

**ORAL AND MAXILLOFACIAL SURGERY SERVICES FEE SCHEDULE**  
**EFFECTIVE JANUARY 1, 2007**

**CO = Children Only**  
**ALL = Children and Adults**

CODE	DESCRIPTION	21+ MAX FEE	21+ PC FEE	00-20 MAX FEE	00-20 PC FEE	FUD	AGE*	MAX UNITS	SPEC
11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRAC	227.22	0.00	236.30	0.00	10	ALL	1	
11040	DEBRIDEMENT; SKIN, PARTIAL THICKNESS	24.35	0.00	25.32	0.00	0	ALL	1	
11041	DEBRIDEMENT; SKIN, FULL THICKNESS	28.08	0.00	29.20	0.00	0	ALL	1	
11042	DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE	37.12	0.00	38.60	0.00	0	ALL	1	
11043	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE	137.47	0.00	142.96	0.00	10	ALL	1	
11044	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE	186.38	0.00	193.83	0.00	10	ALL	1	
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPL	53.61	0.00	55.75	0.00	0	ALL	1	
11440	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	61.08	0.00	63.52	0.00	10	ALL	1	B
11441	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	78.95	0.00	82.10	0.00	10	ALL	1	B
11442	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	88.97	0.00	92.52	0.00	10	ALL	1	B
11443	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	106.05	0.00	110.29	0.00	10	ALL	1	
11444	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	132.37	0.00	137.66	0.00	10	ALL	1	
11446	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	181.47	0.00	188.72	0.00	10	ALL	1	B
11640	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LI	94.07	0.00	97.83	0.00	10	ALL	1	
11641	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LI	116.26	0.00	120.91	0.00	10	ALL	1	
11642	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LI	133.55	0.00	138.89	0.00	10	ALL	1	
11643	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LI	155.54	0.00	161.76	0.00	10	ALL	1	
11644	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LI	190.89	0.00	198.52	0.00	10	ALL	1	
11646	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LI	249.42	0.00	259.39	0.00	10	ALL	1	
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND	75.41	0.00	78.42	0.00	10	ALL	1	
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND	83.47	0.00	86.80	0.00	10	ALL	1	
12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	98.00	0.00	101.92	0.00	10	ALL	1	
12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	122.94	0.00	127.85	0.00	10	ALL	1	
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	146.70	0.00	152.56	0.00	10	ALL	1	
12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	131.39	0.00	136.64	0.00	10	ALL	1	
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	160.84	0.00	167.27	0.00	10	ALL	1	AS
12051	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS M	133.74	0.00	139.08	0.00	10	ALL	1	
12052	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	154.56	0.00	160.74	0.00	10	ALL	1	
12053	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	171.45	0.00	178.30	0.00	10	ALL	1	
12054	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	180.09	0.00	187.29	0.00	10	ALL	1	
12055	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	214.85	0.00	223.44	0.00	10	ALL	1	
12056	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	237.04	0.00	246.52	0.00	10	ALL	1	
12057	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	274.95	0.00	285.94	0.00	10	ALL	1	AS
13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H	178.52	0.00	185.66	0.00	10	ALL	1	
13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H	290.07	0.00	301.67	0.00	10	ALL	1	
13133	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H	83.47	0.00	86.80	0.00	0	ALL	3	
13150	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS	174.40	0.00	181.37	0.00	10	ALL	1	

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13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM	202.68	0.00	210.78	0.00	10	ALL	1	
13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM	281.62	0.00	292.88	0.00	10	ALL	1	
13153	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR L	91.32	0.00	94.97	0.00	0	ALL	2	
14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT	360.77	0.00	375.20	0.00	90	ALL	1	
14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT	482.34	0.00	501.63	0.00	90	ALL	1	
14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N	379.43	0.00	394.60	0.00	90	ALL	1	
14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N	532.61	0.00	553.91	0.00	90	ALL	1	
14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;	382.77	0.00	398.08	0.00	90	ALL	1	
14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;	578.18	0.00	601.30	0.00	90	ALL	1	
14300	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL OR C	551.66	0.00	573.72	0.00	90	ALL	1	
15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR O	411.05	0.00	427.49	0.00	90	ALL	1	
15120	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	460.54	0.00	478.96	0.00	90	ALL	1	
15121	SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA	127.65	0.00	132.75	0.00	90	ALL	20	
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA	454.06	0.00	472.22	0.00	90	ALL	1	
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA	90.93	0.00	94.56	0.00	90	ALL	10	
15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, E	494.12	0.00	513.88	0.00	90	ALL	1	
15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, E	106.25	0.00	110.50	0.00	90	ALL	10	
15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD, C	436.38	0.00	453.83	0.00	90	ALL	1	
15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEE	203.66	0.00	211.80	0.00	90	ALL	1	
