

DEPARTMENT OF LABOR AND EMPLOYMENT

Division of Workers' Compensation

WORKERS' COMPENSATION RULES OF PROCEDURE WITH TREATMENT GUIDELINES

RULE 18 MEDICAL FEE SCHEDULE

7 CCR 1101-3 Rule 18, Exhibits

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

Exhibit #1

Exhibit #1
Evaluation and Management - Medical Decision Making – Effective 1/1/2025

Number/Complexity of Problems Addressed (**Chart A**)

Only problems directly related to the injury and pertinent to the visit or treatment are counted.

Minimal	<input type="checkbox"/> 1 Self-limited / minor problem	<u>Self-limited or Minor Problem</u> – A problem that runs a definite and prescribed course, is temporary in nature, and is not likely to permanently affect health status.
Low	<input type="checkbox"/> 2+ Self-limited/minor problems; or <input type="checkbox"/> 1 Stable chronic illness; or <input type="checkbox"/> 1 Acute uncomplicated illness/injury; may or may not require hospital level care <input type="checkbox"/> 1 Stable acute illness	<u>Stable, Chronic Illness</u> - A problem with an expected duration of at least one year or until the death of the patient. For the purpose of defining chronicity, conditions are treated as chronic whether or not the stage or the severity changes (e.g., uncontrolled diabetes and controlled diabetes are a single chronic condition). 'Stable' for the purposes of categorizing MDM is defined by the specific treatment goals for an individual patient. A patient who is not at their treatment goal is not stable, even if the condition has not changed and there is no short- term threat to life or bodily function. For example, a patient with persistently poorly controlled blood pressure for whom better control is a goal is not stable, even if the pressures are not changing and the patient is asymptomatic. The risk of morbidity without treatment is significant. <u>Acute, Uncomplicated Illness or Injury</u> - A recent or new short-term problem with low risk of morbidity for which a treatment is considered. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. A problem that is normally self-limited or minor but is not resolving consistent with a definite and prescribed course is an acute, uncomplicated illness.
Moderate	<input type="checkbox"/> 1+ Chronic illness w/ exacerbation, progression, or Tx side effects; or <input type="checkbox"/> 2+ Stable chronic illnesses; or <input type="checkbox"/> Undiagnosed new problem w/ uncertain prognosis; or	<u>Chronic Illness with Exacerbation, Progression or Side Effects of Tx</u> - A chronic illness that is actually worsening, poorly controlled or progressing with an intent to control progression and requiring additional supportive care or attention to treatment for side effects but that does not require consideration of hospital level care. <u>Undiagnosed New Problem with Uncertain Prognosis</u> - A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without medical intervention.

	<input type="checkbox"/> Acute illness w/ systemic symptoms; or <input type="checkbox"/> Acute complicated injury	<p><u>Acute Illness with Systemic Symptoms</u> - An illness that causes systemic symptoms and has a high risk of morbidity without treatment. For systemic general symptoms such as fever, body aches, or fatigue in a minor illness that may be treated to alleviate symptoms, shorten the course of illness or to prevent complications, see the definitions for 'self-limited or minor' or 'acute, uncomplicated.' Systemic symptoms may not be general, but may be a single system.</p>
<p>High</p>	<input type="checkbox"/> Chronic illness w/ severe exacerbation, progression, or Tx side effects; or <input type="checkbox"/> Acute/chronic illness/injury that poses threat to life or bodily function	<p><u>Acute, Complicated Injury</u> – An injury which requires treatment that includes evaluation of other body systems that are not directly related to the injured organ, the injury is extensive, or the treatment options are multiple and/or associated with risk of morbidity.</p> <p><u>Chronic Illness with Severe Exacerbation, Progression, or Side Effects of Treatment</u> – The severe exacerbation or progression of a chronic illness or severe side effects of treatment that have significant risk of morbidity and may require hospitalization.</p> <p><u>Acute or Chronic Illness or Injury that Poses a Threat to Life or Bodily Function</u> - An acute illness with systemic symptoms (symptoms affecting one or more organ systems), an acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment, that poses a threat to life or bodily function in the short-term without treatment.</p>

Amount and/or Complexity of **Data to be Reviewed and Analyzed (Chart B)**

Tests & Documents (T&D)				T&D pts	Level of Data
Review of prior external note(s) from each unique source*		x 1 =			<input type="checkbox"/> 2 pts from at least 2 T&D or <input type="checkbox"/> 1 pt from IHX If at least 1 box is checked, the level of data is LIMITED If not, the level of data is MINIMAL or NONE
Review of the result(s) of each unique test*		x 1 =			
Ordering of each unique test* or Discussion with the patient of possible test alternatives (documented)		x 1 =			
Assessment requiring an independent historian(s)(IHx)				IHx pts	
An individual who provides a history in addition to patient	0 or 1 max =				
Independent interpretation of tests (Intpr)				Intpr pts	
Independent interpretation of a test performed by another physician/ other qualified health care professional (not separately reported);	0 or 1 max =				<input type="checkbox"/> 3 pts from 3 T&D/IHX or <input type="checkbox"/> 1 pt from Intpr or <input type="checkbox"/> 1 pt from DISC If at least 1 box is checked, the level of data is MODERATE If not, the level of data is LIMITED or MINIMAL/NONE
Discussion of management or test interpretation (DISC)				DISC pts	
Discussion of management or test interpretation with external physician /other qualified health care professional/appropriate source (not separately reported)	0 or 1 max =				If at least 2 of the 3 boxes above are checked, the level of data is EXTENSIVE

*Each unique test, order, or document contributes to the combination of T&D category below. If the test is being billed on the same date, T&D does not apply

Test – Laboratory services, diagnostic imaging, psychometric, or physiologic data. A clinical laboratory panel (e.g., basic metabolic panel [80047]) is a single test. The differentiation between single or multiple unique tests is defined in accordance with the CPT® code set.

External – External records, communications and/or test results are from an external physician, other qualified health care professional, facility or health care organization.

External Physician or Other Qualified Healthcare Professional - An individual who is in a different group practice or who is of a different specialty or subspecialty. It includes licensed professionals that are practicing independently (e.g. PT, OT, nurse case manager.) It may also be a facility or organizational provider such as a hospital, nursing facility, or home health care agency.

Independent Historian(s)- An individual such as a parent, guardian, surrogate, spouse, caregiver, witness, supervisor, or co-worker who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history due to developmental stage of the patient, or another mental condition(s) or because a confirmatory history is determined to be necessary. In the case where there may be conflict or poor communication between multiple historians and more than one historian(s) is needed, the independent historian(s) requirement is met.

Independent Interpretation - The interpretation of a test for which there is a CPT® code and an interpretation or report is expected. This does not apply when the provider is reporting the service or has previously reported the service for the patient. A form of interpretation should be documented, but need not conform to the usual standards of a complete report for the test.

Appropriate Source – Individuals who are not health care professionals, but may be involved in the management of the patient (e.g., lawyer, parole officer, power of attorney, case manager, clergy, teacher). It does not include discussion with family or informal caregivers.

Risk of complications and/or Morbidity or Mortality of Patient Management (Chart C) see examples on following page

Minimal	<input type="checkbox"/> Minimal risk of morbidity from additional diagnostic testing or treatment
Low	<input type="checkbox"/> Low risk of morbidity from additional diagnostic testing or treatment
Moderate	<input type="checkbox"/> Moderate risk of morbidity from additional diagnostic testing or Treatment

Risk – The probability and/or consequences of an event (an event is the medical intervention or treatment). The assessment of the level of risk is affected by the nature of the event under consideration. *For example, a low probability of death may be high risk, whereas a high chance of a minor, self-limited adverse effect of treatment may be low risk.* Definitions of risk are based upon the usual behavior and thought processes of a provider in the same specialty. Trained clinicians apply common language usage meanings to terms such as 'high', 'medium', 'low', or 'minimal' risk and do not require quantification for these definitions, (though quantification may be provided when evidence-

High

☐ High risk of morbidity from additional diagnostic testing or treatment

based medicine has established probabilities). For the purposes of calculating medical decision making, level of risk is based upon consequences of the problems(s) addressed at the visit when appropriately treated. Risk also includes medical decision making related to the need to initiate or forego further testing, treatment and/or hospitalization.

Morbidity – A state of illness or functional impairment that is expected to be long-term duration in which function is limited, quality of life is impaired, or there is organ damage that may not be temporary despite treatment.

Level of the Presenting Problem (from Chart A) _____

Level of Data (from Chart B) _____

Level of Risk (from Chart C) _____

Minimal	99202/99212
Low	99203/99213
Moderate	99204/99214
High	99205-99215

Overall level of MDM- two of three categories above must be at a specific level in order to claim overall MDM at that level _____

Examples of patient management or conditions		Level of Risk
<input type="checkbox"/> Rest <input type="checkbox"/> Gargles <input type="checkbox"/> Insect bite <input type="checkbox"/> Contusion <input type="checkbox"/> Bruise	<input type="checkbox"/> Elastic bandages <input type="checkbox"/> Superficial dressings <input type="checkbox"/> Minor non-sutured laceration <input type="checkbox"/> Abrasion	MINIMAL
<input type="checkbox"/> Over-the-counter drugs <input type="checkbox"/> Minor surgery with no identified risk factors <input type="checkbox"/> PT/OT <input type="checkbox"/> Superficial burn <input type="checkbox"/> Simple sprain/strain <input type="checkbox"/> Stable chronic low back pain	<input type="checkbox"/> IV fluids w/o additives <input type="checkbox"/> Simple or layered closure <input type="checkbox"/> Vaccine injection <input type="checkbox"/> Simple laceration repair <input type="checkbox"/> Superficial foreign body	LOW
<input type="checkbox"/> Minor surgery, with identified risk factors <input type="checkbox"/> Elective major surgery (open, percutaneous, or endoscopic), with no identified risk factors <input type="checkbox"/> Prescription drug management (new, increase, decrease, discontinue, decision to refill) <input type="checkbox"/> Therapeutic nuclear medicine <input type="checkbox"/> IV fluids with additives <input type="checkbox"/> Head injury with brief loss of consciousness <input type="checkbox"/> New neurologic complaints in extremity (numbness, tingling) <input type="checkbox"/> Partial thickness burn < 10% total body surface area	<input type="checkbox"/> Closed fracture(s) or dislocation(s), without manipulation <input type="checkbox"/> Disability counseling and/or work restrictions <input type="checkbox"/> Inability to return the injured worker to work and requiring detailed functional improvement plan <input type="checkbox"/> Diagnosis or treatment significantly limited by social determinants of health <input type="checkbox"/> Chronic pain with exacerbation &/or side effects of tx <input type="checkbox"/> Intermediate laceration repair <input type="checkbox"/> Torn ligament <input type="checkbox"/> Deep foreign body	MODERATE
<input type="checkbox"/> Elective major surgery (open, percutaneous, endoscopic), with identified risk factors <input type="checkbox"/> Emergency major surgery or trauma <input type="checkbox"/> Parenteral controlled substances <input type="checkbox"/> Drug therapy requiring intensive monitoring for toxicity <input type="checkbox"/> Initial treatment of open fracture <input type="checkbox"/> Head injury with prolonged loss of consciousness <input type="checkbox"/> Partial thickness burn > 10% total body surface areas <input type="checkbox"/> Full-thickness burn <input type="checkbox"/> Complex laceration repair <input type="checkbox"/> Initial loss of limb/digit	<input type="checkbox"/> Decision not to resuscitate, or to de-escalate care because of poor prognosis <input type="checkbox"/> Potential for significant permanent work restrictions or total disability which would significantly restrict employment opportunities <input type="checkbox"/> Management of addiction behavior or other significant psychiatric condition <input type="checkbox"/> Treatment plan for patients with symptoms causing severe functional deficits without supporting physiological findings or verified related medical diagnosis. <input type="checkbox"/> Abrupt change in neurological status	HIGH

Time-Based Coding

Total Time on the Date of the Visit – (99202-99205, 99212-99215) - For calculation purposes, time for these services is the total time on the date of the visit. It includes both the face-to-face and non-face-to-face time personally spent by the provider(s) on the day of the visit and includes time in activities that require the provider but does not include time in activities normally performed by clinical staff.

