

Exhibit #1
Evaluation and Management - Medical Decision Making – Effective 1/1/2023

Number/Complexity of Problems Addressed (**Chart A**) See examples on page 6

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	<p><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.</p>
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	<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 <input type="checkbox"/> Acute illness w/ systemic symptoms; or <input type="checkbox"/> Acute complicated injury	<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> <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>

High

- Chronic illness w/ severe exacerbation, progression, or Tx side effects; or
- Acute/chronic illness/injury that poses threat to life or bodily function

Acute, Complicated Injury – An injury which requires medical intervention 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.

Chronic Illness with Severe Exacerbation, Progression, or Side Effects of Treatment – 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.

Acute or Chronic Illness or Injury that Poses a Threat to Life or Bodily Function - An acute illness with systemic symptoms (symptoms affecting one or more organ systems), or 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	<p>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 medical intervention or treatment under consideration. <i>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.</i> 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 problem(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.</p> <p>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.</p>
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	

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 <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"/> Deep foreign body	<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	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 \geq 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:

- 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	99211	0
99203	30-44	99212	10-19
99204	45-59	99213	20-29
99205	60-74	99214	30-39
		99215	40-54

Exhibit # 2**Base Rates and Cost-to-Charge Ratios – Effective 1/1/2023**

Source: Medicare FY 2022 IPPS Impact File – Correcting Amendment (September 2021)

Provider Number	Name	Total CCR	Individual Hospital Base Rate
060001	North Colorado Medical Center	0.237	\$7,441.23
060003	Longmont United Hospital	0.290	\$6,930.63
060004	Platte Valley Medical Center	0.348	\$6,703.37
060006	Montrose Memorial Hospital	0.350	\$6,703.37
060008	San Luis Valley Health	0.377	\$6,703.37
060009	Lutheran Medical Center	0.197	\$6,790.41
060010	Poudre Valley Hospital	0.248	\$6,967.99
060011	Denver Health Medical Center	0.295	\$8,714.19
060012	Centura Health-St Mary Corwin Medical Center	0.315	\$7,659.28
060013	Mercy Regional Medical Center	0.268	\$8,560.95
060014	Presbyterian St Luke's Medical Center	0.136	\$7,328.92
060015	Centura Health-St Anthony Hospital	0.202	\$6,863.52
060020	Parkview Medical Center, Inc	0.135	\$7,423.02
060022	University Colo Health Memorial Hospital Central	0.199	\$6,993.77
060023	St Marys Medical Center	0.279	\$7,457.30
060024	University Of Colorado Hospital Authority	0.162	\$8,285.98
060027	Foothills Hospital	0.201	\$6,823.39
060028	Saint Joseph Hospital	0.184	\$7,458.96
060030	Mckee Medical Center	0.352	\$6,734.28
060031	Centura Health-Penrose-St Francis Health Services	0.193	\$6,777.98
060032	Rose Medical Center	0.116	\$7,088.75
060034	Swedish Medical Center	0.093	\$6,994.74
060044	Colorado Plains Medical Center	0.274	\$7,059.64
060049	Uchealth Yampa Valley Medical Center	0.538	\$10,340.78
060054	Community Hospital	0.316	\$6,690.89
060064	Centura Health-Porter Adventist Hospital	0.218	\$6,688.32
060065	North Suburban Medical Center	0.102	\$7,036.57
060071	Delta County Memorial Hospital	0.435	\$6,658.56
060075	Valley View Hospital Association	0.384	\$8,848.97
060076	Sterling Regional Medcenter	0.455	\$8,395.18

060096	Vail Health Hospital	0.516	\$12,957.23
060100	Medical Center Of Aurora, The	0.113	\$6,910.04
060103	Centura Health-Avista Adventist Hospital	0.243	\$7,056.66
060104	St Anthony North Health Campus	0.207	\$7,746.12
060107	National Jewish Health	0.205	\$6,703.37
060112	Sky Ridge Medical Center	0.096	\$7,351.24
060113	Centura Health-Littleton Adventist Hospital	0.181	\$6,594.60
060114	Parker Adventist Hospital	0.213	\$6,613.97
060116	Good Samaritan Medical Center	0.185	\$6,801.58
060117	Animas Surgical Hospital, Llc	0.387	\$6,521.72
060118	St Anthony Summit Medical Center	0.303	\$6,703.37
060119	Medical Center Of The Rockies	0.252	\$6,611.05
060124	Orthocolorado Hospital At St Anthony Med Campus	0.177	\$6,521.72
060125	Castle Rock Adventist Hospital	0.212	\$6,638.70
060126	Banner Fort Collins Medical Center	0.417	\$6,703.37
060128	Longs Peak Hospital	0.323	\$6,895.70
060129	Uchealth Broomfield Hospital	0.591	\$6,703.37
060130	Uchealth Grandview Hospital	0.378	\$6,703.37
060131	Uchealth Greeley Hospital	0.205	\$6,548.95
060132	Uchealth Highlands Ranch Hospital	0.205	\$6,521.72
*	Critical Access Hospitals	0.516	\$12,957.23
069999	Any New Hospital	0.212	\$6,638.70

* A list of Critical Access Hospitals is available at www.ruralcenter.org/resource-library/cah-locations.

Final Exhibit #3
Dental Fee Schedule – Effective 1/1/2023

Proc	Description	Rate
D0120	PERIODIC ORAL EVALUATION - EST PATIENT	\$72.67
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$121.83
D0145	ORAL EVAL PT UND 3 YR AGE CNSL W/PRIM CAREGIVER	\$113.28
D0150	COMP ORAL EVALUATION - NEW OR EST PATIENT	\$128.24
D0160	DTL&EXT ORAL EVALUATION - PROBLEM FOCUSED REPORT	\$256.48
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED	\$85.49
D0171	RE-EVALUATION POST-OPERATIVE OFFICE VISIT	\$85.49
D0180	COMP PERIODONTAL EVALUATION - NEW OR EST PATIENT	\$138.93
D0190	SCREENING OF A PATIENT	\$72.67
D0191	ASSESSMENT OF A PATIENT	\$51.30
D0210	INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES	\$197.03
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$39.41
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL IMAGE	\$35.47
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$61.08
D0250	EXTRAORAL 2D PRJECTN RAD IMG BY RAD SRCE/ DTECTR	\$74.87
D0251	EXTRAORAL POSTERIOR DENTAL RAD IMAGE	\$68.96
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$39.35
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$62.96
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$76.73
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$88.53
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	\$133.78
D0310	SIALOGRAPHY	\$550.31
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM INCL INJ	\$972.22
D0321	OTHER TEMPOROMANDIBULAR JOINT IMAGES BY REPORT	\$0.00
D0322	TOMOGRAPHIC SURVEY	\$788.78
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$170.60
D0340	2D CEPHLOMTRIC RAD IMG - ACQSTN MEASRE& ANALYSIS	\$192.61
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGES	\$91.72
D0351	3D PHOTOGRAPHIC IMAGE	\$91.72
D0364	CNE BEAM CAPTR & INTREP LESS THAN WHL JAW	\$306.34
D0365	CNE BEAM CAPTR INTERP W FLD VIEW 1 ARCH MNDBL	\$390.72
D0366	CNE BEAM CAPTR INTERP W FLD VIEW 1 ARCH MAXL	\$390.72
D0367	CNE BEAM CAPTR INTERP W FLD VIEW BTH JAWS	\$440.25
D0368	CNE BEAM CAPTR INTERP FR TMJ 2 OR MORE	\$453.09
D0369	MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION	\$256.81
D0370	MAXLFLCL US IMAGE CAPTR AND INTRP	\$146.75
D0371	SIALOENDOSCOPY CAPTURE AND INTERPRETATION	\$0.00
D0380	CNE BEAM CAPTR LMTD FLD <1 WHL JAW	\$315.51
D0381	CNE BEAM CAPTR W FLD VIEW 1 ARCH MNDBL	\$427.41