15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE,	222.31	0.00	231.20	0.00	90	ALL	1	
15732	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALI	720.17	0.00	748.97	0.00	90	ALL	1	AS
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	751.00	0.00	781.04	0.00	90	ALL	1	AS
15740	FLAP; ISLAND PEDICLE	507.28	0.00	527.57	0.00	90	ALL	1	
16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQU	39.08	0.00	40.64	0.00	0	ALL	1	
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	40.65	0.00	42.27	0.00	10	ALL	1	
17003	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETT	3.54	0.00	3.68	0.00	0	ALL	13	
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	85.63	0.00	89.05	0.00	10	ALL	1	
17280	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGE	71.09	0.00	73.93	0.00	10	ALL	1	
17281	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,	89.95	0.00	93.54	0.00	10	ALL	1	
17282	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,	104.48	0.00	108.65	0.00	10	ALL	1	
17283	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,	125.10	0.00	130.10	0.00	10	ALL	1	
20000	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFIC	101.53	0.00	105.59	0.00	10	ALL	1	
20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR C	151.42	0.00	157.47	0.00	10	ALL	1	
20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS P	38.49	0.00	40.02	0.00	0	ALL	1	
20240	BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS,	113.51	0.00	118.05	0.00	10	ALL	1	
20245	BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)	312.26	0.00	324.75	0.00	10	ALL	1	
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	91.52	0.00	95.18	0.00	10	ALL	1	
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	217.40	0.00	226.09	0.00	10	ALL	1	
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)	25.33	0.00	26.34	0.00	0	ALL	1	
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	28.08	0.00	29.20	0.00	0	ALL	1	
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (E	29.46	0.00	30.63	0.00	0	ALL	1	B
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING	99.57	0.00	103.55	0.00	10	ALL	1	
20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P	170.66	73.25	177.48	76.18	10	ALL	1	
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, RO	287.12	0.00	298.60	0.00	90	ALL	1	B
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE	211.12	0.00	219.56	0.00	0	ALL	1	AS

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20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	201.50	0.00	209.56	0.00	90	ALL	1	
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	314.42	0.00	326.99	0.00	90	ALL	1	AS
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	297.53	0.00	309.43	0.00	90	ALL	1	AS
20910	CARTILAGE GRAFT; COSTOCHONDRAL	212.30	0.00	220.79	0.00	90	ALL	1	
20912	CARTILAGE GRAFT; NASAL SEPTUM	233.12	0.00	242.44	0.00	90	ALL	1	
20999	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL	0.00	0.00	0.00	0.00	90	ALL	1	R
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	353.11	0.00	367.23	0.00	90	ALL	1	B
21015	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR	208.96	0.00	217.31	0.00	90	ALL	1	
21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE	489.60	0.00	509.18	0.00	90	ALL	1	
21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)	292.23	0.00	303.91	0.00	90	ALL	1	
21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA	364.11	0.00	378.67	0.00	90	ALL	1	
21030	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION AND CU	246.27	0.00	256.12	0.00	90	ALL	1	
21031	EXCISION OF TORUS MANDIBULARIS	190.89	0.00	198.52	0.00	90	ALL	1	
21032	EXCISION OF MAXILLARY TORUS PALATINUS	192.86	0.00	200.57	0.00	90	ALL	1	
21034	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA	632.38	0.00	657.67	0.00	90	ALL	1	AS
21040	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND/OR CURETTA	247.65	0.00	257.55	0.00	90	ALL	1	
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	418.90	0.00	435.65	0.00	90	ALL	1	AS
21045	EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION	585.83	0.00	609.26	0.00	90	ALL	1	AS
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM	541.06	0.00	562.70	0.00	90	ALL	1	AS
21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOM	626.09	0.00	651.13	0.00	90	ALL	1	
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY	544.40	0.00	566.17	0.00	90	ALL	1	AS
21049	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY	587.60	0.00	611.10	0.00	90	ALL	1	AS
21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	418.12	0.00	434.84	0.00	90	ALL	1	B
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCED	390.82	0.00	406.45	0.00	90	ALL	1	B
21070	CORONOIDECTOMY (SEPARATE PROCEDURE)	313.83	0.00	326.38	0.00	90	ALL	1	B
21076	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	458.97	0.00	477.32	0.00	10	ALL	1	
21077	IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS	1119.63	0.00	1164.41	0.00	90	ALL	1	B
21079	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS	772.99	0.00	803.90	0.00	90	ALL	1	
21080	IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS	881.99	0.00	917.26	0.00	90	ALL	1	
21081	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS	803.24	0.00	835.36	0.00	90	ALL	1	
21082	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS	765.53	0.00	796.15	0.00	90	ALL	1	
21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS	725.66	0.00	754.68	0.00	90	ALL	1	
21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	337.01	0.00	350.49	0.00	90	ALL	1	
21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	815.61	0.00	848.23	0.00	90	ALL	1	B