Provider time includes the following activities, when performed and documented:

- Preparing to see the patient such as reviewing the pt's record
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate history and examination
- Counseling and educating the patient, family, and/or caregiver
- Ordering prescription medications, tests, or procedures
- Referring and communicating with other health care providers when not separately reported during the visit
- Documenting clinical information in the electronic or other health record
- Independently interpreting and communicating results to the patient/family/caregiver
- Coordinating the care of the patient (case manager; discharge; instructions for post-op care)
- Time spent communicating with patient, family and/or caregiver through an interpreter
- Time spent on causation or apportionment analysis

Provider time does not include:

- Completing a WC-164
- Activities related to QPOP
- Activities not included in the documentation
- Time associated with any other billed code

Code	Time	Code	Time
99202	15-29	99212	10-19
99203	30-44	99213	20-29
99204	45-59	99214	30-39
99205	60-74	99215	40-54

Exhibit #2

Exhibit # 2

Base Rates and Cost-to-Charge Ratios – Effective 1/1/2025

Source: Medicare FY 2024 IPPS Impact File – Final Rule Effective 1/1/2025

Provider Number	Name	Total CCR	Individual Hospital Base Rate
060001	Banner North Colorado Medical Center	0.294	\$8,145.72
060003	Centura Longmont United Hospital	0.231	\$7,415.37
060004	Platte Valley Medical Center	0.338	\$7,321.15
060006	Montrose Regional Health	0.342	\$7,321.15
060008	San Luis Valley Health	0.374	\$7,321.15
060009	Lutheran Medical Center	0.188	\$7,371.43
060010	Poudre Valley Hospital	0.251	\$7,668.31
060011	Denver Health Medical Center	0.274	\$9,386.73
060012	Centura St Mary-Corwin Hospital	0.250	\$8,270.93
060013	Centura Mercy Hospital	0.246	\$9,176.99
060014	Presbyterian St Luke's Medical Center	0.109	\$7,817.59
060015	Centura St Anthony Hospital	0.179	\$7,558.40
060020	Parkview Medical Center, Inc	0.178	\$8,218.17
060022	University Colo Health Memorial Hospital Central	0.190	\$7,484.02
060023	St Marys Medical Center	0.239	\$7,993.92
060024	University Of Colorado Hospital Authority	0.155	\$9,325.54
060027	Foothills Hospital	0.182	\$7,277.31
060028	Saint Joseph Hospital	0.180	\$8,196.96
060030	Banner Mckee Medical Center	0.389	\$7,286.31
060031	Centura Penrose Hospital	0.183	\$7,440.06
060032	Rose Medical Center	0.100	\$7,591.09
060034	Swedish Medical Center	0.082	\$7,797.23
060044	Centura St Elizabeth Hospital	0.320	\$7,567.64
060049	Uchealth Yampa Valley Medical Center	0.455	\$11,084.89
060054	Community Hospital	0.233	\$7,313.81
060064	Centura Porter Adventist Hospital	0.192	\$7,371.28
060065	North Suburban Medical Center	0.091	\$7,710.10
060071	Delta County Memorial Hospital	0.389	\$7,277.13
060075	Valley View Hospital Association	0.346	\$9,485.73
060076	Sterling Regional Medcenter	0.541	\$8,999.29
060096	Vail Health Hospital	0.507	\$13,889.62
060100	Medical Center Of Aurora, The	0.092	\$7,871.55
060103	Centura Avista Adventist Hospital	0.225	\$7,475.99
060104	Centura St Anthony North Hospital	0.167	\$8,239.97

Provider Number	Name	Total CCR	Individual Hospital Base Rate
060107	National Jewish Health	0.197	\$7,321.15
060112	Sky Ridge Medical Center	0.080	\$8,301.12
060113	Centura Littleton Adventist Hospital	0.172	\$7,224.18
060114	Centura Parker Adventist Hospital	0.181	\$7,238.80
060116	Good Samaritan Medical Center	0.171	\$7,190.73
060117	Animas Surgical Hospital, Llc	0.319	\$7,122.85
060118	Centura St Anthony Summit Hospital	0.393	\$7,321.15
060119	Medical Center Of The Rockies	0.247	\$7,243.20
060124	Orthocolorado Hosp At St Anthony Med Campus	0.188	\$7,122.85
060125	Centura Castle Rock Adventist Hospital	0.169	\$7,197.14
060126	Banner Fort Collins Medical Center	0.483	\$7,321.15
060128	Longs Peak Hospital	0.211	\$7,321.15
060129	Uchealth Broomfield Hospital	0.297	\$7,321.15
060130	Uchealth Grandview Hospital	0.269	\$7,211.22
060131	Uchealth Greeley Hospital	0.333	\$7,353.27
060132	Uchealth Highlands Ranch Hospital	0.228	\$7,168.65
*	Critical Access Hospitals	0.507	\$13,889.62
069999	Any New Hospital	0.249	\$7,001.60

* A list of Critical Access Hospitals is available at: [data.HRSA.gov](https://data.hrsa.gov) > Tools > Data Explorer

Exhibit #3

Exhibit # 3
Dental Fee Schedule – Effective 1/1/2025

Proc	Description	Rate
D0120	PERIODIC ORAL EVALUATION - EST PATIENT	80.59
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	135.11
D0145	ORAL EVAL PT UND 3 YR AGE CNSL W/PRIM CAREGIVER	125.63
D0150	COMP ORAL EVALUATION - NEW OR EST PATIENT	142.23
D0160	DTL&EXT ORAL EVALUATION - PROBLEM FOCUSED REPORT	284.45
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED	94.82
D0171	RE-EVALUATION POST-OPERATIVE OFFICE VISIT	94.82
D0180	COMP PERIODONTAL EVALUATION - NEW OR EST PATIENT	154.08
D0190	SCREENING OF A PATIENT	80.59
D0191	ASSESSMENT OF A PATIENT	56.89
D0210	INTRAORAL COMPREHENSIVE SERIES RADIOGRAPHIC IMAGES	213.65
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	42.73
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL IMAGE	38.46
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	66.23
D0250	EXTRAORAL 2D PRJECTN RAD IMG BY RAD SRCE/ DTECTR	81.19
D0251	EXTRAORAL POSTERIOR DENTAL RAD IMAGE	74.78
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	42.53
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	68.04
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	82.92
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	95.68
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	144.59
D0310	SIALOGRAPHY	561.28
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM INCL INJ	991.59
D0321	OTHER TEMPOROMANDIBULAR JOINT IMAGES BY REPORT	0.00
D0322	TOMOGRAPHIC SURVEY	804.50
D0330	PANORAMIC RADIOGRAPHIC IMAGE	174.00
D0340	2D CEPHLOMTRIC RAD IMG - ACQSTN MEASRE& ANALYSIS	196.45
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGES	93.55
D0351	3D PHOTOGRAPHIC IMAGE	93.55
D0364	CNE BEAM CAPTR & INTREP LESS THAN WHL JAW	312.44
D0365	CNE BEAM CAPTR INTERP W FLD VIEW 1 ARCH MNDBL	398.51
D0366	CNE BEAM CAPTR INTERP W FLD VIEW 1 ARCH MAXL	398.51
D0367	CNE BEAM CAPTR INTERP W FLD VIEW BTH JAWS	449.02
D0368	CNE BEAM CAPTR INTERP FR TMJ 2 OR MORE	462.12
D0369	MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION	261.93
D0370	MAXLFCL US IMAGE CAPTR AND INTRP	149.67
D0371	SIALOENDOSCOPY CAPTURE AND INTERPRETATION	0.00
D0372	INTRAORAL TOMOSYNTHESIS COMPLETE SERIES RAD IMGs	0.00
D0373	INTRAORAL TOMOSYNTHESIS BITEWING RADIOG IMAGE	0.00

Proc	Description	Rate
D0374	INTRAORAL TOMOSYNTHESIS PERIAPICAL RADIOG IMAGE	0.00
D0380	CNE BEAM CAPTR LMTD FLD <1 WHL JAW	321.80
D0381	CNE BEAM CAPTR W FLD VIEW 1 ARCH MNDBL	435.92
D0382	CNE BEAM CAPTR W FLD VIEW 1 ARCH MAXL	435.92
D0383	CNE BEAM CAPTR W FLD VIEW BTH JAWS	435.92
D0384	CNE BEAM CAPTR FR TMJ 2 OR MORE	467.73
D0385	MAXILLOFACIAL MRI IMAGE CAPTURE	2871.86
D0386	MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE	718.43
D0387	INTRAORAL TOMOSYNTHESIS CMPL SERIES RAD IMG CAPT	0.00
D0388	INTRAORAL TOMOSYNTHESIS BITEWING RAD IMAGE CAPTR	0.00
D0389	INTRAORAL TOMOSYNTHESIS PERIAPICAL RAD IMG CAPT	0.00
D0391	INTERPRETATION OF DIAGNOSTIC IMAGE	0.00
D0393	VIRTL TREMNT SIM USING 3D IMG VOL OR SURF SCAN	0.00
D0394	DIGITAL SUBTR OF 2 > IMAGES OF THE SAME MODALITY	0.00
D0395	FUSION OF 2/> 3D IMAGE VOLUMES OF 1/> MODALITIES	0.00
D0396	3D PRINTING OF A 3D DENTAL SURFACE SCAN	0.00
D0411	HBA1C IN-OFFICE POINT OF SERVICE TESTING	0.00
D0412	BLOOD GLCSE LVL TST - IN-OFFICE USING GLCSE MTR	0.00
D0414	LAB MICRBAL SPEC CULTRE/SENS/REPORT PREP TRNSMSN	70.20
D0415	COLLECTION MICROORGANISMS CULTURE & SENSITIVITY	50.90
D0416	VIRAL CULTURE	75.47
D0417	CLCT & PREP SALIVA SAMPLE FOR LAB DX TESTING	68.45
D0418	ANALYSIS OF SALIVA SAMPLE	70.20
D0419	ASSESSMENT OF SALIVARY FLOW BY MEASUREMENT	0.00
D0422	COLLECT/PREP GENETIC SAMPLE FOR LAB ANALYSIS	50.90
D0423	GENETIC TEST SUSCEPT TO DSEASE SPECIMEN ANLYS	0.00
D0425	CARIES SUSCEPTIBILITY TESTS	43.88
D0431	ADJUNCTIVE PREDX TST NOT INCL CYTOLOGY/BX PROC	70.20
D0460	PULP VITALITY TESTS	70.20
D0470	DIAGNOSTIC CASTS	154.44
D0472	ACCESSION OF TISSUE GROSS EXAMINATION PREP/REPT	96.53
D0473	ACCESS TISSUE GR&MIC EXAMINATION PREP/REPT	203.58
D0474	ACCESS TISS GR&MIC EX ASSESS SURG MARG PREP/RPT	228.15
D0475	DECALCIFICATION PROCEDURE	122.85
D0476	SPECIAL STAINS FOR MICROORGANISMS	119.34
D0477	SPECIAL STAINS NOT FOR MICROORGANISMS	163.22
D0478	IMMUNOHISTOCHEMICAL STAINS	149.18
D0479	TISSUE INSITU HYBRIDIZATION INCL INTERPRETATION	228.15
D0480	ACCESS EXFOLIATIVE CYTOL SMEAR MIC EXAM PREP/REPT	140.40
D0481	ELECTRON MICROSCOPY	526.50
D0482	DIRECT IMMUNOFLUORESCENCE	175.50
D0483	INDIRECT IMMUNOFLUORESCENCE	175.50
D0484	CONSULTATION ON SLIDES PREPARED ELSEWHERE	263.25
D0485	CONSULT INCL PREP SLIDES BX MATL SPL REF SRC	363.29