D0382	CNE BEAM CAPTR W FLD VIEW 1 ARCH MAXL	\$427.41
D0383	CNE BEAM CAPTR W FLD VIEW BTH JAWS	\$427.41
D0384	CNE BEAM CAPTR FR TMJ 2 OR MORE	\$458.60
D0385	MAXILLOFACIAL MRI IMAGE CAPTURE	\$2,815.77
D0386	MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE	\$704.40
D0391	INTERPRETATION OF DIAGNOSTIC IMAGE	\$0.00
D0393	TREATMENT SIMULATION USING 3D IMAGE VOLUME	\$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	\$71.66
D0415	COLLECTION MICROORGANISMS CULTURE & SENSITIVITY	\$51.95
D0416	VIRAL CULTURE	\$77.03
D0417	CLCT & PREP SALIVA SAMPLE FOR LAB DX TESTING	\$69.87
D0418	ANALYSIS OF SALIVA SAMPLE	\$71.66
D0419	ASSESSMENT OF SALIVARY FLOW BY MEASUREMENT	\$0.00
D0422	COLLECT/PREP GENETIC SAMPLE FOR LAB ANALYSIS	\$51.95
D0423	GENETIC TEST SUSCEPT TO DSEASE SPECIMEN ANLYS	\$0.00
D0425	CARIES SUSCEPTIBILITY TESTS	\$44.79
D0431	ADJUNCTIVE PREDX TST NOT INCL CYTOLOGY/BX PROC	\$71.66
D0460	PULP VITALITY TESTS	\$71.66
D0470	DIAGNOSTIC CASTS	\$157.65
D0472	ACCESSION OF TISSUE GROSS EXAMINATION PREP/REPRT	\$98.53
D0473	ACCESS TISSUE GR&MIC EXAMINATION PREP/REPRT	\$207.82
D0474	ACCESS TISS GR&MIC EX ASSESS SURG MARG PREP/RPT	\$232.90
D0475	DECALCIFICATION PROCEDURE	\$125.41
D0476	SPECIAL STAINS FOR MICROORGANISMS	\$121.82
D0477	SPECIAL STAINS NOT FOR MICROORGANISMS	\$166.61
D0478	IMMUNOHISTOCHEMICAL STAINS	\$152.28
D0479	TISSUE INSITU HYBRIDIZATION INCL INTERPRETATION	\$232.90
D0480	ACCESS EXFOLIATIVE CYTOL SMEAR MIC EXAM PREP/REPT	\$143.32
D0481	ELECTRON MICROSCOPY	\$537.45
D0482	DIRECT IMMUNOFLUORESCENCE	\$179.15
D0483	INDIRECT IMMUNOFLUORESCENCE	\$179.15
D0484	CONSULTATION ON SLIDES PREPARED ELSEWHERE	\$268.73
D0485	CONSULT INCL PREP SLIDES BX MATL SPL REF SRC	\$370.84
D0486	ACCESSION TRANSEPIHELIAL CYTOLOG SAMPL MIC EXAM	\$171.98
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	\$31.79
D0602	CARIES RISK AX AND DOCU WITH A FNDNG OF MOD RISK	\$31.79
D0603	CARIES RISK AX AND DOCU WITH FNDNG OF HIGH RISK	\$31.79

D0604	ANTIGEN TEST PUB HLTH PATHOGEN INCL CORONAVIRUS	\$20.67
D0605	ANTIBODY TEST PUB HLTH PATHOGEN INCL CORONAVIRUS	\$15.37
D0606	MOLECULAR TEST PUB HEALTH PATHOGEN-CORONAVIRUS	\$0.00
D0701	PANORAMIC FILM - IMAGE CAPTURE ONLY	\$170.60
D0702	2-D CEPHALOMETRIC FILM - IMAGE CAPTURE ONLY	\$192.61
D0703	2-D ORAL/FACIAL FILM - IMAGE CAPTURE ONLY	\$91.72
D0704	3-D PHOTOGRAPHIC FILM - IMAGE CAPTURE ONLY	\$91.72
D0705	EXTRA-ORAL POSTERIOR FLM - IMAGE CAPTURE ONLY	\$68.96
D0706	INTRAORAL OCCLUSAL FILM - IMAGE CAPTURE ONLY	\$61.08
D0707	INTRAORAL PERIAPICAL FLM - IMAGE CAPTURE ONLY	\$39.41
D0708	INTRAORAL BITEWING - IMAGE CAPTURE ONLY	\$39.35
D0709	INTRAORAL COMPLETE SERIES - IMAGE CAPTR ONLY	\$197.03
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE BY REPORT	By Report
D1110	PROPHYLAXIS - ADULT	\$128.32
D1120	PROPHYLAXIS - CHILD	\$88.56
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$64.20
D1208	TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH	\$42.80
D1310	NUTRITIONAL COUNSELING CONTROL OF DENTAL DISEASE	\$68.01
D1320	TOBACCO CNSL CONTROL&PREVENTION ORAL DISEASE	\$73.84
D1321	COUNSEL ADVRSE EFFECTS HI RISK SUBSTNCE ABUSE	\$93.27
D1330	ORAL HYGIENE INSTRUCTIONS	\$93.27
D1351	SEALANT - PER TOOTH	\$75.78
D1352	PREV RSN REST MOD HIGH CARIES RISK PT-PERM TOOTH	\$97.15
D1353	SEALANT REPAIR PER TOOTH	\$97.15
D1354	INTERIM CARIES ARRESTING MEDICATION APPLICATION	\$75.78
D1355	CARIES PREVENTIVE MEDICAMENT APP - PER TOOTH	\$75.78
D1510	SPACE MAINTAINER - FIXED - UNILATERAL	\$438.21
D1516	SPACE MAINTAINER - FIXED - BILATERIAL MAXILLARY	\$613.50
D1517	SPACE MAINTAINER - FIXED - BILATERIAL MANDIBULAR	\$613.50
D1520	SPACE MAINTAINER - REMOVABLE - UNILATERAL	\$482.03
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL MAXILRY	\$744.96
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL MNDBULR	\$744.96
D1551	RECMT/REBND BILAT SPACE MAINTAINER MAXILLARY	\$94.65
D1552	RECMT/REBND BILAT SPACE MAINTAINER MANDIBULAR	\$94.65
D1553	RECMT/REBND UNI SPACE MAINTAINER PER QUADRANT	\$63.10
D1556	REMOVAL FIXED UNI SPACE MAINTAINER PER QUADRANT	\$61.35
D1557	REMOVAL FIXED BILAT SPACE MAINTAINER MAXILLARY	\$91.15
D1558	REMOVAL FIXED BILAT SPACE MAINTAINER MANDIBULAR	\$91.15
D1575	DISTAL SHOE SPACE MAINTANR - FIXED - UNILATERIAL	\$482.03
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
D1999	UNSPECIFIED PREVENTIVE PROCEDURE BY REPORT	By Report
D2140	AMALGAM - ONE SURFACE PRIMARY OR PERMANENT	\$228.03
D2150	AMALGAM - TWO SURFACES PRIMARY OR PERMANENT	\$295.10
D2160	AMALGAM - THREE SURFACES PRIMARY OR PERMANENT	\$356.81
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	\$434.61
D2330	RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR	\$210.54
D2331	RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR	\$268.69
D2332	RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR	\$328.85
D2335	RESIN-BASED COMPOSITE 4/> SURFACES INCISAL ANGLE	\$389.00
D2390	RESIN-BASED COMPOSITE CROWN ANTERIOR	\$431.11
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	\$246.64
D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	\$322.83
D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	\$401.04
D2394	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	\$491.27
D2410	GOLD FOIL - ONE SURFACE	\$396.49
D2420	GOLD FOIL - TWO SURFACES	\$660.81
D2430	GOLD FOIL - THREE SURFACES	\$1,145.41
D2510	INLAY - METALLIC - ONE SURFACE	\$1,048.49
D2520	INLAY - METALLIC - TWO SURFACES	\$1,189.46
D2530	INLAY - METALLIC - THREE OR MORE SURFACES	\$1,370.97
D2542	ONLAY - METALLIC - TWO SURFACES	\$1,344.54
D2543	ONLAY - METALLIC - THREE SURFACES	\$1,406.21
D2544	ONLAY - METALLIC - FOUR OR MORE SURFACES	\$1,462.60
D2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	\$1,233.52
D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	\$1,302.24
D2630	INLAY - PORCELAIN/CERAMIC - THREE/MORE SURFACES	\$1,386.83
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	\$1,348.06
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	\$1,453.79
D2644	ONLAY - PORCELAIN/CERAMIC - 4 OR MORE SURFACES	\$1,541.90
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	\$810.60
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	\$965.67
D2652	INLAY RESIN BASED COMPOSITE 3 OR MORE SURFACES	\$1,015.01
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	\$881.09
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	\$1,036.16
D2664	ONLAY RESIN BASED COMPOSIT FOUR OR MORE SURFACES	\$1,110.17
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	\$615.49
D2712	CROWN 3/4 RESIN-BASED COMPOSITE (INDIRECT)	\$615.49
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	\$1,517.05
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	\$1,421.69
D2722	CROWN - RESIN WITH NOBLE METAL	\$1,452.90

