

DENTAL MAXIMUM ALLOWABLE FEE SCHEDULE

THIS IS YOUR WISCONSIN MEDICAID MAXIMUM ALLOWABLE FEE SCHEDULE, WHICH IS IN EFFECT AS OF THE DATE OF THIS REPORT. WISCONSIN MEDICAID CERTIFIED PROVIDERS WILL BE REIMBURSED FOR SERVICES PROVIDED TO PROGRAM RECIPIENTS AT THE LOWER OF THEIR USUAL AND CUSTOMARY CHARGE, OR THE MAXIMUM ALLOWABLE FEE.

SERVICES REIMBURSED BASED ON PROVIDER SPECIFIC (CONTRACTED RATES) AND REGIONAL OR SPECIALTY BASED RATES ARE NOT INCLUDED IN THIS FEE SCHEDULE.

BADGERCARE PLUS BENCHMARK PLAN SERVICES WILL HAVE DIFFERENT REIMBURSEMENT RATES THAN BADGERCARE PLUS STANDARD PLAN. THIS FEE SCHEDULE IS FOR MEDICAID AND BADGERCARE PLUS STANDARD PLAN ONLY. BADGERCARE PLUS BENCHMARK PLAN HAS A SEPARATE FEE SCHEDULE.

ALTHOUGH THE FEE SCHEDULE DOES NOT ADDRESS THE VARIOUS COVERAGE LIMITATIONS ROUTINELY APPLIED BY WISCONSIN MEDICAID BEFORE FINAL PAYMENT IS DETERMINED (E.G., RECIPIENT AND PROVIDER ELIGIBILITY, BILLING INSTRUCTIONS, FREQUENCY OF SERVICES, THIRD PARTY LIABILITY, COPAYMENT, AGE RESTRICTIONS, PRIOR AUTHORIZATION, ETC.), IT DOES CONTAIN THE FOLLOWING INFORMATION:

PROC/TM

PROC - THE PROCEDURE CODE RECOGNIZED BY WISCONSIN MEDICAID TO IDENTIFY THE SERVICE PROVIDED.

TM - DESCRIPTIVE MODIFIER USED TO CONVEY INFORMATION FORMERLY CONVEYED BY TOS.

DESCRIPTION - AN ABBREVIATED DESCRIPTION OF THE PROCEDURE CODE

PROVIDER TYPE - ALL APPLICABLE PERFORMING PROVIDER TYPES FOR THE PROCEDURE CODE. SEE TABLE I FOR A LISTING OF PROVIDER TYPES APPLICABLE TO THIS SCHEDULE.

PAC - THE PRICING ACTION CODE IDENTIFIES NON-COVERED SERVICES OR THE SOURCE AND METHOD OF PRICING THE PROCEDURE (REFER TO TABLE II).

EFFECT DATE - THE EFFECTIVE DATE OF SERVICE ON OR AFTER WHICH THE MAXIMUM ALLOWABLE FEE APPLIES.

PED MAX FEE - THE MAXIMUM ALLOWABLE FEE FOR THE PROCEDURE LISTED FOR PEDIATRIC SERVICES (AGES 00-20). IF A MAX FEE IS NOT INDICATED, USE THE PAC AND TABLE II TO DETERMINE THE REASON (E.G., PAC 620 INDICATES SERVICE NOT COVERED; PAC 61J INDICATES INDIVIDUAL CONSIDERATION, ETC.).

ADULT MAX FEE - THE MAXIMUM ALLOWABLE FEE FOR THE PROCEDURE LISTED FOR ADULT SERVICES (AGES 21 AND OVER). IF A MAX FEE IS NOT INDICATED, USE THE PAC AND TABLE II TO DETERMINE THE REASON (E.G., PAC 620 INDICATES SERVICE NOT COVERED; PAC 61J INDICATES INDIVIDUAL CONSIDERATION, ETC.).

THIS INFORMATION IS INTENDED TO HELP YOU UNDERSTAND THE WISCONSIN MEDICAID MAXIMUM ALLOWABLE FEE SCHEDULE. IF YOU HAVE QUESTIONS, PLEASE CONTACT WISCONSIN MEDICAID PROVIDER SERVICES AT: (608) 221-9883 OR (800) 947-9627*

*WHEN REQUESTING INFORMATION, PLEASE BE SPECIFIC AS TO WHICH PROVIDER TYPE YOU ARE REFERRING (I.E., DENTIST).

TABLE I
PROVIDER TYPE

27 - DENTIST

TABLE II
PRICING ACTION CODES
(PAC)

21J, 61J - INDIVIDUAL CONSIDERATION, MEDICAL CONSULTANT
620 - NON-COVERED SERVICE, NOT A WISCONSIN MEDICAID BENEFIT
670 - PAID AT THE LOWER OF THE BILLED AMOUNT OR MAXIMUM ALLOWABLE FEE ACCORDING TO PROVIDER TYPE

PROC	TM	PROVIDER TYPE	PAC	EFFECT DATE	PED MAX FEE	ADULT MAX FEE
D0120		PERIODIC ORAL EXAMINATION				
D0120	27		670	07/01/08	15.92	13.14
D0140		LIMITED ORAL EVALUATION-PROBLEM FOCUSED				
D0140	27		670	07/01/08	20.25	18.71

D0145	ORAL EVALUATION FOR A PATIENT UNDER 3 YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER				
D0145	27	620	01/01/07		
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT				
D0150	27	670	07/01/08	21.17	19.95
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION				
D0160	27	670	07/01/08	54.29	45.51
D0170	RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)				
D0170	27	670	07/01/08	20.25	18.71
D0180	COMPREHENSIVE PERIODONTAL EVALUATION-NEW OR ESTABLISHED PATIENT				
D0180	27	620	01/01/03		
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)				
D0210	27	670	07/01/08	46.11	43.43
D0220	INTRAORAL-FIRST PERIAPICAL FILM				
D0220	27	670	07/01/08	8.04	7.59
D0230	INTRAORAL-EA ADD'L PERIAPICAL FILM				
D0230	27	670	07/01/08	5.87	5.51
D0240	INTRAORAL- OCCLUSAL FILM				
D0240	27	670	07/01/08	11.25	8.62
D0250	EXTRAORAL-FIRST FILM				
D0250	27	670	07/01/08	17.91	12.75
D0260	EXTRAORAL-EACH ADD'L FILM				
D0260	27	670	07/01/08	18.78	7.61
D0270	BITEWINGS-SINGLE FILM				
D0270	27	670	07/01/08	8.13	7.08
D0272	BITEWINGS-TWO FILMS				
D0272	27	670	07/01/08	13.39	12.61
D0273	BITEWINGS-THREE FILMS				
D0273	27	670	07/01/08	12.80	12.80
D0274	BITEWINGS-FOUR FILMS				
D0274	27	670	07/01/08	17.97	17.07
D0322	TOMOGRAPHIC SURVEY				
D0322	27	620	01/01/92		
D0330	PANORAMIC FILM				
D0330	27	670	07/01/08	40.45	38.10
D0340	CEPHALOMETRIC FILM				
D0340	27	670	07/01/08	30.91	29.11
D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES				
D0350	27	670	07/01/08	23.72	23.72
D0360	CONE BEAM CT-CRANIOFACIAL DATA CAPTURE				
D0360	27	620	01/01/07		
D0362	CONE BEAM-2-DIMENSIONAL IMAGE RECONSTRUCTION USING EXISTING DATA, INCL MULTIPLE IMAGES				
D0362	27	620	01/01/07		
D0363	CONE BEAM-3-DIMENSIONAL IMAGE RECONSTRUCTION USING EXISTING DATA, INCL MULTIPLE IMAGES				
D0363	27	620	01/01/07		
D0415	COLLECTION OF MICROORGANISMS FOR CULTURE AND SENSITIVITY				
D0415	27	620	01/01/92		
D0416	VIRAL CULTURE				
D0416	27	620	01/01/05		
D0421	GENETIC TEST FOR SUSCEPTIBILITY TO ORAL DISEASES				
D0421	27	620	01/01/05		
D0425	CARIES SUSCEPTIBILITY TESTS				
D0425	27	620	01/01/92		
D0431	ADJUNC PRE-DIAGNOSTIC TEST, AIDS DETECTIONMUCOSAL ABNORM-PREMALIGNANT/MALIGNANT LESIONS				
D0431	27	620	01/01/05		
D0470	DIAGNOSTIC CASTS				
D0470	27	670	07/01/08	32.32	30.44
D0475	DECALCIFICATION PROCEDURE				
D0475	27	620	01/01/05		
D0476	SPECIAL STAINS FOR MICROORGANISMS				
D0476	27	620	01/01/05		
D0477	SPECIAL STAINS, NOT FOR MICROORGANISMS				
D0477	27	620	01/01/05		
D0478	IMMUNOHISTOCHEMICAL STAINS				
D0478	27	620	01/01/05		
D0479	TISSUE IN-SITU HYBRIDIZATION, INCLUDING INTERPRETATION				
D0479	27	620	01/01/05		
D0481	ELECTRON MICROSCOPY-DIAGNOSTIC				
D0481	27	620	01/01/05		
D0482	DIRECT IMMUNOFLUORESCENCE				
D0482	27	620	01/01/05		
D0483	INDIRECT IMMUNOFLUORESCENCE				
D0483	27	620	01/01/05		
D0484	CONSULTATION OF SLIDES PREPARED ELSEWHERE				
D0484	27	620	01/01/05		
D0485	CONSULTATION,INCLUDING PREPARATION/SLIDES FR BIOPSY MATERIAL SUPPLIED/REFERRING SOURCE				
D0485	27	620	01/01/05		
D0486	ACCESSION OF BRUSH BIOPSY SAMPLE,MICROSCOPIC EXAM,PREP & TRANSMISSION OF WRITTEN REPORT				
D0486	27	670	07/01/08	53.83	53.83
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURES, BY REPORT				
D0999	27	670	07/01/08	10.83	10.83
D1110	PROPHYLAXIS-ADULT/13-99				
D1110	27	670	07/01/08	28.59	26.92
D1120	PROPHYLAXIS-CHILD/00-12				
D1120	27	670	07/01/08	21.82	21.82
D1203	TOP FLUORIDE - CHILD/00-12 (EXCLUDING PROPHYLAXIS)				

