

**Dental Oral/Maxillofacial Surgery Fee Schedule**  
Effective January 1, 2009

Code	Description	00-20 Max Fee	00-20 PC Fee	21+ Max Fee	21+ PC Fee	Age	Units	Spec
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARVUNCLE,SUPPURATIVE HIDRADENITIS,	56.79		54.61		All	1	
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	96.09		92.39		All	1	B
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	66.36		63.81		All	1	
10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED	131.72		126.65		All	1	
11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRAC	237.58		228.44		All	1	
11040	DEBRIDEMENT; SKIN, PARTIAL THICKNESS	24.84		23.88		All	1	
11041	DEBRIDEMENT; SKIN, FULL THICKNESS	28.51		27.41		All	1	
11042	DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE	38.07		36.61		All	1	
11043	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE	138.64		133.31		All	1	
11044	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE	190.95		183.61		All	1	
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPL	54.96		52.85		All	1	
11440	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	62.91		60.49		All	1	B
11441	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	81.43		78.30		All	1	B
11442	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	92.23		88.68		All	1	B
11443	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	109.94		105.71		All	1	
11444	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	138.43		133.11		All	1	
11446	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	189.74		182.44		All	1	B
11640	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LI	96.70		92.98		All	1	
11641	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LI	119.91		115.30		All	1	
11642	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LI	137.82		132.52		All	1	
11643	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LI	161.03		154.84		All	1	
11644	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LI	197.88		190.27		All	1	
11646	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LI	259.77		249.78		All	1	
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND	77.16		74.19		All	1	

Code	Description	00-20 Max Fee	00-20 PC Fee	21+ Max Fee	21+ PC Fee	Age	Units	Spec
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND	85.51		82.22		All	1	
12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	100.78		96.90		All	1	
12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	126.63		121.76		All	1	
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	151.87		146.03		All	1	
12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	135.58		130.37		All	1	
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	170.81		164.24		All	1	AS
12051	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS M	137.82		132.52		All	1	
12052	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	159.20		153.08		All	1	
12053	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	176.91		170.11		All	1	
12054	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	185.26		178.13		All	1	
12055	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	220.48		212.00		All	1	
12056	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	250.20		240.58		All	1	
12057	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	288.07		276.99		All	1	AS
13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H	185.06		177.94		All	1	
13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H	300.28		288.73		All	1	
13133	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H	87.34		83.98		All	3	
13150	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS	180.58		173.63		All	1	
13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM	210.10		202.02		All	1	
13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM	291.94		280.71		All	1	
13153	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR L	95.48		91.81		All	2	
14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT	353.62		340.02		All	1	
14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT	450.12		432.81		All	1	
14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N	393.32		378.19		All	1	
14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N	550.89		529.70		All	1	
14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;	397.80		382.50		All	1	
14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;	597.65		574.66		All	1	
14300	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL OR C	570.64		548.69		All	1	
15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR O	423.45		407.16		All	1	
15120	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	476.99		458.64		All	1	

Code	Description	00-20 Max Fee	00-20 PC Fee	21+ Max Fee	21+ PC Fee	Age	Units	Spec
15121	SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA	130.08		125.08		All	20	
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA	471.49		453.36		All	1	
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA	93.85		90.24		All	10	
15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, E	513.43		493.68		All	1	
15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, E	109.73		105.51		All	10	
15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD, C	456.84		439.27		All	1	
15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEE	210.70		202.60		All	1	
15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE,	229.84		221.00		All	1	
15732	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALI	744.49		715.86		All	1	AS
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	773.60		743.85		All	1	AS
15740	FLAP; ISLAND PEDICLE	527.88		507.58		All	1	
16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQU	39.90		38.37		All	1	
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	41.74		40.13		All	1	
17003	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETT	3.66		3.52		All	13	
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	89.17		85.74		All	1	
17280	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGE	72.68		69.88		All	1	
17281	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,	92.42		88.87		All	1	
17282	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,	107.29		103.16		All	1	
17283	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS,	128.87		123.91		All	1	
20000	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFIC	104.23		100.22		All	1	
20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR C	155.95		149.95		All	1	
20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS P	41.45		39.86		All	1	
20240	BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS,	117.06		112.56		All	1	
20245	BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)	323.28		310.85		All	1	
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	94.46		90.83		All	1	
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	224.75		216.11		All	1	
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)	26.26		25.25		All	1	
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	29.32		28.19		All	1	
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (E	30.34		29.17		All	1	B

