

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

Evaluation and Management - Medical Decision Making – Effective 1/1/2024

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	<p><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.</p> <p><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.</p>
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	<p><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.</p> <p><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.</p>

	<input type="checkbox"/> Acute illness w/ systemic symptoms; or	<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.
	<input type="checkbox"/> Acute complicated injury	
High	<input type="checkbox"/> Chronic illness w/ severe exacerbation, progression, or Tx side effects; or	<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.
	<input type="checkbox"/> Acute/chronic illness/injury that poses threat to life or bodily function	<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. <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.

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
High	<input type="checkbox"/> High 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-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

Base Rates and Cost-to-Charge Ratios – Effective 1/1/2024

Source: Medicare FY 2023 IPPS Impact File – Correcting Amendment (November 2022)

Provider Number	Name	Total CCR	Individual Hospital Base Rate
060001	North Colorado Medical Center	0.253	\$7,913.40
060003	Centura Longmont United Hospital	0.26	\$7,202.19
060004	Platte Valley Medical Center	0.373	\$7,111.39
060006	Montrose Regional Health	0.364	\$7,106.37
060008	San Luis Valley Health	0.405	\$7,111.39
060009	Lutheran Medical Center	0.212	\$7,216.63
060010	Poudre Valley Hospital	0.235	\$7,447.82
060011	Denver Health Medical Center	0.257	\$9,220.64
060012	Centura St Mary-Corwin Hospital	0.311	\$7,996.66
060013	Centura Mercy Hospital	0.245	\$8,888.69
060014	Presbyterian St Luke's Medical Center	0.126	\$7,606.67
060015	Centura St Anthony Hospital	0.183	\$7,276.71
060020	Parkview Medical Center, Inc	0.129	\$8,039.39
060022	University Colo Health Memorial Hospital Central	0.177	\$7,294.42
060023	St Marys Medical Center	0.253	\$7,742.79
060024	University Of Colorado Hospital Authority	0.152	\$9,036.21
060027	Foothills Hospital	0.195	\$7,036.98
060028	Saint Joseph Hospital	0.189	\$7,899.49
060030	Mckee Medical Center	0.351	\$7,135.92
060031	Centura Penrose Hospital	0.178	\$7,221.57
060032	Rose Medical Center	0.112	\$7,350.05
060034	Swedish Medical Center	0.087	\$7,525.57
060044	Centura St Elizabeth Hospital	0.298	\$7,329.90
060049	Uchealth Yampa Valley Medical Center	0.455	\$10,736.66
060054	Community Hospital	0.207	\$7,111.39
060064	Centura Porter Adventist Hospital	0.215	\$7,114.28
060065	North Suburban Medical Center	0.092	\$7,466.27
060071	Delta County Memorial Hospital	0.416	\$7,027.86
060075	Valley View Hospital Association	0.398	\$9,187.74
060076	Sterling Regional Medcenter	0.49	\$8,716.57
060096	Vail Health Hospital	0.568	\$13,453.27
060100	Medical Center Of Aurora, The	0.101	\$7,632.39
060103	Centura Avista Adventist Hospital	0.256	\$7,272.33
060104	Centura St Anthony North Hospital	0.163	\$8,038.53

060107	National Jewish Health	0.185	\$6,918.48
060112	Sky Ridge Medical Center	0.081	\$7,965.33
060113	Centura Littleton Adventist Hospital	0.179	\$6,981.62
060114	Centura Parker Adventist Hospital	0.192	\$7,021.58
060116	Good Samaritan Medical Center	0.183	\$6,982.54
060117	Animas Surgical Hospital, Llc	0.394	\$6,918.48
060118	Centura St Anthony Summit Hospital	0.351	\$7,111.39
060119	Medical Center Of The Rockies	0.244	\$7,005.97
060124	Orthocolorado Hospital At St Anthony Med Campus	0.173	\$6,918.48
060125	Centura Castle Rock Adventist Hospital	0.211	\$7,016.61
060126	Banner Fort Collins Medical Center	0.417	\$7,111.39
060128	Longs Peak Hospital	0.246	\$7,111.39
060129	Uchealth Broomfield Hospital	0.313	\$7,111.39
060130	Uchealth Grandview Hospital	0.304	\$6,976.35
060131	Uchealth Greeley Hospital	0.327	\$7,121.16
060132	Uchealth Highlands Ranch Hospital	0.269	\$6,978.09
*	Critical Access Hospitals	0.568	\$13,453.27
069999	Any New Hospital	0.256	\$6,859.53

Exhibit #3

Final Exhibit #3
Dental Fee Schedule
Effective 1/1/2024

Proc	Description	Rate
D0120	PERIODIC ORAL EVALUATION - EST PATIENT	78.16
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	131.02
D0145	ORAL EVAL PT UND 3 YR AGE CNSL W/PRIM CAREGIVER	121.83
D0150	COMP ORAL EVALUATION - NEW OR EST PATIENT	137.92
D0160	DTL&EXT ORAL EVALUATION - PROBLEM FOCUSED REPORT	275.84
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED	91.95
D0171	RE-EVALUATION POST-OPERATIVE OFFICE VISIT	91.95
D0180	COMP PERIODONTAL EVALUATION - NEW OR EST PATIENT	149.41
D0190	SCREENING OF A PATIENT	78.16
D0191	ASSESSMENT OF A PATIENT	55.17
D0210	INTRAORAL COMPREHENSIVE SERIES RADIOGRAPHIC IMAGES	208.68
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	41.74
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL IMAGE	37.56
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	64.69
D0250	EXTRAORAL 2D PRJECTN RAD IMG BY RAD SRCE/ DTECTR	79.3
D0251	EXTRAORAL POSTERIOR DENTAL RAD IMAGE	73.04
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	41.77
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	66.84
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	81.46
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	93.99
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	142.02
D0310	SIALOGRAPHY	563.92
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM INCL INJ	996.26
D0321	OTHER TEMPOROMANDIBULAR JOINT IMAGES BY REPORT	0.00
D0322	TOMOGRAPHIC SURVEY	808.29
D0330	PANORAMIC RADIOGRAPHIC IMAGE	174.82
D0340	2D CEPHLOMTRIC RAD IMG - ACQSTN MEASRE& ANALYSIS	197.37
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGES	93.99
D0351	3D PHOTOGRAPHIC IMAGE	93.99
D0364	CNE BEAM CAPTR & INTREP LESS THAN WHL JAW	313.92
D0365	CNE BEAM CAPTR INTERP W FLD VIEW 1 ARCH MNDBL	400.38
D0366	CNE BEAM CAPTR INTERP W FLD VIEW 1 ARCH MAXL	400.38
D0367	CNE BEAM CAPTR INTERP W FLD VIEW BTH JAWS	451.14
D0368	CNE BEAM CAPTR INTERP FR TMJ 2 OR MORE	464.30
D0369	MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION	263.16
D0370	MAXLFCL US IMAGE CAPTR AND INTRP	150.38