Proc	Description	Rate
D0486	ACCESSION TRANSEPITHELIAL CYTOLOG SAMPL MIC EXAM	168.48
D0502	OTHER ORAL PATHOLOGY PROCEDURES BY REPORT	0.00
D0600	DX PX QUANT/MNITR/RECRD CHNGS ENAML/DENTN/CEMNTM	0.00
D0601	CARIES RISK ASSESS DOCU FINDING OF LOW RISK	17.67
D0602	CARIES RISK AX AND DOCU WITH A FNDNG OF MOD RISK	17.67
D0603	CARIES RISK AX AND DOCU WITH FNDNG OF HIGH RISK	17.67
D0604	ANTIGEN TEST PUB HLTH PATHOGEN INCL CORONAVIRUS	11.49
D0605	ANTIBODY TEST PUB HLTH PATHOGEN INCL CORONAVIRUS	8.54
D0606	MOLECULAR TEST PUB HEALTH PATHOGEN-CORONAVIRUS	0.00
D0701	PANORAMIC FILM - IMAGE CAPTURE ONLY	174.00
D0702	2-D CEPHALOMETRIC FILM - IMAGE CAPTURE ONLY	196.45
D0703	2-D ORAL/FACIAL FILM - IMAGE CAPTURE ONLY	93.55
D0704	3-D PHOTOGRAPHIC FILM - IMAGE CAPTURE ONLY	93.55
D0705	EXTRA-ORAL POSTERIOR FLM - IMAGE CAPTURE ONLY	74.78
D0706	INTRAORAL OCCLUSAL FILM - IMAGE CAPTURE ONLY	66.23
D0707	INTRAORAL PERIAPICAL FLM - IMAGE CAPTURE ONLY	42.73
D0708	INTRAORAL BITEWING - IMAGE CAPTURE ONLY	42.53
D0709	INTRAORAL CMPRHNSV SERIES RAD IMAGE CAPT ONLY	213.65
D0801	3D DENTAL SURFACE SCAN DIRECT	0.00
D0802	3D DENTAL SURFACE SCAN INDIRECT	0.00
D0803	3D FACIAL SURFACE SCAN DIRECT	0.00
D0804	3D FACIAL SURFACE SCAN INDIRECT	0.00
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE BY REPORT	0.00
D1110	PROPHYLAXIS - ADULT	140.06
D1120	PROPHYLAXIS - CHILD	96.66
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	67.18
D1208	TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH	44.79
D1301	IMMUNIZATION COUNSELING	0.00
D1310	NUTRITIONAL COUNSELING CONTROL OF DENTAL DISEASE	72.07
D1320	TOBACCO CNSL CONTROL&PREVENTION ORAL DISEASE	78.25
D1321	COUNSEL ADVRSE EFFECTS HI RISK SUBSTNCE ABUSE	98.84
D1330	ORAL HYGIENE INSTRUCTIONS	98.84
D1351	SEALANT - PER TOOTH	80.31
D1352	PREV RSN REST MOD HIGH CARIES RISK PT-PERM TOOTH	102.96
D1353	SEALANT REPAIR PER TOOTH	102.96
D1354	INTERIM CARIES ARRESTING MEDICATION APPLICATION	80.31
D1355	CARIES PREVENTIVE MEDICAMENT APP - PER TOOTH	80.31
D1510	SPACE MAINTAINER - FIXED - UNILATERAL	520.14
D1516	SPACE MAINTAINER - FIXED - BILATERIAL MAXILLARY	728.20
D1517	SPACE MAINTAINER - FIXED - BILATERIAL MANDIBULAR	728.20
D1520	SPACE MAINTAINER - REMOVABLE - UNILATERAL	572.15
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL MAXILRY	884.24
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL MNDBULR	884.24
D1551	RECMT/REBND BILAT SPACE MAINTAINER MAXILLARY	112.35

Proc	Description	Rate
D1552	RECMT/REBND BILAT SPACE MAINTAINER MANDIBULAR	112.35
D1553	RECMT/REBND UNI SPACE MAINTAINER PER QUADRANT	74.90
D1556	REMOVAL FIXED UNI SPACE MAINTAINER PER QUADRANT	72.82
D1557	REMOVAL FIXED BILAT SPACE MAINTAINER MAXILLARY	108.19
D1558	REMOVAL FIXED BILAT SPACE MAINTAINER MANDIBULAR	108.19
D1575	DISTAL SHOE SPACE MAINTANR - FIXED - UNILATERIAL	572.15
D1701	COVID-19 VACCINE ADMIN-PFIZER-1ST DOSE	0.00
D1702	COVID-19 VACCINE ADMIN-PFIZER-2ND DOSE	0.00
D1703	COVID-19 VACCINE ADMIN-MODERNA-1ST DOSE	0.00
D1704	COVID-19 VACCINE ADMIN-MODERNA-2ND DOSE	0.00
D1705	COVID-19 VACCINE ADMIN-ASTRAZENECA-1ST DOSE	0.00
D1706	COVID-19 VACCINE ADMIN-ASTRAZENECA-2ND DOSE	0.00
D1707	COVID-19 VACCINE ADMIN-JANSSEN	0.00
D1708	PFIZER-BIONTECH COVID VACC ADMIN THIRD DOSE	0.00
D1709	PFIZER-BIONTECH COVID VACC ADMIN BOOSTER DOSE	0.00
D1710	MODERNA COVID VACCINE ADMINISTRATION THIRD DOSE	0.00
D1711	MODERNA COVID VACCINE ADMINISTRATON BOOSTER DOSE	0.00
D1712	JANSSEN COVID VACCINE ADMINISTRATON BOOSTER DOSE	0.00
D1713	PFIZER-BIONTECH COVID VAC ADM TRISCRSE PED FIRST	0.00
D1714	PFIZER-BIONTECH COVID VAC ADM TRISCRSE PED SECND	0.00
D1781	VACCINE ADMINSTR HUMAN PAPILLOMAVIRUS DOSE 1	0.00
D1782	VACCINE ADMINSTR HUMAN PAPILLOMAVIRUS DOSE 2	0.00
D1783	VACCINE ADMINSTR HUMAN PAPILLOMAVIRUS DOSE 3	0.00
D1999	UNSPECIFIED PREVENTIVE PROCEDURE BY REPORT	0.00
D2140	AMALGAM - ONE SURFACE PRIMARY OR PERMANENT	246.86
D2150	AMALGAM - TWO SURFACES PRIMARY OR PERMANENT	319.47
D2160	AMALGAM - THREE SURFACES PRIMARY OR PERMANENT	386.27
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	470.49
D2330	RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR	231.66
D2331	RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR	295.64
D2332	RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR	361.83
D2335	RESIN BASED COMPOSITE 4/> SURFACES ANTERIOR	428.02
D2390	RESIN-BASED COMPOSITE CROWN ANTERIOR	474.35
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	271.37
D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	355.21
D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	441.26
D2394	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	540.54
D2410	GOLD FOIL - ONE SURFACE	405.44
D2420	GOLD FOIL - TWO SURFACES	675.74
D2430	GOLD FOIL - THREE SURFACES	1171.28
D2510	INLAY - METALLIC - ONE SURFACE	1072.17
D2520	INLAY - METALLIC - TWO SURFACES	1216.33
D2530	INLAY - METALLIC - THREE OR MORE SURFACES	1401.93
D2542	ONLAY - METALLIC - TWO SURFACES	1374.90

Proc	Description	Rate
D2543	ONLAY - METALLIC - THREE SURFACES	1437.97
D2544	ONLAY - METALLIC - FOUR OR MORE SURFACES	1495.64
D2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	1261.38
D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	1331.66
D2630	INLAY - PORCELAIN/CERAMIC - THREE/MORE SURFACES	1418.15
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	1378.51
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	1486.63
D2644	ONLAY - PORCELAIN/CERAMIC - 4 OR MORE SURFACES	1576.72
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	828.91
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	987.48
D2652	INLAY RESIN BASED COMPOSITE 3 OR MORE SURFACES	1037.93
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	900.99
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	1059.56
D2664	ONLAY RESIN BASED COMPOSIT FOUR OR MORE SURFACES	1135.24
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	676.31
D2712	CROWN 3/4 RESIN-BASED COMPOSITE (INDIRECT)	676.31
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	1666.96
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	1562.18
D2722	CROWN - RESIN WITH NOBLE METAL	1596.47
D2740	CROWN - PORCELAIN/CERAMIC	1710.78
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	1687.92
D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	1571.71
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	1609.81
D2753	CROWN-PORCELAIN FUSED TITANIUM AND ALLOYS	1571.71
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	1619.34
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	1524.08
D2782	CROWN - 3/4 CAST NOBLE METAL	1573.61
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	1665.06
D2790	CROWN - FULL CAST HIGH NOBLE METAL	1628.86
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	1543.13
D2792	CROWN - FULL CAST NOBLE METAL	1571.71
D2794	CROWN - TITANIUM	1666.96
D2799	PROVISIONAL CROWN	676.31
D2910	RECMNT/REBND INLAY/ONLAY/VNR/PART CVRGE RESTRATN	150.82
D2915	RECMNT/REBND INDRCT OR PREFAB POST AND CORE	150.82
D2920	RE-CEMENT OR RE-BOND CROWN	152.92
D2921	REATTACHMENT OF TOOTH FRAG INCISAL EDGE/CUSP	219.95
D2928	PREFAB PORCELAIN/CERAMIC CROWN-PERM TOOTH	605.38
D2929	PREFABR PORC CROWN - PRIMARY TOOTH	605.38
D2930	PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH	416.85
D2931	PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH	471.31
D2932	PREFABRICATED RESIN CROWN	502.74
D2933	PREFABR STAINLESS STEEL CROWN W/RESIN WINDOW	576.05
D2934	PREFAB ESTHETIC COAT STNLESS STEEL CROWN PRIM	576.05