Code	Description	00-20 Max Fee	00-20 PC Fee	21+ Max Fee	21+ PC Fee	Age	Units	Spec
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING	101.59		97.68		All	1	
20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P	172.84	75.75	166.19	72.84	All	1	
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, RO	295.81		284.43		All	1	B
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE	555.37		534.01		All	1	AS
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	208.06		200.06		All	1	
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	325.47		312.95		All	1	AS
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	311.58		299.60		All	1	AS
20910	CARTILAGE GRAFT; COSTOCHONDRAL	221.70		213.17		All	1	
20912	CARTILAGE GRAFT; NASAL SEPTUM	246.13		236.66		All	1	
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	373.37		359.01		All	1	B
21015	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR	217.63		209.26		All	1	
21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE	509.24		489.65		All	1	
21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)	303.13		291.47		All	1	
21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA	382.12		367.42		All	1	
21030	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION AND CU	254.07		244.30		All	1	
21031	EXCISION OF TORUS MANDIBULARIS	196.86		189.29		All	1	
21032	EXCISION OF MAXILLARY TORUS PALATINUS	198.90		191.25		All	1	
21034	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA	672.02		646.17		All	1	AS
21040	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND/OR CURETTA	256.10		246.25		All	1	
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	448.08		430.85		All	1	AS
21045	EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION	625.60		601.54		All	1	AS
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM	563.31		541.64		All	1	AS
21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOM	664.89		639.32		All	1	
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY	567.58		545.75		All	1	AS
21049	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY	642.91		618.18		All	1	AS
21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	445.43		428.30		All	1	B
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCED	404.52		388.96		All	1	B AS
21070	CORONOIDECTOMY (SEPARATE PROCEDURE)	331.02		318.29		All	1	B
21076	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	483.30		464.71		All	1	

Code	Description	00-20 Max Fee	00-20 PC Fee	21+ Max Fee	21+ PC Fee	Age	Units	Spec
21077	IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS	1,179.35		1,133.99		All	1	B
21079	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS	811.68		780.46		All	1	
21080	IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS	923.85		888.32		All	1	
21081	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS	843.44		811.00		All	1	
21082	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS	798.24		767.54		All	1	
21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS	758.74		729.56		All	1	
21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	351.58		338.06		All	1	
21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	853.82		820.98		All	1	B
21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	851.78		819.02		All	1	
21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES RE	364.61		350.59		All	1	
21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTU	394.74		379.56		All	1	
21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	398.21		382.89		All	1	R AS
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	365.49		351.43		All	1	AS
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSI	434.10		417.40		All	1	AS
21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR	697.27		670.45		All	1	AS
21142	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC	686.47		660.07		All	1	AS
21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN	703.58		676.52		All	1	AS
21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR	801.90		771.06		All	1	AS
21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC	751.81		722.89		All	1	AS
21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN	879.06		845.25		All	1	AS
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS	862.98		829.79		All	1	AS
21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN	873.10		839.52		All	1	AS
21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	1,038.47		998.53		All	1	AS
21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	1,203.57		1,157.28		All	1	AS
21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A	1,450.10		1,394.33		All	1	AS
21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A	1,477.39		1,420.57		All	1	AS
21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT	938.31		902.22		All	1	AS
21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD	1,130.07		1,086.61		All	1	AS
21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI	763.02		733.67		All	1	AS

Code	Description	00-20 Max Fee	00-20 PC Fee	21+ Max Fee	21+ PC Fee	Age	Units	Spec
21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI	877.44		843.69		All	1	AS
21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS	362.98		349.02		All	1	
21182	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	1,049.66		1,009.29		All	1	AS
21183	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	1,186.27		1,140.64		All	1	AS
21184	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	1,268.92		1,220.12		All	1	AS
21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFT	827.35		795.53		All	1	AS
21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS	637.00		612.50		All	1	AS
21194	RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" O	729.02		700.98		All	1	AS
21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE	682.41		656.16		All	1	AS
21196	RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX	747.55		718.80		All	1	AS
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	590.39		567.68		All	1	AS
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	530.33		509.93		All	1	AS
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	579.80		557.50		All	1	AS
21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETI	924.47		888.91		All	1	PA
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	1,133.34		1,089.75		All	1	
21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	1,985.53	437.78	1,909.16	420.94	All	1	
21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTA	392.70		377.60		All	1	PA
21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	367.46		353.33		All	1	PA
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES	567.58		545.75		All	1	B AS
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	517.30		497.40		All	1	B AS
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	855.65		822.74		All	1	B AS
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN	535.22		514.63		All	1	AS
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	578.78		556.52		All	1	AS
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	433.42		416.75		All	1	AS
21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN	823.69		792.01		All	1	AS
21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND	552.12		530.88		All	1	PA
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLIND	758.74		729.56		All	1	PA
21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE	748.16		719.38		All	1	AS
21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFT	598.32		575.31		All	1	AS