D0371	SIALOENDOSCOPY CAPTURE AND INTERPRETATION	0.00
D0372	INTRAORAL TOMOSYNTHESIS COMPLETE SERIES RAD IMGS	0.00
D0373	INTRAORAL TOMOSYNTHESIS BITEWING RADIOG IMAGE	0.00
D0374	INTRAORAL TOMOSYNTHESIS PERIAPICAL RADIOG IMAGE	0.00
D0380	CNE BEAM CAPTR LMTD FLD <1 WHL JAW	323.32
D0381	CNE BEAM CAPTR W FLD VIEW 1 ARCH MNDBL	437.98
D0382	CNE BEAM CAPTR W FLD VIEW 1 ARCH MAXL	437.98
D0383	CNE BEAM CAPTR W FLD VIEW BTH JAWS	437.98
D0384	CNE BEAM CAPTR FR TMJ 2 OR MORE	469.94
D0385	MAXILLOFACIAL MRI IMAGE CAPTURE	2885.40
D0386	MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE	721.82
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
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	71.01
D0415	COLLECTION MICROORGANISMS CULTURE & SENSITIVITY	51.48
D0416	VIRAL CULTURE	76.34
D0417	CLCT & PREP SALIVA SAMPLE FOR LAB DX TESTING	69.24
D0418	ANALYSIS OF SALIVA SAMPLE	71.01
D0419	ASSESSMENT OF SALIVARY FLOW BY MEASUREMENT	0.00
D0422	COLLECT/PREP GENETIC SAMPLE FOR LAB ANALYSIS	51.48
D0423	GENETIC TEST SUSCEPT TO DSEASE SPECIMEN ANLYS	0.00
D0425	CARIES SUSCEPTIBILITY TESTS	44.38
D0431	ADJUNCTIVE PREDX TST NOT INCL CYTOLOGY/BX PROC	71.01
D0460	PULP VITALITY TESTS	71.01
D0470	DIAGNOSTIC CASTS	156.23
D0472	ACCESSION OF TISSUE GROSS EXAMINATION PREP/REPRT	97.64
D0473	ACCESS TISSUE GR&MIC EXAMINATION PREP/REPRT	205.94
D0474	ACCESS TISS GR&MIC EX ASSESS SURG MARG PREP/RPT	230.79
D0475	DECALCIFICATION PROCEDURE	124.27
D0476	SPECIAL STAINS FOR MICROORGANISMS	120.72
D0477	SPECIAL STAINS NOT FOR MICROORGANISMS	165.10
D0478	IMMUNOHISTOCHEMICAL STAINS	150.90
D0479	TISSUE INSITU HYBRIDIZATION INCL INTERPRETATION	230.79
D0480	ACCESS EXFOLIATIVE CYTOL SMEAR MIC EXAM PREP/REPT	142.02
D0481	ELECTRON MICROSCOPY	532.59
D0482	DIRECT IMMUNOFLUORESCENCE	177.53

D0483	INDIRECT IMMUNOFLUORESCENCE	177.53
D0484	CONSULTATION ON SLIDES PREPARED ELSEWHERE	266.30
D0485	CONSULT INCL PREP SLIDES BX MATL SPL REF SRC	367.49
D0486	ACCESSION TRANSEPIHELIAL CYTOLOG SAMPL MIC EXAM	170.43
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	25.86
D0602	CARIES RISK AX AND DOCU WITH A FNDNG OF MOD RISK	25.86
D0603	CARIES RISK AX AND DOCU WITH FNDNG OF HIGH RISK	25.86
D0604	ANTIGEN TEST PUB HLTH PATHOGEN INCL CORONAVIRUS	16.81
D0605	ANTIBODY TEST PUB HLTH PATHOGEN INCL CORONAVIRUS	12.50
D0606	MOLECULAR TEST PUB HEALTH PATHOGEN-CORONAVIRUS	0.00
D0701	PANORAMIC FILM - IMAGE CAPTURE ONLY	174.82
D0702	2-D CEPHALOMETRIC FILM - IMAGE CAPTURE ONLY	197.37
D0703	2-D ORAL/FACIAL FILM - IMAGE CAPTURE ONLY	93.99
D0704	3-D PHOTOGRAPHIC FILM - IMAGE CAPTURE ONLY	93.99
D0705	EXTRA-ORAL POSTERIOR FLM - IMAGE CAPTURE ONLY	73.04
D0706	INTRAORAL OCCLUSAL FILM - IMAGE CAPTURE ONLY	64.69
D0707	INTRAORAL PERIAPICAL FLM - IMAGE CAPTURE ONLY	41.74
D0708	INTRAORAL BITEWING - IMAGE CAPTURE ONLY	41.77
D0709	INTRAORAL CMPRHNSV SERIES RAD IMAGE CAPT ONLY	208.68
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	135.76
D1120	PROPHYLAXIS - CHILD	93.69
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	66.99
D1208	TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH	44.66
D1310	NUTRITIONAL COUNSELING CONTROL OF DENTAL DISEASE	70.29
D1320	TOBACCO CNSL CONTROL&PREVENTION ORAL DISEASE	76.31
D1321	COUNSEL ADVRSE EFFECTS HI RISK SUBSTNCE ABUSE	96.40
D1330	ORAL HYGIENE INSTRUCTIONS	96.40
D1351	SEALANT - PER TOOTH	78.32
D1352	PREV RSN REST MOD HIGH CARIES RISK PT-PERM TOOTH	100.41
D1353	SEALANT REPAIR PER TOOTH	100.41
D1354	INTERIM CARIES ARRESTING MEDICATION APPLICATION	78.32
D1355	CARIES PREVENTIVE MEDICAMENT APP - PER TOOTH	78.32
D1510	SPACE MAINTAINER - FIXED - UNILATERAL	496.04
D1516	SPACE MAINTAINER - FIXED - BILATERIAL MAXILLARY	694.46
D1517	SPACE MAINTAINER - FIXED - BILATERIAL MANDIBULAR	694.46
D1520	SPACE MAINTAINER - REMOVABLE - UNILATERAL	545.65

D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL MAXILRY	843.27
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL MNDULR	843.27
D1551	RECMT/REBND BILAT SPACE MAINTAINER MAXILLARY	107.15
D1552	RECMT/REBND BILAT SPACE MAINTAINER MANDIBULAR	107.15
D1553	RECMT/REBND UNI SPACE MAINTAINER PER QUADRANT	71.43
D1556	REMOVAL FIXED UNI SPACE MAINTAINER PER QUADRANT	69.45
D1557	REMOVAL FIXED BILAT SPACE MAINTAINER MAXILLARY	103.18
D1558	REMOVAL FIXED BILAT SPACE MAINTAINER MANDIBULAR	103.18
D1575	DISTAL SHOE SPACE MAINTANR - FIXED - UNILATERIAL	545.65
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	240.47
D2150	AMALGAM - TWO SURFACES PRIMARY OR PERMANENT	311.20
D2160	AMALGAM - THREE SURFACES PRIMARY OR PERMANENT	376.27
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	458.31
D2330	RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR	223.98
D2331	RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR	285.84
D2332	RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR	349.84
D2335	RESIN-BASED COMPOSITE 4/> SURFACES INCISAL ANGLE	413.83
D2390	RESIN-BASED COMPOSITE CROWN ANTERIOR	458.63
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	262.38
D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	343.44
D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	426.63
D2394	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	522.63
D2410	GOLD FOIL - ONE SURFACE	426.33
D2420	GOLD FOIL - TWO SURFACES	710.55
D2430	GOLD FOIL - THREE SURFACES	1231.63