D1203	27	670	07/01/08	12.89	12.89
D1204	TOP FLUORIDE-ADULT/13-99 (EXCLUDING PROPHYLAXIS)	670	07/01/08	13.47	11.77
D1204	27	670	07/01/08	13.47	11.77
D1206	TOPICAL FLUORIDE VARNISH;THERAPUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIENT	670	07/01/08	12.89	12.89
D1206	27	670	07/01/08	12.89	12.89
D1351	SEALANT, PER TOOTH	670	07/01/08	17.16	16.50
D1351	27	670	07/01/08	17.16	16.50
D1510	SPACE MAINTAIN-FIXED UNILATERAL	670	07/01/08	99.36	93.60
D1510	27	670	07/01/08	99.36	93.60
D1515	SPACE MAINTAIN-FIXED-BILATERAL	670	07/01/08	165.05	154.43
D1515	27	670	07/01/08	165.05	154.43
D1550	RECEMENT SPACE MAINTAINER	670	07/01/08	23.75	20.33
D1550	27	670	07/01/08	23.75	20.33
D1555	REMOVAL OF FIXED SPACE MAINTAINER	670	07/01/08	25.25	25.25
D1555	27	670	07/01/08	25.25	25.25
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	670	07/01/08	34.92	32.90
D2140	27	670	07/01/08	34.92	32.90
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	670	07/01/08	45.00	42.38
D2150	27	670	07/01/08	45.00	42.38
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	670	07/01/08	56.48	53.20
D2160	27	670	07/01/08	56.48	53.20
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	670	07/01/08	56.48	53.20
D2161	27	670	07/01/08	56.48	53.20
D2330	RESIN-1 SURFACE, ANTERIOR	670	07/01/08	41.32	38.93
D2330	27	670	07/01/08	41.32	38.93
D2331	RESIN-2 SURFACES, ANTERIOR	670	07/01/08	52.47	49.43
D2331	27	670	07/01/08	52.47	49.43
D2332	RESIN-3 SURFACES, ANTERIOR	670	07/01/08	63.37	59.69
D2332	27	670	07/01/08	63.37	59.69
D2335	RESIN, INVOLVE INCISAL ANGLE, ANTERIOR, 4 OR MORE SURFACES	670	07/01/08	74.05	69.76
D2335	27	670	07/01/08	74.05	69.76
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	670	07/01/08	116.68	101.00
D2390	27	670	07/01/08	116.68	101.00
D2391	RESIN-BASED COMPOSITE-ONE SURFACE, POSTERIOR	670	07/01/08	43.86	41.31
D2391	27	670	07/01/08	43.86	41.31
D2392	RESIN-BASED COMPOSITE-TWO-SURFACES, POSTERIOR	670	07/01/08	56.44	53.17
D2392	27	670	07/01/08	56.44	53.17
D2393	RESIN-BASED COMPOSITE-THREE SURFACES, POSTERIOR	670	07/01/08	68.41	64.44
D2393	27	670	07/01/08	68.41	64.44
D2394	RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES, POSTERIOR	670	07/01/08	80.38	75.71
D2394	27	670	07/01/08	80.38	75.71
D2650	INLAY-RESIN-BASED COMPOSITE-ONE SURFACE	620	01/01/92		
D2650	27	620	01/01/92		
D2651	INLAY-RESIN-BASED COMPOSITE-TWO SURFACES	620	01/01/92		
D2651	27	620	01/01/92		
D2652	INLAY-RESIN-BASED COMPOSITE-THREE OR MORE SURFACES	620	01/01/92		
D2652	27	620	01/01/92		
D2712	CROWN-3/4 RESIN-BASED COMPOSITE (INDIRECT)	620	01/01/05		
D2712	27	620	01/01/05		
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	670	07/01/08	118.42	109.80
D2791	27	670	07/01/08	118.42	109.80
D2794	CROWN-TITANIUM	620	01/01/05		
D2794	27	620	01/01/05		
D2910	RECEMENT INLAY, ONLY OR PARTIAL COVERAGE RESTORATION	670	07/01/08	27.72	25.82
D2910	27	670	07/01/08	27.72	25.82
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	670	07/01/08	28.19	26.55
D2915	27	670	07/01/08	28.19	26.55
D2920	RECEMENT CROWN	670	07/01/08	28.19	26.55
D2920	27	670	07/01/08	28.19	26.55
D2930	PREFAB SSC-PRIMARY TOOTH (PREFABRICATED STAINLESS STEEL CROWN)	670	07/01/08	88.17	83.06
D2930	27	670	07/01/08	88.17	83.06
D2931	PREFAB SSC-PERMANENT TOOTH (PREFABRICATED STAINLESS STEEL CROWN)	670	07/01/08	96.23	90.32
D2931	27	670	07/01/08	96.23	90.32
D2932	PREFAB RESIN CROWN	670	07/01/08	116.68	101.00
D2932	27	670	07/01/08	116.68	101.00
D2933	PREFAB SSC WITH RESIN WINDOW (PREFABRICATED STAINLESS STEEL CROWN)	670	07/01/08	118.42	109.80
D2933	27	670	07/01/08	118.42	109.80
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN-PRIMARY TOOTH	670	07/01/08	118.42	109.80
D2934	27	670	07/01/08	118.42	109.80
D2940	SEDATIVE FILLING	670	07/01/08	29.33	25.31
D2940	27	670	07/01/08	29.33	25.31
D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	670	07/01/08	14.75	13.77
D2951	27	670	07/01/08	14.75	13.77
D2952	CAST POST AND CORE IN ADDITION TO CROWN	670	07/01/08	120.53	113.51
D2952	27	670	07/01/08	120.53	113.51
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	670	07/01/08	111.76	105.26
D2954	27	670	07/01/08	111.76	105.26
D2961	LABIAL VENEER (RESIN LAMINATE)-LABORATORY	620	01/01/92		
D2961	27	620	01/01/92		
D2962	LABIAL VENEER (PORCELLAIN LAMINATE)-LABORATORY	620	01/01/92		
D2962	27	620	01/01/92		
D2971	ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER EXISTING PARTIAL DENTURE FRAMEWORK	61J	01/01/05		
D2971	27	61J	01/01/05		
D2975	COPING	620	01/01/05		
D2975	27	620	01/01/05		

D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT			
D2999	27	670 07/01/08	249.13	249.13
D3220	THERAPEUTIC PULPOTOMY(EXCLUDING FINAL RESTORATION)			
D3220	27	670 07/01/08	48.06	45.27
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH			
D3221	27	670 07/01/08	48.53	45.71
D3310	ANTERIOR ROOT CANAL (EXCLUDING FINAL RESTORATION)			
D3310	27	670 07/01/08	209.64	197.49
D3320	BICUSPID ROOT CANAL (EXCLUDING FINAL RESTORATION)			
D3320	27	670 07/01/08	258.28	243.31
D3330	MOLAR ROOT CANAL (EXCLUDING FINAL RESTORATION)			
D3330	27	670 07/01/08	330.93	311.74
D3346	RETREATMENT-ANTERIOR, BY REPORT			
D3346	27	620 01/01/92		
D3347	RETREATMENT-BICUSPID, BY REPORT			
D3347	27	620 01/01/92		
D3348	RETREATMENT-MOLAR, BY REPORT			
D3348	27	620 01/01/92		
D3351	APEXIFICATION/RECALCIFICATION-ENTIRE PROCEDURE (APICAL CLOSURE/CALCIFIC REPAIR OF PERFOR			
D3351	27	670 07/01/08	83.05	78.23
D3352	APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/CALCIFIC			
D3352	27	620 02/01/03		
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY-APICAL			
D3353	27	620 02/01/03		
D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR			
D3410	27	670 07/01/08	220.96	208.15
D3421	APICOECTOMY/PERIRADICULAR SURGERY-BICUSPID (FIRST ROOT)			
D3421	27	620 01/01/92		
D3425	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR (FIRST ROOT)			
D3425	27	620 01/01/92		
D3426	APICOECTOMY/PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)			
D3426	27	620 01/01/92		
D3430	RETROGRADE FILLING - PER ROOT			
D3430	27	670 07/01/08	65.79	60.03
D3470	INTENTIONAL REPLANTATION (INCLUDING NECESSARY SPLINTING)			
D3470	27	620 01/01/92		
D4210	GINGIVECTOMY OR GINGIVOPLASTY-4 OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES,PER QDT			
D4210	27	670 07/01/08	277.24	231.27
D4211	GINGIVECTOMY OR GINGIVOPLASTY-1 TO 3 CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUAD			
D4211	27	670 07/01/08	60.29	50.64
D4230	ANATOMICAL CROWN EXPOSURE-FOUR OR MORE CONTIGUOUS TEETH PER QUADRANT			
D4230	27	620 01/01/07		
D4231	ANATOMICAL CROWN EXPOSURE-ONE TO THREE TEETH PER QUADRANT			
D4231	27	620 01/01/07		
D4241	GINGIVAL FLAP PROC,INCL ROOT PLANING - 1-3 CONTGS TEETH/BOUNDED TEETH SPACES PER QUADRNT			
D4241	27	620 01/01/03		
D4249	CROWN LENGTHENING-HARD AND SOFT TISSUE, BY REPORT			
D4249	27	620 01/01/92		
D4261	OSSEOUS SURG (INCL FLAP ENTRY & CLOSURE-1 TO 3 CONTGS TEETH/BOUNDED TEETH SPACE PER QUAD			
D4261	27	620 01/01/03		
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION			
D4265	27	620 01/01/03		
D4275	SOFT TISSUE ALLOGRAFT			
D4275	27	620 01/01/03		
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH			
D4276	27	620 01/01/03		
D4341	PERIODONTAL SCALING & ROOT PLANING-4 OR MORE TEETH PER QUADRANT			
D4341	27	670 07/01/08	81.66	76.92
D4342	PERIODONTAL SCALING AND ROOT PLANING-ONE TO THREE TEETH, PER QUADRANT			
D4342	27	670 07/01/08	37.53	35.35
D4355	FULL-MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS			
D4355	27	670 07/01/08	74.33	70.02
D4910	PERIODONTAL MAINTENANCE			
D4910	27	670 07/01/08	47.67	43.88
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT			
D4999	27	61J 10/01/03		
D5110	COMPLETE UPPER DENTURE			
D5110	27	670 07/01/08	468.24	438.06
D5120	COMPLETE LOWER DENTURE			
D5120	27	670 07/01/08	470.76	438.35
D5211	UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS,RESTS & TEETH) DENTURE			
D5211	27	670 07/01/08	406.12	354.86
D5212	LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS & TEETH) DENTURE			
D5212	27	670 07/01/08	422.35	375.88
D5213	MAXILLARY PARTIAL DENTURE-CAST METAL FRAMEWORK W/RESIN DENTURE BASES(INCLDG CONVENTIONAL			
D5213	27	670 07/01/08	406.12	354.86
D5214	MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK W/RESIN DENTURE BASES(INCLDG CONVENTIONA			
D5214	27	670 07/01/08	422.35	375.88
D5225	MAXILLARY PARTIAL DENTURE-FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)			
D5225	27	670 07/01/08	406.12	354.86
D5226	MANDIBULAR PARTIAL DENTURE-FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)			
D5226	27	670 07/01/08	422.35	375.88
D5510	REPAIR BROK FULL DENT BASE (DENTURE)			
D5510	27	670 07/01/08	48.79	45.96
D5520	REPLACE EA TOOTH-FULL DENT (MISSING OR BROKEN TOOTH) DENTURE			