Code	Description	00-20 Max Fee	00-20 PC Fee	21+ Max Fee	21+ PC Fee	Age	Units	Spec
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	459.27		441.61		All	1	AS
21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER	87.74		84.37		All	1	
21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETER	220.07		211.61		All	1	
21315	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH OUT STABILIZATION	132.53		127.43		All	1	
21320	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION	127.44		122.54		All	1	
21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED	228.22		219.44		All	1	
21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNA	280.95		270.14		All	1	
21335	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTU	371.33		357.05		All	1	
21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	320.24		307.92		All	1	
21340	PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE O	413.07		397.18		All	1	
21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE	576.54		554.37		All	1	AS
21344	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR WALL)	763.84		734.46		All	1	AS
21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH I	410.62		394.83		All	1	
21346	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIR	484.72		466.08		All	1	
21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIN	546.21		525.20		All	1	AS
21348	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON	598.94		575.90		All	1	AS
21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH	219.46		211.02		All	1	
21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH)	246.33		236.86		All	1	
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MA	269.74		259.37		All	1	AS
21365	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FO	563.71		542.03		All	1	AS
21366	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FO	631.72		607.42		All	1	AS
21385	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH	362.58		348.63		All	1	AS
21386	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	338.15		325.14		All	1	AS
21387	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH	375.20		360.77		All	1	AS
21390	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH,	392.51		377.41		All	1	AS
21395	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	496.33		477.24		All	1	AS
21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATIO	234.73		225.70		All	1	AS
21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT	325.32		312.81		All	1	AS
21408	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING	448.08		430.85		All	1	AS

Code	Description	00-20 Max Fee	00-20 PC Fee	21+ Max Fee	21+ PC Fee	Age	Units	Spec
21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INT	381.31		366.64		All	1	
21422	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);	339.57		326.51		All	1	AS
21423	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATE	402.07		386.61		All	1	AS
21431	CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDE	377.84		363.31		All	1	AS
21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AN	337.13		324.16		All	1	AS
21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E	869.90		836.44		All	1	AS
21435	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U	691.36		664.77		All	1	AS
21436	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, M	1,017.09		977.97		All	1	AS
21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARA	281.35		270.53		All	1	
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE	392.30		377.21		All	1	AS
21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION	383.34		368.60		All	1	
21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION	443.60		426.54		All	1	
21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	281.96		271.12		All	1	
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	1,041.92		1,001.85		All	1	AS
21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	1,111.55		1,068.80		All	1	AS
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	464.16		446.31		All	1	AS
21470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPR	608.10		584.71		All	1	AS
21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRE	345.88		332.58		All	1	B
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	475.77		457.47		All	1	B AS
21495	OPEN TREATMENT OF HYOID FRACTURE	354.64		341.00		All	1	AS
21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	349.35		335.91		All	1	
21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH	219.87		211.41		All	1	
21550	BIOPSY, SOFT TISSUE OF NECK OR THORAX	131.92		126.85		All	1	
29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL	258.54		248.60		All	1	B
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	325.94		313.40		All	1	B AS
30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	189.95		182.64		All	1	B
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONT	312.70		300.67		All	1	
30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)	323.49		311.05		All	1	
30600	REPAIR FISTULA; ORONASAL	296.00		284.62		All	1	