D2510	INLAY - METALLIC - ONE SURFACE	1127.41
D2520	INLAY - METALLIC - TWO SURFACES	1279.00
D2530	INLAY - METALLIC - THREE OR MORE SURFACES	1474.16
D2542	ONLAY - METALLIC - TWO SURFACES	1445.74
D2543	ONLAY - METALLIC - THREE SURFACES	1512.06
D2544	ONLAY - METALLIC - FOUR OR MORE SURFACES	1572.69
D2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	1326.37
D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	1400.26
D2630	INLAY - PORCELAIN/CERAMIC - THREE/MORE SURFACES	1491.22
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	1449.53
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	1563.22
D2644	ONLAY - PORCELAIN/CERAMIC - 4 OR MORE SURFACES	1657.96
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	871.61
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	1038.36
D2652	INLAY RESIN BASED COMPOSITE 3 OR MORE SURFACES	1091.41
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	947.41
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	1114.15
D2664	ONLAY RESIN BASED COMPOSIT FOUR OR MORE SURFACES	1193.73
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	651.87
D2712	CROWN 3/4 RESIN-BASED COMPOSITE (INDIRECT)	651.87
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	1606.72
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	1505.73
D2722	CROWN - RESIN WITH NOBLE METAL	1538.78
D2740	CROWN - PORCELAIN/CERAMIC	1648.95
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	1626.92
D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	1514.91
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	1551.63
D2753	CROWN-PORCELAIN FUSED TITANIUM AND ALLOYS	1514.91
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	1560.81
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	1469.00
D2782	CROWN - 3/4 CAST NOBLE METAL	1516.74
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	1604.88
D2790	CROWN - FULL CAST HIGH NOBLE METAL	1569.99
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	1487.36
D2792	CROWN - FULL CAST NOBLE METAL	1514.91
D2794	CROWN - TITANIUM	1606.72
D2799	PROVISIONAL CROWN	651.87
D2910	RECMNT/REBND INLAY/ONLAY/VNR/PART CVRGE RESTRATN	148.20
D2915	RECMNT/REBND INDRCT OR PREFAB POST AND CORE	148.20
D2920	RE-CEMENT OR RE-BOND CROWN	150.26
D2921	REATTACHMENT OF TOOTH FRAG INCISAL EDGE/CUSP	216.12
D2928	PREFAB PORCELAIN/CERAMIC CROWN-PERM TOOTH	594.85
D2929	PREFABR PORC CROWN - PRIMARY TOOTH	594.85

D2930	PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH	409.60
D2931	PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH	463.12
D2932	PREFABRICATED RESIN CROWN	493.99
D2933	PREFABR STAINLESS STEEL CROWN W/RESIN WINDOW	566.04
D2934	PREFAB ESTHETIC COAT STNLESS STEEL CROWN PRIM	566.04
D2940	PROTECTIVE RESTORATION	156.43
D2941	INTERIM THERAPEUTIC RESTORATION PRIM DENTITION	156.43
D2949	RESTOR FOUNDATION FOR INDIR RESTOR	156.43
D2950	CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	391.08
D2951	PIN RETENTION - PER TOOTH ADDITION RESTORATION	88.51
D2952	POST AND CORE ADDITION TO CROWN INDIRECTLY FAB	617.49
D2953	EACH ADDITIONAL INDIRECTLY FAB POST SAME TOOTH	308.75
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	493.99
D2955	POST REMOVAL	380.79
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	247.00
D2960	LABIAL VENEER (RESIN LAMINATE) - CHAIRSIDE	1193.82
D2961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	1354.37
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	1471.69
D2971	ADD PROC CUST CRWN UND XST PART DENTUR FRMEWRK	236.71
D2975	COPING	720.41
D2980	CROWN REPAIR MATERIAL FAILURE	288.16
D2981	INLAY REPAIR BY REPORT	288.16
D2982	ONLAY REPAIR BY REPORT	288.16
D2983	VENEER REPAIR BY REPORT	288.16
D2990	RESIN INFILT OF INCIPIENT LESIONS	102.92
D2999	UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT	0.00
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	152.69
D3120	PULP CAP - INDIRECT(EXCLUDING FINAL RESTORATION)	122.15
D3220	TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC	313.02
D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	343.56
D3222	PART PULPOTOMY FOR APEXOGENEIS PERM TOOTH	318.11
D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH	288.39
D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH	354.94
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH	1131.37
D3320	ENDODONTIC THERAPY PREMOLAR TOOTH	1386.49
D3330	ENODODONTIC THERAPY MOLAR	1719.24
D3331	TREATMENT RC OBSTRUCTION; NON-SURGICAL ACCESS	443.68
D3332	INCOMPLETE ENDO TX; INOP UNRESTORABLE/FX TOOTH	842.98
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	388.22
D3346	RETREATMENT PREVIOUS RC THERAPY - ANTERIOR	1508.50
D3347	RETREATMENT PREVIOUS RC THERAPY - PREMOLAR	1774.70
D3348	RETREATMENT PREVIOUS ROOT CANAL THERAPY - MOLAR	2196.20
D3351	APEXIFICATION/RECALCIFICAT INIT VST	613.27

D3352	APEXIFICAT/RECALCIFICAT INT MED REPL	274.91
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	845.89
D3355	PULPAL REGENERATION - INITIAL VISIT	613.27
D3356	PULPAL REGEN - INTERIM MED RPLCMNT	274.91
D3357	PULPAL REGENERATION - COMPLETION OF TREATMENT	0.00
D3410	APICOECTOMY - ANTERIOR	1215.97
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	1353.43
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	1533.18
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	518.11
D3428	BG IN CONJ PERIRADICULAR SURG/TOOTH SINGLE SITE	1602.97
D3429	BG IN CONJ PERIRADICUL SURG EACH CONTIG TH SSS	1528.95
D3430	RETROGRADE FILLING - PER ROOT	380.65
D3431	BIO MAT SFT OSS REGE CONJ PERIR SUR	1882.11
D3432	GTR RESORB BRRER PER SITE IN CONJ PERIRAD SURG	1617.77
D3450	ROOT AMPUTATION - PER ROOT	793.02
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	2960.62
D3470	INTENTIONAL REIMPLANTATION W/NECESSARY SPLINTING	1512.03
D3471	SURGICAL REPAIR ROOT RESORPTION - ANTERIOR	1882.11
D3472	SURGICAL REPAIR ROOT RESORPTION - PREMOLAR	1882.11
D3473	SURGICAL REPAIR ROOT RESORPTION - MOLAR	1882.11
D3501	SRG EXP ROOT WO APICO/RPR ROOT RESORPTN - ANT	1099.66
D3502	SRG EXP ROOT WO APICO/RPR ROOT RESORPTN-PREMOLAR	1099.66
D3503	SRG EXP ROOT WO APICO/RPR ROOT RESORPTN-MOLAR	1099.66
D3910	SURGICAL PROCEDURE ISOLATION TOOTH W/RUBBER DAM	0.00
D3911	INTRAORIFICE BARRIER	160.72
D3920	HEMISECTION NOT INCLUDING ROOT CANAL THERAPY	602.70
D3921	DECORONATION OR SUBMERGENCE ERUPTED TOOTH	602.70
D3950	CANAL PREPARATION&FITTING PREFORMED DOWEL/POST	274.91
D3999	UNSPECIFIED ENDODONTIC PROCEDURE BY REPORT	0.00
D4210	GINGIVECT/PLSTY 4/>CNTIG/TOOTH BOUND SPACES-QUAD	1199.64
D4211	GINGIVECT/PLSTY 1-3 CNTIG/TOOTH BOUND SPACE-QUAD	533.17
D4212	GINGIVECT/PLSTY FOR ACCESS RESTORATION PER TOOTH	426.54
D4230	ANAT CROWN EXP 4/> CONTIGUOUS TEETH PER QUAD	1679.50
D4231	ANATOMICAL CROWN EXPOSURE 1-3 TEETH PER QUADRANT	799.76
D4240	INGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD	1519.55
D4241	INGL FLP PROC 1-3 CONTIG/TOOTH BOUND SPACE-QUAD	879.74
D4245	APICALLY POSITIONED FLAP	1119.67
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	1666.17
D4260	OSSEOUS SURG 4/> CNTIG TEETH QUAD	2532.58
D4261	OSSEOUS SURG 1-3 CNTIG TEETH QUAD	1359.59
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	906.40
D4264	BONE REPLACEMENT GRAFT - EA ADD SITE QUADRANT	773.10
D4265	BIOLOGIC MATERIALS AID SOFT&OSSEOUS TISSUE REGEN	0.00