D2740	CROWN - PORCELAIN/CERAMIC	\$1,556.93
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$1,536.12
D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	\$1,430.36
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$1,465.04
D2753	CROWN-PORCELAIN FUSED TITANIUM AND ALLOYS	\$1,430.36
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$1,473.70
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$1,387.02
D2782	CROWN - 3/4 CAST NOBLE METAL	\$1,432.09
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$1,515.31
D2790	CROWN - FULL CAST HIGH NOBLE METAL	\$1,482.37
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$1,404.35
D2792	CROWN - FULL CAST NOBLE METAL	\$1,430.36
D2794	CROWN - TITANIUM	\$1,517.05
D2799	PROVISIONAL CROWN	\$615.49
D2910	RECMNT/REBND INLAY/ONLAY/VNR/PART CVRGE RESTRATN	\$138.07
D2915	RECMNT/REBND INDRCT OR PREFAB POST AND CORE	\$138.07
D2920	RE-CEMENT OR RE-BOND CROWN	\$139.99
D2921	REATTACHMENT OF TOOTH FRAG INCISAL EDGE/CUSP	\$201.36
D2928	PREFAB PORCELAIN/CERAMIC CROWN-PERM TOOTH	\$554.21
D2929	PREFABR PORC CROWN - PRIMARY TOOTH	\$554.21
D2930	PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH	\$381.62
D2931	PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH	\$431.48
D2932	PREFABRICATED RESIN CROWN	\$460.24
D2933	PREFABR STAINLESS STEEL CROWN W/RESIN WINDOW	\$527.36
D2934	PREFAB ESTHETIC COAT STNLESS STEEL CROWN PRIM	\$527.36
D2940	PROTECTIVE RESTORATION	\$145.74
D2941	INTERIM THERAPEUTIC RESTORATION PRIM DENTITION	\$145.74
D2949	RESTOR FOUNDATION FOR INDIR RESTOR	\$145.74
D2950	CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	\$364.36
D2951	PIN RETENTION - PER TOOTH ADDITION RESTORATION	\$82.46
D2952	POST AND CORE ADDITION TO CROWN INDIRECTLY FAB	\$575.30
D2953	EACH ADDITIONAL INDIRECTLY FAB POST SAME TOOTH	\$287.65
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$460.24
D2955	POST REMOVAL	\$354.77
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	\$230.12
D2960	LABIAL VENEER (RESIN LAMINATE) - CHAIRSIDE	\$1,112.25
D2961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	\$1,261.83
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	\$1,371.13
D2971	ADD PROC CUST CRWN UND XST PART DENTUR FRMEWRK	\$220.53
D2975	COPING	\$671.18
D2980	CROWN REPAIR MATERIAL FAILURE	\$268.47
D2981	INLAY REPAIR BY REPORT	\$268.47
D2982	ONLAY REPAIR BY REPORT	\$268.47

D2983	VENEER REPAIR BY REPORT	\$268.47
D2990	RESIN INFILT OF INCIPIENT LESIONS	\$95.88
D2999	UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT	By Report
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	\$146.51
D3120	PULP CAP - INDIRECT(EXCLUDING FINAL RESTORATION)	\$117.21
D3220	TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC	\$300.34
D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	\$329.64
D3222	PART PULPOTOMY FOR APEXOGENEIS PERM TOOTH	\$305.23
D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH	\$269.48
D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH	\$331.67
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH	\$1,057.20
D3320	ENDODONTIC THERAPY PREMOLAR TOOTH	\$1,295.59
D3330	ENODODONTIC THERAPY MOLAR	\$1,606.54
D3331	TREATMENT RC OBSTRUCTION; NON-SURGICAL ACCESS	\$414.59
D3332	INCOMPLETE ENDO TX; INOP UNRESTORABLE/FX TOOTH	\$787.72
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$362.77
D3346	RETREATMENT PREVIOUS RC THERAPY - ANTERIOR	\$1,409.61
D3347	RETREATMENT PREVIOUS RC THERAPY - PREMOLAR	\$1,658.36
D3348	RETREATMENT PREVIOUS ROOT CANAL THERAPY - MOLAR	\$2,052.22
D3351	APEXIFICATION/RECALCIFICAT INIT VST	\$559.94
D3352	APEXIFICAT/RECALCIFICAT INT MED REPL	\$251.01
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	\$772.33
D3355	PULPAL REGENERATION - INITIAL VISIT	\$559.94
D3356	PULPAL REGEN - INTERIM MED RPLCMNT	\$251.01
D3357	PULPAL REGENERATION - COMPLETION OF TREATMENT	\$0.00
D3410	APICOECTOMY - ANTERIOR	\$1,110.23
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	\$1,235.73
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	\$1,399.85
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	\$473.05
D3427	PERIRADICULAR SURGERY WITHOUT APICOECTOMY	\$1,004.03
D3428	BG IN CONJ PERIRADICULAR SURG/TOOTH SINGLE SITE	\$1,463.57
D3429	BG IN CONJ PERIRADICUL SURG EACH CONTIG TH SSS	\$1,395.99
D3430	RETROGRADE FILLING - PER ROOT	\$347.55
D3431	BIO MAT SFT OSS REGE CONJ PERIR SUR	\$1,718.44
D3432	GTR RESORB BRRER PER SITE IN CONJ PERIRAD SURG	\$1,477.08
D3450	ROOT AMPUTATION - PER ROOT	\$724.06
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	\$2,703.16
D3470	INTENTIONAL REIMPLANTATION W/NECESSARY SPLINTING	\$1,380.54
D3471	SURGICAL REPAIR ROOT RESORPTION - ANTERIOR	\$1,718.44
D3472	SURGICAL REPAIR ROOT RESORPTION - PREMOLAR	\$1,718.44
D3473	SURGICAL REPAIR ROOT RESORPTION - MOLAR	\$1,718.44
D3501	SRG EXP ROOT WO APICO/RPR ROOT RESORPTN - ANT	\$1,004.03
D3502	SRG EXP ROOT WO APICO/RPR ROOT RESORPTN-PREMOLAR	\$1,004.03