D5520	27	670	07/01/08	40.63	38.00
D5610	REPR RESIN SADDLE/BASE-PARTIAL DENTURE				
D5610	27	670	07/01/08	52.61	49.57
D5620	REPR CAST FRAMEWORK-PARTIAL DENTURE				
D5620	27	670	07/01/08	71.09	67.49
D5630	REPR/REPL BROK CLASP-PARTIAL DENTURE				
D5630	27	670	07/01/08	68.58	59.06
D5640	REPLACE EA TOOTH-PARTIAL DENTURE (PER MISSING OR BROKEN TOOTH)				
D5640	27	670	07/01/08	48.68	45.85
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE				
D5650	27	670	07/01/08	61.70	58.12
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE				
D5660	27	670	07/01/08	72.99	68.76
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)				
D5670	27	670	07/01/08	203.07	177.44
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANIBULAR)				
D5671	27	670	07/01/08	211.18	187.94
D5750	RELIN FULL UPPER DENT (LABORATORY)				
D5750	27	670	07/01/08	155.34	137.93
D5751	RELIN FULL LOWER DENT (LABORATORY)				
D5751	27	670	07/01/08	155.63	137.29
D5760	RELIN UPPER PARTIAL DENT (LABORATORY)				
D5760	27	670	07/01/08	158.11	130.84
D5761	RELIN LOWER PARTIAL DENT (LABORATORY)				
D5761	27	670	07/01/08	153.55	136.00
D5851	TISSUE CONDITIONING, LOWER-PER DENTURE UNIT				
D5851	27	620	01/01/92		
D5922	NASAL SEPTAL PROSTHESIS				
D5922	27	61J	01/01/92		
D5923	OCULAR PROSTHESIS, INTERIM				
D5923	27	61J	01/01/92		
D5924	CRANIAL PROSTHESIS				
D5924	27	61J	01/01/92		
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS				
D5925	27	61J	01/01/92		
D5926	NASAL PROSTHESIS, REPLACEMENT				
D5926	27	61J	01/01/92		
D5927	AURICULAR PROSTHESIS, REPLACEMENT				
D5927	27	61J	01/01/92		
D5928	ORBITAL PROSTHESIS, REPLACEMENT				
D5928	27	61J	01/01/92		
D5929	FACIAL PROSTHESIS, REPLACEMENT				
D5929	27	61J	01/01/92		
D5932	OBTURATOR PROSTHESIS, DEFINITIVE				
D5932	27	670	07/01/08	530.90	463.62
D5936	OBTURATOR/PROSTHESIS, INTERIM				
D5936	27	61J	01/01/92		
D5937	TRISMUS APPLIANCE (NOT FOR TM TREATMENT)				
D5937	27	620	01/01/92		
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE				
D5955	27	670	07/01/08	1317.28	1240.91
D5958	PALATAL LIFT PROSTHESIS, INTERIM				
D5958	27	61J	01/01/92		
D5959	PALATAL LIFT PROSTHESIS, MODIFICATION				
D5959	27	61J	01/01/92		
D5960	SPEECH AID PROSTHESIS, MODIFICATION				
D5960	27	61J	01/01/92		
D5999	UNSPECIFIED MAXILLOFACIAL PROTHESIS, BY REPORT				
D5999	27	61J	07/01/00		
D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS:ENDOSTEAL IMPLANT				
D6012	27	620	01/01/07		
D6040	SUBPERIOUSTEAL IMPLANT				
D6040	27	61J	01/01/92		
D6050	TRANSOSSEOUS IMPLANT				
D6050	27	61J	01/01/92		
D6053	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR COMPLETELY EDENTULOUS ARCH				
D6053	27	620	01/01/03		
D6054	IMPLANT/ABULMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH				
D6054	27	620	01/01/03		
D6055	IMPLANT CONNECTING BAR				
D6055	27	620	01/01/92		
D6080	IMPLANT MAINTENANCE PROCEDURES, INCLUDING: REMOVAL OF PROSTHESIS, CLEANSING OF PROTHESIS				
D6080	27	620	01/01/92		
D6090	REPAIR IMPLANT SUPPORTED PROTHESIS BY REPORT				
D6090	27	61J	01/01/92		
D6091	REPLCMNT OF SEMI-PRECSN/PRECSN ATTACHMENT OF IMPLANT/ABUTMENT SUPPORT PROSTH,PER ATTACHM				
D6091	27	620	01/01/07		
D6092	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN				
D6092	27	620	01/01/07		
D6093	RECEMENT IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE				
D6093	27	620	01/01/07		
D6094	ABUTMENT SUPPORTED CROWN-(TITANIUM)				
D6094	27	620	01/01/05		
D6100	IMPLANT REMOVAL, BY REPORT				
D6100	27	61J	01/01/92		

D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT			
D6190	27	620	01/01/05	
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD- (TITANIUM)			
D6194	27	620	01/01/05	
D6199	UNSPECIFIED IMPLANT PROCEDURE, BY REPORT			
D6199	27	61J	01/01/92	
D6205	PONTIC-INDIRECT RESIN BASED COMPOSITE			
D6205	27	620	01/01/05	
D6211	PONTIC-CAST PREDOMINANTLY BASE METAL			
D6211	27	670	07/01/08	355.66 335.05
D6214	PONTIC-TITANIUM			
D6214	27	620	01/01/05	
D6241	PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL			
D6241	27	670	07/01/08	355.66 335.05
D6253	PROVISIONAL PONTIAC			
D6253	27	620	01/01/03	
D6545	RETAINER-ACID ETCH FX-PROSTHESIS-CAST METAL			
D6545	27	670	07/01/08	153.99 145.06
D6600	INLAY-PORCELAIN/CERAMIC, TWO SURFACES			
D6600	27	620	01/01/03	
D6601	INLAY-PORCELAIN/CERAMIC, THREE OR MORE SURFACES			
D6601	27	620	01/01/03	
D6602	INLAY-CAST HIGH NOBLE METAL, TWO SURFACES			
D6602	27	620	01/01/03	
D6603	INLAY-CAST HIGH NOBLE METAL, THREE OR MORE SURFACES			
D6603	27	620	01/01/03	
D6604	INLAY-CAST PREDOMINANTLY BASE METAL, TWO SURFACES			
D6604	27	620	01/01/03	
D6605	INLAY-CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES			
D6605	27	620	01/01/03	
D6606	INLAY-CAST NOBLE METAL, TWO SURFACES			
D6606	27	620	01/01/03	
D6607	INLAY-CAST NOBLE METAL, THREE OR MORE SURFACES			
D6607	27	620	01/01/03	
D6608	ONLAY-PORCELAIN/CERAMIC, TWO SURFACES			
D6608	27	620	01/01/03	
D6609	ONLAY-PORCELAIN/CERAMIC, THREE OR MORE SURFACES			
D6609	27	620	01/01/03	
D6610	ONLAY-CAST HIGH NOBLE METAL, TWO SURFACES			
D6610	27	620	01/01/03	
D6611	ONLAY-CAST HIGH NOBLE METAL, THREE OR MORE SURFACES			
D6611	27	620	01/01/03	
D6612	ONLAY-CAST PREDOMINANTLY BASE METAL, TWO SURFACES			
D6612	27	620	01/01/03	
D6613	ONLAY-CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES			
D6613	27	620	01/01/03	
D6614	ONLAY-CAST NOBLE METAL, TWO SURFACES			
D6614	27	620	01/01/03	
D6615	ONLAY-CAST NOBLE METAL, THREE OR MORE SURFACES			
D6615	27	620	01/01/03	
D6624	INLAY-TITANIUM			
D6624	27	620	01/01/05	
D6634	ONLAY-TITANIUM			
D6634	27	620	01/01/05	
D6710	CROWN-INDIRECT RESIN BASED COMPOSITE			
D6710	27	620	01/01/05	
D6751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL			
D6751	27	670	07/01/08	365.90 344.68
D6791	CROWN-FULL CAST PREDOMINANTLY BASE METAL			
D6791	27	670	07/01/08	365.90 344.68
D6793	PROVISIONAL RETAINER CROWN			
D6793	27	620	01/01/03	
D6794	CROWN-TITANIUM			
D6794	27	620	01/01/05	
D6930	RECEMENT BRIDGE-FIXED PROSTHODONTIC			
D6930	27	670	07/01/08	45.74 43.08
D6940	STRESS BREAKER-FIXED PROSTHODONTIC			
D6940	27	61J	07/01/00	
D6973	CORE BUILD UP FOR RETAINER, INCLUDING ANY PINS			
D6973	27	620	01/01/92	
D6975	COPING-METAL			
D6975	27	620	01/01/92	
D6980	BRIDGE REPAIR, BY REPORT			
D6980	27	670	07/01/08	160.21 150.92
D6985	PEDIATRIC PARTIAL DENTURE, FIXED			
D6985	27	670	07/01/08	303.00 303.00
D7111	EXTRACTION, CORONAL REMNANTS-DECIDUOUS TOOTH			
D7111	27	670	07/01/08	42.22 39.76
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)			
D7140	27	670	07/01/08	42.22 39.76
D7210	SURG RMV ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLAP & RMOVAL OF BONE &/OR			
D7210	27	670	07/01/08	91.72 86.40
D7220	RMV SOFT TISSUE IMPACT TOOTH			
D7220	27	670	07/01/08	105.66 99.53
D7230	RMV PARTIAL BONY IMPACT TOOTH			

D7230	27	670	07/01/08	160.91	148.93
D7240	RMV COMP BONY IMPACT TOOTH				
D7240	27	670	07/01/08	185.12	174.14
D7250	SURG RMV RESIDUAL TTH ROOTS (CUTTING PROCEDURE)				
D7250	27	670	07/01/08	83.78	78.40
D7260	ORAL ANTRAL FISTULA CLOSURE				
D7260	27	670	07/01/08	310.46	292.46
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION				
D7261	27	670	07/01/08	310.46	292.46
D7270	TOOTH REIMPLANTATION &/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH				
D7270	27	670	07/01/08	98.97	98.97
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH				
D7280	27	670	07/01/08	136.93	115.10
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION				
D7282	27	670	07/01/08	136.93	115.10
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH				
D7283	27	670	07/01/08	96.45	84.19
D7285	BIOPSY OF ORAL TISSUE-HARD				
D7285	27	670	07/01/08	98.97	98.97
D7286	BIOPSY OF ORAL TISSUE-SOFT				
D7286	27	670	07/01/08	105.53	99.41
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION				
D7287	27	61J	01/01/03		
D7288	BRUSH BIOPSY-TRANSEPIHELIAL SAMPLE COLLECTION				
D7288	27	670	07/01/08	35.35	35.35
D7292	SURGICAL PLCMNT TEMPORARY ANCHORAGE DEVICE (SCREW RETAINED PLATE) REQUIRE SURGICAL FLAP				
D7292	27	620	01/01/07		
D7293	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE REQUIRING SURGICAL FLAP				
D7293	27	620	01/01/07		
D7294	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE WITHOUT SURGICAL FLAP				
D7294	27	620	01/01/07		
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT				
D7310	27	61J	09/01/06		
D7311	ALVEOLOPLASTY IN CONJUNCTION W/EXTRACTIONS ONE TO THREE TEETH/TOOTH SPACES, PER QUADRANT				
D7311	27	61J	09/01/06		
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT				
D7320	27	61J	09/01/06		
D7321	ALVEOLOPLASTY NOT/CONJUNCTION W/EXTRACTIONS-ONE TO THREE TEETH/TOOTH SPACES PER QUADRANT				
D7321	27	61J	09/01/06		
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM				
D7410	27	61J	01/01/03		
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM				
D7411	27	61J	01/01/03		
D7412	EXCISION OF BENIGN LESION, COMPLICATED				
D7412	27	61J	01/01/03		
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM				
D7413	27	61J	01/01/03		
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM				
D7414	27	61J	01/01/03		
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED				
D7415	27	61J	01/01/03		
D7440	EXC MALIG TUMOR-UP TO 1.25 CM.				
D7440	27	61J	07/01/00		
D7441	EXC MALIG TUMOR-OVER 1.25 CM.				
D7441	27	61J	07/01/00		
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM				
D7450	27	61J	07/01/00		
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM				
D7451	27	61J	07/01/00		
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM				
D7460	27	61J	07/01/00		
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM				
D7461	27	61J	07/01/00		
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)				
D7471	27	61J	07/01/00		
D7472	REMOVAL OF TORUS PALATINUS				
D7472	27	61J	01/01/03		
D7473	REMOVAL OF TORUS MANDIBULARIS				
D7473	27	61J	01/01/03		
D7485	SURGICAL REDUCTION OF OSSEOUS TUBERSITY				
D7485	27	670	07/01/08	339.36	323.20
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE				
D7490	27	61J	07/01/00		
D7510	I & D ABSCESS-INTRAORAL SOFT TISSUE (INCISION AND DRAINAGE)				
D7510	27	61J	07/01/00		
D7511	INCISION & DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE-COMPLICATED				
D7511	27	61J	01/01/05		
D7520	I & D ABSCESS-EXTRAORAL SOFT TISSUE (INCISION AND DRAINAGE)				
D7520	27	61J	07/01/00		
D7521	INCISION & DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE-COMPLICATED				
D7521	27	61J	01/01/05		
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE				
D7530	27	61J	07/01/00		
D7540	RMV REACT PROD FOR BOD-MUSCULOSKELETAL SYSTEM				
D7540	27	61J	07/01/00		