D4266	GUID TISS REGEN NAT TETH RESORB BARRIER PER SITE	933.05
D4267	GUID TISS REGEN NAT TETH NONRESORB BARR PER SITE	1199.64
D4268	SURGICAL REVISION PROCEDURE PER TOOTH	0.00
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	1799.46
D4273	AUTOGNS CONECTIVE TISSUE GRFT 1ST TOOTH/IMPLANT	2199.34
D4274	MESIAL OR DISTAL WEDGE PROCEDURE	1247.63
D4275	NONAUTGNS CONECTV TISSUE GRFT 1ST TOOTH/IMPLANT	1652.84
D4276	COMB CNCTIVE TISSUE & PEDICLE GRAFT PER TOOTH	2465.93
D4277	FREE SOFT TISSUE GRAFT, 1ST TOOTH/ IMPLANT	1866.11
D4278	FREE SOFT TISSUE GRAFT, E/ADNL TOOTH, IMPLNT	613.15
D4283	AUTO CNNCTV TISSUE GRFT PROC E/A TOOTH, IMPLANT	1874.11
D4285	NON-AUTO CNNCTV TSSUE GRFT PROC E/A TOOTH/IMPLNT	1410.25
D4286	REMOVAL OF NON-RESORBABLE BARRIER	319.90
D4320	PROVISIONAL SPLINTING - INTRACORONAL	625.83
D4321	PROVISIONAL SPLINTING - EXTRACORONAL	568.94
D4322	SPLINT INTRACORONAL NATURAL TEETH OR PROS CROWN	625.83
D4323	SPLINT EXTRACORONAL NATURAL TEETH OR PROS CROWN	568.94
D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	360.33
D4342	PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD	208.61
D4346	SCALNG GNGIVAL INFLAMM FULL MOUTH AFTR ORAL EVAL	208.61
D4355	FULL MOUTH DEBRID ENABLE COMP PERIO EVAL & DX	246.54
D4381	LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR	0.00
D4910	PERIODONTAL MAINTENANCE	221.88
D4920	UNSCHEDULED DRESSING CHANGE	161.20
D4921	GINGIVAL IRRIGATION MEDICINAL AGENT PER QUADRANT	0.00
D4999	UNSPECIFIED PERIODONTAL PROCEDURE BY REPORT	0.00
D5110	COMPLETE DENTURE - MAXILLARY	2666.57
D5120	COMPLETE DENTURE - MANDIBULAR	2666.57
D5130	IMMEDIATE DENTURE - MAXILLARY	2907.44
D5140	IMMEDIATE DENTURE - MANDIBULAR	2907.44
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE	2250.53
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE	2615.48
D5213	MAX PART DENTUR-CAST METL FRMEWRK W/RSN BASE	2946.36
D5214	MAND PART DENTUR- CAST METL FRMEWRK W/RSN BASE	2946.36
D5221	IMMED MAXILLARY PARTIAL DENTURE RESIN BASE	2454.90
D5222	IMMED MANDIBULAR PARTIAL DENTURE RESIN BASE	2851.48
D5223	IMMED MAXIL PART DENTURE CAST METL FRAME W/RESIN	3211.56
D5224	IMMED MAND PART DENTURE CAST METL FRAME W/RESIN	3211.56
D5225	MAXILLARY PARTIAL DENTURE FLEXIBLE BASE	2250.53
D5226	MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE	2615.48
D5227	IMMED MAXILLARY PARTIAL DENTURE FLEXIBLE BASE	2457.33
D5228	IMMED MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE	2846.61
D5282	RMVBL UNIL PRTL DNTR CST MTL INCL CLSP TTH MXLRY	1717.70

D5283	RMVBL UNIL PRTL DNTR CST MTL INCL CLSP TTH MNDBL	1717.70
D5284	RMVABLE UNI PRTL DNTURE 1 PC FLEX BASE PER QDRNT	1311.39
D5286	RMVABLE UNI PRTL DNTURE 1 PC RESIN PER QDRNT	1311.39
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	145.98
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	145.98
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	145.98
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	145.98
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	291.96
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	291.96
D5520	REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE	243.30
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	316.29
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	316.29
D5621	REPAIR CAST FRAMEWORK, MANDIBULAR	340.62
D5622	REPAIR CAST FRAMEWORK, MAXILLARY	340.62
D5630	REPAIR OR REPLACE BROKEN CLASP PER TOOTH	413.61
D5640	REPLACE BROKEN TEETH - PER TOOTH	267.63
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	364.95
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE PER TOOTH	437.94
D5670	REPLACE ALL TEETH&ACRYLIC CAST METAL FRMEWRK MAX	1070.52
D5671	REPLACE ALL TEETH&ACRYLIC CAST METL FRMEWRK MAND	1070.52
D5710	REBASE COMPLETE MAXILLARY DENTURE	1082.69
D5711	REBASE COMPLETE MANDIBULAR DENTURE	1034.03
D5720	REBASE MAXILLARY PARTIAL DENTURE	1021.86
D5721	REBASE MANDIBULAR PARTIAL DENTURE	1021.86
D5725	REBASE HYBRID PROSTHESIS	1082.69
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	610.68
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	610.68
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	559.59
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	559.59
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	815.06
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	815.06
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	802.89
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	802.89
D5765	SOFT LINER COMPL/PART DENTURE REMOVAL INDIRECT	815.06
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	1289.49
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	1386.81
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	997.53
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	1058.36
D5850	TISSUE CONDITIONING MAXILLARY	255.47
D5851	TISSUE CONDITIONING MANDIBULAR	255.47
D5862	PRECISION ATTACHMENT BY REPORT	0.00
D5863	OVERDENTURE COMPLETE MAXILLARY	2822.28
D5864	OVERDENTURE PARTIAL MAXILLARY	3722.49