D3503	SRG EXP ROOT WO APICO/RPR ROOT RESORPTN-MOLAR	\$1,004.03
D3910	SURGICAL PROCEDURE ISOLATION TOOTH W/RUBBER DAM	\$0.00
D3911	INTRAORIFICE BARRIER	\$146.74
D3920	HEMISECTION NOT INCLUDING ROOT CANAL THERAPY	\$550.29
D3921	DECORONATION OR SUBMERGENCE ERUPTED TOOTH	\$550.29
D3950	CANAL PREPARATION&FITTING PREFORMED DOWEL/POST	\$251.01
D3999	UNSPECIFIED ENDODONTIC PROCEDURE BY REPORT	By Report
D4210	GINGIVECT/PLSTY 4/>CNTIG/TOOTH BOUND SPACES-QUAD	\$1,118.63
D4211	GINGIVECT/PLSTY 1-3 CNTIG/TOOTH BOUND SPACE-QUAD	\$497.17
D4212	GINGIVECT/PLSTY FOR ACCESS RESTORATION PER TOOTH	\$397.74
D4230	ANAT CROWN EXP 4/> CONTIGUOUS TEETH PER QUAD	\$1,566.09
D4231	ANATOMICAL CROWN EXPOSURE 1-3 TEETH PER QUADRANT	\$745.76
D4240	GINGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD	\$1,416.93
D4241	GINGL FLP PROC 1-3 CONTIG/TOOTH BOUND SPACE-QUAD	\$820.33
D4245	APICALLY POSITIONED FLAP	\$1,044.06
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	\$1,553.66
D4260	OSSEOUS SURG 4/> CNTIG TEETH QUAD	\$2,361.56
D4261	OSSEOUS SURG 1-3 CNTIG TEETH QUAD	\$1,267.78
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	\$845.19
D4264	BONE REPLACEMENT GRAFT - EA ADD SITE QUADRANT	\$720.90
D4265	BIOLOGIC MATERIALS AID SOFT&OSSEOUS TISSUE REGEN	\$0.00
D4266	GUID TISSUE REGEN - RESORBABLE BARRIER PER SITE	\$870.05
D4267	GUID TISSUE REGEN - NONRESORB BARRIER PER SITE	\$1,118.63
D4268	SURGICAL REVISION PROCEDURE PER TOOTH	\$0.00
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$1,677.95
D4273	AUTOGNS CONECTIVE TISSUE GRFT 1ST TOOTH/IMPLANT	\$2,050.83
D4274	MESIAL OR DISTAL WEDGE PROCEDURE	\$1,163.38
D4275	NONAUTGNS CONECTV TISSUE GRFT 1ST TOOTH/IMPLANT	\$1,541.23
D4276	COMB CNCTIVE TISSUE & PEDICLE GRAFT PER TOOTH	\$2,299.41
D4277	FREE SOFT TISSUE GRAFT, 1ST TOOTH/ IMPLANT	\$1,740.10
D4278	FREE SOFT TISSUE GRAFT, E/ADNL TOOTH, IMPLNT	\$571.75
D4283	AUTO CNNCTV TISSUE GRFT PROC E/A TOOTH, IMPLANT	\$1,747.55
D4285	NON-AUTO CNNCTV TSSUE GRFT PROC E/A TOOTH/IMPLNT	\$1,315.01
D4320	PROVISIONAL SPLINTING - INTRACORONAL	\$590.76
D4321	PROVISIONAL SPLINTING - EXTRACORONAL	\$537.05
D4322	SPLINT INTRACORONAL NATURAL TEETH OR PROS CROWN	\$590.76
D4323	SPLINT EXTRACORONAL NATURAL TEETH OR PROS CROWN	\$537.05
D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	\$340.13
D4342	PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD	\$196.92
D4346	SCALNG GNGIVAL INFLAMM FULL MOUTH AFTR ORAL EVAL	\$196.92
D4355	FULL MOUTH DEBRID ENABLE COMP EVALUATION&DX	\$232.72
D4381	LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR	\$0.00
D4910	PERIODONTAL MAINTENANCE	\$209.45

D4920	UNSCHEDULED DRESSING CHANGE	\$152.17
D4921	GINGIVAL IRRIGATION PER QUADRANT	\$0.00
D4999	UNSPECIFIED PERIODONTAL PROCEDURE BY REPORT	By Report
D5110	COMPLETE DENTURE - MAXILLARY	\$2,441.77
D5120	COMPLETE DENTURE - MANDIBULAR	\$2,441.77
D5130	IMMEDIATE DENTURE - MAXILLARY	\$2,662.33
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$2,662.33
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE	\$2,060.80
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE	\$2,394.98
D5213	MAX PART DENTUR-CAST METL FRMEWRK W/RSN BASE	\$2,697.97
D5214	MAND PART DENTUR- CAST METL FRMEWRK W/RSN BASE	\$2,697.97
D5221	IMMED MAXILLARY PARTIAL DENTURE RESIN BASE	\$2,247.94
D5222	IMMED MANDIBULAR PARTIAL DENTURE RESIN BASE	\$2,611.09
D5223	IMMED MAXIL PART DENTURE CAST METL FRAME W/RESIN	\$2,940.81
D5224	IMMED MAND PART DENTURE CAST METL FRAME W/RESIN	\$2,940.81
D5225	MAXILLARY PARTIAL DENTURE FLEXIBLE BASE	\$2,060.80
D5226	MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE	\$2,394.98
D5227	IMMED MAXILLARY PARTIAL DENTURE FLEXIBLE BASE	\$2,250.17
D5228	IMMED MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE	\$2,606.63
D5282	RMVBL UNIL PRTL DNTR CST MTL INCL CLSP TTH MXLRY	\$1,572.89
D5283	RMVBL UNIL PRTL DNTR CST MTL INCL CLSP TTH MNDBL	\$1,572.89
D5284	RMVABLE UNI PRTL DNTURE 1 PC FLEX BASE PER QDRNT	\$1,200.83
D5286	RMVABLE UNI PRTL DNTURE 1 PC RESIN PER QDRNT	\$1,200.83
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$133.67
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$133.67
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$133.67
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$133.67
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$267.35
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	\$267.35
D5520	REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE	\$222.79
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	\$289.63
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$289.63
D5621	REPAIR CAST FRAMEWORK, MANDIBULAR	\$311.90
D5622	REPAIR CAST FRAMEWORK, MAXILLARY	\$311.90
D5630	REPAIR OR REPLACE BROKEN CLASP PER TOOTH	\$378.74
D5640	REPLACE BROKEN TEETH - PER TOOTH	\$245.07
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$334.18
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE PER TOOTH	\$401.02
D5670	REPLACE ALL TEETH&ACRYLIC CAST METAL FRMEWRK MAX	\$980.27
D5671	REPLACE ALL TEETH&ACRYLIC CAST METL FRMEWRK MAND	\$980.27
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$991.41
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$946.85
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$935.71