Code	Description	00-20 Max Fee	00-20 PC Fee	21+ Max Fee	21+ PC Fee	Age	Units	Spec
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUT	122.36		117.65		All	1	
30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAU	140.47		135.07		All	1	
30920	LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL	425.08		408.73		All	1	
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS(ANTRUM PUNCTURE OR NATURAL OSTIUM)	89.98		86.52		All	1	B
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL	239.81		230.59		All	1	B
31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL O	345.07		331.80		All	1	B
31032	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF A	290.11		278.95		All	1	B
31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH	373.97		359.59		All	1	
31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	645.35		620.53		All	1	B AS
31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	568.81		546.93		All	1	B AS
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	425.89		409.51		All	1	B AS
31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	944.61		908.28		All	1	B AS
31230	MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC)	1,056.59		1,015.95		All	1	B AS
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	59.65		57.36		All	1	
31510	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH BIOPSY	107.49		103.36		All	1	
31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION	105.25		101.20		All	1	
31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBO	127.65		122.74		1	1	
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	100.37		96.51		All	1	
31603	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL	119.51		114.91		All	1	
31605	TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE	98.74		94.94		All	1	
38700	SUPRAHYOID LYMPHADENECTOMY	410.01		394.24		All	1	B AS
38720	CERVICAL LYMPHADENECTOMY (COMPLETE)	682.81		656.55		All	1	B AS
38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	741.45		712.93		All	1	B AS
40490	BIOPSY OF LIP	68.20		65.58		All	1	
40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT	254.68		244.88		All	1	
40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE	243.89		234.51		All	1	
40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE	246.74		237.25		All	1	
40525	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLAN	285.22		274.25		All	1	
40527	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP (ABBE-E	335.91		322.99		All	1	

Code	Description	00-20 Max Fee	00-20 PC Fee	21+ Max Fee	21+ PC Fee	Age	Units	Spec
40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	274.02		263.48		All	1	
40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY	202.77		194.97		All	1	
40652	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT	240.64		231.38		All	1	
40654	REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX	285.63		274.64		All	1	
40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE,	477.60		459.23		All	1	
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE P	541.09		520.28		All	1	AS
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO	459.27		441.61		All	1	AS
40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DE	509.56		489.96		All	1	B
40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (A	554.96		533.62		All	1	
40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE	104.23		100.22		All	1	
40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED	158.59		152.49		All	1	
40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE	103.42		99.44		All	1	
40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED	164.29		157.97		All	1	
40808	BIOPSY, VESTIBULE OF MOUTH	94.46		90.83		All	1	
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REP	104.03		100.03		All	1	
40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE	145.36		139.77		All	1	
40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE	194.01		186.55		All	1	
40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI	203.99		196.14		All	1	
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	178.74		171.87		All	1	
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOM	155.53		149.55		All	1	
40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG	137.01		131.74		All	1	
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS	121.74		117.06		All	1	
40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX	162.67		156.41		All	1	
40840	VESTIBULOPLASTY; ANTERIOR	413.68		397.77		All	1	AS
40842	VESTIBULOPLASTY; POSTERIOR, UNILATERAL	403.50		387.98		All	1	
40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL	528.50		508.17		All	1	AS
40844	VESTIBULOPLASTY; ENTIRE ARCH	703.16		676.12		All	1	AS
40845	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)	757.53		728.39		All	1	
41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	80.62		77.52		All	1	

Code	Description	00-20 Max Fee	00-20 PC Fee	21+ Max Fee	21+ PC Fee	Age	Units	Spec
41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	116.85		112.36		All	1	
41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	183.02		175.98		All	1	
41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	182.00		175.00		All	1	
41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	190.76		183.42		All	1	
41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	202.36		194.58		All	1	
41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)	102.20		98.27		All	1	
41015	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF M	216.81		208.47		All	1	
41016	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF M	222.10		213.56		All	1	
41017	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF M	224.14		215.52		All	1	
41018	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF M	256.10		246.25		All	1	
41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS	85.51		82.22		All	1	
41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	86.11		82.80		All	1	
41108	BIOPSY OF FLOOR OF MOUTH	74.51		71.64		All	1	
41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	107.29		103.16		All	1	
41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS	168.37		161.89		All	1	
41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD	184.44		177.35		All	1	
41114	EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP	326.34		313.79		All	1	
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	126.42		121.56		All	1	
41116	EXCISION, LESION OF FLOOR OF MOUTH	166.94		160.52		All	1	
41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	531.35		510.91		All	1	AS
41130	GLOSSECTOMY; HEMIGLOSSECTOMY	659.60		634.23		All	1	AS
41135	GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION	1,098.73		1,056.47		All	1	AS
41140	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT RADIC	1,124.78		1,081.52		All	1	AS
41145	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH UNILATER	1,416.93		1,362.43		All	1	AS
41150	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND MANDIBUL	1,118.06		1,075.06		All	1	AS
41153	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH SUPRAH	1,215.18		1,168.44		All	1	AS
41155	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIBULAR	1,521.97		1,463.43		All	1	AS
41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-TH	118.28		113.73		All	1	
41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE	117.47		112.95		All	1	