D5865	OVERDENTURE COMPLETE MIBULAR	2822.28
D5866	OVERDENTURE PARTIAL MIBULAR	3868.47
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)	676.37
D5912	FACIAL MOULAGE (COMPLETE)	676.37
D5913	NASAL PROSTHESIS	14242.78
D5914	AURICULAR PROSTHESIS	14242.78
D5915	ORBITAL PROSTHESIS	19274.23
D5916	OCULAR PROSTHESIS	5140.93
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	7668.82
D5932	OBTURATOR PROSTHESIS DEFINITIVE	14342.54
D5933	OBTURATOR PROSTHESIS MODIFICATION	0.00
D5934	MANDIBULAR RESECTION PROSTHESIS W/GUIDE FLANGE	13072.51
D5935	MANDIBULAR RESECTION PROSTHESIS W/O GUIDE FLANGE	11374.28
D5936	OBTURATOR PROSTHESIS INTERIM	12775.68
D5937	TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)	1605.78
D5951	FEEDING AID	2087.51
D5952	SPEECH AID PROSTHESIS PEDIATRIC	6778.34
D5953	SPEECH AID PROSTHESIS ADULT	12873.00
D5954	PALATAL AUGMENTATION PROSTHESIS	11929.00
D5955	PALATAL LIFT PROSTHESIS DEFINITIVE	11033.66
D5958	PALATAL LIFT PROSTHESIS INTERIM	0.00
D5959	PALATAL LIFT PROSTHESIS MODIFICATION	0.00
D5960	SPEECH AID PROSTHESIS MODIFICATION	0.00
D5982	SURGICAL STENT	1082.69
D5983	RADIATION CARRIER	2433.00
D5984	RADIATION SHIELD	2433.00
D5985	RADIATION CONE LOCATOR	2433.00
D5986	FLUORIDE GEL CARRIER	243.30
D5987	COMMISSURE SPLINT	3649.50
D5988	SURGICAL SPLINT	729.90

D5991	VESICULOBULLOUS DISEASE MEDICAMENT CARRIER	279.80
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	1338.15
D5996	PERIO MEDIC CARRIER PERIPH SEAL LAB PRCESSD MAN	1338.15
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY REPORT	0.00
D6010	SURG PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT	3535.15
D6011	SECOND STAGE IMPLANT SURGERY	0.00
D6012	SURG PLCMT INTERIM IMPL TRNSITIONL PROS: ENDOS	4209.09
D6013	SURGICAL PLACEMENT OF MINI IMPLANT	4454.82
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	15327.90
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	11435.10
D6051	INTERIM IMPLANT ABUTMENT	0.00
D6055	CONNECTING BAR IMPLANT OR ABUTMENT SUPPORTED	1338.15
D6056	PREFABRICATED ABUTMENT INCLUDES PLACEMENT	924.54
D6057	CUSTOM FABRICATED ABUTMENT INCLUDES PLACEMENT	1143.51
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	2564.38
D6059	ABUT SUPP PORCELAIN TO METL CROWN HI NOBLE METL	2530.32
D6060	ABUT SUPP PORCELAIN TO MTL CROWN PREDOM BASE MTL	2391.64
D6061	ABUT SUPP PORCELAIN TO METAL CROWN NOBLE METAL	2440.30
D6062	ABUTMENT SUPP CAST METAL CROWN HIGH NOBLE METAL	2430.57
D6063	ABUTMENT SUPP CAST METAL CROWN PREDOM BASE METAL	2116.71
D6064	ABUTMENT SUPP CAST METAL CROWN NOBLE METAL	2214.03
D6065	IMPL SUPP PORCELAIN/CERAMIC CROWN	2523.02
D6066	IMPL SUPP PORCLN FUSED METL CRWN TITNM/HIGH NOBL	2457.33
D6067	IMPL SUPP METAL CROWN TITIANM/HIGH NOBLE METL	2384.34
D6068	ABUT SUPP RETAINER PORCELAIN/CERAMIC FPD	2542.49
D6069	ABUT RETAINR PORCELN TO METL FPD HI NOBL METL	2530.32
D6070	ABUT RETN PORCELN TO METL FPD PREDOM BASE METL	2391.64
D6071	ABUT SUPP RETN PORCELN FUSD METAL FPD NOBLE METL	2440.30
D6072	ABUT SUPP RETN CAST METL FPD HIGH NOBLE METL	2469.50
D6073	ABUT RTNR CAST METL FPD PREDOM BASE METL	2255.39
D6074	ABUTMENT RTNR CAST METAL FPD NOBLE METAL	2396.51
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	2523.02
D6076	IMPL SUPP RTNR PORCLN FUSED METL FPD TITNM/HIGH	2457.33
D6077	IMPL SUPP RTNR CST METL FPD TITNM/HIGH NOBLE	2384.34
D6080	IMPL MAINT PROC REMV CLEAN PROSTH & ABUT REINSRT	209.24
D6081	SCALNG/DBRDMNT IMPLNT WO FLAP ENTRY/CLOS	107.05
D6082	IMPL SUPP CROWN PORCLN FUSED BASE ALLOY	2457.33
D6083	IMPL SUPP CROWN PORCLN FUSED TO NOBLE ALLOYS	2457.33
D6084	IMPL SUPP CROWN PORCLN FUSED TO TITANIUM ALLOYS	2457.33
D6085	PROVISIONAL IMPLANT CROWN	734.77
D6086	IMPLANT SUPPORTED CROWN PREDOM BASE ALLOYS	2384.34