Proc	Description	Rate
D2940	PROTECTIVE RESTORATION	159.20
D2941	INTERIM THERAPEUTIC RESTORATION PRIM DENTITION	159.20
D2949	RESTOR FOUNDATION FOR INDIR RESTOR	159.20
D2950	CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	398.00
D2951	PIN RETENTION - PER TOOTH ADDITION RESTORATION	90.07
D2952	POST AND CORE ADDITION TO CROWN INDIRECTLY FAB	628.42
D2953	EACH ADDITIONAL INDIRECTLY FAB POST SAME TOOTH	314.21
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	502.74
D2955	POST REMOVAL	387.53
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	251.37
D2960	LABIAL VENEER (RESIN LAMINATE) - CHAIRSIDE	1214.94
D2961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	1378.33
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	1497.73
D2971	ADD PROC CUST CRWN UND XST PART DENTUR FRMEWRK	240.89
D2975	COPING	733.16
D2976	BAND STABILIZATION PER TOOTH	0.00
D2980	CROWN REPAIR MATERIAL FAILURE	293.26
D2981	INLAY REPAIR BY REPORT	293.26
D2982	ONLAY REPAIR BY REPORT	293.26
D2983	VENEER REPAIR BY REPORT	293.26
D2989	EXCAVATON TOOTH RESULT IN DETERM NON-RESTRABLTY	0.00
D2990	RESIN INFILT OF INCIPIENT LESIONS	104.74
D2991	APPLCATON HYDROYAPATITE REGEN MEDICMNT PER TOOTH	81.69
D2999	UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT	0.00
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	157.01
D3120	PULP CAP - INDIRECT(EXCLUDING FINAL RESTORATION)	125.61
D3220	TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC	321.88
D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	353.28
D3222	PART PULPOTOMY FOR APEXOGENEIS PERM TOOTH	327.11
D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH	296.41
D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH	364.82
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH	1162.85
D3320	ENDODONTIC THERAPY PREMOLAR TOOTH	1425.06
D3330	ENODODONTIC THERAPY MOLAR	1767.08
D3331	TREATMENT RC OBSTRUCTION; NON-SURGICAL ACCESS	456.02
D3332	INCOMPLETE ENDO TX; INOP UNRESTORABLE/FX TOOTH	866.44
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	399.02
D3346	RETREATMENT PREVIOUS RC THERAPY - ANTERIOR	1550.47
D3347	RETREATMENT PREVIOUS RC THERAPY - PREMOLAR	1824.08
D3348	RETREATMENT PREVIOUS ROOT CANAL THERAPY - MOLAR	2257.30
D3351	APEXIFICATION/RECALCIFICAT INIT VST	632.79
D3352	APEXIFICAT/RECALCIFICAT INT MED REPL	283.66
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	872.81
D3355	PULPAL REGENERATION - INITIAL VISIT	632.79

Proc	Description	Rate
D3356	PULPAL REGEN - INTERIM MED RPLCMNT	283.66
D3357	PULPAL REGENERATION - COMPLETION OF TREATMENT	0.00
D3410	APICOECTOMY - ANTERIOR	1254.66
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	1396.49
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	1581.96
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	534.59
D3428	BG IN CONJ PERIRADICULAR SURG/TOOTH SINGLE SITE	1653.97
D3429	BG IN CONJ PERIRADICUL SURG EACH CONTIG TH SSS	1577.60
D3430	RETROGRADE FILLING - PER ROOT	392.76
D3431	BIO MAT SFT OSS REGE CONJ PERIR SUR	1942.00
D3432	GTR RESORB BRRER PER SITE IN CONJ PERIRAD SURG	1669.25
D3450	ROOT AMPUTATION - PER ROOT	818.26
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	3054.83
D3470	INTENTIONAL REIMPLANTATION W/NECESSARY SPLINTING	1560.14
D3471	SURGICAL REPAIR ROOT RESORPTION - ANTERIOR	1942.00
D3472	SURGICAL REPAIR ROOT RESORPTION - PREMOLAR	1942.00
D3473	SURGICAL REPAIR ROOT RESORPTION - MOLAR	1942.00
D3501	SRG EXP ROOT WO APICO/RPR ROOT RESORPTN - ANT	1134.65
D3502	SRG EXP ROOT WO APICO/RPR ROOT RESORPTN-PREMOLAR	1134.65
D3503	SRG EXP ROOT WO APICO/RPR ROOT RESORPTN-MOLAR	1134.65
D3910	SURGICAL PROCEDURE ISOLATION TOOTH W/RUBBER DAM	0.00
D3911	INTRAORIFICE BARRIER	0.00
D3920	HEMISECTION NOT INCLUDING ROOT CANAL THERAPY	621.88
D3921	DECORONATION OR SUBMERGENCE ERUPTED TOOTH	621.88
D3950	CANAL PREPARATION&FITTING PREFORMED DOWEL/POST	283.66
D3999	UNSPECIFIED ENDODONTIC PROCEDURE BY REPORT	0.00
D4210	GINGIVECT/PLSTY 4/>CNTIG/TOOTH BOUND SPACES-QUAD	1268.07
D4211	GINGIVECT/PLSTY 1-3 CNTIG/TOOTH BOUND SPACE-QUAD	563.59
D4212	GINGIVECT/PLSTY FOR ACCESS RESTORATION PER TOOTH	450.87
D4230	ANAT CROWN EXP 4/> CONTIGUOUS TEETH PER QUAD	1775.30
D4231	ANATOMICAL CROWN EXPOSURE 1-3 TEETH PER QUADRANT	845.38
D4240	INGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD	1606.22
D4241	INGL FLP PROC 1-3 CONTIG/TOOTH BOUND SPACE-QUAD	929.92
D4245	APICALLY POSITIONED FLAP	1183.53
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	1761.21
D4260	OSSEOUS SURG 4/> CNTIG TEETH QUAD	2677.03
D4261	OSSEOUS SURG 1-3 CNTIG TEETH QUAD	1437.14
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	958.10
D4264	BONE REPLACEMENT GRAFT - EA ADD SITE QUADRANT	817.20
D4265	BIOLOGIC MATERIALS AID SOFT&OSSEOUS TISSUE REGEN	0.00
D4266	GUID TISS REGEN NAT TETH RESORB BARRIER PER SITE	986.28
D4267	GUID TISS REGEN NAT TETH NONRESORB BARR PER SITE	1268.07
D4268	SURGICAL REVISION PROCEDURE PER TOOTH	0.00
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	1902.10

Proc	Description	Rate
D4273	AUTOGNS CONECTIVE TISSUE GRFT 1ST TOOTH/IMPLANT	2324.79
D4274	MESIAL OR DISTAL WEDGE PROCEDURE	1318.79
D4275	NONAUTGNS CONECTV TISSUE GRFT 1ST TOOTH/IMPLANT	1747.12
D4276	COMB CNCTIVE TISSUE & PEDICLE GRAFT PER TOOTH	2606.59
D4277	FREE SOFT TISSUE GRAFT, 1ST TOOTH/ IMPLANT	1972.55
D4278	FREE SOFT TISSUE GRAFT, E/ADNL TOOTH, IMPLNT	648.12
D4283	AUTO CNNCTV TISSUE GRFT PROC E/A TOOTH, IMPLANT	1981.00
D4285	NON-AUTO CNNCTV TSSUE GRFT PROC E/A TOOTH/IMPLNT	1490.68
D4286	REMOVAL OF NON-RESORBABLE BARRIER	338.15
D4322	SPLINT INTRACORONAL NATURAL TEETH OR PROS CROWN	652.71
D4323	SPLINT EXTRACORONAL NATURAL TEETH OR PROS CROWN	593.38
D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	375.80
D4342	PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD	217.57
D4346	SCALNG GNGIVAL INFLAMM FULL MOUTH AFTR ORAL EVAL	217.57
D4355	FULL MOUTH DEBRID ENABLE COMP PERIO EVAL & DX	257.13
D4381	LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR	0.00
D4910	PERIODONTAL MAINTENANCE	231.42
D4920	UNSCHEDULED DRESSING CHANGE	168.12
D4921	GINGIVAL IRRIGATION MEDICINAL AGENT PER QUADRANT	0.00
D4999	UNSPECIFIED PERIODONTAL PROCEDURE BY REPORT	0.00
D5110	COMPLETE DENTURE - MAXILLARY	2800.92
D5120	COMPLETE DENTURE - MANDIBULAR	2800.92
D5130	IMMEDIATE DENTURE - MAXILLARY	3053.92
D5140	IMMEDIATE DENTURE - MANDIBULAR	3053.92
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE	2363.91
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE	2747.25
D5213	MAX PART DENTUR-CAST METL FRMEWRK W/RSN BASE	3094.81
D5214	MAND PART DENTUR- CAST METL FRMEWRK W/RSN BASE	3094.81
D5221	IMMED MAXILLARY PARTIAL DENTURE RESIN BASE	2578.58
D5222	IMMED MANDIBULAR PARTIAL DENTURE RESIN BASE	2995.14
D5223	IMMED MAXIL PART DENTURE CAST METL FRAME W/RESIN	3373.37
D5224	IMMED MAND PART DENTURE CAST METL FRAME W/RESIN	3373.37
D5225	MAXILLARY PARTIAL DENTURE FLEXIBLE BASE	2363.91
D5226	MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE	2747.25
D5227	IMMED MAXILLARY PARTIAL DENTURE FLEXIBLE BASE	2581.14
D5228	IMMED MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE	2990.03
D5282	RMVBL UNIL PRTL DNTR CST MTL INCL CLSP TTH MXLRY	1804.24
D5283	RMVBL UNIL PRTL DNTR CST MTL INCL CLSP TTH MNDBL	1804.24
D5284	RMVABLE UNI PRTL DNTURE 1 PC FLEX BASE PER QDRNT	1377.46
D5286	RMVABLE UNI PRTL DNTURE 1 PC RESIN PER QDRNT	1377.46
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	153.33
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	153.33
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	153.33
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	153.33

Proc	Description	Rate
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	306.67
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	306.67
D5520	REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE	255.56
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	332.23
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	332.23
D5621	REPAIR CAST FRAMEWORK, MANDIBULAR	357.78
D5622	REPAIR CAST FRAMEWORK, MAXILLARY	357.78
D5630	REPAIR OR REPLACE BROKEN CLASP PER TOOTH	434.45
D5640	REPLACE BROKEN TEETH - PER TOOTH	281.11
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	383.34
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE PER TOOTH	460.00
D5670	REPLACE ALL TEETH&ACRYLIC CAST METAL FRMEWRK MAX	1124.46
D5671	REPLACE ALL TEETH&ACRYLIC CAST METL FRMEWRK MAND	1124.46
D5710	REBASE COMPLETE MAXILLARY DENTURE	1137.23
D5711	REBASE COMPLETE MANDIBULAR DENTURE	1086.12
D5720	REBASE MAXILLARY PARTIAL DENTURE	1073.34
D5721	REBASE MANDIBULAR PARTIAL DENTURE	1073.34
D5725	REBASE HYBRID PROSTHESIS	1137.23
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	641.45
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	641.45
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	587.78
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	587.78
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	856.12
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	856.12
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	843.34
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	843.34
D5765	SOFT LINER COMPL/PART DENTURE REMOVAL INDIRECT	856.12
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	1354.46
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	1456.68
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	1047.79
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	1111.68
D5850	TISSUE CONDITIONING MAXILLARY	268.34
D5851	TISSUE CONDITIONING MANDIBULAR	268.34
D5862	PRECISION ATTACHMENT BY REPORT	0.00
D5863	OVERDENTURE COMPLETE MAXILLARY	2964.47
D5864	OVERDENTURE PARTIAL MAXILLARY	3910.04
D5865	OVERDENTURE COMPLETE MIBULAR	2964.47
D5866	OVERDENTURE PARTIAL MIBULAR	4063.37
D5867	REPLACEMENT REPL PART SEMI-PRCISN/PRCISN ATTCH	0.00
D5875	MODIFICATION REMV PROSTH AFTER IMPLANT SURGERY	0.00
D5876	ADD MTL SUBSTRUCTR TO ACRYLIC FULL DNTR PER ARCH	0.00
D5899	UNS REMOVABLE PROSTHODONTIC PROCEDURE REPORT	0.00
D5911	FACIAL MOULAGE (SECTIONAL)	710.45
D5912	FACIAL MOULAGE (COMPLETE)	710.45