D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE				
D7550	27	61J	07/01/00		
D7560	MAX SINUSOTOMY FOR RMV OF TOOTH FRAGMENT OR FOREIGN BODY				
D7560	27	61J	07/01/00		
D7610	MAX-OPEN RDN (TEETH IMMOBILIZED IF PRESENT)				
D7610	27	61J	07/01/00		
D7620	MAX-CLOSED FDN (TEETH IMMOBILIZED IF PRESENT)				
D7620	27	61J	07/01/00		
D7630	MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)				
D7630	27	61J	07/01/00		
D7640	MANDIBLE - CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)				
D7640	27	61J	07/01/00		
D7650	MALAR/ZYGOMATIC ARCH-OPEN REDUCTION				
D7650	27	61J	07/01/00		
D7660	MALAR/ZYGOMATIC ARCH-CLOSED REDUCTION TION				
D7660	27	61J	07/01/00		
D7670	ALVEOLUS-CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH				
D7670	27	61J	07/01/00		
D7671	ALVEOLUS-OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH				
D7671	27	61J	01/01/03		
D7680	FACIAL BONES-COMPLI RDN W FIX & MULT SURG APPROACHES				
D7680	27	61J	07/01/00		
D7710	MAXILLA-OPEN RDN-COMPOUND FRACTURE TREATMENT				
D7710	27	61J	07/01/00		
D7720	MAXILLA-CLOSED RDN-COMPOUND FRACTURE TREATMENT				
D7720	27	61J	07/01/00		
D7730	MANDIBLE-OPEN RDN-COMPOUND FRACTURE TREATMENT				
D7730	27	61J	07/01/00		
D7740	MANDIBLE-CLOSED RDN-COMPOUND FRACTURE TREATMENT				
D7740	27	670	07/01/08	1487.98	1401.72
D7750	MALAR/ZYGOMATIC ARCH-OPEN RDN-COMPOUND FRACTURE TREATMENT				
D7750	27	61J	07/01/00		
D7760	MALAR/ZYGOMATIC ARCH-CLOSED RDN-COMPOUND FRACTURE TREATMENT				
D7760	27	61J	07/01/00		
D7770	ALVEOLUS-OPEN REDUCTION STABILIZATION OF TEETH				
D7770	27	61J	07/01/00		
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH				
D7771	27	61J	01/01/03		
D7780	FACIAL BONES-COMPLI RDN W/FIX & MULT SURGICAL APPROACHES-COMPOUND FRACTURE TREATMENT				
D7780	27	61J	07/01/00		
D7810	TMJ-OPEN RDN OF DISLOCATION				
D7810	27	61J	07/01/00		
D7820	TMJ-CLOSED RDN OF DISLOCATION				
D7820	27	670	07/01/08	432.90	157.00
D7830	TMJ MANIP UNDER ANESTHESIA				
D7830	27	61J	07/01/00		
D7840	CONDYLECTOMY				
D7840	27	61J	07/01/00		
D7850	SURG DISCECTOMY W/WOUT IMPLANT				
D7850	27	61J	07/01/00		
D7852	DISC REPAIR				
D7852	27	61J	01/01/92		
D7854	SYNOVECTOMY				
D7854	27	61J	01/01/92		
D7856	MYOTOMY				
D7856	27	61J	01/01/92		
D7858	JOINT RECONSTRUCTION				
D7858	27	61J	01/01/92		
D7860	ARTHROTOMY, TMJ				
D7860	27	670	07/01/08	2262.59	2074.65
D7865	ARTHROPLASTY				
D7865	27	61J	01/01/92		
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE				
D7871	27	670	07/01/08	213.61	201.23
D7872	ARTHROSCOPY-DIAGNOSIS, WITH OR WITHOUT BIOPSY				
D7872	27	61J	01/01/92		
D7873	ARTHROSCOPY-SURGICAL: LAVAGE AND LYSIS OF ADHESIONS				
D7873	27	61J	01/01/92		
D7874	ARTHROSCOPY-SURGICAL: DISC REPOSITIONING AND STABILIZATION				
D7874	27	61J	01/01/92		
D7875	ARTHROSCOPY-SURGICAL: SYNOVECTOMY				
D7875	27	61J	01/01/92		
D7876	ARTHROSCOPY-SURGICAL: DISCECTOMY				
D7876	27	61J	01/01/92		
D7877	ARTHROSCOPY-SURGICAL: DEBRIDEMENT				
D7877	27	61J	01/01/92		
D7899	UNSPECIFIED TMD THERAPY, BY REPORT				
D7899	27	61J	10/01/03		
D7910	STR RECENT WOUNDS-UP TO 5 CM				
D7910	27	670	07/01/08	86.71	81.69
D7911	COMPLI STR-UP TO 5 CM				
D7911	27	670	07/01/08	255.14	204.11
D7912	COMPLI STR-GRTER THAN 5 CM				
D7912	27	670	07/01/08	362.64	230.45
D7940	OSTEOPLASTY FOR ORTHO DEFORMITIES				

D7940	27	670	07/01/08	2446.07	2363.15
D7950	OSSEOUS,OSTEOPERIOSTEAL,OR CARTILAGE GRAFT OF MANDIBLE OR MAXILLA-AUTOGENOUS/NONAUTOGENO				
D7950	27	670	07/01/08	517.26	517.26
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES				
D7951	27	670	07/01/08	517.26	517.26
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION-PER SITE				
D7953	27	620	01/01/05		
D7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY) - SEPARATE PROCEDURE				
D7960	27	670	07/01/08	157.92	148.77
D7963	FRENULOPLASTY				
D7963	27	620	01/01/05		
D7970	EXCIS HYPERPLASTIC TISS/ARCH				
D7970	27	670	07/01/08	202.23	165.68
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY				
D7972	27	61J	01/01/03		
D7980	SIALOLITHOTOMY				
D7980	27	61J	07/01/00		
D7991	CORONOIDECTOMY				
D7991	27	670	07/01/08	1094.49	1094.49
D7997	APPLIANCE REMOVAL (NOT BY A DENTIST WHO PLACED APPLIANCES), INCLUDES REMOVAL OF ARCHBAR				
D7997	27	670	07/01/08	52.57	49.53
D7998	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE				
D7998	27	620	01/01/07		
D7999	UNSPEC OMFS PROC, BY REPORT				
D7999	27	61J	07/01/00		
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION				
D8010	27	61J	10/01/03		
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION				
D8020	27	61J	10/01/03		
D8030	LIMITED ORTHODONTIC TREATMENT OF ADOLESCENT DENTITION				
D8030	27	61J	10/01/03		
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION				
D8040	27	61J	10/01/03		
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION				
D8050	27	61J	10/01/03		
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION				
D8060	27	61J	10/01/03		
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION				
D8070	27	61J	10/01/03		
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION				
D8080	27	61J	10/01/03		
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION				
D8090	27	61J	10/01/03		
D8210	RMV APP THRPY CONTROL HARMFUL HABITS,MINORTREATMENT				
D8210	27	61J	07/01/00		
D8220	FIX APP THRPY CONTROL HARMFUL HABITS, MINOR TREATMENT				
D8220	27	61J	07/01/00		
D8660	PRE-ORTHODONTIC TREATMENT VISIT				
D8660	27	670	07/01/08	60.94	57.40
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT (MONTHLY ADJUSTMENTS)				
D8670	27	61J	07/01/00		
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINER)				
D8680	27	61J	07/01/00		
D8692	REPLACEMNT OF LOST OR BROKEN RETAINER				
D8692	27	61J	07/01/00		
D8693	REBONDING OR RECEMENTING; AND/OR REPAIR, AS REQUIRED, OF FIXED RETAINERS				
D8693	27	670	07/01/08	50.50	50.50
D9110	PALLIATIVE/EMERGENCY TREAT DENT PAIN-MINOR PROCEDURE				
D9110	27	670	07/01/08	24.16	24.16
D9120	FIXED PARTIAL DENTURE SECTIONING				
D9120	27	620	01/01/07		
D9220	DEEP SEDATION/GENERAL ANESTHESIA-FIRST 30 MINUTES				
D9220	27	670	07/01/08	117.89	111.06
D9221	DEEP SEDATION/GENERAL ANESTHESIA-EACH ADDITIONAL 15 MINUTES				
D9221	27	620	01/01/92		
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE				
D9230	27	670	07/01/08	40.40	40.40
D9241	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA-FIRST 30 MINUTES				
D9241	27	670	07/01/08	111.68	105.21
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION (ORAL CONSCIOUS SEDATION)				
D9248	27	670	07/01/08	104.06	98.03
D9410	HOUSE/EXTENDED CARE FACILITY CALL				
D9410	27	670	05/01/08	35.00	35.00
D9420	HOSPITAL CALL				
D9420	27	670	07/01/08	98.52	92.81
D9450	CASE PRESENTATION, DETAILED AND EXTENSIVE TREATMENT PLANNING				
D9450	27	620	01/01/03		
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS				
D9612	27	61J	01/01/07		
D9910	APPLIC DESENSITIZING MEDICAMENTS				
D9910	27	670	07/01/08	18.31	17.16
D9940	OCCLUSAL GUARD, BY REPORT				
D9940	27	620	01/01/05		
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD				
D9942	27	620	01/01/05		

D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT			
D9999	27	61J	10/01/03	
S8262	MANDIBULAR ORTHOPEDIC REPOSITIONING DEVICE, EACH			
S8262	27	21J	01/01/03	
S8265	HABERMAN FEEDER FOR CLEFT LIP/PALATE			
S8265	27	21J	01/01/03	
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE			
10120	27	670	07/01/08	46.45 46.45
10121	COMPLICATED			
10121	27	670	07/01/08	121.78 121.78
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION			
10140	27	670	07/01/08	45.28 45.28
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST			
10160	27	670	07/01/08	30.73 30.73
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION			
10180	27	670	07/01/08	110.98 110.98
11044	SKIN/SUBCUTANEOUS TISSUE/ MUSCLE AND BONE			
11044	27	620	01/01/05	
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE),			
11100	27	670	07/01/08	139.20 131.14
11101	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE/MUCOUS MEMBRANE; EACH SEPARATE/ADDITIONAL LESION			
11101	27	670	07/01/08	31.59 31.59
11310	SHAVING OF EPIDERM/DERMAL LESION, SGL; FACE/EAR/EYELID/NSE/LIP/MUC MEM; DIAM 0.5 CM/LESS			
11310	27	620	01/01/08	
11440	EXCISION, OTHER BENIGN LESION W/ MARGIN FACE/EAR/EYELID/NOSE/LIPS; DIAM 0.5 CM OR LESS			
11440	27	670	07/01/08	78.11 78.11
11441	EXCISION, OTHER BENIGN LESION W/ MARGIN FACE/EAR/EYELID/NOSE/LIPS; DIAM 0.6 TO 1.0 CM			
11441	27	670	07/01/08	155.16 121.00
11442	EXCISION, OTHER BENIGN LESION W/ MARGIN FACE/EAR/EYELID/NOSE/LIPS; DIAM 1.1 TO 2.0 CM			
11442	27	670	07/01/08	203.65 191.84
11443	EXCISION, OTHER BENIGN LESION W/ MARGIN FACE/EAR/EYELID/NOSE/LIPS; DIAM 2.1 TO 3.0 CM			
11443	27	620	01/01/07	
11444	EXCISION, OTHER BENIGN LESION W/ MARGIN FACE/EAR/EYELID/NOSE/LIPS; DIAM 3.1 TO 4.0 CM			
11444	27	620	01/01/05	
11640	EXCISION, MALIG LESION INCLUD MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAM 0.5 CM <			
11640	27	670	07/01/08	244.20 244.20
11641	EXCISION, MALIG LESION INCLUD MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DM 0.6-1.0 CM			
11641	27	670	07/01/08	254.96 254.96
11642	EXCISION, MALIG LESION INCLUD MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DM 1.1-2.0 CM			
11642	27	670	07/01/08	310.49 310.49
11643	EXCISION, MALIG LESION INCLUD MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DM 2.1-3.0 CM			
11643	27	670	07/01/08	354.53 354.53
11644	EXCISION, MALIG LESION INCLUD MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DM 3.1-4.0 CM			
11644	27	670	07/01/08	520.25 520.25
11646	EXCISION, MALIG LESION INCLUD MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DM OVER 4.0 CM			
11646	27	61J	02/01/94	
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS &/OR MUCOUS MEMBRANES			
12011	27	670	07/01/08	115.40 77.80
12013	2.6 CM TO 5.0 CM			
12013	27	670	07/01/08	97.30 97.30
12014	5.1 CM TO 7.5 CM			
12014	27	670	07/01/08	124.30 124.30
12015	7.6 CM TO 12.5 CM			
12015	27	670	07/01/08	213.33 142.34
12016	12.6 CM TO 20.0 CM			
12016	27	670	07/01/08	680.71 641.25
12017	20.1 CM TO 30.0 CM			
12017	27	61J	02/01/94	
12018	OVER 30.0 CM			
12018	27	61J	02/01/94	
12051	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS &/OR MUCOUS MEMBRANES; 2.5 CM OR <			
12051	27	670	07/01/08	172.32 162.33
12052	2.6 CM TO 5.0 CM			
12052	27	670	07/01/08	212.18 199.88
12053	5.1 CM TO 7.5 CM			
12053	27	670	07/01/08	210.47 176.47
12054	7.6 CM TO 12.5 CM			
12054	27	670	07/01/08	260.54 260.54
12055	12.6 CM TO 20.0 CM			
12055	27	670	07/01/08	451.81 451.81
12056	20.1 CM TO 30.0 CM			
12056	27	61J	02/01/94	
12057	OVER 30.0 CM			
12057	27	61J	02/01/94	
13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS			
13102	27	61J	04/01/00	
13122	REPAIR, COMPLEX, SCALP, ARMS AND/OR LEGS EACH ADDITIONAL 5 CM OR LESS			
13122	27	61J	04/01/00	
13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA &/OR FEET			
13131	27	670	07/01/08	223.40 223.40
13132	2.6 CM TO 7.5 CM			
13132	27	670	07/01/08	312.77 312.77
13133	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR F			
13133	27	61J	04/01/00	
13150	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS			