D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$935.71
D5725	REBASE HYBRID PROSTHESIS	\$991.41
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$559.20
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$559.20
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$512.41
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$512.41
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$746.34
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$746.34
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$735.20
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$735.20
D5765	SOFT LINER COMPL/PART DENTURE REMOVAL INDIRECT	\$746.34
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	\$1,180.78
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	\$1,269.90
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$913.43
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	\$969.13
D5850	TISSUE CONDITIONING MAXILLARY	\$233.93
D5851	TISSUE CONDITIONING MANDIBULAR	\$233.93
D5862	PRECISION ATTACHMENT BY REPORT	\$0.00
D5863	OVERDENTURE COMPLETE MAXILLARY	\$2,584.35
D5864	OVERDENTURE PARTIAL MAXILLARY	\$3,408.67
D5865	OVERDENTURE COMPLETE MIBULAR	\$2,584.35
D5866	OVERDENTURE PARTIAL MIBULAR	\$3,542.35
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)	\$619.35
D5912	FACIAL MOULAGE (COMPLETE)	\$619.35
D5913	NASAL PROSTHESIS	\$13,042.07
D5914	AURICULAR PROSTHESIS	\$13,042.07
D5915	ORBITAL PROSTHESIS	\$17,649.34
D5916	OCULAR PROSTHESIS	\$4,707.53
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	\$7,022.31
D5932	OBTURATOR PROSTHESIS DEFINITIVE	\$13,133.41

D5933	OBTURATOR PROSTHESIS MODIFICATION	\$0.00
D5934	MANDIBULAR RESECTION PROSTHESIS W/GUIDE FLANGE	\$11,970.45
D5935	MANDIBULAR RESECTION PROSTHESIS W/O GUIDE FLANGE	\$10,415.39
D5936	OBTURATOR PROSTHESIS INTERIM	\$11,698.65
D5937	TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)	\$1,470.41
D5951	FEEDING AID	\$1,911.53
D5952	SPEECH AID PROSTHESIS PEDIATRIC	\$6,206.90
D5953	SPEECH AID PROSTHESIS ADULT	\$11,787.77
D5954	PALATAL AUGMENTATION PROSTHESIS	\$10,923.34
D5955	PALATAL LIFT PROSTHESIS DEFINITIVE	\$10,103.48
D5958	PALATAL LIFT PROSTHESIS INTERIM	\$0.00
D5959	PALATAL LIFT PROSTHESIS MODIFICATION	\$0.00
D5960	SPEECH AID PROSTHESIS MODIFICATION	\$0.00
D5982	SURGICAL STENT	\$991.41
D5983	RADIATION CARRIER	\$2,227.89
D5984	RADIATION SHIELD	\$2,227.89
D5985	RADIATION CONE LOCATOR	\$2,227.89
D5986	FLUORIDE GEL CARRIER	\$222.79
D5987	COMMISSURE SPLINT	\$3,341.84
D5988	SURGICAL SPLINT	\$668.37
D5991	VESICULOBULLOUS DISEASE MEDICAMENT CARRIER	\$256.21
D5992	ADJUST MAXILLOFACIAL PROSTH APPLIANCE BY REPORT	\$0.00
D5993	MAINT / CLEAN MAXILLOFACIAL PROSTH BY REPORT	\$0.00
D5994	PERIDONL MEDIC CARRIER PERIPH SEAL LAB PRCESSD	\$0.00
D5995	PERIO MEDIC CARRIER PERIPH SEAL LAB PRCESSD MAX	\$1,225.34
D5996	PERIO MEDIC CARRIER PERIPH SEAL LAB PRCESSD MAN	\$1,225.34
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY REPORT	By Report
D6010	SURG PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT	\$3,237.12
D6011	SECOND STAGE IMPLANT SURGERY	\$0.00
D6012	SURG PLCMT INTERIM IMPL TRNSITIONL PROS: ENDOS	\$3,854.25
D6013	SURGICAL PLACEMENT OF MINI IMPLANT	\$4,079.27
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	\$14,035.71
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	\$10,471.08
D6051	INTERIM IMPLANT ABUTMENT	\$0.00
D6052	SEMI-PRECISION ATTACHMENT ABUTMENT	\$1,728.84
D6055	CONNECTING BAR IMPLANT OR ABUTMENT SUPPORTED	\$1,225.34
D6056	PREFABRICATED ABUTMENT INCLUDES PLACEMENT	\$846.60
D6057	CUSTOM FABRICATED ABUTMENT INCLUDES PLACEMENT	\$1,047.11
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$2,348.20
D6059	ABUT SUPP PORCELAIN TO METL CROWN HI NOBLE METL	\$2,317.01
D6060	ABUT SUPP PORCELAIN TO MTL CROWN PREDOM BASE MTL	\$2,190.02
D6061	ABUT SUPP PORCELAIN TO METAL CROWN NOBLE METAL	\$2,234.57
D6062	ABUTMENT SUPP CAST METAL CROWN HIGH NOBLE METAL	\$2,225.66

D6063	ABUTMENT SUPP CAST METAL CROWN PREDOM BASE METAL	\$1,938.26
D6064	ABUTMENT SUPP CAST METAL CROWN NOBLE METAL	\$2,027.38
D6065	IMPL SUPP PORCELAIN/CERAMIC CROWN	\$2,310.32
D6066	IMPL SUPP PORCLN FUSED METL CRWN TITNM/HIGH NOBL	\$2,250.17
D6067	IMPL SUPP METAL CROWN TITIANM/HIGH NOBLE METL	\$2,183.33
D6068	ABUT SUPP RETAINER PORCELAIN/CERAMIC FPD	\$2,328.15
D6069	ABUT RETAINR PORCELN TO METL FPD HI NOBL METL	\$2,317.01
D6070	ABUT RETN PORCELN TO METL FPD PREDOM BASE METL	\$2,190.02
D6071	ABUT SUPP RETN PORCELN FUSD METAL FPD NOBLE METL	\$2,234.57
D6072	ABUT SUPP RETN CAST METL FPD HIGH NOBLE METL	\$2,261.31
D6073	ABUT RTNR CAST METL FPD PREDOM BASE METL	\$2,065.25
D6074	ABUTMENT RTNR CAST METAL FPD NOBLE METAL	\$2,194.47
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	\$2,310.32
D6076	IMPL SUPP RTNR PORCLN FUSED METL FPD TITNM/HIGH	\$2,250.17
D6077	IMPL SUPP RTNR CST METL FPD TITNM/HIGH NOBLE	\$2,183.33
D6080	IMPL MAINT PROC REMV CLEAN PROSTH & ABUT REINSRT	\$191.60
D6081	SCALNG/DBRDMNT IMPLNT WO FLAP ENTRY/CLOS	\$98.03
D6082	IMPL SUPP CROWN PORCLN FUSED BASE ALLOY	\$2,250.17
D6083	IMPL SUPP CROWN PORCLN FUSED TO NOBLE ALLOYS	\$2,250.17
D6084	IMPL SUPP CROWN PORCLN FUSED TO TITANIUM ALLOYS	\$2,250.17
D6085	PROVISIONAL IMPLANT CROWN	\$672.82
D6086	IMPLANT SUPPORTED CROWN PREDOM BASE ALLOYS	\$2,183.33
D6087	IMPLANT SUPPORTED CROWN NOBLE ALLOYS	\$2,183.33
D6088	IMPLNT SUPRTD CROWN TITANIUM AND ALLOYS	\$2,183.33
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS BY REPORT	\$0.00
D6091	REPL ATTACHMNT IMPL/ABUT SUPP PROS PER ATTACHMNT	\$924.57
D6092	RECEMENT / REBOND IMPLANT/ABUTMENT SUPP CROWN	\$180.46
D6093	RECMNT/REBOND IMPL/ABUTMNT SUPP FIX PART DENTURE	\$282.94
D6094	ABUTMENT SUPPORTED CROWN TITANIUM	\$1,838.01
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	\$2,250.17
D6098	IMPL SUPP RETAINER PORCELAIN FUSED TO BASE ALLOY	\$2,190.02
D6099	IMPL SUPP RETAINR FPD PORCLN FUSED NOBLE ALLOYS	\$2,234.57
D6100	SURGICAL REMOVAL IMPLANT BODY	\$0.00
D6101	DBRDMNT OF SNGL PERI-IMPLANT DEFECT/S	\$661.68
D6102	DBRDMNT AND OSSEOUS CNTUR OF PERI-IMPLANT DEFECT	\$908.98
D6103	BONE GRFT RPR PERIIMPLNT DFCT W/O FLAP ENTR/CLSE	\$757.48
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	\$757.48
D6110	IMPL/ABUTMENT SUPPORTED RD - MAXILLARY	\$3,045.53
D6111	IMPL/ABUTMENT SUPPORTED RD - MANDIBULAR	\$3,045.53
D6112	IMPL/ABUTMENT SUPPORTED RPD - MAXILLARY	\$3,045.53
D6113	IMPLANT / ABUTMENT SUPPORTED RPD - MANDIBULAR	\$3,045.53