21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	815.02	0.00	847.62	0.00	90	ALL	1	
21088	IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS	0.00	0.00	0.00	0.00	90	ALL	1	R
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	0.00	0.00	0.00	0.00	90	ALL	1	R
21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES RE	366.47	0.00	381.12	0.00	90	ALL	1	
21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTU	388.66	0.00	404.20	0.00	90	ALL	1	
21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	377.66	0.00	392.76	0.00	90	ALL	1	R AS
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	365.48	0.00	380.09	0.00	90	ALL	1	AS
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSI	427.54	0.00	444.64	0.00	90	ALL	1	AS
21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR	654.37	0.00	680.54	0.00	90	ALL	1	AS
21142	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC	648.29	0.00	674.22	0.00	90	ALL	1	AS
21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN	612.94	0.00	637.45	0.00	90	ALL	1	AS

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21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR	770.05	0.00	800.85	0.00	90	ALL	1	AS
21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC	722.72	0.00	751.62	0.00	90	ALL	1	AS
21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN	819.74	0.00	852.52	0.00	90	ALL	1	AS
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS	812.86	0.00	845.37	0.00	90	ALL	1	AS
21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN	838.98	0.00	872.53	0.00	90	ALL	1	AS
21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	1086.44	0.00	1129.89	0.00	90	ALL	1	AS
21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	1078.58	0.00	1121.72	0.00	90	ALL	1	AS
21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A	1300.11	0.00	1352.11	0.00	90	ALL	1	AS
21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A	1477.65	0.00	1536.75	0.00	90	ALL	1	AS
21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT	893.78	0.00	929.53	0.00	90	ALL	1	AS
21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD	1010.24	0.00	1050.64	0.00	90	ALL	1	AS
21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI	717.02	0.00	745.70	0.00	90	ALL	1	AS
21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI	819.54	0.00	852.32	0.00	90	ALL	1	AS
21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS	365.29	0.00	379.90	0.00	90	ALL	1	
21182	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	975.28	0.00	1014.29	0.00	90	ALL	1	AS
21183	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	1092.33	0.00	1136.02	0.00	90	ALL	1	AS
21184	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	1288.91	0.00	1340.46	0.00	90	ALL	1	AS
21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFT	777.71	0.00	808.81	0.00	90	ALL	1	AS
21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS	605.28	0.00	629.49	0.00	90	ALL	1	AS
21194	RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" O	688.35	0.00	715.88	0.00	90	ALL	1	AS
21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE	667.53	0.00	694.23	0.00	90	ALL	1	AS
21196	RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX	707.79	0.00	736.10	0.00	90	ALL	1	AS
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	552.45	0.00	574.54	0.00	90	ALL	1	AS
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	490.39	0.00	510.00	0.00	90	ALL	1	AS
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	548.72	0.00	570.66	0.00	90	ALL	1	AS
21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETI	876.89	0.00	911.96	0.00	90	ALL	1	PA
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	1107.65	0.00	1151.95	0.00	90	ALL	1	
21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	1956.25	423.62	2034.50	440.56	90	ALL	1	
21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTA	378.84	0.00	393.99	0.00	90	ALL	1	PA
21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	349.58	0.00	363.56	0.00	90	ALL	1	PA
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES	543.22	0.00	564.94	0.00	90	ALL	1	B
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	492.16	0.00	511.84	0.00	90	ALL	1	B
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	814.24	0.00	846.80	0.00	90	ALL	1	B
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN	504.14	0.00	524.30	0.00	90	ALL	1	AS
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	541.06	0.00	562.70	0.00	90	ALL	1	AS
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	411.24	0.00	427.68	0.00	90	ALL	1	AS
21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN	765.92	0.00	796.55	0.00	90	ALL	1	AS
21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND	524.95	0.00	545.94	0.00	90	ALL	1	PA
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND	732.73	0.00	762.03	0.00	90	ALL	1	PA
21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE	668.51	0.00	695.25	0.00	90	ALL	1	AS
21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFT	567.57	0.00	590.27	0.00	90	ALL	1	AS
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	441.29	0.00	458.94	0.00	90	ALL	1	AS
21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER	90.14	0.00	93.74	0.00	90	ALL	1	
21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER	206.21	0.00	214.45	0.00	90	ALL	1	
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	0.00	0.00	0.00	0.00	90	ALL	1	R

CODE	DESCRIPTION	21+ MAX FEE	21+ PC FEE	00-20 MAX FEE	00-20 PC FEE	FUD	AGE*	MAX UNITS	SPEC
21315	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH OUT STABILIZATION	125.49	0.00	130.50	0.00	10	ALL	1	
21320	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION	119.80	0.00	124.59	0.00	10	ALL	1	