13150	27	670	07/01/08	221.97	221.97
13151	1.1 CM TO 2.5 CM				
13151	27	670	07/01/08	278.30	278.30
13152	2.6 CM TO 7.5 CM				
13152	27	670	07/01/08	413.06	413.06
13153	EACH ADDITIONAL 5 CM OR LESS				
13153	27	61J	04/01/00		
14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE				
14040	27	670	07/01/08	665.80	665.80
14041	DEFECT 10.1 SQ CM TO 30.0 SQ CM				
14041	27	670	07/01/08	958.60	958.60
14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS &/OR LIPS				
14060	27	670	07/01/08	812.52	812.52
14061	DEFECT 10.1 SQ CM TO 30.0 SQ CM				
14061	27	670	07/01/08	1374.21	1374.21
14300	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, >30 SQ CM, UNUSUAL OR COMPLICATED, ANY AREA				
14300	27	670	07/01/08	1219.63	1219.63
15040	HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS				
15040	27	620	01/01/06		
15115	EPIDERMAL AUTOGRFT, FACE, SCALP, ORBITS, GENITALIA; 1ST 100 SQ CM OR 1% BODY OF INFNTS/CHILD				
15115	27	670	07/01/08	138.49	138.49
15116	EPIDERMAL AUTOGRAFT, FACE, SCALP, ORBITS, GENIT; EA ADD'L 100 SQ CM OR ADD'L 1% BODY OF INFNT				
15116	27	670	07/01/08	553.95	553.95
15120	SPLIT-THICK AUTOGRFT, FACE, SCALP, ORBITS, GENIT; 1ST 100 SQ CM/LESS, OR 1% BODY INFANTS/CHILD				
15120	27	670	07/01/08	1046.00	1046.00
15121	SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, ...; EACH ADD. 100 SQ CM, OR 1% BODY AREA,				
15121	27	670	07/01/08	1437.12	1437.12
15135	DERMAL AUTGRFT; FIRST 100 SQ CM OR LESS, OR ONE PERCENT BODY AREA OF INFANTS/CHILDREN				
15135	27	670	07/01/08	676.11	676.11
15136	DERMAL AUTGRFT; EACH ADDTNL 100 SQ CM, OR EACH ADDTNL 1% BODY AREA OF INFANTS/CHILDREN				
15136	27	670	07/01/08	81.39	81.39
15155	TISSUE CULTURED EPIDERMAL AUTOGRAFT; FIRST 25 SQ CM OR LESS				
15155	27	670	07/01/08	559.91	559.91
15156	TISSUE CULTURED EPIDERMAL AUTOGRAFT; ADDITIONAL 1 SQ CM TO 75 SQ CM				
15156	27	670	07/01/08	146.87	146.87
15157	TISS CULTRD EPDRML AUTOGRFT; EACH ADDTNL 100 SQ CM, ADDTNL 1% BODY AREA INFANTS/CHILDREN				
15157	27	670	07/01/08	162.52	162.52
15175	ACELLULAR DERMAL REPLACEMENT; FACE, SCALP, ETC; 100 SQ CM OR LESS, OR 1% BODY AREA OF INFANT				
15175	27	670	07/01/08	415.73	415.73
15176	ACELLULAR DERMAL REPLACEMENT; ORBITS, GENITALIA, MULTIPL DIGITS, 100 SQ CM OR EACH ADDTL 1%				
15176	27	670	07/01/08	121.61	121.61
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN,				
15240	27	670	07/01/08	794.27	794.27
15241	FULL THICKNESS GRAFT, FREE, INC DIRECT CLOSURE DONOR SITE, FOREHEAD, ...; EA ADD 20 SQ CM				
15241	27	670	07/01/08	206.58	206.58
15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, &/OR				
15260	27	670	07/01/08	871.63	871.63
15261	FULL THICKNESS GRAFT, FREE, INC DIRECT CLOSURE DONOR SITE, NOSE, EARS, ... EA ADD 20 SQ CM				
15261	27	61J	02/01/94		
15320	ALLOGRAFT SKIN FOR TEMP WOUND CLOSURE; FIRST 100 SQ CM OR <, OR 1% BODY AREA INFANTS/CHILD				
15320	27	620	01/01/06		
15321	ALGRFT SKIN FOR TEMP WOUND CLOSURE; ADDTNL 100 SQ CM, OR ADDTNL 1% BODY AREA INFNTS/CHILD				
15321	27	620	01/01/06		
15335	ACELLULAR DERMAL ALLOGRAFT; 1ST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS/CHILDREN				
15335	27	620	01/01/06		
15336	ACELLULAR DERMAL ALLOGRAFT; EA ADDTL 100 SQ CM, OR EA ADDTL 1% BODY AREA OF INFNTS/CHILD				
15336	27	620	01/01/06		
15340	TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE; FIRST 25 SQ CM OR LESS				
15340	27	620	01/01/06		
15341	TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE; EACH ADDITIONAL 25 SQ CM				
15341	27	620	01/01/06		
15361	TISS CULTRD ALLOGNC DRML SUBSTITUTE; ADDTNL 100 SQ CM, OR ADDTNL 1% BODY OF INFNTS/CHILD				
15361	27	620	01/01/06		
15365	TISS CULTRD ALLOGNC DRML SUB, FACE, NECK, EARS; 1ST 100 SQ CM OR LESS, OR 1% BODY INFNTS/CHIL				
15365	27	620	01/01/06		
15366	TISS CULTRD ALLOGNC DRML SUBSTITUTE, EA ADDTNL 100 SQ CM, OR 1% BODY OF INFNTS/CHILDREN				
15366	27	620	01/01/06		
15420	XENOGRFT SKIN FOR TEMP WOUND CLOSURE; 1ST 100 SQ CM OR LESS, OR 1% BODY OF INFNTS/CHILDREN				
15420	27	620	01/01/06		
15421	XENOGRFT SKIN, FOR TEMP WOUND CLOSURE; EA ADDTNL 100 SQ CM, OR 1% BODY OF INFNTS/CHILDREN				
15421	27	620	01/01/06		
15430	ACELLULAR XENOGRAFT IMPLANT; FIRST 100 SQ CM OR LESS, OR 1% BODY OF INFNTS/CHILDREN				
15430	27	620	01/01/06		
15431	ACELLULAR XENOGRAFT IMPLANT; EA ADDTL 100 SQ CM, OR ADDTL 1% BODY AREA OF INFNTS/CHILDREN				
15431	27	620	01/01/06		
15574	FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS OR FEET				
15574	27	61J	02/01/94		
15576	EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL				
15576	27	61J	02/01/94		
15620	AT FOREHEAD, CHEEKS, CHIN, NECK, AXILLAE, GENITALIA, HANDS OR FEET				
15620	27	670	07/01/08	746.33	746.33
15630	AT EYELIDS, NOSE, EARS, OR LIPS				
15630	27	670	07/01/08	884.22	884.22
15732	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALIS, MASSETER M				
15732	27	670	07/01/08	921.57	921.57

15740	FLAP; ISLAND PEDICLE				
15740	27	61J	02/01/94		
15750	NEUROVASCULAR PEDICLE				
15750	27	61J	02/01/94		
15760	GRAFT;COMPOSITE (EG. FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA),INCLUDING PRIMARY CLOS				
15760	27	670	07/01/08	629.62	629.62
15770	DERMA-FAT-FASCIA				
15770	27	61J	02/01/94		
15820	BLEPHAROPLASTY, LOWER EYELID				
15820	27	61J	02/01/94		
15822	BLEPHAROPLASTY, UPPER EYELID;				
15822	27	61J	02/01/94		
15824	RHYTIDECTOMY; FOREHEAD				
15824	27	61J	02/01/94		
15825	NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, "P-FLAP")				
15825	27	61J	02/01/94		
15826	GLABELLAR FROWN LINES				
15826	27	61J	02/01/94		
15828	CHEEK, CHIN, AND NECK				
15828	27	670	07/01/08	228.67	228.67
15838	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY);SUBMENTAL FAT PAD				
15838	27	61J	02/01/94		
17000	DESTRUCTION, PREMALIGNANT LESIONS; FIRST LESION				
17000	27	670	07/01/08	50.26	50.26
17001	SECOND AND THIRD LESIONS, EACH				
17001	27	61J	07/01/99		
17002	OVER THREE LESIONS, EACH ADDITIONAL LESION				
17002	27	61J	07/01/99		
17010	COMPLICATED LESION(S)				
17010	27	61J	07/01/99		
17280	DESTRUCT MALIG LESION,FACE/EARS/EYELIDS/NOSE/LIPS/MUCS MEMBRANE;LESION DIAM 0.5 CM &LESS				
17280	27	61J	02/01/94		
17281	LESION DIAMETER 0.6 CM TO 1.0 CM				
17281	27	61J	02/01/94		
17282	LESION DIAMETER 1.1 CM TO 2.0 CM				
17282	27	61J	02/01/94		
17283	LESION DIAMETER 2.1 CM TO 3.0 CM				
17283	27	61J	02/01/94		
17284	LESION DIAMETER 3.1 CM TO 4.0 CM				
17284	27	61J	02/01/94		
17286	LESION DIAMETER OVER 4.0 CM				
17286	27	61J	02/01/94		
20000	INCISION OF SOFT TISSUE ABSCESS (EG. SECONDARY TO OSTEOMYELITIS); SUPERFICIAL				
20000	27	670	07/01/08	62.38	62.38
20005	DEEP OR COMPLICATED				
20005	27	670	07/01/08	290.16	290.16
20200	BIOPSY, MUSCLE; SUPERFICIAL				
20200	27	670	07/01/08	105.03	105.03
20205	BIOPSY, MUSCLE; DEEP				
20205	27	670	07/01/08	245.42	245.42
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE				
20206	27	670	07/01/08	93.37	93.37
20220	BIOPSY,BONE,TROCAR OR NEEDLE; SUPERFICIAL (EG,ILIUM, STERNUM,SPINOUS PROCESS, RIBS)				
20220	27	670	07/01/08	108.66	108.66
20240	BIOPSY,BONE,OPEN;SUPERFICIAL (EG,ILIUM,STERNUM,SPINOUS PROCESS,RIBS,TROCHANTER OF FEMUR)				
20240	27	670	07/01/08	273.41	273.41
20245	BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)				
20245	27	670	07/01/08	747.49	331.03
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE				
20520	27	670	07/01/08	93.38	93.38
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED				
20525	27	670	07/01/08	214.68	214.68
20550	INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLANTAR "FASCIA")				
20550	27	670	07/01/08	56.49	56.49
20605	ARTHROCENTESIS, ASPIRATION/INJECTION, INTERMEDIATE JOINT/BURSA (E.G. WRIST, ELBOW)				
20605	27	670	07/01/08	222.23	137.38
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION				
20612	27	61J	01/01/03		
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST				
20615	27	670	07/01/08	362.07	362.07
20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD)(SEPARATE PROCEDURE)				
20670	27	670	07/01/08	270.48	164.69
20680	DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)				
20680	27	670	07/01/08	286.26	286.26
20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG, NEW PIN OR				
20693	27	61J	02/01/94		
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM				
20694	27	670	07/01/08	343.03	343.03
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)				
20900	27	61J	07/01/99		
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE				
20902	27	670	07/01/08	853.28	452.54
20910	CARTILAGE GRAFT; COSTOCHONDRAL				
20910	27	670	07/01/08	131.88	131.88
20926	TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)				