Proc	Description	Rate
D5913	NASAL PROSTHESIS	14960.37
D5914	AURICULAR PROSTHESIS	14960.37
D5915	ORBITAL PROSTHESIS	20245.30
D5916	OCULAR PROSTHESIS	5399.94
D5919	FACIAL PROSTHESIS	0.00
D5922	NASAL SEPTAL PROSTHESIS	0.00
D5923	OCULAR PROSTHESIS INTERIM	0.00
D5924	CRANIAL PROSTHESIS	0.00
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	0.00
D5926	NASAL PROSTHESIS REPLACEMENT	0.00
D5927	AURICULAR PROSTHESIS REPLACEMENT	0.00
D5928	ORBITAL PROSTHESIS REPLACEMENT	0.00
D5929	FACIAL PROSTHESIS REPLACEMENT	0.00
D5931	OBTURATOR PROSTHESIS SURGICAL	8055.19
D5932	OBTURATOR PROSTHESIS DEFINITIVE	15065.14
D5933	OBTURATOR PROSTHESIS MODIFICATION	0.00
D5934	MANDIBULAR RESECTION PROSTHESIS W/GUIDE FLANGE	13731.13
D5935	MANDIBULAR RESECTION PROSTHESIS W/O GUIDE FLANGE	11947.34
D5936	OBTURATOR PROSTHESIS INTERIM	13419.35
D5937	TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)	1686.68
D5951	FEEDING AID	2192.69
D5952	SPEECH AID PROSTHESIS PEDIATRIC	7119.85
D5953	SPEECH AID PROSTHESIS ADULT	13521.57
D5954	PALATAL AUGMENTATION PROSTHESIS	12530.01
D5955	PALATAL LIFT PROSTHESIS DEFINITIVE	11589.56
D5958	PALATAL LIFT PROSTHESIS INTERIM	0.00
D5959	PALATAL LIFT PROSTHESIS MODIFICATION	0.00
D5960	SPEECH AID PROSTHESIS MODIFICATION	0.00
D5982	SURGICAL STENT	1137.23
D5983	RADIATION CARRIER	2555.58
D5984	RADIATION SHIELD	2555.58
D5985	RADIATION CONE LOCATOR	2555.58
D5986	FLUORIDE GEL CARRIER	255.56
D5987	COMMISSURE SPLINT	3833.37
D5988	SURGICAL SPLINT	766.67
D5991	VESICULOBULLOUS DISEASE MEDICAMENT CARRIER	293.89
D5992	ADJUST MAXILLOFACIAL PROSTH APPLIANCE BY REPORT	0.00
D5993	MAINT / CLEAN MAXILLOFACIAL PROSTH BY REPORT	0.00
D5995	PERIO MEDIC CARRIER PERIPH SEAL LAB PRCESSD MAX	1405.57
D5996	PERIO MEDIC CARRIER PERIPH SEAL LAB PRCESSD MAN	1405.57
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY REPORT	0.00
D6010	SURG PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT	3713.26
D6011	SECOND STAGE IMPLANT SURGERY	0.00
D6012	SURG PLCMT INTERIM IMPL TRANSITIONL PROS: ENDOS	4421.15

Proc	Description	Rate
D6013	SURGICAL PLACEMENT OF MINI IMPLANT	4679.27
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	16100.15
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	12011.23
D6051	INTERIM IMPLANT ABUTMENT	0.00
D6055	CONNECTING BAR IMPLANT OR ABUTMENT SUPPORTED	1405.57
D6056	PREFABRICATED ABUTMENT INCLUDES PLACEMENT	971.12
D6057	CUSTOM FABRICATED ABUTMENT INCLUDES PLACEMENT	1201.12
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	2693.58
D6059	ABUT SUPP PORCELAIN TO METL CROWN HI NOBLE METL	2657.80
D6060	ABUT SUPP PORCELAIN TO MTL CROWN PREDOM BASE MTL	2512.14
D6061	ABUT SUPP PORCELAIN TO METAL CROWN NOBLE METAL	2563.25
D6062	ABUTMENT SUPP CAST METAL CROWN HIGH NOBLE METAL	2553.02
D6063	ABUTMENT SUPP CAST METAL CROWN PREDOM BASE METAL	2223.35
D6064	ABUTMENT SUPP CAST METAL CROWN NOBLE METAL	2325.58
D6065	IMPL SUPP PORCELAIN/CERAMIC CROWN	2650.14
D6066	IMPL SUPP PORCLN FUSED METL CRWN TITNM/HIGH NOBL	2581.14
D6067	IMPL SUPP METAL CROWN TITIANM/HIGH NOBLE METL	2504.47
D6068	ABUT SUPP RETAINER PORCELAIN/CERAMIC FPD	2670.58
D6069	ABUT RETAINR PORCELN TO METL FPD HI NOBL METL	2657.80
D6070	ABUT RETN PORCELN TO METL FPD PREDOM BASE METL	2512.14
D6071	ABUT SUPP RETN PORCELN FUSD METAL FPD NOBLE METL	2563.25
D6072	ABUT SUPP RETN CAST METL FPD HIGH NOBLE METL	2593.91
D6073	ABUT RTNR CAST METL FPD PREDOM BASE METL	2369.02
D6074	ABUTMENT RTNR CAST METAL FPD NOBLE METAL	2517.25
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	2650.14
D6076	IMPL SUPP RTNR PORCLN FUSED METL FPD TITNM/HIGH	2581.14
D6077	IMPL SUPP RTNR CST METL FPD TITNM/HIGH NOBLE	2504.47
D6080	IMPL MAINT PROC REMV CLEAN PROSTH & ABUT REINSRT	219.78
D6081	SCALNG/DBRDMNT IMPLNT WO FLAP ENTRY/CLOS	112.45
D6082	IMPL SUPP CROWN PORCLN FUSED BASE ALLOY	2581.14
D6083	IMPL SUPP CROWN PORCLN FUSED TO NOBLE ALLOYS	2581.14
D6084	IMPL SUPP CROWN PORCLN FUSED TO TITANIUM ALLOYS	2581.14
D6085	PROVISIONAL IMPLANT CROWN	771.79
D6086	IMPLANT SUPPORTED CROWN PREDOM BASE ALLOYS	2504.47
D6087	IMPLANT SUPPORTED CROWN NOBLE ALLOYS	2504.47
D6088	IMPLNT SUPRTD CROWN TITANIUM AND ALLOYS	2504.47
D6089	ACCESS AND RETORQU LOOSE IMPLNT SCREW PER SCREW	0.00
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS BY REPORT	0.00
D6091	REPL ATTACHMNT IMPL/ABUT SUPP PROS PER ATTACHMNT	1060.57
D6092	RECEMENT / REBOND IMPLANT/ABUTMENT SUPP CROWN	207.00
D6093	RECMNT/REBOND IMPL/ABUTMNT SUPP FIX PART DENTURE	324.56
D6094	ABUTMENT SUPPORTED CROWN TITANIUM	2108.35
D6095	REPAIR IMPLANT ABUTMENT BY REPORT	0.00
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	0.00

Proc	Description	Rate
D6097	ABUT SUPP CROWN PORCLN FUSED TO TITANIUM ALLOYS	2581.14
D6098	IMPL SUPP RETAINER PORCELAIN FUSED TO BASE ALLOY	2512.14
D6099	IMPL SUPP RETAINR FPD PORCLN FUSED NOBLE ALLOYS	2563.25
D6100	SURGICAL REMOVAL IMPLANT BODY	0.00
D6101	DBRDMNT OF SNGL PERI-IMPLANT DEFECT/S	759.01
D6102	DBRDMNT AND OSSEOUS CNTUR OF PERI-IMPLANT DEFECT	1042.68
D6103	BONE GRFT RPR PERIIMPLNT DFCT W/O FLAP ENTR/CLSE	868.90
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	868.90
D6105	RMVL IMPLANT NO BONE REMOVAL OR FLAP ELEVATION	278.56
D6106	GUIDED TISS REGENRATION RESORB BARRIER PER IMPLNT	894.45
D6107	GUIDED TISS REGENRATION NONRESORB BARRIER PER IMP	1150.01
D6110	IMPL/ABUTMENT SUPPORTED RD - MAXILLARY	3493.48
D6111	IMPL/ABUTMENT SUPPORTED RD - MANDIBULAR	3493.48
D6112	IMPL/ABUTMENT SUPPORTED RPD - MAXILLARY	3493.48
D6113	IMPLANT / ABUTMENT SUPPORTED RPD - MANDIBULAR	3493.48
D6114	IMPLANT / ABUTMENT SUPPORTED FD - MAXILLARY FULL	10733.44
D6115	IMPLANT/ABUTMENT SUPPORTED FD - MANDIBULAR FULL	10733.44
D6116	IMPL/ABUTMENT SUPPORTED FD - MAXILLARY - PARTIAL	4692.04
D6117	IMPL/ABUT SUPPORTED FD - MANDIBULAR - PARTIAL	4692.04
D6118	IMP/ABUT SPRTD INTRM FIXED DENTR EDENTLS MANDBLR	3181.70
D6119	IMP/ABUT SPRTD INTRM FIXED DENTR EDENTLS MAXLARY	3181.70
D6120	IMPL SUPP RETAINR PORCLN FUSED TITNM AND ALLOYS	2512.14
D6121	IMPL SUPP RETAINER METAL FPD BASE ALLOYS	2369.02
D6122	IMPL SUPP RETAINER METAL FPD NOBLE ALLOYS	2517.25
D6123	IMPL SUPP RETAINR METAL FPD TITNM AND ALLOYS	2369.02
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT	472.78
D6191	SEMI-PRECISION ABUTMENT - PLACEMENT	1983.13
D6192	SEMI-PRECISION ATTACHMENT - PLACEMENT	1060.57
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD-TITANM	2172.24
D6195	ABUT SUPP RETAINR PORCLN FUSED TITANIUM ALLOYS	2558.14
D6197	RPLC RSTRTV MAT CLOS ACES OPN IPLNT SUPP PRSTSIS	268.34
D6198	REMOVE INTERIM IMPLANT COMPONENT	472.78
D6199	UNSPECIFIED IMPLANT PROCEDURE BY REPORT	0.00
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	1061.99
D6210	PONTIC - CAST HIGH NOBLE METAL	1623.61
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	1521.50
D6212	PONTIC - CAST NOBLE METAL	1582.77
D6214	PONTIC - TITANIUM	1633.82
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	1603.19
D6241	PONTIC - PORCELN FUSED PREDOMINANTLY BASE METAL	1480.65
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	1562.34
D6243	PONTIC PORCELAIN FUSED TO TITANIUM AND ALLOYS	1480.65
D6245	PONTIC - PORCELAIN/CERAMIC	1654.25
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	1582.77