21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED	219.37	0.00	228.14	0.00	90	ALL	1	
21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNA	270.23	0.00	281.03	0.00	90	ALL	1	
21335	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTU	343.49	0.00	357.22	0.00	90	ALL	1	
21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	301.46	0.00	313.51	0.00	90	ALL	1	
21340	PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE O	386.69	0.00	402.15	0.00	90	ALL	1	
21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE	555.00	0.00	577.20	0.00	90	ALL	1	AS
21344	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR WALL)	729.99	0.00	759.18	0.00	90	ALL	1	AS
21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH I	383.94	0.00	399.29	0.00	90	ALL	1	
21346	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIR	458.97	0.00	477.32	0.00	90	ALL	1	
21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIN	521.81	0.00	542.68	0.00	90	ALL	1	AS
21348	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON	513.37	0.00	533.90	0.00	90	ALL	1	AS
21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH	202.09	0.00	210.17	0.00	10	ALL	1	
21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH)	235.67	0.00	245.09	0.00	10	ALL	1	
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MA	257.66	0.00	267.96	0.00	90	ALL	1	AS
21365	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FO	536.74	0.00	558.20	0.00	90	ALL	1	AS
21366	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FO	616.67	0.00	641.33	0.00	90	ALL	1	AS
21385	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH	342.51	0.00	356.21	0.00	90	ALL	1	AS
21386	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	319.92	0.00	332.71	0.00	90	ALL	1	AS
21387	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH	362.54	0.00	377.04	0.00	90	ALL	1	AS
21390	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH,	375.89	0.00	390.92	0.00	90	ALL	1	AS
21395	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	471.73	0.00	490.59	0.00	90	ALL	1	AS
21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATIO	219.76	0.00	228.55	0.00	90	ALL	1	AS
21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT	311.08	0.00	323.52	0.00	90	ALL	1	AS
21408	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING	435.79	0.00	453.22	0.00	90	ALL	1	AS
21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INT	366.27	0.00	380.92	0.00	90	ALL	1	
21422	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);	323.85	0.00	336.80	0.00	90	ALL	1	AS
21423	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATE	380.80	0.00	396.03	0.00	90	ALL	1	AS
21431	CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDE	350.36	0.00	364.37	0.00	90	ALL	1	AS
21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AN	330.53	0.00	343.75	0.00	90	ALL	1	AS
21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E	814.63	0.00	847.21	0.00	90	ALL	1	AS
21435	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U	642.98	0.00	668.69	0.00	90	ALL	1	AS
21436	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, M	934.04	0.00	971.40	0.00	90	ALL	1	AS
21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARA	274.16	0.00	285.12	0.00	90	ALL	1	
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE	379.23	0.00	394.39	0.00	90	ALL	1	AS
21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION	373.54	0.00	388.48	0.00	90	ALL	1	
21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION	430.10	0.00	447.30	0.00	90	ALL	1	
21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	270.04	0.00	280.84	0.00	90	ALL	1	
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	1005.72	0.00	1045.94	0.00	90	ALL	1	AS
21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	1068.37	0.00	1111.10	0.00	90	ALL	1	AS
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	447.77	0.00	465.68	0.00	90	ALL	1	AS
21470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPR	578.76	0.00	601.91	0.00	90	ALL	1	AS
21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE	339.36	0.00	352.93	0.00	90	ALL	1	B
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	444.43	0.00	462.20	0.00	90	ALL	1	B

CODE	DESCRIPTION	21+ MAX FEE	21+ PC FEE	00-20 MAX FEE	00-20 PC FEE	FUD	AGE*	MAX UNITS	SPEC
21495	OPEN TREATMENT OF HYOID FRACTURE	327.19	0.00	340.27	0.00	90	ALL	1	AS
21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	332.49	0.00	345.78	0.00	90	ALL	1	
21499	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD	0.00	0.00	0.00	0.00	90	ALL	1	R
21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH	209.94	0.00	218.33	0.00	90	ALL	1	
21550	BIOPSY, SOFT TISSUE OF NECK OR THORAX	127.65	0.00	132.75	0.00	10	ALL	1	
29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL	249.02	0.00	258.98	0.00	90	ALL	1	B
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	310.10	0.00	322.50	0.00	90	ALL	1	B
30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	177.34	0.00	184.43	0.00	90	ALL	1	B
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONT	289.28	0.00	300.85	0.00	90	ALL	1	
30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)	311.08	0.00	323.52	0.00	90	ALL	1	
30600	REPAIR FISTULA; ORONASAL	280.64	0.00	291.86	0.00	90	ALL	1	
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUT	115.28	0.00	119.89	0.00	0	ALL	1	
30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAU	130.21	0.00	135.41	0.00	0	ALL	1	
30920	LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL	393.96	0.00	409.71	0.00	90	ALL	1	
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS(ANTRUM PUNCTURE OR NATURAL OSTIUM)	83.86	0.00	87.21	0.00	10	ALL	1	B