20926	27	670	07/01/08	172.25	172.25
20962	OTHER BONE GRAFT (SPECIFY)				
20962	27	61J	02/01/94		
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT				
21010	27	670	07/01/08	800.37	800.37
21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE				
21025	27	670	07/01/08	440.29	440.29
21026	FACIAL BONE(S)				
21026	27	670	07/01/08	142.50	142.50
21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA)				
21029	27	61J	02/01/94		
21030	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION AND CURETTAGE				
21030	27	670	07/01/08	443.87	443.87
21031	EXCISION OF TORUS MANDIBULARIS				
21031	27	670	07/01/08	272.10	272.10
21032	EXCISION OF MAXILLARY TORUS PALATINUS				
21032	27	670	07/01/08	323.31	323.31
21034	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA				
21034	27	670	07/01/08	1408.66	1408.66
21040	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND/OR CURETTAGE				
21040	27	670	07/01/08	237.42	237.42
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;				
21044	27	670	07/01/08	1139.32	1139.32
21045	RADICAL RESECTION				
21045	27	670	07/01/08	67.84	67.84
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOMY				
21046	27	61J	01/01/03		
21047	EXCISION BENIGN TUMOR OR CYST OF MANDIBLE; EXTRA-ORAL OSTEOTOMY & PARTIAL MANDIBULECTOMY				
21047	27	61J	01/01/03		
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY				
21048	27	21J	01/01/03		
21049	EXCISION BENIGN TUMOR OR CYST OF MAXILLA; EXTRA-ORAL OSTEOTOMY & PARTIAL MAXILLECTOMY				
21049	27	61J	01/01/03		
21050	SONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)				
21050	27	670	07/01/08	816.59	816.59
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)				
21060	27	670	07/01/08	1372.07	1372.07
21070	CORONOIDECTOMY (SEPARATE PROCEDURE)				
21070	27	670	07/01/08	1094.49	1094.49
21073	MANIPULATION OF TEMPOROMANDIBULAR JOINTS, THERAPEUTIC, REQUIRING AN ANESTHESIA SERVICE				
21073	27	670	07/01/08	254.20	254.20
21079	IMPRESSION AND CUSTOM PREPARATION;				
21079	27	620	01/01/08		
21080	IMPRESSION AND CUSTOM PREPARATION;				
21080	27	620	01/01/05		
21081	IMPRESSION AND CUSTOM PREPARATION;				
21081	27	620	01/01/05		
21082	PALATAL AUGMENTATION PROSTHESIS				
21082	27	61J	02/01/94		
21084	IMPRESSION AND CUSTOM PREPARATION;				
21084	27	620	01/01/04		
21085	ORAL SURGICAL SPLINT				
21085	27	61J	07/01/99		
21086	AURICULAR PROSTHESIS				
21086	27	61J	02/01/94		
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE				
21089	27	620	01/01/05		
21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES REMOVAL (SEPARATE				
21100	27	61J	02/01/94		
21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCA				
21110	27	670	07/01/08	202.44	202.44
21121	SLIDING OSTEOTOMY, SINGLE PIECE				
21121	27	670	07/01/08	1542.94	1542.94
21122	SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE REVERSAL				
21122	27	670	07/01/08	1770.66	1770.66
21123	SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)				
21123	27	670	07/01/08	1770.66	1770.66
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL				
21125	27	670	07/01/08	1770.66	1770.66
21127	WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAFT)				
21127	27	61J	02/01/94		
21141	RECONSTRUCTION MIDFACE, LE FORT 1; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG.				
21141	27	61J	07/01/99		
21142	TWO PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT A BONE GRAFT				
21142	27	61J	07/01/99		
21143	THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION WITHOUT BONE GRAFT				
21143	27	61J	07/01/99		
21145	RECONST MIDFACE, LEFORT I; SING PIECE, SEGM MOVEMENT IN ANY DIRECTION, REQ BONE GRAFTS				
21145	27	670	07/01/08	1770.66	1770.66
21146	RECONST MIDFACE, LEFORT I; 2 PIECES, SEGM MOVEMENT IN ANY DIRECTION, REQ BONE GRAFTS				
21146	27	670	07/01/08	2446.07	2446.07
21147	RECONST MIDFACE, LEFORT I; 3 OR MORE PIECES, SEGM MOVEMENT IN ANY DIRECT, REQ BONE GRAFT				
21147	27	670	07/01/08	2446.07	2446.07
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (TREACHER-COLLINS SYNDROME)				
21150	27	670	07/01/08	1770.66	1770.66

21151	ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)			
21151	27	670 07/01/08	1770.66	1770.66
21154	RECONSTRUCTION MIDFACE, LEFORT III(EXTRACRANIAL), ANY TYPE REQUIRING BONE GRAFTS			
21154	27	670 07/01/08	1770.66	1770.66
21155	WITH LEFORT I			
21155	27	670 07/01/08	1770.66	1770.66
21159	RECONSTRUCTION MIDFACE, LEFORT III(EXTRA AND INTRACRANIAL)WITH FOREHEAD ADVANCEMENT			
21159	27	61J 02/01/94		
21160	WITH LEFORT I			
21160	27	61J 02/01/94		
21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS			
21188	27	61J 02/01/94		
21193	RECONSTR OF MANDIB RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OSTEOTOMY, W/O BONE GRAFT			
21193	27	670 07/01/08	1770.66	1770.66
21194	WITH BONE GRAFT (INCLUDES OBTAINING GRAFT)			
21194	27	670 07/01/08	1770.66	1770.66
21195	RECONSTRUCTION OF MANDIBULAR RAMI A/O BODY, SAGITAL SPLIT; W/O INTERNAL RIGID FIXATION			
21195	27	670 07/01/08	1770.66	1770.66
21196	WITH INTERNAL RIGID FIXATION			
21196	27	670 07/01/08	2446.06	2446.06
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL			
21198	27	670 07/01/08	1770.66	1770.66
21206	OSTEOTOMY, MAXILLA, SEGMENTAL(EG.WASSMUND OR SCHUCHARD)			
21206	27	670 07/01/08	1770.66	1770.66
21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT,ALLOGRAFT,OR PROSTHETIC IMPLANT)			
21208	27	670 07/01/08	547.68	547.68
21209	REDUCTION			
21209	27	670 07/01/08	381.13	381.13
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)			
21210	27	670 07/01/08	1422.38	1422.38
21215	MANDIBLE (INCLUDES OBTAINING GRAFT)			
21215	27	670 07/01/08	1898.96	438.30
21230	GRAFT;RIB CARTILAGE,AUTOGENOUS,TO FACE,CHIN,NOSE OR EAR (INCLUDES OBTAINING GRAFT)			
21230	27	670 07/01/08	848.64	848.64
21235	EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)			
21235	27	670 07/01/08	917.76	917.76
21240	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT,WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT)			
21240	27	670 07/01/08	1309.96	1309.96
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT			
21242	27	670 07/01/08	1309.96	1309.96
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT			
21243	27	61J 02/01/94		
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPL			
21244	27	61J 02/01/94		
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL			
21245	27	61J 02/01/94		
21246	COMPLETE			
21246	27	670 07/01/08	1905.67	1905.67
21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (INCLUDES OBTAIN			
21247	27	61J 02/01/94		
21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL			
21248	27	61J 02/01/94		
21249	COMPLETE			
21249	27	61J 02/01/94		
21255	RECONSTRUCTION OF ZYGOMATIC ARCH & GLENOID FOSSA WITH BONE & CARTILAGE (INCLUDES			
21255	27	61J 02/01/94		
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM,WITH BONE GRAFTS;EXTRACRANIAL APPROACH			
21260	27	61J 02/01/94		
21261	COMBINED INTRA- AND EXTRACRANIAL APPROACH			
21261	27	61J 02/01/94		
21263	WITH FOREHEAD ADVANCEMENT			
21263	27	61J 02/01/94		
21267	ORBITAL REPOSITIONING,PERIORBITAL OSTEOTOMIES,UNILATERAL,WITH BONE GRAFTS;EXTRACRANIAL			
21267	27	670 07/01/08	2446.07	2446.07
21268	COMBINED INTRA- AND EXTRACRANIAL APPROACH			
21268	27	670 07/01/08	2446.07	2446.07
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL			
21270	27	61J 02/01/94		
21295	REDUCTION OF MASSETER MUSCLE AND BONE(EG FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY			
21295	27	61J 02/01/94		
21296	INTRAORAL APPROACH			
21296	27	61J 02/01/94		
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE			
21299	27	61J 02/01/94		
21310	CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION			
21310	27	670 07/01/08	57.37	57.37
21315	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITHOUT STABILIZATION			
21315	27	670 07/01/08	173.73	173.73
21320	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION			
21320	27	670 07/01/08	393.07	393.07
21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED			
21325	27	670 07/01/08	577.43	577.43
21330	OPEN TREATMENT OF NASAL FRACTURE;COMPLICATED, WITH INTERNAL &/OR EXTERNAL SKELETAL			
21330	27	670 07/01/08	607.63	607.63
21335	OPEN TREATMENT OF NASAL FRACTURE;WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM			