Proc	Description	Rate
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	1460.23
D6252	PONTIC - RESIN WITH NOBLE METAL	1507.20
D6253	PROVISIONAL PONTIC	682.12
D6545	RETAINER - CAST METAL RESIN BONDED FIX PROSTH	605.67
D6548	RETAINER - PORCELN/CERAMIC RSN BONDED FIX PROSTH	666.24
D6549	RESIN RETAINER FOR RESIN BONDED FIXED PROSTHESIS	436.82
D6600	RETAINER INLAY - PORCELAIN/CERAMIC TWO SURFACES	1202.17
D6601	RETAINER INLAY - PORC/CERAMIC 3 OR MORE SURFACES	1260.90
D6602	RETAINER INLAY CAST HIGH NOBLE METAL 2 SURFACES	1284.76
D6603	RETAINR INLAY - CAST HI NOBLE METAL 3/MORE SURFS	1413.23
D6604	RETAINER INLAY - CAST PREDOM BASE METAL 2 SURFS	1259.06
D6605	RTAINR INLAY - CAST PREDOM BASE MTL 3/MORE SURFS	1334.31
D6606	RETAINER INLAY - CAST NOBLE METAL TWO SURFACES	1238.87
D6607	RETNR INLAY CAST NOBLE METAL 3 OR MORE SURFACES	1374.69
D6608	RETAINER ONLAY - PORCELAIN/CERAMIC TWO SURFACES	1306.78
D6609	RETAINER ONLAY PORCELAIN/CERAMIC 3/MORE SURFACES	1363.68
D6610	RETAINER ONLAY - HIGH NOBLE METAL TWO SURFACES	1385.70
D6611	RETAINER ONLAY HIGH NOBLE METAL 3/MORE SURFACES	1516.02
D6612	RETAINER ONLAY CAST PREDOM BASE METAL 2 SURFACES	1378.36
D6613	RETNR ONLAY CAST PREDOM BASE METAL 3/MORE SURFS	1440.77
D6614	RETAINER ONLAY - CAST NOBLE METAL TWO SURFACES	1349.00
D6615	RETNR ONLAY CAST NOBLE METAL 3 OR MORE SURFACES	1402.22
D6624	RETAINER INLAY - TITANIUM	1284.76
D6634	RETAINER ONLAY - TITANIUM	1349.00
D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	1376.53
D6720	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	1605.95
D6721	RETAINER CROWN - RESIN WITH PREDOM BASE METAL	1523.36
D6722	RETAINER CROWN - RESIN WITH NOBLE METAL	1550.89
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	1688.54
D6750	RETNR CROWN PORCELAIN FUSED TO HIGH NOBLE METAL	1644.49
D6751	RETNR CROWN PORCELAIN FUSED PREDOM BASE METAL	1534.37
D6752	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	1571.08
D6753	RETAINR CROWN PORCLN FUSED TO TITANIUM AND ALLOY	1534.37
D6780	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	1550.89
D6781	RETAINER CROWN 3/4 CAST PREDOMINANTLY BASE METAL	1550.89
D6782	RETAINER CROWN - 3/4 CAST NOBLE METAL	1440.77
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	1596.77
D6784	RETAINER CROWN-3/4 TITANIUM AND ALLOYS	1550.89
D6790	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	1587.60
D6791	RETAINER CROWN FULL CAST PREDOM BASE METAL	1505.00
D6792	RETAINER CROWN - FULL CAST NOBLE METAL	1560.06
D6793	PROVISIONAL RETAINER CROWN	651.56
D6794	RETAINER CROWN - TITANIUM	1560.06
D6920	CONNECTOR BAR	427.14

Proc	Description	Rate
D6930	RECEMENT / REBOND FIXED PARTIAL DENTURE	249.16
D6940	STRESS BREAKER	564.77
D6950	PRECISION ATTACHMENT	1091.57
D6980	FIXED PARTIAL DENTURE REPAIR MATERIAL FAILURE	0.00
D6985	PEDIATRIC PARTIAL DENTURE FIXED	949.19
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE REPORT	0.00
D7111	EXTRACTION CORONAL REMNANTS - PRIMARY TOOTH	212.32
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	282.23
D7210	EXTRACTION ERUPTED TOOTH REMV BONE ELEV FLAP	407.16
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	510.53
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	679.30
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	797.44
D7241	REMV IMP TOOTH - CMPL BONY W/UNUSUAL SURG COMPS	1002.08
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	430.37
D7251	CORONECTMY INTNTNAL PART TOOTH REMOV IMPCTD OLY	843.86
D7260	OROANTRAL FISTULA CLOSURE	3374.47
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	1406.03
D7270	TOOTH REIMPL &/OR STBL ACC EVULSED/DISPLCD TOOTH	1054.52
D7272	TOOTH TRANSPLANTATION	1406.03
D7280	EXPOSURE OF AN UNERUPTED TOOTH	984.22
D7282	MOBILIZ ERUPTED/MALPOSITIONED TOOTH AID ERUPTION	492.11
D7283	PLCMT DEVICE FACILITATE ERUPTION IMPACTED TOOTH	421.81
D7284	EXCISIONAL BIOPSY OF MINOR SALIVARY GLANDS	1687.24
D7285	BIOPSY OF ORAL TISSUE HARD	1968.44
D7286	BIOPSY OF ORAL TISSUE SOFT	843.62
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	337.45
D7288	BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	337.45
D7290	SURGICAL REPOSITIONING OF TEETH	843.62
D7291	TRANSSEPTAL FIBEROT/SUPRA CRESTAL FIBEROT BR	0.00
D7292	SURG PLCMT: TEMP ANCHORAGE SCREW RET PLATE FLAP	1349.79
D7293	SURG PLCMT: TEMP ANCHORAGE DEVICE RQR SURG FLAP	843.62
D7294	SURG PLCMT: TEMP ANCHORAGE DEVICE W/O SURG FLAP	703.02
D7295	HARVEST BONE FOR USE AUTOGENOUS GRAFTING PROC	0.00
D7296	CORTICOTOMY 1 - 3 TEETH OR TOOTH SPACES PER QUAD	0.00
D7297	CORTCTMY 4 OR MORE TEETH OR TOOTH SPACES PER QUAD	0.00
D7298	REMOVAL SCREW RETAINED PLATE WITH FLAP	0.00
D7299	REMOVAL TEMPORARY ANCHORAGE DEVICE WITH FLAP	0.00
D7300	REMOVAL TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP	0.00
D7310	ALVEOLOPLASTY W/EXTRACTION 4/> TEETH/SPACE QUAD	548.44
D7311	ALVEOLOPLSTY CONJNC XTRACT 1-3 TEETH/SPACES QUAD	479.88
D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE	891.21
D7321	ALVEOLOPLSTY NOT CNJNC XTRCT 1-3 TEETH/SPCE QUAD	754.10
D7340	VESTIBULOPLASTY RIDGE EXT SEC EPITHELIALIZATION	3770.50
D7350	VESTIBULOPLASTY RIDGE EXT W/SOFT TISS GRAFTS	10968.72

Proc	Description	Rate
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	1645.31
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	2605.07
D7412	EXCISION OF BENIGN LESION COMPLICATED	2879.29
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	1919.53
D7414	EXCISION OF MALIGNANT LESION > 1.25 CM	2879.29
D7415	EXCISION OF MALIGNANT LESION COMPLICATED	3222.06
D7440	EXC MALIG TUMOR-LESION DIAMETER UP TO 1.25 CM	2605.07
D7441	EXC MALIG TUMOR-LESION DIAM GREATER THAN 1.25 CM	3839.05
D7450	REMOVL BENIGN ODONTOGENC CYST/TUMR-UP TO 1.25 CM	1645.31
D7451	REMOVAL BENIGN ODONTOGENIC CYST/TUMOR- > 1.25 CM	2248.59
D7460	REMOVAL BEN NONODONTOGENIC CYST/TUMR- UP 1.25 CM	1645.31
D7461	REMOVAL BEN NONODONTOGENIC CYST/TUMOR > 1.25 CM	2248.59
D7465	DESTRUCTION LESION PHYSICAL/CHEM METHOD BY REPRT	891.21
D7471	REMOVAL OF LATERAL EXOSTOSIS	2037.44
D7472	REMOVAL OF TORUS PALATINUS	2421.34
D7473	REMOVAL OF TORUS MANDIBULARIS	2284.24
D7485	REDUCTION OF OSSEOUS TUBEROSITY	2037.44
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	16453.08
D7509	MARSUPIALIZATION OF ODONTOGENIC CYST	891.21
D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS	589.57
D7511	I & D ABSCESS INTRAORAL SOFT TISSUE COMPLICATED	891.21
D7520	INCISION & DRAINAGE ABSCESS-EXTRAORAL SOFT TISS	2807.99
D7521	I & D ABSCESS EXTRAORAL SOFT TISSUE COMPLICATED	3084.95
D7530	REMOVAL FB FROM MUCOSA SKIN/SUBCUT ALVEOL TISSUE	1011.86
D7540	REMOV REACT-PRODUC FOREIGN BODIES-MUSCULOSKEL SYS	1121.55
D7550	PART OSTEC/SEQUESTRECTOMY REMOVAL NON-VITAL BONE	699.26
D7560	MAXILLARY SINUSOTOMY REMOVAL TOOTH FRAGMENT/FB	5552.91
D7610	MAXILLA-OPEN REDUCTION	8980.64
D7620	MAXILLA-CLOSED REDUCTION	6734.79
D7630	MANDIBLE-OPEN REDUCTION	11676.20
D7640	MANDIBLE-CLOSED REDUCTION	7409.37
D7650	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	5613.24
D7660	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	3309.81
D7670	ALVEOLUS-CLOSED REDUCTION W/STABILIZATION TEETH	2583.13
D7671	ALVEOLUS-OPEN REDUCTION W/STABILIZATION TEETH	4867.37
D7680	FACE BONES-COMP RDUC W/FIX&MX SURG APPRCHES CPT	16839.73
D7710	MAXILLA - OPEN REDUCTION	10554.65
D7720	MAXILLA - CLOSED REDUCTION	7409.37
D7730	MANDIBLE - OPEN REDUCTION	15268.46
D7740	MANDIBLE - CLOSED REDUCTION	7554.71
D7750	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	9608.60
D7760	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	3855.51
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	5223.85
D7771	ALVEOLUS CLOSED REDUCTION STABILIZATION OF TEETH	4031.00

Proc	Description	Rate
D7780	FACIAL BONES-COMP RDUC FIX & MULT APPROACHES	22452.97
D7810	OPEN REDUCTION OF DISLOCATION	9877.33
D7820	CLOSED REDUCTION OF DISLOCATION	1617.89
D7830	MANIPULATION UNDER ANESTHESIA	926.86
D7840	CONDYLECTOMY	13464.10
D7850	SURGICAL DISCECTOMY WITH/WITHOUT IMPLANT	11626.84
D7852	DISC REPAIR	13313.28
D7854	SYNOVECTOMY	13738.32
D7856	MYOTOMY	9748.45
D7858	JOINT RECONSTRUCTION	27786.51
D7860	ARTHROTOMY	11843.48
D7865	ARTHROPLASTY	19085.57
D7870	ARTHROCENTESIS	630.70
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	1261.40
D7872	ARTHROSCOPY - DIAGNOSIS WITH OR WITHOUT BIOPSY	6732.05
D7873	ARTHROSCOPY: LAVAGE & LYSIS ADHESIONS	8105.88
D7874	ARTHROSCOPY: DISC REPSTN & STABILIZATION	11626.84
D7875	ARTHROSCOPY: SYNOVECTOMY	12737.43
D7876	ARTHROSCOPY: DISCECTOMY	13732.84
D7877	ARTHROSCOPY: DEBRIDEMENT	12120.44
D7880	OCCLUSAL ORTHOTIC DEVICE BY REPORT	1513.68
D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	164.53
D7899	UNSPECIFIED TMD THERAPY BY REPORT	0.00
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	899.44
D7911	COMPLICATED SUTURE - UP TO 5 CM	2245.85
D7912	COMPLICATED SUTURE - GREATER THAN 5 CM	4041.97
D7920	SKIN GRAFT	6622.36
D7921	COLL APPL AUTOLOGOUS BLD CNCNTRT PRODUCT	611.51
D7922	PLACEMENT INTRASOCKET BIO DRESSING PER SITE	0.00
D7939	INDEX OSTEOTOMY USING DYNMIC ROBO ASSIST NAVI	0.00
D7940	OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES	0.00
D7941	OSTEOTOMY - MANDIBULAR RAMI	16864.41
D7943	OSTEOT-MANDIB RAMI W/BONE GRFT;INCL OBTAIN GRAFT	15493.32
D7944	OSTEOTOMY - SEGMENTED OR SUBAPICAL	13806.88
D7945	OSTEOTOMY - BODY OF MANDIBLE	18372.61
D7946	LEFORT I (MAXILLA - TOTAL)	22760.09
D7947	LEFORT I (MAXILLA - SEGMENTED)	19140.42
D7948	LEFORT II/LEFORT III - W/O BONE GRAFT	24844.15
D7949	LEFORT II OR LEFORT III - WITH BONE GRAFT	32357.72
D7950	OSSEOUS OSTEOPERIOSTEAL/CARTILAGE GRAFT MAND/MAX	0.00
D7951	SINUS AUG WITH BONE OR BONE SUBSTITUTES-LAT APP	0.00
D7952	SINUS AUGMENTATION VIA A VERTICAL APPROACH	0.00
D7953	BONE REPLCMT GRAFT RIDGE PRESERVATION PER SITE	932.34
D7955	REPAIR MAXLOFACIAL SOFT &/ HARD TISSUE DEFECT	0.00