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL	222.90	0.00	231.81	0.00	90	ALL	1	B
31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL O	320.90	0.00	333.73	0.00	90	ALL	1	B
31032	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF A	269.64	0.00	280.42	0.00	90	ALL	1	B
31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH	350.17	0.00	364.17	0.00	90	ALL	1	
31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	593.30	0.00	617.03	0.00	90	ALL	1	B
31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	531.24	0.00	552.48	0.00	90	ALL	1	B
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	407.12	0.00	423.40	0.00	90	ALL	1	B
31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	875.51	0.00	910.53	0.00	90	ALL	1	B
31230	MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC)	974.30	0.00	1013.27	0.00	90	ALL	1	B
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	57.74	0.00	60.04	0.00	0	ALL	1	
31510	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH BIOPSY	99.37	0.00	103.34	0.00	0	ALL	1	
31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION	98.39	0.00	102.32	0.00	0	ALL	1	
31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBO	119.41	0.00	124.18	0.00	0	ALL	1	
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	92.70	0.00	96.40	0.00	0	ALL	1	
31603	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL	112.14	0.00	116.62	0.00	0	ALL	1	
31605	TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE	94.27	0.00	98.04	0.00	0	ALL	1	
38700	SUPRAHYOID LYMPHADENECTOMY	381.19	0.00	396.43	0.00	90	ALL	1	B
38720	CERVICAL LYMPHADENECTOMY (COMPLETE)	634.34	0.00	659.71	0.00	90	ALL	1	B
38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	687.37	0.00	714.86	0.00	90	ALL	1	B
40490	BIOPSY OF LIP	65.99	0.00	68.62	0.00	0	ALL	1	
40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT	245.88	0.00	255.71	0.00	90	ALL	1	
40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE	231.94	0.00	241.21	0.00	90	ALL	1	
40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE	237.83	0.00	247.34	0.00	90	ALL	1	
40525	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLAN	271.02	0.00	281.86	0.00	90	ALL	1	
40527	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP (ABBE-E	316.98	0.00	329.65	0.00	90	ALL	1	
40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	262.18	0.00	272.66	0.00	90	ALL	1	
40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY	196.59	0.00	204.45	0.00	90	ALL	1	
40652	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT	233.90	0.00	243.25	0.00	90	ALL	1	
40654	REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX	276.91	0.00	287.98	0.00	90	ALL	1	
40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE,	476.05	0.00	495.09	0.00	90	ALL	1	

CODE	DESCRIPTION	21+ MAX FEE	21+ PC FEE	00-20 MAX FEE	00-20 PC FEE	FUD	AGE*	MAX UNITS	SPEC
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE P	591.53	0.00	615.19	0.00	90	ALL	1	AS
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO	444.63	0.00	462.41	0.00	90	ALL	1	AS
40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DE	501.98	0.00	522.05	0.00	90	ALL	1	B
40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (A	523.97	0.00	544.92	0.00	90	ALL	1	
40799	UNLISTED PROCEDURE, LIPS	0.00	0.00	0.00	0.00	90	ALL	1	R AS
40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE	101.14	0.00	105.18	0.00	10	ALL	1	
40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED	152.01	0.00	158.09	0.00	10	ALL	1	
40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE	98.20	0.00	102.12	0.00	10	ALL	1	
40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED	159.27	0.00	165.64	0.00	10	ALL	1	
40808	BIOPSY, VESTIBULE OF MOUTH	90.34	0.00	93.95	0.00	10	ALL	1	
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REP	98.78	0.00	102.73	0.00	10	ALL	1	
40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE	139.83	0.00	145.42	0.00	10	ALL	1	
40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE	186.38	0.00	193.83	0.00	90	ALL	1	
40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI	194.43	0.00	202.20	0.00	90	ALL	1	
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	171.06	0.00	177.90	0.00	90	ALL	1	
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOM	149.45	0.00	155.42	0.00	90	ALL	1	
40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG	128.64	0.00	133.78	0.00	10	ALL	1	
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS	119.01	0.00	123.77	0.00	10	ALL	1	
40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX	160.06	0.00	166.46	0.00	10	ALL	1	
40840	VESTIBULOPLASTY; ANTERIOR	396.12	0.00	411.96	0.00	90	ALL	1	AS
40842	VESTIBULOPLASTY; POSTERIOR, UNILATERAL	390.23	0.00	405.83	0.00	90	ALL	1	
40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL	507.28	0.00	527.57	0.00	90	ALL	1	AS
40844	VESTIBULOPLASTY; ENTIRE ARCH	656.93	0.00	683.20	0.00	90	ALL	1	AS
40845	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)	717.02	0.00	745.70	0.00	90	ALL	1	
40899	UNLISTED PROCEDURE, VESTIBULE OF MOUTH	0.00	0.00	0.00	0.00	90	ALL	1	R
41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	77.38	0.00	80.47	0.00	10	ALL	1	
41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	110.37	0.00	114.78	0.00	10	ALL	1	
41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	175.38	0.00	182.39	0.00	90	ALL	1	
41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	172.63	0.00	179.53	0.00	90	ALL	1	
41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	181.47	0.00	188.72	0.00	90	ALL	1	
41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	194.62	0.00	202.40	0.00	90	ALL	1	