D6087	IMPLANT SUPPORTED CROWN NOBLE ALLOYS	2384.34
D6088	IMPLNT SUPRTD CROWN TITANIUM AND ALLOYS	2384.34
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS BY REPORT	0.00
D6091	REPL ATTACHMNT IMPL/ABUT SUPP PROS PER ATTACHMNT	1009.70
D6092	RECEMENT / REBOND IMPLANT/ABUTMENT SUPP CROWN	197.07
D6093	RECMNT/REBOND IMPL/ABUTMNT SUPP FIX PART DENTURE	308.99
D6094	ABUTMENT SUPPORTED CROWN TITANIUM	2007.23
D6095	REPAIR IMPLANT ABUTMENT BY REPORT	0.00
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	0.00
D6097	ABUT SUPP CROWN PORCLN FUSED TO TITANIUM ALLOYS	2457.33
D6098	IMPL SUPP RETAINER PORCELAIN FUSED TO BASE ALLOY	2391.64
D6099	IMPL SUPP RETAINR FPD PORCLN FUSED NOBLE ALLOYS	2440.30
D6100	SURGICAL REMOVAL IMPLANT BODY	0.00
D6101	DBRDMNT OF SNGL PERI-IMPLANT DEFECT/S	722.60
D6102	DBRDMNT AND OSSEOUS CNTUR OF PERI-IMPLANT DEFECT	992.66
D6103	BONE GRFT RPR PERIIMPLNT DFCT W/O FLAP ENTR/CLSE	827.22
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	827.22
D6105	RMVL IMPLANT NO BONE REMOVAL OR FLAP ELEVATION	265.20
D6106	GUIDED TISS REGENRATION RESORB BARRIER PER IMPLNT	851.55
D6107	GUIDED TISS REGENRATION NONRESORB BARRIER PER IMP	1094.85
D6110	IMPL/ABUTMENT SUPPORTED RD - MAXILLARY	3325.91
D6111	IMPL/ABUTMENT SUPPORTED RD - MANDIBULAR	3325.91
D6112	IMPL/ABUTMENT SUPPORTED RPD - MAXILLARY	3325.91
D6113	IMPLANT / ABUTMENT SUPPORTED RPD - MANDIBULAR	3325.91
D6114	IMPLANT / ABUTMENT SUPPORTED FD - MAXILLARY FULL	10218.60
D6115	IMPLANT/ABUTMENT SUPPORTED FD - MANDIBULAR FULL	10218.60
D6116	IMPL/ABUTMENT SUPPORTED FD - MAXILLARY - PARTIAL	4466.99
D6117	IMPL/ABUT SUPPORTED FD - MANDIBULAR - PARTIAL	4466.99
D6118	IMP/ABUT SPRTD INTRM FIXED DENTR EDENTLS MANDBLR	3029.09
D6119	IMP/ABUT SPRTD INTRM FIXED DENTR EDENTLS MAXLARY	3029.09
D6120	IMPL SUPP RETAINR PORCLN FUSED TITNM AND ALLOYS	2391.64
D6121	IMPL SUPP RETAINER METAL FPD BASE ALLOYS	2255.39
D6122	IMPL SUPP RETAINER METAL FPD NOBLE ALLOYS	2396.51
D6123	IMPL SUPP RETAINR METAL FPD TITNM AND ALLOYS	2255.39
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT	450.11
D6191	SEMI-PRECISION ABUTMENT - PLACEMENT	1888.01
D6192	SEMI-PRECISION ATTACHMENT - PLACEMENT	1009.70
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD-TITANM	2068.05
D6195	ABUT SUPP RETAINR PORCLN FUSED TITANIUM ALLOYS	2435.43
D6197	RPLC RSTRTV MAT CLOS ACES OPN IPLNT SUPP PRST SIS	255.47
D6198	REMOVE INTERIM IMPLANT COMPONENT	450.11
D6199	UNSPECIFIED IMPLANT PROCEDURE BY REPORT	0.00
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	1019.79

D6210	PONTIC - CAST HIGH NOBLE METAL	1559.10
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	1461.04
D6212	PONTIC - CAST NOBLE METAL	1519.88
D6214	PONTIC - TITANIUM	1568.90
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	1539.49
D6241	PONTIC - PORCELN FUSED PREDOMINANTLY BASE METAL	1421.82
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	1500.26
D6243	PONTIC PORCELAIN FUSED TO TITANIUM AND ALLOYS	1421.82
D6245	PONTIC - PORCELAIN/CERAMIC	1588.52
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	1519.88
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	1402.21
D6252	PONTIC - RESIN WITH NOBLE METAL	1447.31
D6253	PROVISIONAL PONTIC	655.02
D6545	RETAINER - CAST METAL RESIN BONDED FIX PROSTH	574.90
D6548	RETAINER - PORCELN/CERAMIC RSN BONDED FIX PROSTH	632.39
D6549	RESIN RETAINER FOR RESIN BONDED FIXED PROSTHESIS	414.62
D6600	RETAINER INLAY - PORCELAIN/CERAMIC TWO SURFACES	1141.08
D6601	RETAINER INLAY - PORC/CERAMIC 3 OR MORE SURFACES	1196.83
D6602	RETAINER INLAY CAST HIGH NOBLE METAL 2 SURFACES	1219.48
D6603	RETAINR INLAY - CAST HI NOBLE METAL 3/MORE SURFS	1341.42
D6604	RETAINER INLAY - CAST PREDOM BASE METAL 2 SURFS	1195.09
D6605	RTAINR INLAY - CAST PREDOM BASE MTL 3/MORE SURFS	1266.51
D6606	RETAINER INLAY - CAST NOBLE METAL TWO SURFACES	1175.92
D6607	RETNR INLAY CAST NOBLE METAL 3 OR MORE SURFACES	1304.84
D6608	RETAINER ONLAY - PORCELAIN/CERAMIC TWO SURFACES	1240.38
D6609	RETAINER ONLAY PORCELAIN/CERAMIC 3/MORE SURFACES	1294.39
D6610	RETAINER ONLAY - HIGH NOBLE METAL TWO SURFACES	1315.29
D6611	RETAINER ONLAY HIGH NOBLE METAL 3/MORE SURFACES	1438.98
D6612	RETAINER ONLAY CAST PREDOM BASE METAL 2 SURFACES	1308.32
D6613	RETNR ONLAY CAST PREDOM BASE METAL 3/MORE SURFS	1367.56
D6614	RETAINER ONLAY - CAST NOBLE METAL TWO SURFACES	1280.45
D6615	RETNR ONLAY CAST NOBLE METAL 3 OR MORE SURFACES	1330.97
D6624	RETAINER INLAY - TITANIUM	1219.48
D6634	RETAINER ONLAY - TITANIUM	1280.45
D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	1306.58
D6720	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	1524.35
D6721	RETAINER CROWN - RESIN WITH PREDOM BASE METAL	1445.95
D6722	RETAINER CROWN - RESIN WITH NOBLE METAL	1472.08
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	1602.74
D6750	RETNR CROWN PORCELAIN FUSED TO HIGH NOBLE METAL	1560.93
D6751	RETNR CROWN PORCELAIN FUSED PREDOM BASE METAL	1456.40
D6752	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	1491.25
D6753	RETAINR CROWN PORCLN FUSED TO TITANIUM AND ALLOY	1456.40