Proc	Description	Rate
D7956	GIDED TISS REGENRATION EDENT RESORB BARR PR SITE	959.76
D7957	GIDED TISS REGENRATION EDENT NONRESORB BARR SITE	1233.98
D7961	BUCCAL/LABIAL FRENECTOMY (FRENULECTOMY)	754.10
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	754.10
D7963	FRENULOPLASTY	1233.98
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	1096.87
D7971	EXCISION OF PERICORONAL GINGIVA	411.33
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	1535.62
D7979	NON-SURGICAL SIALOLITHOTOMY	0.00
D7980	SURGICAL SIALOLITHOTOMY	1727.57
D7981	EXCISION OF SALIVARY GLAND BY REPORT	0.00
D7982	SIALODOCHOPLASTY	4085.85
D7983	CLOSURE OF SALIVARY FISTULA	3921.32
D7990	EMERGENCY TRACHEOTOMY	3372.88
D7991	CORONOIDECTOMY	8226.54
D7993	SURGICAL PLCMNT CRANIOFACIAL IMPLANT-EXTRA ORAL	0.00
D7994	SURGICAL PLACEMENT ZYGOMATIC IMPLANT	0.00
D7995	SYNTHETIC GRAFT-MANDIBLE/FACIAL BONES BY REPORT	0.00
D7996	IMPLANT-MANDIBLE AUGMENTATION PURPOSES BY REPORT	0.00
D7997	APPLIANCE REMOVAL INCLUDES REMOVAL OF ARCHBAR	630.70
D7998	INTRAORAL PLCMT FIX DEVICE NOT CONJUNCTION W/FX	2742.18
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE BY REPORT	0.00
D8010	LIMITED ORTHODONTIC TREATMENT PRIMARY DENTITION	0.00
D8020	LTD ORTHODONTIC TREATMENT TRANSITIONAL DENTITION	0.00
D8030	LTD ORTHODONTIC TREATMENT ADOLESCENT DENTITION	0.00
D8040	LIMITED ORTHODONTIC TREATMENT ADULT DENTITION	0.00
D8070	COMP ORTHODONTIC TX TRANSITIONAL DENTITION	0.00
D8080	COMPREHENSIVE ORTHODONTIC TX ADOLES DENTITION	0.00
D8090	COMPREHENSIVE ORTHODONTIC TX ADULT DENTITION	0.00
D8210	REMOVABLE APPLIANCE THERAPY	0.00
D8220	FIXED APPLIANCE THERAPY	0.00
D8660	PREORTHODONTIC TREATMENT VISIT	0.00
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	0.00
D8680	ORTHODONTIC RETENTION	0.00
D8681	REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT	0.00
D8695	REMOVAL OF FIXED ORTHO APPLIANCES TX NOT COMPLT	0.00
D8696	REPAIR ORTHODONTIC APPLIANCE MAXILLARY	0.00
D8697	REPAIR ORTHODONTIC APPLIANCE MANDIBULAR	0.00
D8698	RE-CEMENT OR RE-BOND FIXED RETAINER MAXILLARY	0.00
D8699	RE-CEMENT OR RE-BOND FIXED RETAINER MANDIBULAR	0.00
D8701	REPAIR FIXED RETAINER, WITH REATTACH, MAXILLARY	0.00
D8702	REPAIR FIXED RETAINER, WITH REATTACH, MANDIBULAR	0.00
D8703	REPLACE LOST OR BROKEN RETAINER MAXILLARY	0.00
D8704	REPLACE LOST OR BROKEN RETAINER MANDIBULAR	0.00

Proc	Description	Rate
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE BY REPORT	0.00
D9110	PALLIATIVE TREATMENT OF DENTAL PAIN PER VISIT	198.53
D9120	FIXED PARTIAL DENTURE SECTIONING	224.31
D9130	TMJ JOINT DYSFUNCTION - NON-INVASIVE PHYSIOTHERAPY	0.00
D9210	LOCAL ANESTHESIA-NOT CONJUNCTION W/OP/SURGICAL PROC	71.53
D9211	REGIONAL BLOCK ANESTHESIA	78.93
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	123.32
D9215	LOCAL ANESTHESIA CONJUNCTION OPERATIVE/SURG PROC	59.19
D9219	EVALUATION FOR MOD OR DEEP SEDATION / GA	140.59
D9222	DEEP SEDATION / GENERAL ANESTHESIA FIRST 15 MIN	419.30
D9223	DEEP SEDATION/ GEN ANESTH EACH 15 MIN INCREMENT	320.64
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS ANALGESIA	118.39
D9239	IV MOD (CONSCIOUS) SEDATION/ANALGESIA FIRST 15 MIN	345.30
D9243	IV MOD (CONSCIOUS) SEDATION EACH 15 MIN INCREMENT	271.31
D9248	NON-INTRAVENTOUS CONSCIOUS SEDATION	172.65
D9310	CONSULT DX SERV DENT/PHY NOT REQUESTING DENT/PHY	279.37
D9311	CONSULT WITH A MEDICAL HEALTHCARE PROFESSIONAL	279.37
D9410	HOUSE/EXTENDED CARE FACILITY CALL	319.53
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	516.84
D9430	OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED	0.00
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	174.61
D9450	CASE PRESENTATION AFTER DETAIL&EXTN TREATMENT PLAN	87.30
D9610	THERAPEUTIC PARENTERAL DRUG SINGLE ADMINISTRATION	0.00
D9612	TX PARENTERAL DRUGS 2/> ADMINISTRATIONS DIFF MED	0.00
D9613	INFILTRATION SUSTAINED RELEASE THERAPEUTIC DRUG PER QUADRANT	0.00
D9630	DRUGS AND/OR MEDICAMENTS BY REPORT, HOME USE	0.00
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	104.88
D9911	APPLY DESENSITIZING RESIN CERV & OR ROOT SURF-TOOTH	146.83
D9912	PRE-VISIT PATIENT SCREENING	101.88
D9920	BEHAVIOR MANAGEMENT BY REPORT	0.00
D9930	TX COMPLICATIONS - UNUSUAL CIRCUMSTANCES REPORT	0.00
D9932	CLEAN/INSPECT REMOVABLE COMPLETE MAXILLARY DENTURE	257.70
D9933	CLEAN INSPECT REMOVABLE COMPLETE MANDIBULAR DENTURE	257.70
D9934	CLEAN/ INSPECT REMOVABLE PARTIAL MAXILLARY DENTURE	257.70
D9935	CLEAN INSPECT REMOVABLE PARTIAL MANDIBULAR DENTURE	257.70
D9938	FABRICATE CUSTOM REMOVABLE CLINICAL PLAST TEMP AESTHETIC APPLIANCE	0.00
D9939	PLACE CUSTOM REMOVABLE CLINICAL PLAST TEMP AESTHETIC APPLIANCE	0.00
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	299.65
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	359.58
D9943	OCCLUSAL GUARD ADJUSTMENT	179.79
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	868.98
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	868.98
D9946	OCCLUSAL GUARD HARD APPLIANCE PARTIAL ARCH	868.98
D9947	CUSTOM SLEEP APNEA APPLIANCE FABRICATION/PLACEMENT	0.00

Proc	Description	Rate
D9948	ADJUSTMENT CUSTOM SLEEP APNEA APPLIANCE	0.00
D9949	REPAIR CUSTOM SLEEP APNEA APPLIANCE	0.00
D9950	OCCLUSION ANALYSIS - MOUNTED CASE	569.33
D9951	OCCLUSAL ADJUSTMENT - LIMITED	254.70
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	1198.60
D9953	RELIN CUSTOM SLEEP APNEA APPLIANCE (INDIRECT)	988.84
D9954	FABRIC AND DELIV OAT MORNING REPOSITION DEVICE	0.00
D9955	ORAL APPLIANCE THERAPY (OAT) TITRATION VISIT	0.00
D9956	ADMINISTRATION OF HOME SLEEP APNEA TEST	0.00
D9957	SCREENING FOR SLEEP RELATED BREATHING DISORDERS	0.00
D9961	DUPLICATE/COPY PATIENT'S RECORDS	0.00
D9970	ENAMEL MICROABRASION	134.84
D9971	ODONTOPLASTY 1-2 TEETH; INCL REMOVAL ENAMEL PROJ	173.80
D9972	EXTERNAL BLEACHING - PER ARCH	599.30
D9973	EXTERNAL BLEACHING - PER TOOTH	98.88
D9974	INTERNAL BLEACHING - PER TOOTH	524.39
D9975	EXTERNAL BLEACHING - PER ARCH (HOME)	599.30
D9985	SALES TAX	0.00
D9986	MISSED APPOINTMENT	0.00
D9987	CANCELLED APPOINTMENT	0.00
D9990	CERT TRNSLATION OR SIGN LANGUAGE SRVCS PER VISIT	0.00
D9991	DENTAL CASE MGMT ADDRESS APPNTMNT COMPL BARRIERS	0.00
D9992	DENTAL CASE MANAGEMENT - CARE COORDINATION	104.88
D9993	DENTAL CASE MGMT - MOTIVATIONAL INTERVIEWING	0.00
D9994	DENTAL CASE MGMT - PATIENT EDU IMPRV ORAL HEALTH	0.00
D9995	TELEDENTISTRY - SYNCHRONOUS; REAL TIME ENCOUNTER	479.44
D9996	TELEDENTISTRY ASYNCHRONOUS INFO FWD DENTIST SBSQNT REVW	359.58
D9997	DENTAL CASE MANAGEMENT SPECIAL HEALTH CARE NEEDS	0.00
D9999	UNSPECIFIED ADJUNCTIVE PROC BY REPORT (01/24)	By Report

Exhibit #4

Exhibit #4 – Effective 1/1/2025
APCs for Procedures with Status Indicator C When Performed in an OP Hospital or ASC