21335	27	670	07/01/08	1208.43	1208.43
21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, W/ OR W/O STABILIZATION				
21336	27	61J	02/01/94		
21337	CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, W/ OR W/O STABILIZATION				
21337	27	670	07/01/08	327.15	327.15
21338	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION				
21338	27	670	07/01/08	953.90	953.90
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION				
21339	27	670	07/01/08	1156.35	1156.35
21340	PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE OR HEADCAP FIXAT				
21340	27	670	07/01/08	673.31	673.31
21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE				
21343	27	670	07/01/08	1140.35	1140.35
21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), W/ INTERDENTAL WIRE				
21345	27	670	07/01/08	1422.01	1422.01
21346	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); W/ WIRING &/OR LOCAL				
21346	27	670	07/01/08	684.14	684.14
21347	REQUIRING MULTIPLE OPEN APPROACHES				
21347	27	670	07/01/08	1673.92	1673.92
21348	WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)				
21348	27	61J	02/01/94		
21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH & MALAR TRIPOD				
21355	27	670	07/01/08	75.92	75.92
21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH)				
21356	27	61J	02/01/94		
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH & MALAR TRIPOD				
21360	27	670	07/01/08	1028.27	1028.27
21365	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTU				
21365	27	670	07/01/08	1295.25	1295.25
21366	WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)				
21366	27	61J	02/01/94		
21385	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC				
21385	27	670	07/01/08	953.22	953.22
21386	PERIORBITAL APPROACH				
21386	27	670	07/01/08	1343.42	1343.42
21387	COMBINED APPROACH				
21387	27	670	07/01/08	1605.72	1605.72
21390	PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER IMPLANT				
21390	27	670	07/01/08	1143.39	1143.39
21395	PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OBTAINING GRAFT)				
21395	27	670	07/01/08	2446.07	2446.07
21400	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION				
21400	27	670	07/01/08	108.25	108.25
21401	WITH MANIPULATION				
21401	27	61J	02/01/94		
21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT				
21406	27	670	07/01/08	1224.58	1224.58
21407	WITH IMPLANT				
21407	27	61J	02/01/94		
21408	WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)				
21408	27	61J	02/01/94		
21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE				
21421	27	670	07/01/08	1035.26	1035.26
21422	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE)				
21422	27	670	07/01/08	1764.27	1626.25
21423	COMPLICATED (COMMUNUTED OR INVOLVING CRANIAL NERVE FORAMINA), MULTIPLE APPROACHES				
21423	27	61J	07/01/99		
21431	CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIX				
21431	27	670	07/01/08	804.96	804.96
21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING &/OR INTERNAL				
21432	27	61J	02/01/94		
21433	COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE FORAMINA), MULTIPLE SURGICAL				
21433	27	670	07/01/08	1643.44	1643.44
21435	COMPLICATED, UTILIZING INTERNAL &/OR EXTERNAL FIXATION TECHNIQUES (EG, HEAD CAP, HALO DEVIC				
21435	27	670	07/01/08	2446.07	2446.07
21436	COMPLICATED, MULTIPLE SURGICAL APPROACHES, INTERNAL FIXATION, WITH BONE GRAFTING (INCLUDES				
21436	27	61J	02/01/94		
21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)				
21440	27	61J	07/01/99		
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)				
21445	27	670	07/01/08	1214.02	760.73
21450	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION				
21450	27	61J	02/01/94		
21451	WITH MANIPULATION				
21451	27	670	07/01/08	1496.23	1496.23
21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION				
21452	27	61J	02/01/94		
21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION				
21453	27	670	07/01/08	1532.50	1382.75
21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION				
21454	27	670	07/01/08	1341.59	1341.59
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION				
21461	27	61J	02/01/94		
21462	WITH INTERDENTAL FIXATION				
21462	27	670	07/01/08	1950.39	1572.92

21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE			
21465	27	61J	02/01/94	
21470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPROACHES INCLUD			
21470	27	670	07/01/08	2446.08 2095.79
21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQUENT			
21480	27	670	07/01/08	170.66 170.66
21485	COMPLICATED (EG, RECURRENT REQUIRING INTERMAXILLARY FIXATION OR SPLINTING), INITIAL OR			
21485	27	61J	02/01/94	
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION			
21490	27	61J	02/01/94	
21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE			
21497	27	61J	02/01/94	
21499	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD			
21499	27	61J	02/01/94	
29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY			
29800	27	61J	07/01/99	
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL			
29804	27	61J	07/01/99	
30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD			
30130	27	670	07/01/08	159.82 159.82
30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD			
30140	27	670	07/01/08	257.66 257.66
30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES &/OR ELEVATION OF NASAL TIP			
30400	27	670	07/01/08	861.55 861.55
30410	COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL & ALAR CARTILAGES, &/OR			
30410	27	670	07/01/08	1232.07 1232.07
30420	INCLUDING MAJOR SEPTAL REPAIR			
30420	27	670	07/01/08	1794.27 1794.27
30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)			
30430	27	670	07/01/08	392.57 392.57
30435	INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)			
30435	27	670	07/01/08	419.26 419.26
30450	MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)			
30450	27	670	07/01/08	1599.99 1599.99
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP &/OR PALATE, INCLUDING			
30460	27	61J	02/01/94	
30462	TIP, SEPTUM, OSTEOTOMIES			
30462	27	61J	02/01/94	
30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)			
30580	27	61J	02/01/94	
30600	ORONASAL			
30600	27	670	07/01/08	326.63 326.63
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM)			
31000	27	670	07/01/08	72.45 72.45
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL			
31020	27	670	07/01/08	264.78 264.78
31030	RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF ANTROCHOANAL POLYPS			
31030	27	670	07/01/08	1029.34 1029.34
31032	RADICAL (CALDWELL-LUC) WITH REMOVAL OF ANTROCHANAL POLYPS			
31032	27	670	07/01/08	967.63 967.63
31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION			
31225	27	670	07/01/08	2401.13 2401.13
31600	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE)			
31600	27	670	07/01/08	537.36 537.36
31603	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL			
31603	27	670	07/01/08	630.97 630.97
31605	CRICOTHYROID MEMBRANE			
31605	27	61J	02/01/94	
31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION			
31611	27	620	01/01/07	
37615	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK			
37615	27	670	07/01/08	564.83 564.83
38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)			
38724	27	620	01/01/08	
40490	BIOPSY OF LIP			
40490	27	670	07/01/08	91.90 91.90
40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT			
40500	27	61J	02/01/94	
40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE			
40510	27	61J	02/01/94	
40520	V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE			
40520	27	61J	02/01/94	
40525	FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLANDER OR FAN)			
40525	27	61J	07/01/99	
40527	FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP (ABBE-ESTLANDER)			
40527	27	670	07/01/08	1333.98 1333.98
40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION			
40530	27	61J	02/01/94	
40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY			
40650	27	670	07/01/08	328.04 328.04
40652	UP TO HALF VERTICAL HEIGHT			
40652	27	61J	02/01/94	
40654	OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX			
40654	27	670	07/01/08	313.43 313.43
40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL			

40700	27	670	07/01/08	1291.55	1291.55
40701	PRIMARY BILATERAL, ONE STAGE PROCEDURE	670	07/01/08	1998.41	1998.41
40701	27	670	07/01/08	1998.41	1998.41
40702	PRIMARY BILATERAL, ONE OF TWO STAGES	61J	02/01/94		
40702	27	61J	02/01/94		
40720	SECONDARY, BY RECREATION OF DEFECT AND RECLOSURE	670	07/01/08	1889.08	1889.08
40720	27	670	07/01/08	1889.08	1889.08
40761	WITH CROSS LIP PEDICLE FLAP (ABBE-ESTLANDER TYPE), INCLUDING SECTIONING & INSERTING OF	61J	02/01/94		
40761	27	61J	02/01/94		
40799	UNLISTED PROCEDURE, LIPS	61J	02/01/94		
40799	27	61J	02/01/94		
40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE	670	07/01/08	92.78	87.40
40800	27	670	07/01/08	92.78	87.40
40801	COMPLICATED	61J	02/01/94		
40801	27	61J	02/01/94		
40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH ; SIMPLE	61J	02/01/94		
40804	27	61J	02/01/94		
40805	COMPLICATED	61J	02/01/94		
40805	27	61J	02/01/94		
40806	INCISION OF LABIAL FRENUM (FRENOTOMY)	670	07/01/08	67.33	67.33
40806	27	670	07/01/08	67.33	67.33
40808	BIOPSY, VESTIBULE OF MOUTH	670	07/01/08	131.40	110.90
40808	27	670	07/01/08	131.40	110.90
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR	670	07/01/08	59.45	59.45
40810	27	670	07/01/08	59.45	59.45
40812	WITH SIMPLE REPAIR	670	07/01/08	129.70	111.57
40812	27	670	07/01/08	129.70	111.57
40814	WITH COMPLEX REPAIR	670	07/01/08	228.67	228.67
40814	27	670	07/01/08	228.67	228.67
40816	COMPLEX, WITH EXCISION OF UNDERLYING MUSCLE	670	07/01/08	274.41	274.41
40816	27	670	07/01/08	274.41	274.41
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	61J	02/01/94		
40818	27	61J	02/01/94		
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)	670	07/01/08	198.26	134.15
40819	27	670	07/01/08	198.26	134.15
40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG,LASER, THERM	670	07/01/08	187.52	187.52
40820	27	670	07/01/08	187.52	187.52
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS	670	07/01/08	142.37	134.28
40830	27	670	07/01/08	142.37	134.28
40831	OVER 2.5 CM OR COMPLEX	61J	02/01/94		
40831	27	61J	02/01/94		
40899	UNLISTED PROCEDURE, VESTIBULE OF MOUTH	61J	02/01/94		
40899	27	61J	02/01/94		
41000	INTRAORAL INCISION & DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF	670	07/01/08	136.17	136.17
41000	27	670	07/01/08	136.17	136.17
41005	SUBLINGUAL, SUPERFICIAL	61J	02/01/94		
41005	27	61J	02/01/94		
41006	SUBLINGUAL, DEEP, SUPRAMYLOHYOID	61J	02/01/94		
41006	27	61J	02/01/94		
41007	SUBMENTAL SPACE	61J	02/01/94		
41007	27	61J	02/01/94		
41008	SUBMANDIBULAR SPACE	61J	07/01/99		
41008	27	61J	07/01/99		
41009	MASTICATOR SPACE	670	07/01/08	195.86	195.86
41009	27	670	07/01/08	195.86	195.86
41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)	670	07/01/08	134.56	134.56
41010	27	670	07/01/08	134.56	134.56
41015	EXTRAORAL INCISION & DRAINAGE OF ABSCESS, CYST OR HEMATOMA OF FLOOR OF MOUTH;SUBLINGUAL	670	07/01/08	150.92	150.92
41015	27	670	07/01/08	150.92	150.92
41016	EXTRAORAL INCISION & DRAINAGE OF ABSCESS,CYST,OR HEMATOMA OF FLOOR OF MOUTH;SUBMENTAL	61J	02/01/94		
41016	27	61J	02/01/94		
41017	EXTRAORAL INCISION & DRAINAGE OF ABSCESS,CYST,OR HEMATOMA OF FLOOR OF MOUTH;SUBMANDIB	61J	02/01/94		
41017	27	61J	02/01/94		
41018	EXTRAORAL INCISION & DRAINAGE OF ABSCESS,CYST,OR HEMATOMA OF FLOOR OF MOUTH;MASTICATOR	61J	02/01/94		
41018	27	61J	02/01/94		
41100	BIOPSY OF TONGUE;ANTERIOR TWO-THIRDS	670	07/01/08	126.76	81.03
41100	27	670	07/01/08	126.76	81.03
41105	BIOPSY OF TONGUE;POSTERIOR ONE-THIRD	670	07/01/08	161.86	161.86
41105	27	670	07/01/08	161.86	161.86
41108	BIOPSY OF FLOOR OF MOUTH	670	07/01/08	70.81	60.97
41108	27	670	07/01/08	70.81	60.97
41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	670	07/01/08	215.72	215.72
41110	27	670	07/01/08	215.72	215.72
41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS	670	07/01/08	135.05	135.05
41112	27	670	07/01/08	135.05	135.05
41113	EXCISION OF LESION OF TONGUE WITH CLOSURE;POSTERIOR ONE-THIRD	61J	02/01/94		
41113	27	61J	02/01/94		
41114	EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP	61J	02/01/94		
41114	27	61J	02/01/94		
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	670	07/01/08	232.96	138.18
41115	27	670	07/01/08	232.96	138.18
41116	EXCISION, LESION OF FLOOR OF MOUTH	61J	02/01/94		
41116	27	61J	02/01/94		
41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	670	07/01/08	833.92	833.92
41120	27	670	07/01/08	833.92	833.92