D6114	IMPLANT / ABUTMENT SUPPORTED FD - MAXILLARY FULL	\$9,357.14
D6115	IMPLANT/ABUTMENT SUPPORTED FD - MANDIBULAR FULL	\$9,357.14
D6116	IMPL/ABUTMENT SUPPORTED FD - MAXILLARY - PARTIAL	\$4,090.41
D6117	IMPL/ABUT SUPPORTED FD - MANDIBULAR - PARTIAL	\$4,090.41
D6118	IMP/ABUT SPRTD INTRM FIXED DENTR EDENTLS MANDBLR	\$2,773.72
D6119	IMP/ABUT SPRTD INTRM FIXED DENTR EDENTLS MAXLARY	\$2,773.72
D6120	IMPL SUPP RETAINR PORCLN FUSED TITNM AND ALLOYS	\$2,190.02
D6121	IMPL SUPP RETAINER METAL FPD BASE ALLOYS	\$2,065.25
D6122	IMPL SUPP RETAINER METAL FPD NOBLE ALLOYS	\$2,194.47
D6123	IMPL SUPP RETAINR METAL FPD TITNM AND ALLOYS	\$2,065.25
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT	\$412.16
D6191	SEMI-PRECISION ABUTMENT - PLACEMENT	\$1,728.84
D6192	SEMI-PRECISION ATTACHMENT - PLACEMENT	\$924.57
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD-TITANM	\$1,893.71
D6195	ABUT SUPP RETAINR PORCLN FUSED TITANIUM ALLOYS	\$2,230.12
D6198	REMOVE INTERIM IMPLANT COMPONENT	\$412.16
D6199	UNSPECIFIED IMPLANT PROCEDURE BY REPORT	\$0.00
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	\$961.98
D6210	PONTIC - CAST HIGH NOBLE METAL	\$1,470.72
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	\$1,378.22
D6212	PONTIC - CAST NOBLE METAL	\$1,433.72
D6214	PONTIC - TITANIUM	\$1,479.97
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	\$1,452.22
D6241	PONTIC - PORCELN FUSED PREDOMINANTLY BASE METAL	\$1,341.22
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	\$1,415.22
D6243	PONTIC PORCELAIN FUSED TO TITANIUM AND ALLOYS	\$1,341.22
D6245	PONTIC - PORCELAIN/CERAMIC	\$1,498.47
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	\$1,433.72
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	\$1,322.72
D6252	PONTIC - RESIN WITH NOBLE METAL	\$1,365.27
D6253	PROVISIONAL PONTIC	\$617.89
D6545	RETAINER - CAST METAL RESIN BONDED FIX PROSTH	\$551.64
D6548	RETAINER - PORCELN/CERAMIC RSN BONDED FIX PROSTH	\$606.81
D6549	RESIN RETAINER FOR RESIN BONDED FIXED PROSTHESIS	\$397.85
D6600	RETAINER INLAY - PORCELAIN/CERAMIC TWO SURFACES	\$1,094.93
D6601	RETAINER INLAY - PORC/CERAMIC 3 OR MORE SURFACES	\$1,148.42
D6602	RETAINER INLAY CAST HIGH NOBLE METAL 2 SURFACES	\$1,170.16
D6603	RETAINR INLAY - CAST HI NOBLE METAL 3/MORE SURFS	\$1,287.17
D6604	RETAINER INLAY - CAST PREDOM BASE METAL 2 SURFS	\$1,146.75
D6605	RTAINR INLAY - CAST PREDOM BASE MTL 3/MORE SURFS	\$1,215.29
D6606	RETAINER INLAY - CAST NOBLE METAL TWO SURFACES	\$1,128.36
D6607	RETNR INLAY CAST NOBLE METAL 3 OR MORE SURFACES	\$1,252.07
D6608	RETAINER ONLAY - PORCELAIN/CERAMIC TWO SURFACES	\$1,190.21

D6609	RETAINER ONLAY PORCELAIN/CERAMIC 3/MORE SURFACES	\$1,242.04
D6610	RETAINER ONLAY - HIGH NOBLE METAL TWO SURFACES	\$1,262.10
D6611	RETAINER ONLAY HIGH NOBLE METAL 3/MORE SURFACES	\$1,380.78
D6612	RETAINER ONLAY CAST PREDOM BASE METAL 2 SURFACES	\$1,255.41
D6613	RETNR ONLAY CAST PREDOM BASE METAL 3/MORE SURFS	\$1,312.25
D6614	RETAINER ONLAY - CAST NOBLE METAL TWO SURFACES	\$1,228.66
D6615	RETNR ONLAY CAST NOBLE METAL 3 OR MORE SURFACES	\$1,277.14
D6624	RETAINER INLAY - TITANIUM	\$1,170.16
D6634	RETAINER ONLAY - TITANIUM	\$1,228.66
D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	\$1,253.74
D6720	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	\$1,462.69
D6721	RETAINER CROWN - RESIN WITH PREDOM BASE METAL	\$1,387.47
D6722	RETAINER CROWN - RESIN WITH NOBLE METAL	\$1,412.54
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	\$1,537.92
D6750	RETNR CROWN PORCELAIN FUSED TO HIGH NOBLE METAL	\$1,497.80
D6751	RETNR CROWN PORCELAIN FUSED PREDOM BASE METAL	\$1,397.50
D6752	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	\$1,430.93
D6753	RETAINR CROWN PORCLN FUSED TO TITANIUM AND ALLOY	\$1,397.50
D6780	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	\$1,412.54
D6781	RETAINER CROWN 3/4 CAST PREDOMINANTLY BASE METAL	\$1,412.54
D6782	RETAINER CROWN - 3/4 CAST NOBLE METAL	\$1,312.25
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	\$1,454.34
D6784	RETAINER CROWN-3/4 TITANIUM AND ALLOYS	\$1,412.54
D6790	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	\$1,445.98
D6791	RETAINER CROWN FULL CAST PREDOM BASE METAL	\$1,370.75
D6792	RETAINER CROWN - FULL CAST NOBLE METAL	\$1,420.90
D6793	PROVISIONAL RETAINER CROWN	\$593.44
D6794	RETAINER CROWN - TITANIUM	\$1,420.90
D6920	CONNECTOR BAR	\$394.92
D6930	RECEMENT / REBOND FIXED PARTIAL DENTURE	\$230.37
D6940	STRESS BREAKER	\$522.17
D6950	PRECISION ATTACHMENT	\$1,009.24
D6980	FIXED PARTIAL DENTURE REPAIR MATERIAL FAILURE	\$0.00
D6985	PEDIATRIC PARTIAL DENTURE FIXED	\$877.60
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE REPORT	By Report
D7111	EXTRACTION CORONAL REMNANTS - PRIMARY TOOTH	\$192.43
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	\$255.79
D7210	EXTRACTION ERUPTED TOOTH REMV BONE ELEV FLAP	\$356.69
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	\$447.24
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	\$595.09
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	\$698.59
D7241	REMV IMP TOOTH - CMPL BONY W/UNUSUAL SURG COMPS	\$877.85
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	\$377.01