D6780	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	1472.08
D6781	RETAINER CROWN 3/4 CAST PREDOMINANTLY BASE METAL	1472.08
D6782	RETAINER CROWN - 3/4 CAST NOBLE METAL	1367.56
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	1515.64
D6784	RETAINER CROWN-3/4 TITANIUM AND ALLOYS	1472.08
D6790	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	1506.93
D6791	RETAINER CROWN FULL CAST PREDOM BASE METAL	1428.53
D6792	RETAINER CROWN - FULL CAST NOBLE METAL	1480.79
D6793	PROVISIONAL RETAINER CROWN	618.45
D6794	RETAINER CROWN - TITANIUM	1480.79
D6920	CONNECTOR BAR	451.00
D6930	RECEMENT / REBOND FIXED PARTIAL DENTURE	263.08
D6940	STRESS BREAKER	596.32
D6950	PRECISION ATTACHMENT	1152.54
D6980	FIXED PARTIAL DENTURE REPAIR MATERIAL FAILURE	0.00
D6985	PEDIATRIC PARTIAL DENTURE FIXED	1002.21
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE REPORT	0.00
D7111	EXTRACTION CORONAL REMNANTS - PRIMARY TOOTH	206.26
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	274.17
D7210	EXTRACTION ERUPTED TOOTH REMV BONE ELEV FLAP	379.80
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	476.22
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	633.65
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	743.85
D7241	REMV IMP TOOTH - CMPL BONY W/UNUSUAL SURG COMPS	934.73
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	401.44
D7251	CORONECTMY INTNTNAL PART TOOTH REMOV IMPCTD OLY	787.14
D7260	OROANTRAL FISTULA CLOSURE	3338.88
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	1391.20
D7270	TOOTH REIMPL &/OR STBL ACC EVULSED/DISPLCD TOOTH	1043.40
D7272	TOOTH TRANSPLANTATION	1391.20
D7280	EXPOSURE OF AN UNERUPTED TOOTH	973.84
D7282	MOBILIZ ERUPTED/MALPOSITIONED TOOTH AID ERUPTION	486.92
D7283	PLCMT DEVICE FACILITATE ERUPTION IMPACTED TOOTH	417.36
D7285	BIOPSY OF ORAL TISSUE HARD	1947.68
D7286	BIOPSY OF ORAL TISSUE SOFT	834.72
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	333.89
D7288	BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION	333.89
D7290	SURGICAL REPOSITIONING OF TEETH	834.72
D7291	TRANSSEPTAL FIBEROT/SUPRA CRESTAL FIBEROT BR	0.00
D7292	SURG PLCMT: TEMP ANCHORAGE SCREW RET PLATE FLAP	1335.55
D7293	SURG PLCMT: TEMP ANCHORAGE DEVICE RQR SURG FLAP	834.72
D7294	SURG PLCMT: TEMP ANCHORAGE DEVICE W/O SURG FLAP	695.60
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	550.55
D7311	ALVEOLOPLSTY CONJNC XTRACT 1-3 TEETH/SPACES QUAD	481.73
D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE	894.64
D7321	ALVEOLOPLSTY NOT CNJNC XTRACT 1-3 TEETH/SPACE QUAD	757.00
D7340	VESTIBULOPLASTY RIDGE EXT SEC EPITHELIALIZATION	3785.00
D7350	VESTIBULOPLASTY RIDGE EXT W/SOFT TISS GRAFTS	11010.92
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	1651.64
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	2615.09
D7412	EXCISION OF BENIGN LESION COMPLICATED	2890.37
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	1926.91
D7414	EXCISION OF MALIGNANT LESION > 1.25 CM	2890.37
D7415	EXCISION OF MALIGNANT LESION COMPLICATED	3234.46
D7440	EXC MALIG TUMOR-LESION DIAMETER UP TO 1.25 CM	2615.09
D7441	EXC MALIG TUMOR-LESION DIAM GREATER THAN 1.25 CM	3853.82
D7450	REMOVL BENIGN ODONTOGENIC CYST/TUMOR-UP TO 1.25 CM	1651.64
D7451	REMOVAL BENIGN ODONTOGENIC CYST/TUMOR- > 1.25 CM	2257.24
D7460	REMOVAL BEN NONODONTOGENIC CYST/TUMOR- UP 1.25 CM	1651.64
D7461	REMOVAL BEN NONODONTOGENIC CYST/TUMOR > 1.25 CM	2257.24
D7465	DESTRUCTION LESION PHYSICAL/CHEM METHOD BY REPR	894.64
D7471	REMOVAL OF LATERAL EXOSTOSIS	2045.28
D7472	REMOVAL OF TORUS PALATINUS	2430.66
D7473	REMOVAL OF TORUS MANDIBULARIS	2293.02
D7485	REDUCTION OF OSSEOUS TUBEROSITY	2045.28
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	16516.38
D7509	MARSUPIALIZATION OF ODONTOGENIC CYST	894.64
D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS	591.84
D7511	I & D ABSCESS INTRAORAL SOFT TISSUE COMPLICATED	894.64
D7520	INCISION & DRAINAGE ABSCESS-EXTRAORAL SOFT TISS	2818.80
D7521	I & D ABSCESS EXTRAORAL SOFT TISSUE COMPLICATED	3096.82
D7530	REMOVAL FB FROM MUCOSA SKIN/SUBCUT ALVEOL TISSUE	1015.76
D7540	REMOV REACT-PRODUC FOREIGN BODIES-MUSCULOSKEL SYS	1125.87
D7550	PART OSTEC/SEQUESTRECTOMY REMOVAL NON-VITAL BONE	701.95
D7560	MAXILLARY SINUSOTOMY REMOVAL TOOTH FRAGMENT/FB	5574.28
D7610	MAXILLA-OPEN REDUCTION	9015.19
D7620	MAXILLA-CLOSED REDUCTION	6760.70
D7630	MANDIBLE-OPEN REDUCTION	11721.12
D7640	MANDIBLE-CLOSED REDUCTION	7437.88
D7650	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	5634.84

D7660	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	3322.55
D7670	ALVEOLUS-CLOSED REDUCTION W/STABILIZATION TEETH	2593.07
D7671	ALVEOLUS-OPEN REDUCTION W/STABILIZATION TEETH	4886.10
D7680	FACE BONES-COMP RDUC W/FIX&MX SURG APPRCHES CPT	16904.51
D7710	MAXILLA - OPEN REDUCTION	10595.26
D7720	MAXILLA - CLOSED REDUCTION	7437.88
D7730	MANDIBLE - OPEN REDUCTION	15327.20
D7740	MANDIBLE - CLOSED REDUCTION	7583.77
D7750	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	9645.57
D7760	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	3870.34
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	5243.95
D7771	ALVEOLUS CLOSED REDUCTION STABILIZATION OF TEETH	4046.51
D7780	FACIAL BONES-COMP RDUC FIX & MULT APPROACHES	22539.35
D7810	OPEN REDUCTION OF DISLOCATION	9915.33
D7820	CLOSED REDUCTION OF DISLOCATION	1624.11
D7830	MANIPULATION UNDER ANESTHESIA	930.42
D7840	CONDYLECTOMY	13515.90
D7850	SURGICAL DISCECTOMY WITH/WITHOUT IMPLANT	11671.58
D7852	DISC REPAIR	13364.50
D7854	SYNOVECTOMY	13791.18
D7856	MYOTOMY	9785.96
D7858	JOINT RECONSTRUCTION	27893.41
D7860	ARTHROTOMY	11889.04
D7865	ARTHROPLASTY	19159.00
D7870	ARTHROCENTESIS	633.13
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	1266.26
D7872	ARTHROSCOPY - DIAGNOSIS WITH OR WITHOUT BIOPSY	6757.95
D7873	ARTHROSCOPY: LAVAGE & LYSIS ADHESIONS	8137.07
D7874	ARTHROSCOPY: DISC REPSTN & STABILIZATION	11671.58
D7875	ARTHROSCOPY: SYNOVECTOMY	12786.43
D7876	ARTHROSCOPY: DISCECTOMY	13785.67
D7877	ARTHROSCOPY: DEBRIDEMENT	12167.07
D7880	OCCLUSAL ORTHOTIC DEVICE BY REPORT	1519.51
D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	165.16
D7899	UNSPECIFIED TMD THERAPY BY REPORT	0.00
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	902.90
D7911	COMPLICATED SUTURE - UP TO 5 CM	2254.49
D7912	COMPLICATED SUTURE - GREATER THAN 5 CM	4057.52
D7920	SKIN GRAFT	6647.84
D7921	COLL APPL AUTOLOGOUS BLD CNCNTRT PRODUCT	613.86
D7922	PLACEMENT INTRASOCKET BIO DRESSING PER SITE	0.00
D7940	OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES	0.00
D7941	OSTEOTOMY - MANDIBULAR RAMI	16929.29