Proc	Description	APC
0202T	Post vert arthrplst 1 lumbar	5115
0219T	Plmt post facet implt cerv	5115
0220T	Plmt post facet implt thor	5115
20802	Replantation arm complete	5116
20805	Replant forearm complete	5116
20808	Replantation hand complete	5116
20816	Replantation digit complete	5114
20824	Replantation thumb complete	5114
20827	Replantation thumb complete	5114
20838	Replantation foot complete	5116
20955	Fibula bone graft microvasc	5114
20956	Iliac bone graft microvasc	5114
20957	Mt bone graft microvasc	5114
20962	Other bone graft microvasc	5114
20969	Bone/skin graft microvasc	5114
20970	Bone/skin graft iliac crest	5114
21045	Extensive jaw surgery	5165
21145	Lefort i-1 piece w/ graft	5165
21146	Lefort i-2 piece w/ graft	5165
21147	Lefort i-3/> piece w/ graft	5165
21151	Lefort ii w/bone grafts	5165
21154	Lefort iii w/o lefort i	5165
21155	Lefort iii w/ lefort i	5165
21159	Lefort iii w/fhdw/o lefort i	5165
21160	Lefort iii w/fhd w/ lefort i	5165
21179	Reconstruct entire forehead	5165
21180	Reconstruct entire forehead	5165
21182	Reconstruct cranial bone	5165
21183	Reconstruct cranial bone	5165
21184	Reconstruct cranial bone	5165
21188	Reconstruction of midface	5165
21247	Reconstruct lower jaw bone	5165
21268	Revise eye sockets	5165
21343	Open tx dprsd front sinus fx	5165
21344	Open tx compl front sinus fx	5165
21348	Opn tx nasomax fx w/graft	5165

Proc	Description	APC
21423	Treat mouth roof fracture	5165
21431	Treat craniofacial fracture	5165
21432	Treat craniofacial fracture	5165
21433	Treat craniofacial fracture	5165
21435	Treat craniofacial fracture	5165
21436	Treat craniofacial fracture	5165
21510	Drainage of bone lesion	5114
21602	Exc ch wal tum w/o lymphadec	5114
21603	Exc ch wal tum w/lymphadec	5114
21615	Removal of rib	5114
21616	Removal of rib and nerves	5114
21620	Partial removal of sternum	5114
21627	Sternal debridement	5114
21630	Extensive sternum surgery	5114
21632	Extensive sternum surgery	5114
21705	Revision of neck muscle/rib	5114
21740	Reconstruction of sternum	5114
21750	Repair of sternum separation	5114
21825	Treat sternum fracture	5114
22010	I&d p-spine c/t/cerv-thor	5114
22015	I&d abscess p-spine l/s/l	5114
22110	Remove part of neck vertebra	5114
22112	Remove part thorax vertebra	5114
22114	Remove part lumbar vertebra	5114
22206	Incis spine 3 column thorac	5114
22207	Incis spine 3 column lumbar	5114
22210	Incis 1 vertebral seg cerv	5114
22212	Incis 1 vertebral seg thorac	5114
22214	Incis 1 vertebral seg lumbar	5114
22220	Osteot dsc ant 1 vrt sgm crv	5114
22222	Osteot dsc ant 1vrt sgm thrc	5114
22224	Osteot dsc ant 1vrt sgm lmb	5114
22318	Treat odontoid fx w/o graft	5115
22319	Treat odontoid fx w/graft	5115
22325	Treat spine fracture	5115
22326	Treat neck spine fracture	5115
22327	Treat thorax spine fracture	5115
22532	Arthrd lat xtrcvtry tq thrc	5116
22533	Arthrd lat xtrcvtry tq lmb	5116
22548	Arthrd ant toral/xoral c1-c2	5116

Proc	Description	APC
22556	Arthrd ant ntrbd min dsc thc	5116
22558	Arthrd ant ntrbd min dsc lum	5116
22586	Arthrd pre-sac ntrbdy l5-s1	5116
22590	Arthrd pst tq craniocervical	5116
22595	Arthrd pst tq atlas-axis	5116
22600	Arthrd pst tq 1ntrspc crv	5116
22610	Arthrd pst tq 1ntrspc thrc	5116
22800	Arthrd pst dfrm<6 vrt sgm	5116
22802	Arthrd pst dfrm 7-12 vrt sgm	5116
22804	Arthrd pst dfrm 13+ vrt sgm	5116
22808	Arthrd ant dfrm 2-3 vrt sgm	5116
22810	Arthrd ant dfrm 4-7 vrt sgm	5116
22812	Arthrd ant dfrm 8+ vrt sgm	5116
22818	Kyphectomy 1-2 segments	5116
22819	Kyphectomy 3 or more	5116
22830	Exploration of spinal fusion	5115
22849	Reinsert spinal fixation	5116
22850	Remove spine fixation device	5115
22852	Remove spine fixation device	5115
22855	Remove spine fixation device	5115
22857	Tot disc arthrp ant lumbar	5116
22861	Revise cerv artific disc	5116
22862	Revise lumbar artif disc	5116
22864	Remove cerv artif disc	5115
22865	Remove lumb artif disc	5115
23200	Resect clavicle tumor	5114
23210	Resect scapula tumor	5114
23220	Resect prox humerus tumor	5114
23335	Shoulder prosthesis removal	5073
23474	Revis reconst shoulder joint	5115
23900	Amputation of arm & girdle	5115
23920	Amputation at shoulder joint	5115
24900	Amputation of upper arm	5115
24920	Amputation of upper arm	5115
24930	Amputation follow-up surgery	5114
24931	Amputate upper arm & implant	5115
24940	Revision of upper arm	5115
25900	Amputation of forearm	5115
25905	Amputation of forearm	5115
25915	Amputation of forearm	5114

Proc	Description	APC
25920	Amputate hand at wrist	5114
25924	Amputation follow-up surgery	5114
25927	Amputation of hand	5113
26551	Great toe-hand transfer	5114
26553	Single transfer toe-hand	5114
26554	Double transfer toe-hand	5114
26556	Toe joint transfer	5114
26992	Drainage of bone lesion	5114
27005	Incision of hip tendon	5114
27025	Incision of hip/thigh fascia	5114
27030	Drainage of hip joint	5114
27036	Excision of hip joint/muscle	5114
27054	Removal of hip joint lining	5113
27070	Part remove hip bone super	5114
27071	Part removal hip bone deep	5114
27075	Resect hip tumor	5114
27076	Resect hip tum incl acetabul	5114
27077	Resect hip tum w/innom bone	5115
27078	Rsect hip tum incl femur	5115
27090	Removal of hip prosthesis	5073
27091	Removal of hip prosthesis	5073
27120	Reconstruction of hip socket	5115
27122	Reconstruction of hip socket	5115
27125	Partial hip replacement	5115
27132	Total hip arthroplasty	5115
27134	Revise hip joint replacement	5115
27137	Revise hip joint replacement	5115
27138	Revise hip joint replacement	5115
27140	Transplant femur ridge	5115
27146	Incision of hip bone	5114
27147	Revision of hip bone	5114
27151	Incision of hip bones	5114
27156	Revision of hip bones	5114
27158	Revision of pelvis	5114
27161	Incision of neck of femur	5114
27165	Incision/fixation of femur	5114
27170	Repair/graft femur head/neck	5114
27175	Treat slipped epiphysis	5114
27176	Treat slipped epiphysis	5115
27177	Treat slipped epiphysis	5114

Proc	Description	APC
27178	Treat slipped epiphysis	5114
27181	Treat slipped epiphysis	5114
27185	Revision of femur epiphysis	5114
27187	Reinforce hip bones	5114
27226	Treat hip wall fracture	5114
27227	Treat hip fracture(s)	5114
27228	Treat hip fracture(s)	5114
27232	Treat thigh fracture	5112
27236	Treat thigh fracture	5114
27240	Treat thigh fracture	5112
27244	Treat thigh fracture	5114
27245	Treat thigh fracture	5114
27248	Treat thigh fracture	5114
27253	Treat hip dislocation	5113
27254	Treat hip dislocation	5113
27258	Treat hip dislocation	5113
27259	Treat hip dislocation	5113
27268	Cltx thigh fx w/mnpj	5113
27269	Optx thigh fx	5112
27280	Fusion of sacroiliac joint	5116
27282	Fusion of pubic bones	5115
27284	Fusion of hip joint	5116
27286	Fusion of hip joint	5116
27290	Amputation of leg at hip	5116
27295	Amputation of leg at hip	5116
27303	Drainage of bone lesion	5114
27365	Resect femur/knee tumor	5114
27445	Revision of knee joint	5115
27448	Incision of thigh	5114
27450	Incision of thigh	5114
27454	Realignment of thigh bone	5114
27455	Realignment of knee	5114
27457	Realignment of knee	5114
27465	Shortening of thigh bone	5114
27466	Lengthening of thigh bone	5114
27468	Shorten/lengthen thighs	5114
27470	Repair of thigh	5114
27472	Repair/graft of thigh	5114
27486	Revise/replace knee joint	5115
27487	Revise/replace knee joint	5115

Proc	Description	APC
27488	Removal of knee prosthesis	5114
27495	Reinforce thigh	5114
27506	Treatment of thigh fracture	5114
27507	Treatment of thigh fracture	5114
27511	Treatment of thigh fracture	5114
27513	Treatment of thigh fracture	5114
27514	Treatment of thigh fracture	5114
27519	Treat thigh fx growth plate	5114
27535	Treat knee fracture	5114
27536	Treat knee fracture	5114
27540	Treat knee fracture	5114
27556	Treat knee dislocation	5114
27557	Treat knee dislocation	5114
27558	Treat knee dislocation	5114
27580	Fusion of knee	5115
27590	Amputate leg at thigh	5116
27591	Amputate leg at thigh	5116
27592	Amputate leg at thigh	5116
27596	Amputation follow-up surgery	5114
27598	Amputate lower leg at knee	5115
27645	Resect tibia tumor	5114
27646	Resect fibula tumor	5114
27703	Reconstruction ankle joint	5115
27712	Realignment of lower leg	5115
27715	Revision of lower leg	5115
27724	Repair/graft of tibia	5114
27725	Repair of lower leg	5114
27727	Repair of lower leg	5114
27880	Amputation of lower leg	5116
27881	Amputation of lower leg	5114
27882	Amputation of lower leg	5114
27886	Amputation follow-up surgery	5114
27888	Amputation of foot at ankle	5115
28800	Amputation of midfoot	5113
35372	Rechanneling of artery	5184
35800	Explore neck vessels	5184
37182	Insert hepatic shunt (tips)	5193
37617	Ligation of abdomen artery	5183
38562	Removal pelvic lymph nodes	5362
43840	Repair of stomach lesion	5331

Proc	Description	APC
44300	Open bowel to skin	5302
44345	Revision of colostomy	5341
44346	Revision of colostomy	5341
44602	Suture small intestine	5303
49010	Exploration behind abdomen	5341
49255	Removal of omentum	5341
51840	Attach bladder/urethra	5415
56630	Extensive vulva surgery	5415
61624	Transcath occlusion cns	5194
G0412	Open tx iliac spine uni/bil	5114
G0414	Pelvic ring fx treat int fix	5115
G0415	Open tx post pelvic fxcture	5115

Editor's Notes

7 CCR 1101-3 has been divided into smaller sections for ease of use. Versions prior to 01/01/2011 and rule history are located in the first section, 7 CCR 1101-3. Prior versions can be accessed from the All Versions list on the rule's current version page. To view versions effective on or after 01/01/2011, select the desired part of the rule, for example 7 CCR 1101-3 Rules 1-17, or 7 CCR 1101-3 Rule 17, Exhibit 1.

History

[For history of this section, see Editor's Notes in the first section, 7 CCR 1101-3]