D7251	CORONECTOMY INTENTIONAL PARTIAL TOOTH REMOVAL	\$739.24
D7260	OROANTRAL FISTULA CLOSURE	\$3,229.76
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$1,345.74
D7270	TOOTH REIMPL &/OR STBL ACC EVULSED/DISPLCD TOOTH	\$1,009.30
D7272	TOOTH TRANSPLANTATION	\$1,345.74
D7280	EXPOSURE OF AN UNERUPTED TOOTH	\$942.01
D7282	MOBILIZ ERUPTED/MALPOSITIONED TOOTH AID ERUPTION	\$471.01
D7283	PLCMT DEVICE FACILITATE ERUPTION IMPACTED TOOTH	\$403.72
D7285	BIOPSY OF ORAL TISSUE HARD	\$1,884.03
D7286	BIOPSY OF ORAL TISSUE SOFT	\$807.44
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	\$322.98
D7288	BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	\$322.98
D7290	SURGICAL REPOSITIONING OF TEETH	\$807.44
D7291	TRANSSEPTAL FIBEROT/SUPRA CRESTAL FIBEROT BR	\$0.00
D7292	SURG PLCMT: TEMP ANCHORAGE SCREW RET PLATE FLAP	\$1,291.91
D7293	SURG PLCMT: TEMP ANCHORAGE DEVICE RQR SURG FLAP	\$807.44
D7294	SURG PLCMT: TEMP ANCHORAGE DEVICE W/O SURG FLAP	\$672.87
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 SPCE 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	\$534.54
D7311	ALVEOLOPLSTY CONJNC XTRACT 1-3 TEETH/SPACES QUAD	\$467.72
D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE	\$868.63
D7321	ALVEOLOPLSTY NOT CNJNC XTRCT 1-3 TEETH/SPCE QUAD	\$734.99
D7340	VESTIBULOPLASTY RIDGE EXT SEC EPITHELIALIZATION	\$3,674.96
D7350	VESTIBULOPLASTY RIDGE EXT W/SOFT TISS GRAFTS	\$10,690.80
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	\$1,603.62
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	\$2,539.07
D7412	EXCISION OF BENIGN LESION COMPLICATED	\$2,806.34
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	\$1,870.89
D7414	EXCISION OF MALIGNANT LESION > 1.25 CM	\$2,806.34
D7415	EXCISION OF MALIGNANT LESION COMPLICATED	\$3,140.42
D7440	EXC MALIG TUMOR-LESION DIAMETER UP TO 1.25 CM	\$2,539.07
D7441	EXC MALIG TUMOR-LESION DIAM GREATER THAN 1.25 CM	\$3,741.78
D7450	REMOVL BENIGN ODONTOGENC CYST/TUMR-UP TO 1.25 CM	\$1,603.62
D7451	REMOVAL BENIGN ODONTOGENIC CYST/TUMOR- > 1.25 CM	\$2,191.61
D7460	REMOVAL BEN NONODONTOGENIC CYST/TUMR- UP 1.25 CM	\$1,603.62
D7461	REMOVAL BEN NONODONTOGENIC CYST/TUMOR > 1.25 CM	\$2,191.61
D7465	DESTRUCTION LESION PHYSICAL/CHEM METHOD BY REPRT	\$868.63
D7471	REMOVAL OF LATERAL EXOSTOSIS	\$1,985.82

D7472	REMOVAL OF TORUS PALATINUS	\$2,359.99
D7473	REMOVAL OF TORUS MANDIBULARIS	\$2,226.36
D7485	REDUCTION OF OSSEOUS TUBEROSITY	\$1,985.82
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	\$16,036.20
D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS	\$574.63
D7511	I & D ABSCESS INTRAORAL SOFT TISSUE COMPLICATED	\$868.63
D7520	INCISION & DRAINAGE ABSCESS-EXTRAORAL SOFT TISS	\$2,736.84
D7521	I & D ABSCESS EXTRAORAL SOFT TISSUE COMPLICATED	\$3,006.79
D7530	REMOVAL FB FROM MUCOSA SKIN/SUBCUT ALVEOL TISSUE	\$986.23
D7540	REMOV REACT-PRODUC FOREIGN BODIES-MUSCULOSKEL SYS	\$1,093.13
D7550	PART OSTEC/SEQUESTRECTOMY REMOVAL NON-VITAL BONE	\$681.54
D7560	MAXILLARY SINUSOTOMY REMOVAL TOOTH FRAGMENT/FB	\$5,412.22
D7610	MAXILLA-OPEN REDUCTION	\$8,753.09
D7620	MAXILLA-CLOSED REDUCTION	\$6,564.15
D7630	MANDIBLE-OPEN REDUCTION	\$11,380.36
D7640	MANDIBLE-CLOSED REDUCTION	\$7,221.64
D7650	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	\$5,471.02
D7660	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	\$3,225.95
D7670	ALVEOLUS-CLOSED REDUCTION W/STABILIZATION TEETH	\$2,517.68
D7671	ALVEOLUS-OPEN REDUCTION W/STABILIZATION TEETH	\$4,744.04
D7680	FACE BONES-COMP RDUC W/FIX&MX SURG APPRCHES CPT	\$16,413.05
D7710	MAXILLA - OPEN REDUCTION	\$10,287.22
D7720	MAXILLA - CLOSED REDUCTION	\$7,221.64
D7730	MANDIBLE - OPEN REDUCTION	\$14,881.59
D7740	MANDIBLE - CLOSED REDUCTION	\$7,363.29
D7750	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	\$9,365.14
D7760	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	\$3,757.82
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	\$5,091.49
D7771	ALVEOLUS CLOSED REDUCTION STABILIZATION OF TEETH	\$3,928.87
D7780	FACIAL BONES-COMP RDUC FIX & MULT APPROACHES	\$21,884.07
D7810	OPEN REDUCTION OF DISLOCATION	\$9,627.07
D7820	CLOSED REDUCTION OF DISLOCATION	\$1,576.89
D7830	MANIPULATION UNDER ANESTHESIA	\$903.37
D7840	CONDYLECTOMY	\$13,122.96
D7850	SURGICAL DISCECTOMY WITH/WITHOUT IMPLANT	\$11,332.25
D7852	DISC REPAIR	\$12,975.96
D7854	SYNOVECTOMY	\$13,390.23
D7856	MYOTOMY	\$9,501.45
D7858	JOINT RECONSTRUCTION	\$27,082.47
D7860	ARTHROTOMY	\$11,543.39
D7865	ARTHROPLASTY	\$18,601.99
D7870	ARTHROCENTESIS	\$614.72
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	\$1,229.44