D7943	OSTEOT-MANDIB RAMI W/BONE GRFT;INCL OBTAIN GRAFT	15552.92
D7944	OSTEOTOMY - SEGMENTED OR SUBAPICAL	13860.00
D7945	OSTEOTOMY - BODY OF MANDIBLE	18443.29
D7946	LEFORT I (MAXILLA - TOTAL)	22847.66
D7947	LEFORT I (MAXILLA - SEGMENTED)	19214.06
D7948	LEFORT II/LEFORT III - W/O BONE GRAFT	24939.73
D7949	LEFORT II OR LEFORT III - WITH BONE GRAFT	32482.21
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	935.93
D7955	REPAIR MAXLOFACIAL SOFT &/ HARD TISSUE DEFECT	0.00
D7956	GUIDED TISS REGENRATION EDENT RESORB BARR PR SITE	963.46
D7957	GUIDED TISS REGENRATION EDENT NONRESORB BARR SITE	1238.73
D7961	BUCCAL/LABIAL FRENECTOMY (FRENULECTOMY)	757.00
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	757.00
D7963	FRENULOPLASTY	1238.73
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	1101.09
D7971	EXCISION OF PERICORONAL GINGIVA	412.91
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	1541.53
D7979	NON-SURGICAL SIALOLITHOTOMY	0.00
D7980	SURGICAL SIALOLITHOTOMY	1734.22
D7981	EXCISION OF SALIVARY GLAND BY REPORT	0.00
D7982	SIALODOCHOPLASTY	4101.57
D7983	CLOSURE OF SALIVARY FISTULA	3936.40
D7990	EMERGENCY TRACHEOTOMY	3385.86
D7991	CORONOIDECTOMY	8258.19
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	633.13
D7998	INTRAORAL PLCMT FIX DEVICE NOT CONJUNCTION W/FX	2752.73
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
D8050	INTERCEPTIVE ORTHODONTIC TX PRIMARY DENTITION	0.00
D8060	INTRCPTV ORTHODONTIC TX TRANSITIONAL 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
D8690	ORTHODONTIC TREATMENT	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
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE BY REPORT	0.00
D9110	PALLIATIVE TREATMENT OF DENTAL PAIN PER VISIT	196.33
D9120	FIXED PARTIAL DENTURE SECTIONING	221.83
D9130	TMJ JOINT DYSFUNCTION - NON-INVASIVE PHYSL THERP	0.00
D9210	LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC	67.53
D9211	REGIONAL BLOCK ANESTHESIA	74.52
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	116.43
D9215	LOCAL ANESTHESIA CONJUNCTION OPERATIVE/SURG PROC	55.89
D9219	EVALUATION FOR MOD OR DEEP SEDATION / GA	132.73
D9222	DEEP SEDATION / GENERAL ANESTHESIA FIRST 15 MIN	395.88
D9223	DEEP SEDATION/ GEN ANESTH EACH 15 MIN INCREMENT	302.73
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS ANALGESIA	111.78
D9239	IV MOD (CONSCIOUS) SEDTION/ANALGSIA FIRST 15 MIN	326.02
D9243	IV MOD (CONSCIOUS) SEDATION EACH 15 MIN INCRMENT	256.15
D9248	NON-INTRAVERNOUS CONSCIOUS SEDATION	163.01
D9310	CONSULT DX SERV DENT/PHY NOT REQUESTING DENT/PHY	266.93
D9311	CONSULT WITH A MEDICAL HEALTHCARE PROFESSIONAL	266.93
D9410	HOUSE/EXTENDED CARE FACILITY CALL	305.30
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	493.81
D9430	OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED	0.00
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	166.83
D9450	CASE PRESENTATION AFTER DETL&EXTN TREATMENT PLAN	83.41
D9610	THERAPEUTIC PARENTERAL DRUG SINGL ADMINISTRATION	0.00
D9612	TX PARENTERAL DRUGS 2/> ADMINISTRATIONS DIFF MED	0.00
D9613	INFLTRN SUSTND RELSE THRPTIC DRG PER QUADRANT	0.00
D9630	DRUGS AND/OR MEDICAMENTS BY REPORT, HOME USE	0.00
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	101.25

D9911	APPLIC DESENZT RSN CERV &OR ROOT SURF-TOOTH	141.74
D9912	PRE-VISIT PATIENT SCREENING	98.35
D9920	BEHAVIOR MANAGEMENT BY REPORT	0.00
D9930	TX COMPLICATIONS - UNUSUAL CIRCUMSTANCES REPORT	0.00
D9932	CLEAN/INSPECT REMOVBL COMPLETE MAXILLARY DENTURE	248.78
D9933	CLEAN INSPECT REMVBL COMPLETE MANDIBULAR DENTURE	248.78
D9934	CLEAN/ INSPECT REMVBL PARTIAL MAXILLARY DENTURE	248.78
D9935	CLEAN INSPECT REMVBL PARTIAL MANDIBULAR DENTURE	248.78
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	289.27
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	347.13
D9943	OCCLUSAL GUARD ADJUSTMENT	173.56
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	838.89
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	838.89
D9946	OCCLUSAL GUARD HARD APPLIANCE PARTIAL ARCH	838.89
D9947	CUSTOM SLEEP APNEA APPLIANCE FABRCATION/PLACEMNT	0.00
D9948	ADJUSTMENT CUSTOM SLEEP APNEA APPLIANCE	0.00
D9949	REPAIR CUSTOM SLEEP APNEA APPLIANCE	0.00
D9950	OCCLUSION ANALYSIS - MOUNTED CASE	549.62
D9951	OCCLUSAL ADJUSTMENT - LIMITED	245.88
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	1157.10
D9953	RELIN CUSTOM SLEEP APNEA APPLIANCE (INDIRECT)	954.60
D9961	DUPLICATE/COPY PATIENT'S RECORDS	0.00
D9970	ENAMEL MICROABRASION	130.17
D9971	ODONTOPLASTY 1-2 TEETH; INCL REMOVAL ENAMEL PROJ	167.78
D9972	EXTERNAL BLEACHING - PER ARCH	578.55
D9973	EXTERNAL BLEACHING - PER TOOTH	95.46
D9974	INTERNAL BLEACHING - PER TOOTH	506.23
D9975	EXTERNAL BLEACHING - PER ARCH (HOME)	578.55
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	101.25
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	462.84
D9996	TEL DENTRY ASYNCHRNS INFO FWD DENTIST SBSQNT REVW	347.13
D9997	DENTAL CASE MANAGEMENT SPECIAL HEALTH CARE NEEDS	0.00
D9999	UNSPECIFIED ADJUNCTIVE PROC BY REPORT (01/23)	BY REPORT

Exhibit #4

Exhibit #4 – Effective 1/1/2024

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
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 thr	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 thr	5116
22533	Arthrd lat xtrcvtry tq lmb	5116
22548	Arthrd ant toral/xoral c1-c2	5116
22556	Arthrd ant ntrbd min dsc th	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
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
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
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
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]