41130	GLOSSECTOMY; HEMIGLOSSECTOMY			
41130	27	61J	02/01/94	
41135	GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION			
41135	27	61J	02/01/94	
41140	GLOSSECTOMY; COMPLETE OR TOTAL W/ OR W/O TRACHEOSTOMY, W/O RADICAL NECK DISSECTION			
41140	27	61J	02/01/94	
41145	GLOSSECTOMY; COMPLETE OR TOTAL, W/ OR W/O TRACHEOSTOMY, W/ UNILATERAL RADICAL NECK DISSECT			
41145	27	61J	02/01/94	
41150	COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH & MANDIBULAR RESECTION, WITHOUT RADICA			
41150	27	61J	02/01/94	
41153	COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH SUPRAHYOID NECK DISSECTION			
41153	27	670	07/01/08	787.04 787.04
41155	COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIBULAR RESECTION, & RADICAL NECK			
41155	27	61J	02/01/94	
41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH &/OR ANTERIOR TWO-THIRDS OF TONGUE			
41250	27	670	07/01/08	95.93 95.93
41251	POSTERIOR ONE-THIRD OF TONGUE			
41251	27	61J	02/01/94	
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX			
41252	27	61J	02/01/94	
41500	FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE)			
41500	27	61J	02/01/94	
41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)			
41510	27	61J	02/01/94	
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)			
41520	27	61J	07/01/99	
41599	UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH			
41599	27	61J	02/01/94	
41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES			
41800	27	670	07/01/08	100.13 100.13
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES			
41805	27	61J	02/01/94	
41806	BONE			
41806	27	61J	02/01/94	
41820	GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT			
41820	27	670	07/01/08	309.59 309.59
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES			
41821	27	61J	02/01/94	
41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES			
41822	27	670	07/01/08	151.89 151.89
41823	EXCISION OF OSSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES			
41823	27	670	07/01/08	302.96 302.96
41825	EXCISION OF LESION OR TUMOR, DENTOALVEOLAR STRUCTURES; WITHOUT REPAIR			
41825	27	61J	07/01/99	
41826	WITH SIMPLE REPAIR			
41826	27	670	07/01/08	204.79 204.79
41827	WITH COMPLEX REPAIR			
41827	27	670	07/01/08	141.03 141.03
41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH SEXTANT OR QUADRANT (SPECIFY)			
41828	27	61J	07/01/99	
41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES			
41850	27	61J	02/01/94	
41872	GINGIVOPLASTY			
41872	27	670	07/01/08	262.22 262.22
41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)			
41874	27	670	07/01/08	158.61 158.61
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES			
41899	27	61J	02/01/94	
42000	DRAINAGE OF ABSCESS OF PALATE, UVULA			
42000	27	670	07/01/08	144.08 144.08
42100	BIOPSY OF PALATE, UVULA			
42100	27	670	07/01/08	244.47 98.23
42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE			
42104	27	670	07/01/08	261.94 124.24
42106	WITH SIMPLE PRIMARY CLOSURE			
42106	27	61J	07/01/99	
42107	WITH LOCAL FLAP CLOSURE			
42107	27	61J	02/01/94	
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION			
42120	27	61J	02/01/94	
42140	UVULECTOMY, EXCISION OF UVULA			
42140	27	61J	02/01/94	
42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)			
42145	27	670	07/01/08	1255.66 1255.66
42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)			
42160	27	61J	02/01/94	
42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM			
42180	27	61J	02/01/94	
42182	OVER 2 CM OR COMPLEX			
42182	27	670	07/01/08	227.25 227.25
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT &/OR HARD PALATE ONLY			
42200	27	670	07/01/08	1293.05 1293.05
42205	PALATOPLASTY FOR CLEFT PALATE, W/ CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY			
42205	27	61J	02/01/94	
42210	WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBTAINING GRAFT)			

42210	27	61J 07/01/99		
42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION			
42215	27	670 07/01/08	1415.91	1415.91
42220	PALATOPLASTY FOR CLEFT PALATE;SECONDARY LENGTHENING PROCEDURE			
42220	27	670 07/01/08	1244.40	1244.40
42225	PALATOPLASTY FOR CLEFT PALATE;ATTACHMENT PHARYNGEAL FLAP			
42225	27	670 07/01/08	1342.88	1342.88
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP			
42226	27	670 07/01/08	1235.62	1235.62
42227	LENGTHENING OF PALATE, WITH ISLAND FLAP			
42227	27	670 07/01/08	1235.62	1235.62
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP			
42235	27	670 07/01/08	552.64	552.64
42260	REPAIR OF NASOLABIAL FISTULA			
42260	27	670 07/01/08	356.36	356.36
42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS			
42280	27	61J 02/01/94		
42299	UNLISTED PROCEDURE, PALATE, UVULA			
42299	27	61J 02/01/94		
42300	DRAINAGE OF ABSCESS ; PAROTID, SIMPLE			
42300	27	61J 02/01/94		
42305	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED			
42305	27	670 07/01/08	217.25	217.25
42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL			
42310	27	61J 02/01/94		
42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL			
42320	27	670 07/01/08	86.90	86.90
42330	SIALOLITHOTOMY;SUBMANDIBULAR (SUBMAXILLARY),SUBLINGUAL OR PAROTID,UNCOMPLICATED,INTRAORA			
42330	27	670 07/01/08	156.16	156.16
42335	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL			
42335	27	670 07/01/08	188.27	188.27
42340	SIALOLITHOTOMY;PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL			
42340	27	61J 02/01/94		
42400	BIOPSY OF SALIVARY GLAND; NEEDLE			
42400	27	670 07/01/08	73.93	73.93
42405	INCISIONAL			
42405	27	61J 02/01/94		
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)			
42408	27	670 07/01/08	226.40	226.40
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)			
42409	27	61J 02/01/94		
42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DISSECTION			
42410	27	670 07/01/08	790.06	790.06
42415	LATERAL LOBE, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE			
42415	27	670 07/01/08	1652.90	1652.90
42420	TOTAL, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE			
42420	27	670 07/01/08	2024.96	2024.96
42425	TOTAL, EN BLOC REMOVAL WITH SACRIFICE OF FACIAL NERVE			
42425	27	670 07/01/08	1524.52	1524.52
42426	TOTAL, WITH UNILATERAL RADICAL NECK DISSECTION			
42426	27	61J 02/01/94		
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND			
42440	27	670 07/01/08	1004.78	1004.78
42450	EXCISION OF SUBLINGUAL GLAND			
42450	27	670 07/01/08	680.71	680.71
42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE			
42500	27	61J 02/01/94		
42505	SECONDARY OR COMPLICATED			
42505	27	670 07/01/08	749.00	749.00
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE)			
42507	27	61J 02/01/94		
42508	WITH EXCISION OF ONE SUBMANDIBULAR GLAND			
42508	27	61J 02/01/94		
42509	WITH EXCISION OF BOTH SUBMANDIBULAR GLANDS			
42509	27	670 07/01/08	1859.94	1859.94
42510	WITH LIGATION OF BOTH SUBMANDIBULAR (WHARTON'S) DUCTS			
42510	27	61J 02/01/94		
42550	INJECTION PROCEDURE FOR SIALOGRAPHY			
42550	27	61J 02/01/94		
42600	CLOSURE SALIVARY FISTULA			
42600	27	61J 02/01/94		
42650	DILATION SALIVARY DUCT			
42650	27	670 07/01/08	41.92	41.92
42660	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION			
42660	27	61J 02/01/94		
42665	LIGATION SALIVARY DUCT, INTRAORAL			
42665	27	670 07/01/08	84.61	84.61
42699	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS			
42699	27	61J 02/01/94		
42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR			
42700	27	670 07/01/08	122.01	122.01
42720	RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL APPROACH			
42720	27	670 07/01/08	169.97	169.97
42725	RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL APPROACH			
42725	27	670 07/01/08	426.88	426.88

42800	BIOPSY; OROPHARYNX				
42800	27	670	07/01/08	140.79	114.72
42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD				
42808	27	670	07/01/08	449.37	449.37
42809	REMOVAL OF FOREIGN BODY FROM PHARYNX				
42809	27	670	07/01/08	81.51	81.51
42880	EXCISION NASOPHARYNGEAL LESION (EG, FIBROMA)				
42880	27	670	07/01/08	574.74	574.74
42890	LIMITED PHARYNGECTOMY				
42890	27	61J	02/01/94		
42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY ADVANCEMENT				
42892	27	61J	02/01/94		
42894	RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS FLAP				
42894	27	61J	02/01/94		
42900	SUTURE PHARYNX FOR WOUND OR INJURY				
42900	27	670	07/01/08	381.13	381.13
42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)				
42950	27	61J	02/01/94		
42960	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTOMY); SIMPLE				
42960	27	670	07/01/08	106.59	106.59
42961	COMPLICATED, REQUIRING HOSPITALIZATION				
42961	27	670	07/01/08	260.50	260.50
42962	WITH SECONDARY SURGICAL INTERVENTION				
42962	27	670	07/01/08	274.41	274.41
42970	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY; SIMPLE, WITH POSTERIOR NASAL				
42970	27	670	07/01/08	392.57	392.57
42971	COMPLICATED, REQUIRING HOSPITALIZATION				
42971	27	670	07/01/08	168.46	168.46
42972	WITH SECONDARY SURGICAL INTERVENTION				
42972	27	670	07/01/08	298.43	298.43
42999	UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS				
42999	27	61J	02/01/94		
64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH				
64400	27	670	07/01/08	213.32	109.18
64505	INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION				
64505	27	61J	02/01/94		
64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)				
64510	27	61J	02/01/94		
64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBITAL, MENTAL				
64600	27	61J	02/01/94		
64605	SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE				
64605	27	61J	02/01/94		
64610	SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE UNDER RADIOLOGIC MONITORING				
64610	27	670	07/01/08	644.12	644.12
64716	NEUROPLASTY &/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)				
64716	27	61J	02/01/94		
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)				
64722	27	61J	02/01/94		
64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO				
64727	27	670	07/01/08	390.67	390.67
64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE				
64734	27	61J	02/01/94		
64736	TRANSECTION OR AVULSION OF; MENTAL NERVE				
64736	27	61J	02/01/94		
64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY				
64738	27	61J	02/01/94		
64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE				
64740	27	61J	02/01/94		
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE				
64742	27	61J	02/01/94		
64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC				
64784	27	670	07/01/08	376.66	376.66
64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK, UP TO 4 CM IN LENGTH				
64885	27	670	07/01/08	1613.42	1613.42
64999	UNLISTED PROCEDURE, NERVOUS SYSTEM				
64999	27	61J	10/01/05		
88302	LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION				
88302	27	670	07/01/08	20.23	20.23
88304	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION				
88304	27	670	07/01/08	29.36	29.36
88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION				
88305	27	670	07/01/08	65.52	65.52
88307	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION				
88307	27	670	07/01/08	113.40	113.40
88309	LEVEL VI - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION				
88309	27	670	07/01/08	151.77	151.77
99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY PHYSICIAN				
99070	27	670	07/01/08	15.57	15.57

END OF REPORT