Code	Description	00-20 Max Fee	00-20 PC Fee	21+ Max Fee	21+ PC Fee	Age	Units	Spec
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX	156.76		150.73		All	1	
41500	FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE)	224.55		215.91		All	1	
41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)	198.49		190.86		All	1	
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)	177.52		170.69		All	1	
41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	123.17		118.43		All	1	
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUE	127.04		122.15		All	1	
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	182.41		175.39		All	1	
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES	76.79		73.84		All	1	
41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	146.58		140.94		All	1	
41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	219.06		210.63		All	1	
41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES	105.05		101.01		All	1	
41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES	157.57		151.51		All	1	
41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES	218.85		210.43		All	1	
41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES	16.22		15.60		All	1	
41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)	188.52		181.27		All	1	
42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	78.18		75.17		All	1	
42100	BIOPSY OF PALATE, UVULA	75.73		72.82		All	1	
42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE	109.12		104.92		All	1	
42106	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE	138.43		133.11		All	1	
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	499.39		480.18		All	1	AS
42140	UVULECTOMY, EXCISION OF UVULA	128.06		123.13		All	1	
42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	362.78		348.83		All	1	
42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)	117.87		113.34		All	1	
42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM	123.57		118.82		All	1	
42182	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX	168.97		162.47		All	1	
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	454.59		437.11		All	1	AS
42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE	488.39		469.61		All	1	AS
42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GR	554.35		533.03		All	1	AS
42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	359.32		345.50		All	1	AS

Code	Description	00-20 Max Fee	00-20 PC Fee	21+ Max Fee	21+ PC Fee	Age	Units	Spec
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	279.10		268.37		All	1	AS
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	459.89		442.20		All	1	AS
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	467.83		449.84		All	1	AS
42227	LENGTHENING OF PALATE, WITH ISLAND FLAP	447.26		430.06		All	1	AS
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	371.54		357.25		All	1	AS
42260	REPAIR OF NASOLABIAL FISTULA	426.70		410.29		All	1	AS
42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	80.82		77.71		All	1	
42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	104.03		100.03		All	1	
42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE	105.86		101.79		All	1	
42305	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED	222.10		213.56		All	1	
42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL	81.64		78.50		All	1	
42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL	128.06		123.13		All	1	
42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMP	118.28		113.73		All	1	
42335	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL	190.95		183.61		All	1	
42340	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL	237.79		228.64		All	1	
42400	BIOPSY OF SALIVARY GLAND; NEEDLE	57.00		54.81		All	1	
42405	BIOPSY OF SALIVARY GLAND; INCISIONAL	154.11		148.18		All	1	
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)	232.49		223.55		All	1	
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	169.99		163.45		All	1	AS
42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS	323.09		310.66		All	1	AS
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION A	578.78		556.52		All	1	AS
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES	662.25		636.78		All	1	AS
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SAC	435.86		419.10		All	1	AS
42426	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL	708.86		681.60		All	1	AS
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	242.87		233.53		All	1	AS
42450	EXCISION OF SUBLINGUAL GLAND	231.67		222.76		All	1	
42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE	221.29		212.78		All	1	
42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED	285.01		274.05		All	1	
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	266.08		255.85		All	1	AS

Code	Description	00-20 Max Fee	00-20 PC Fee	21+ Max Fee	21+ PC Fee	Age	Units	Spec
42508	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF	382.53		367.82		All	1	AS
42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF	425.08		408.73		All	1	
42510	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF	324.92		312.42		All	1	AS
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	35.93		34.55		All	1	
42600	CLOSURE SALIVARY FISTULA	247.76		238.23		All	1	
42650	DILATION SALIVARY DUCT	43.16		41.50		All	1	
42660	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION	54.77		52.66		All	1	
42665	LIGATION SALIVARY DUCT, INTRAORAL	160.22		154.06		All	1	
42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR	95.89		92.20		All	1	
42720	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL	235.96		226.88		All	1	
42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL	420.40		404.23		All	1	AS
42900	SUTURE PHARYNX FOR WOUND OR INJURY	179.15		172.26		All	1	
61586	BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERIOR CR	1,093.23		1,051.18		All	1	AS
64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH	52.73		50.70		All	1	
64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBIT	188.10		180.87		All	1	
64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	266.08		255.85		All	1	AS
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	173.45		166.78		All	1	AS
64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE	215.59		207.30		All	1	
64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	201.75		193.99		All	1	AS
64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	239.00		229.81		All	1	AS
64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE	235.13		226.09		All	1	AS
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	240.64		231.38		All	1	AS
64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM IN LEN	690.96		664.38		All	1	AS
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	17.10	5.09	16.44	4.89	All	1	
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	22.39	7.12	21.53	6.85	All	1	
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	15.88	5.29	15.27	5.09	All	1	
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	23.62	7.33	22.71	7.05	All	1	
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	18.32	4.89	17.62	4.70	All	1	
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	7.33	2.85	7.05	2.74	All	1	