41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)	88.57	0.00	92.11	0.00	10	ALL	1	
41015	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF M	209.75	0.00	218.14	0.00	90	ALL	1	
41016	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF M	212.50	0.00	221.00	0.00	90	ALL	1	
41017	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF M	215.44	0.00	224.05	0.00	90	ALL	1	
41018	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF M	243.33	0.00	253.06	0.00	90	ALL	1	
41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS	80.91	0.00	84.14	0.00	10	ALL	1	
41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	81.31	0.00	84.56	0.00	10	ALL	1	
41108	BIOPSY OF FLOOR OF MOUTH	70.11	0.00	72.91	0.00	10	ALL	1	
41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	100.75	0.00	104.78	0.00	10	ALL	1	
41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS	160.45	0.00	166.86	0.00	90	ALL	1	
41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD	176.16	0.00	183.20	0.00	90	ALL	1	
41114	EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP	305.58	0.00	317.80	0.00	90	ALL	1	
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	121.76	0.00	126.63	0.00	10	ALL	1	
41116	EXCISION, LESION OF FLOOR OF MOUTH	157.51	0.00	163.81	0.00	90	ALL	1	

CODE	DESCRIPTION	21+ MAX FEE	21+ PC FEE	00-20 MAX FEE	00-20 PC FEE	FUD	AGE*	MAX UNITS	SPEC
41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	491.17	0.00	510.81	0.00	90	ALL	1	AS
41130	GLOSSECTOMY; HEMIGLOSSECTOMY	611.17	0.00	635.61	0.00	90	ALL	1	AS
41135	GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION	1018.68	0.00	1059.42	0.00	90	ALL	1	AS
41140	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT RADIC	1033.80	0.00	1075.15	0.00	90	ALL	1	AS
41145	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH UNILATER	1311.11	0.00	1363.55	0.00	90	ALL	1	AS
41150	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND MANDIBUL	1037.53	0.00	1079.03	0.00	90	ALL	1	AS
41153	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH SUPRAH	1127.68	0.00	1172.78	0.00	90	ALL	1	AS
41155	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIBULAR	1410.09	0.00	1466.49	0.00	90	ALL	1	AS
41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-TH	115.87	0.00	120.50	0.00	10	ALL	1	
41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE	111.16	0.00	115.60	0.00	10	ALL	1	
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX	149.85	0.00	155.84	0.00	10	ALL	1	
41500	FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE)	207.78	0.00	216.09	0.00	90	ALL	1	
41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)	210.14	0.00	218.54	0.00	90	ALL	1	
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)	172.04	0.00	178.92	0.00	90	ALL	1	
41599	UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH	0.00	0.00	0.00	0.00	90	ALL	1	R
41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	119.21	0.00	123.97	0.00	10	ALL	1	
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUE	120.39	0.00	125.20	0.00	10	ALL	1	
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	176.95	0.00	184.02	0.00	10	ALL	1	
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES	73.84	0.00	76.79	0.00	0	ALL	1	
41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	143.76	0.00	149.51	0.00	10	ALL	1	
41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	208.17	0.00	216.49	0.00	90	ALL	1	
41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES	100.55	0.00	104.57	0.00	10	ALL	1	
41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES	152.60	0.00	158.70	0.00	10	ALL	1	
41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES	209.75	0.00	218.14	0.00	90	ALL	1	
41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES	15.60	0.00	16.22	0.00	0	ALL	1	
41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)	183.43	0.00	190.76	0.00	90	ALL	1	
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	0.00	0.00	0.00	0.00	90	ALL	1	R
42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	72.86	0.00	75.77	0.00	10	ALL	1	
42100	BIOPSY OF PALATE, UVULA	71.68	0.00	74.54	0.00	10	ALL	1	
42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE	103.11	0.00	107.23	0.00	10	ALL	1	
42106	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE	133.15	0.00	138.47	0.00	10	ALL	1	
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	466.04	0.00	484.68	0.00	90	ALL	1	AS
42140	UVULECTOMY, EXCISION OF UVULA	118.23	0.00	122.95	0.00	90	ALL	1	
42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	336.42	0.00	349.87	0.00	90	ALL	1	
42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)	110.37	0.00	114.78	0.00	10	ALL	1	
42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM	116.85	0.00	121.52	0.00	10	ALL	1	
42182	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX	162.81	0.00	169.32	0.00	10	ALL	1	
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	430.88	0.00	448.11	0.00	90	ALL	1	AS
42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE	446.79	0.00	464.66	0.00	90	ALL	1	AS
42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GR	529.27	0.00	550.44	0.00	90	ALL	1	AS
42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	344.27	0.00	358.04	0.00	90	ALL	1	AS
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	286.73	0.00	298.19	0.00	90	ALL	1	AS
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	444.63	0.00	462.41	0.00	90	ALL	1	AS
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	445.61	0.00	463.43	0.00	90	ALL	1	AS
42227	LENGTHENING OF PALATE, WITH ISLAND FLAP	403.98	0.00	420.13	0.00	90	ALL	1	AS



