
99212OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES21.84199213OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.61199214OFFICE OR OUTPATIENT VISIT FOR THE EVAL AND MANAGEMENT OF AN EST. PATIENT,41.46199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN EST.60.28199212INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI49.13199223INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI66.56199231SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199232INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199233SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199234SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199235SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P20.36199236SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P36.61199237SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P36.61199238HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS35.82199239HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES51.87199241OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	87.48		1	
99213OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES26.61199214OFFICE OR OUTPATIENT VISIT FOR THE EVAL AND MANAGEMENT OF AN EST. PATIENT,41.46199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESS60.28199211INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI49.13199222INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI66.56199223INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199231SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199232SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199233SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P20.36199234SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P36.61199235SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P52.46199236HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS35.82199237HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES51.87199241OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE26.431	99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	12.48		1	
99214OFFICE OR OUTPATIENT VISIT FOR THE EVAL AND MANAGEMENT OF AN EST. PATIENT,41.46199215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES60.28199211INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI49.13199222INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI66.56199233INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199231SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199232SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199233SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P20.36199234SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P36.61199235SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P52.46199238HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS35.82199239HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES51.87199241OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE26.431	99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	21.84		1	
99215OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES60.28199221INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI49.13199222INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI66.56199223INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199231SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199232SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P20.36199233SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P36.61199234SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P52.46199235SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P52.46199238HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS35.82199239HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES51.87199241OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE26.431	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	26.61		1	
99221INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI49.13199222INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI66.56199223INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199231SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199232SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P20.36199233SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P36.61199234SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P52.46199235SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P52.46199236HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS35.82199237HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES51.87199241OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE26.431	99214	OFFICE OR OUTPATIENT VISIT FOR THE EVAL AND MANAGEMENT OF AN EST. PATIENT,	41.46		1	
99222INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI66.56199223INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199231SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199232SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P20.36199233SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P36.61199234SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P52.46199235HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS35.82199239HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES51.87199241OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE26.431	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	60.28		1	
99223INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI98.27199231SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P20.36199232SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P36.61199233SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P52.46199234HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS35.82199239HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES51.87199241OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE26.431	99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	49.13		1	
99231SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P20.36199232SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P36.61199233SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P52.46199238HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS35.82199239HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES51.87199241OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE26.431	99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	66.56		1	
99232SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P36.61199233SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P52.46199238HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS35.82199239HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES51.87199241OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE26.431	99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	98.27		1	
99233SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P52.46199238HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS35.82199239HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES51.87199241OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE26.431	99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	20.36		1	
99238HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS35.82199239HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES51.87199241OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE26.431	99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	36.61		1	
99239HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES51.87199241OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE26.431	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	52.46		1	
99241 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 26.43 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	
99242 OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 49.72 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	

			Base		
Code	Description	Base Fee	PC Fee	Units	Specs
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	
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	