Code	Description	00-20 Max Fee	00-20 PC Fee	21+ Max Fee	21+ PC Fee	Age	Units	Spec
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	20.16	4.48	19.38	4.31	All	1	
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	27.28	6.31	26.23	6.07	All	1	
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNI	16.69	5.09	16.05	4.89	All	1	
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BIL	26.67	6.93	25.64	6.66	All	1	
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRE	42.95	15.07	41.30	14.49	All	1	
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)	289.09	42.75	277.97	41.11	All	1	
70350	CEPHALOGRAM, ORTHODONTIC	10.78	4.89	10.37	4.70	All	1	
70355	ORTHOPANTOGRAM	11.20	5.70	10.77	5.48	All	1	
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	20.97	4.89	20.16	4.70	All	1	
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	57.62	11.20	55.40	10.77	All	1	
70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	166.33	32.98	159.93	31.71	All	1	
70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S	202.16	38.07	194.38	36.61	All	1	
70488	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWE	246.53	41.12	237.05	39.54	All	1	
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT	321.45	38.89	309.09	37.39	All	1	
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPEC	84.49	35.21	81.24	33.86	All	1	
88160	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION	27.99	12.92	27.99	12.92	All	1	
88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	57.16	19.58	57.16	19.58	All	10	
88307	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	118.23	41.89	118.23	41.89	All	7	
88311	DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL	9.79	6.26	9.79	6.26	All	5	
88312	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE); G	56.96	13.90	56.96	13.90	All	6	
88321	CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE	46.98		46.98		All	1	
88342	IMMUNOHISTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBODY	55.59	21.73	55.59	21.73	All	5	
88346	IMMUNOFLOUORESCENT STUDY, EACH ANTIBODY; DIRECT METHOD	54.81	22.12	54.81	22.12	All	1	
92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)	80.22		77.13		All	1	
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND; NON-SELECTIVE DEBRIDEMENT, WITHOU	21.53		20.70		All	1	
99143	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	55.49		53.36		0-5	1	R
99144	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	55.49		53.36		5-999	1	R
99145	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	27.75		26.68		All	4	R
99148	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	55.49		53.36		0-5	1	R

Code	Description	00-20 Max Fee	00-20 PC Fee	21+ Max Fee	21+ PC Fee	Age	Units	Spec
99149	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	55.49		53.36		5-999	1	R
99150	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES	27.75		26.68		All	4	R
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	32.45		31.20		All	1	
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	34.02		32.71		All	1	
99203	OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED	50.63		48.68		All	1	
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	71.59		68.84		All	1	
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	90.98		87.48		All	1	
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	12.98		12.48		All	1	
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	22.71		21.84		All	1	
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	27.67		26.61		All	1	
99214	OFFICE OR OUTPATIENT VISIT FOR THE EVAL AND MANAGEMENT OF AN EST. PATIENT,	43.12		41.46		All	1	
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	62.69		60.28		All	1	
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	51.10		49.13		All	1	
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	69.22		66.56		All	1	
99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	102.20		98.27		All	1	
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	21.17		20.36		All	1	
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	38.07		36.61		All	1	
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	54.56		52.46		All	1	
99238	HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS	37.25		35.82		All	1	
99239	HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES	53.94		51.87		All	1	
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	27.49		26.43		All	1	
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	51.71		49.72		All	1	
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	70.65		67.93		All	1	
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	104.64		100.62		All	1	
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	127.85		122.93		All	1	
99251	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	27.89		26.82		All	1	
99252	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	42.95		41.30		All	1	
99253	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	65.55		63.03		All	1	
99254	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	94.66		91.02		All	1	

Code	Description	00-20 Max Fee	00-20 PC Fee	21+ Max Fee	21+ PC Fee	Age	Units	Spec
99255	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	114.41		110.01		All	1	
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	14.80		14.23		All	1	
99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	22.92		22.04		All	1	
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	42.24		40.62		All	1	
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	64.69		62.20		All	1	
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	101.93		98.01		All	1	