CODE	DESCRIPTION	21+ MAX FEE	21+ PC FEE	00-20 MAX FEE	00-20 PC FEE	FUD	AGE*	MAX UNITS	SPEC
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	372.75	0.00	387.66	0.00	90	ALL	1	AS
42260	REPAIR OF NASOLABIAL FISTULA	412.62	0.00	429.12	0.00	90	ALL	1	AS
42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	78.56	0.00	81.70	0.00	10	ALL	1	
42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	97.21	0.00	101.09	0.00	10	ALL	1	
42299	UNLISTED PROCEDURE, PALATE, UVULA	0.00	0.00	0.00	0.00	90	ALL	1	R AS
42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE	98.98	0.00	102.93	0.00	10	ALL	1	
42305	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED	205.23	0.00	213.43	0.00	90	ALL	1	
42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL	76.59	0.00	79.65	0.00	10	ALL	1	
42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL	120.58	0.00	125.40	0.00	10	ALL	1	
42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMP	110.37	0.00	114.78	0.00	10	ALL	1	
42335	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL	178.72	0.00	185.86	0.00	90	ALL	1	
42340	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL	223.30	0.00	232.23	0.00	90	ALL	1	
42400	BIOPSY OF SALIVARY GLAND; NEEDLE	53.42	0.00	55.55	0.00	0	ALL	1	
42405	BIOPSY OF SALIVARY GLAND; INCISIONAL	143.95	0.00	149.70	0.00	10	ALL	1	
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)	218.58	0.00	227.32	0.00	90	ALL	1	
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	160.84	0.00	167.27	0.00	90	ALL	1	AS
42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS	301.66	0.00	313.72	0.00	90	ALL	1	AS
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION A	535.95	0.00	557.38	0.00	90	ALL	1	AS
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES	613.53	0.00	638.07	0.00	90	ALL	1	AS
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SAC	403.19	0.00	419.31	0.00	90	ALL	1	AS
42426	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL	654.57	0.00	680.75	0.00	90	ALL	1	AS
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	219.37	0.00	228.14	0.00	90	ALL	1	AS
42450	EXCISION OF SUBLINGUAL GLAND	215.64	0.00	224.26	0.00	90	ALL	1	
42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE	207.59	0.00	215.89	0.00	90	ALL	1	
42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED	266.70	0.00	277.36	0.00	90	ALL	1	
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	247.45	0.00	257.34	0.00	90	ALL	1	AS
42508	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF	349.97	0.00	363.96	0.00	90	ALL	1	AS
42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF	419.10	0.00	435.86	0.00	90	ALL	1	
42510	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF	301.46	0.00	313.51	0.00	90	ALL	1	AS
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	32.80	0.00	34.11	0.00	0	ALL	1	
42600	CLOSURE SALIVARY FISTULA	231.74	0.00	241.00	0.00	90	ALL	1	
42650	DILATION SALIVARY DUCT	40.06	0.00	41.66	0.00	0	ALL	1	
42660	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION	51.85	0.00	53.92	0.00	0	ALL	1	
42665	LIGATION SALIVARY DUCT, INTRAORAL	148.08	0.00	154.00	0.00	90	ALL	1	
42699	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS	0.00	0.00	0.00	0.00	90	ALL	1	R AS
42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR	88.97	0.00	92.52	0.00	10	ALL	1	
42720	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL	217.80	0.00	226.51	0.00	10	ALL	1	
42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL	390.43	0.00	406.04	0.00	90	ALL	1	AS
42900	SUTURE PHARYNX FOR WOUND OR INJURY	167.13	0.00	173.81	0.00	10	ALL	1	
61586	BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERIOR CR	1096.06	0.00	1139.90	0.00	90	ALL	1	AS
64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH	50.47	0.00	52.48	0.00	0	ALL	1	
64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBIT	177.54	0.00	184.64	0.00	10	ALL	1	
64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	249.81	0.00	259.80	0.00	90	ALL	1	AS
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	158.09	0.00	164.41	0.00	90	ALL	1	AS
64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE	216.23	0.00	224.87	0.00	90	ALL	1	

CODE	DESCRIPTION	21+ MAX FEE	21+ PC FEE	00-20 MAX FEE	00-20 PC FEE	FUD	AGE*	MAX UNITS	SPEC
64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	187.75	0.00	195.26	0.00	90	ALL	1	AS
64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	228.21	0.00	237.33	0.00	90	ALL	1	AS
64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE	220.94	0.00	229.77	0.00	90	ALL	1	AS
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	233.51	0.00	242.85	0.00	90	ALL	1	AS
64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM IN LEN	643.57	0.00	669.31	0.00	90	ALL	1	AS
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	15.71	4.52	16.33	4.70	0	ALL	1	
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	20.62	6.48	21.44	6.73	0	ALL	1	
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	14.73	4.71	15.31	4.89	0	ALL	1	
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	22.00	6.68	22.88	6.94	0	ALL	1	
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	16.69	4.32	17.35	4.49	0	ALL	1	
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	7.27	2.75	7.56	2.86	0	ALL	1	
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	19.84	4.32	20.63	4.49	0	ALL	1	
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	24.35	5.70	25.32	5.92	0	ALL	1	
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNI	15.71	4.71	16.33	4.89	0	ALL	1	
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BIL	24.75	6.28	25.74	6.53	0	ALL	1	