D7872	ARTHROSCOPY - DIAGNOSIS WITH OR WITHOUT BIOPSY	\$6,561.48
D7873	ARTHROSCOPY: LAVAGE & LYSIS ADHESIONS	\$7,900.50
D7874	ARTHROSCOPY: DISC REPSTN & STABILIZATION	\$11,332.25
D7875	ARTHROSCOPY: SYNOVECTOMY	\$12,414.69
D7876	ARTHROSCOPY: DISCECTOMY	\$13,384.88
D7877	ARTHROSCOPY: DEBRIDEMENT	\$11,813.33
D7880	OCCLUSAL ORTHOTIC DEVICE BY REPORT	\$1,475.33
D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	\$160.36
D7899	UNSPECIFIED TMD THERAPY BY REPORT	\$0.00
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	\$876.65
D7911	COMPLICATED SUTURE - UP TO 5 CM	\$2,188.94
D7912	COMPLICATED SUTURE - GREATER THAN 5 CM	\$3,939.56
D7920	SKIN GRAFT	\$6,454.57
D7921	COLL APPL AUTOLOGOUS BLD CNCNTRT PRODUCT	\$596.01
D7922	PLACEMENT INTRASOCKET BIO DRESSING PER SITE	\$0.00
D7940	OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES	\$0.00
D7941	OSTEOTOMY - MANDIBULAR RAMI	\$16,437.11
D7943	OSTEOT-MANDIB RAMI W/BONE GRFT;INCL OBTAIN GRAFT	\$15,100.76
D7944	OSTEOTOMY - SEGMENTED OR SUBAPICAL	\$13,457.04
D7945	OSTEOTOMY - BODY OF MANDIBLE	\$17,907.09
D7946	LEFORT I (MAXILLA - TOTAL)	\$22,183.41
D7947	LEFORT I (MAXILLA - SEGMENTED)	\$18,655.45
D7948	LEFORT II/LEFORT III - W/O BONE GRAFT	\$24,214.66
D7949	LEFORT II OR LEFORT III - WITH BONE GRAFT	\$31,537.86
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	\$908.72
D7955	REPAIR MAXLOFACIAL SOFT &/ HARD TISSUE DEFECT	\$0.00
D7960	FRENULECTOMY SEP PROC NOT INCIDENTL ANOTHER PROC	\$734.99
D7961	BUCCAL/LABIAL FRENECTOMY (FRENULECTOMY)	\$734.99
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	\$734.99
D7963	FRENULOPLASTY	\$1,202.72
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	\$1,069.08
D7971	EXCISION OF PERICORONAL GINGIVA	\$400.91
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$1,496.71
D7979	NON-SURGICAL SIALOLITHOTOMY	\$0.00
D7980	SURGICAL SIALOLITHOTOMY	\$1,683.80
D7981	EXCISION OF SALIVARY GLAND BY REPORT	\$0.00
D7982	SIALODOCHOPLASTY	\$3,982.32
D7983	CLOSURE OF SALIVARY FISTULA	\$3,821.96
D7990	EMERGENCY TRACHEOTOMY	\$3,287.42
D7991	CORONOIDECTOMY	\$8,018.10

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	\$614.72
D7998	INTRAORAL PLCMT FIX DEVICE NOT CONJUNCTION W/FX	\$2,672.70
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE BY REPORT	By Report
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	By Report
D9110	PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC	\$182.15
D9120	FIXED PARTIAL DENTURE SECTIONING	\$205.81
D9130	TMJ JOINT DYSFUNCTION - NON-INVASIVE PHYSL THERP	\$0.00
D9210	LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC	\$60.87
D9211	REGIONAL BLOCK ANESTHESIA	\$67.16
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	\$104.94
D9215	LOCAL ANESTHESIA CONJUCTION OPERATIVE/SURG PROC	\$50.37
D9219	EVALUATION FOR MOD OR DEEP SEDATION / GA	\$119.63
D9222	DEEP SEDATION / GENERAL ANESTHESIA FIRST 15 MIN	\$356.80
D9223	DEEP SEDATION/ GEN ANESTH EACH 15 MIN INCREMENT	\$272.84

D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS ANALGESIA	\$100.74
D9239	IV MOD (CONSCIOUS) SEDTION/ANALGSIA FIRST 15 MIN	\$293.83
D9243	IV MOD (CONSCIOUS) SEDATION EACH 15 MIN INCRMENT	\$230.87
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$146.92
D9310	CONSULT DX SERV DENT/PHY NOT REQUESTING DENT/PHY	\$262.54
D9311	CONSULT WITH A MEDICAL HEALTHCARE PROFESSIONAL	\$262.54
D9410	HOUSE/EXTENDED CARE FACILITY CALL	\$300.28
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$485.70
D9430	OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED	\$0.00
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	\$164.09
D9450	CASE PRESENTATION DTL&EXT TREATMENT PLANNING	\$82.04
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	\$93.09
D9911	APPLIC DESENZT RSN CERV &OR ROOT SURF-TOOTH	\$130.33
D9912	PRE-VISIT PATIENT SCREENING	\$0.00
D9920	BEHAVIOR MANAGEMENT BY REPORT	\$0.00
D9930	TX COMPLICATIONS - UNUSUAL CIRCUMSTANCES REPORT	\$0.00
D9932	CLEAN/INSPECT REMOVBL COMPLETE MAXILLARY DENTURE	\$228.74
D9933	CLEAN INSPECT REMVBL COMPLETE MANDIBULAR DENTURE	\$228.74
D9934	CLEAN/ INSPECT REMVBL PARTIAL MAXILLARY DENTURE	\$228.74
D9935	CLEAN INSPECT REMVBL PARTIAL MANDIBULAR DENTURE	\$228.74
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	\$265.98
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	\$319.18
D9943	OCCLUSAL GUARD ADJUSTMENT	\$159.59
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	\$771.34
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	\$771.34
D9946	OCCLUSAL GUARD HARD APPLIANCE PARTIAL ARCH	\$771.34
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	\$505.36
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$226.08
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$1,063.92
D9961	DUPLICATE/COPY PATIENT'S RECORDS	\$0.00
D9970	ENAMEL MICROABRASION	\$119.69
D9971	ODONTOPLASTY 1-2 TEETH; INCL REMOVAL ENAMEL PROJ	\$154.27
D9972	EXTERNAL BLEACHING - PER ARCH	\$531.96
D9973	EXTERNAL BLEACHING - PER TOOTH	\$87.77
D9974	INTERNAL BLEACHING - PER TOOTH	\$465.47
D9975	EXTERNAL BLEACHING - PER ARCH (HOME)	\$531.96

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	\$93.09
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	\$425.57
D9996	TELDENTRY ASYNCHRNS INFO FWD DENTIST SBSQNT REVW	\$319.18
D9997	DENTAL CASE MANAGEMENT SPECIAL HEALTH CARE NEEDS	\$0.00
D9999	UNSPECIFIED ADJUNCTIVE PROC BY REPORT (01/2022)	By Report

Exhibit #4 – Effective 1/1/2023
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
21141	Lefort i-1 piece w/o graft	5165
21142	Lefort i-2 piece w/o graft	5165
21143	Lefort i-3/> piece w/o graft	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
21194	Reconst lwr jaw w/graft	5165
21196	Reconst lwr jaw w/fixation	5165
21247	Reconstruct lower jaw bone	5165
21255	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
21347	Opn tx nasomax fx multiple	5165
21348	Opn tx nasomax fx w/graft	5165
21366	Opn tx complx malar w/grft	5165
21422	Treat mouth roof fracture	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 lmr	5116
22548	Arthrd ant toral/xoral c1-c2	5116
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
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