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRE	41.24	14.14	42.88	14.70	0	ALL	1	
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)	270.23	38.69	281.03	40.23	0	ALL	1	
70350	CEPHALOGRAM, ORTHODONTIC	10.21	4.52	10.61	4.70	0	ALL	1	
70355	ORTHOPANTOGRAM	10.61	5.30	11.03	5.51	0	ALL	1	
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	20.03	4.52	20.83	4.70	0	ALL	1	
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	53.22	10.02	55.34	10.42	0	ALL	1	
70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	153.77	29.66	159.92	30.84	0	ALL	1	
70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S	187.55	33.98	195.05	35.33	0	ALL	1	
70488	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE	228.99	36.92	238.14	38.39	0	ALL	1	
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT	300.28	35.15	312.29	36.55	0	ALL	1	
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPEC	82.68	33.78	85.98	35.13	0	ALL	1	
88160	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION	28.08	12.77	29.20	13.28	0	ALL	1	
88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	58.52	19.44	60.86	20.21	0	ALL	10	
88307	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	121.17	41.83	126.01	43.50	0	ALL	7	
88311	DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL	10.02	6.28	10.42	6.53	0	ALL	5	
88312	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE); G	59.51	13.94	61.89	14.49	0	ALL	6	
88321	CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE	47.53	0.00	49.43	0.00	0	ALL	1	
88342	IMMUNOHISTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBODY	57.15	21.80	59.43	22.67	0	ALL	5	
88346	IMMUNOFLOUORESCENT STUDY, EACH ANTIBODY; DIRECT METHOD	55.97	22.00	58.20	22.88	0	ALL	1	
92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)	74.43	0.00	77.40	0.00	0	ALL	1	
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND; NON-SELECTIVE DEBRIDEMENT, WITHOU	20.70	0.00	21.52	0.00	0	ALL	1	
99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER	0.00	0.00	0.00	0.00	0	ALL	0	R
99143	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	53.36	0.00	55.49	0.00	0	ALL	1	R
99144	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	53.36	0.00	55.49	0.00	0	ALL	1	R
99145	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	26.68	0.00	27.74	0.00	0	ALL	4	R
99148	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	53.36	0.00	55.49	0.00	0	ALL	1	R
99149	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	53.36	0.00	55.49	0.00	0	ALL	1	R
99150	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES	26.68	0.00	27.74	0.00	0	ALL	4	R
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	31.20	0.00	32.44	0.00	0	ALL	1	
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	32.71	0.00	34.01	0.00	0	ALL	1	

CODE	DESCRIPTION	21+ MAX FEE	21+ PC FEE	00-20 MAX FEE	00-20 PC FEE	FUD	AGE*	MAX UNITS	SPEC
99203	OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED	48.68	0.00	50.62	0.00	0	ALL	1	
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	68.84	0.00	71.59	0.00	0	ALL	1	
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	87.48	0.00	90.97	0.00	0	ALL	1	
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	12.48	0.00	12.97	0.00	0	ALL	1	
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	21.84	0.00	22.71	0.00	0	ALL	1	
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	26.61	0.00	27.67	0.00	0	ALL	1	
99214	OFFICE OR OUTPATIENT VISIT FOR THE EVAL AND MANAGEMENT OF AN EST. PATIENT,	41.46	0.00	43.11	0.00	0	ALL	1	
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	60.28	0.00	62.69	0.00	0	ALL	1	
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	49.29	0.00	51.26	0.00	0	ALL	1	
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	66.58	0.00	69.24	0.00	0	ALL	1	
99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	98.59	0.00	102.53	0.00	0	ALL	1	
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	20.23	0.00	21.03	0.00	0	ALL	1	
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	36.73	0.00	38.19	0.00	0	ALL	1	
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	52.44	0.00	54.53	0.00	0	ALL	1	
99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	35.94	0.00	37.37	0.00	0	ALL	1	
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	52.24	0.00	54.32	0.00	0	ALL	1	
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	26.51	0.00	27.57	0.00	0	ALL	1	
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	49.69	0.00	51.67	0.00	0	ALL	1	
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	67.95	0.00	70.66	0.00	0	ALL	1	
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	100.94	0.00	104.97	0.00	0	ALL	1	
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	123.33	0.00	128.26	0.00	0	ALL	1	
99251	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	26.91	0.00	27.98	0.00	0	ALL	1	
99252	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	41.24	0.00	42.88	0.00	0	ALL	1	
99253	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	62.85	0.00	65.36	0.00	0	ALL	1	
99254	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	91.13	0.00	94.77	0.00	0	ALL	1	
99255	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	110.18	0.00	114.58	0.00	0	ALL	1	
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	14.23	0.00	14.79	0.00	0	ALL	1	
99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	22.04	0.00	22.92	0.00	0	ALL	1	
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	40.62	0.00	42.24	0.00	0	ALL	1	
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	62.20	0.00	64.68	0.00	0	ALL	1	
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	98.01	0.00	101.93	0.00	0	ALL	1	