

PROV-TYPE	PROV-DESC	PROC-TYPE	PROC-CODE	PROC-DESC	FACTOR-CODE	FACTOR	EFF-DATE	PROC-MOD
4	DENTIST	D	D0120	PERIODIC ORAL EVALUATION	F	16.37	7012013	
4	DENTIST	D	D0140	LIMITED ORAL EXAMINATION	F	25.59	7012013	
4	DENTIST	D	D0145	ORAL EVAL & COUNSELING CHILD UNDER THREE	F	23.54	7012013	
4	DENTIST	D	D0150	COMPREHENSIVE ORAL EXAMINATION	F	23.54	7012013	
4	DENTIST	D	D0170	RE-EVALUTAION, LIMITED, PROBLEM	F	25.59	7012013	
4	DENTIST	D	D0180	COMPREHENSIVE PERIODONTAL EXAM	F	23.54	7012013	
4	DENTIST	D	D0190	Screening of a patient	F	13.56	7012013	
4	DENTIST	D	D0210	INTRAORAL-COMPLETE SERIES(INCLUDING BITE	F	51.17	8012014	
4	DENTIST	D	D0220	INTRAORAL PERIAPICAL 1ST RADIOGRAPHIC IM	F	10.23	7012013	
4	DENTIST	D	D0230	INTRAORAL PERIAPICAL-EACH ADDTL IMAGE	F	8.18	7012013	
4	DENTIST	D	D0240	INTRAORAL-OCCLUSAL RADIOGRAPHIC IMAGE	F	12.28	7012013	
4	DENTIST	D	D0250	EXTRAORAL-1ST RADIOGRAPHIC IMAGE	F	27.2	7012013	
4	DENTIST	D	D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC	F	27.2	1012016	
4	DENTIST	D	D0270	BITEWING-SINGLE RADIOGRAPHIC IMAGE	F	9.21	7012013	
4	DENTIST	D	D0272	BITEWINGS-TWO RADIOGRAPHIC IMAGES	F	16.37	7012013	
4	DENTIST	D	D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	F	19.88	7012013	
4	DENTIST	D	D0274	BITEWINGS-FOUR RADIOGRAPHIC IMAGES	F	24.57	7012013	
4	DENTIST	D	D0321	TEMPORAMANDIBULAR JOINT RADIOGRAPHIC IMA	F	26.61	7012013	
4	DENTIST	D	D0330	PANORAMIC RADIOGRAPHIC IMAGE	F	46.05	8012014	
4	DENTIST	D	D0340	CEPHALOMETRIC IMAGE	F	46.05	7012013	
4	DENTIST	D	D0364	Cone beam ct capture&interpretation w/li	F	189.07	1012014	
4	DENTIST	D	D0365	Cone beam ct capture&interpret w/ field	F	189.07	1012014	
4	DENTIST	D	D0366	Cone beam ct capture&interpret w/field o	F	189.07	1012014	
4	DENTIST	D	D0367	Cone beam ct capture & interpret w/field	F	189.07	1012014	
4	DENTIST	D	D0368	Cone beam ct capture & interpret for tmj	F	189.07	1012014	
4	DENTIST	D	D0380	Cone beam ct image capture with limited	F	189.07	1012014	
4	DENTIST	D	D0381	Cone beam ct image capture with field of	F	189.07	1012014	
4	DENTIST	D	D0382	Cone beam ct image capture w/field of vi	F	189.07	1012014	
4	DENTIST	D	D0383	Cone beam ct image capture with field of	F	189.07	1012014	
4	DENTIST	D	D0384	Cone beam ct image capture for tmj serie	F	189.07	1012014	
4	DENTIST	D	D0391	Interpretation of diag image by a practi	F	201.86	1012014	
4	DENTIST	D	D0393	Treatment simulation using 3d image volu	F	279.66	1012014	
4	DENTIST	D	D0394	Digital subtraction of two or more image	F	71.89	1012014	

4 DENTIST	D	D0395	Fusion of two or more 3d image volumes o	F	71.89	1012014
4 DENTIST	D	D0460	PULP VITALITY TESTS	F	18.18	7012013
4 DENTIST	D	D0470	DIAGNOSTIC CASTS	F	35.82	7012013
4 DENTIST	D	D0601	Caries risk assessment and documentation	M	0	1012014
4 DENTIST	D	D0602	Caries risk assessment and documentation	M	0	1012014
4 DENTIST	D	D0603	Caries risk assessment and documentation	M	0	1012014
4 DENTIST	D	D1110	ADULT PROPHYLAXIS	F	35.82	7012013
4 DENTIST	D	D1120	CHILD PROPHYLAXIS	F	24.57	7012013
4 DENTIST	D	D1206	FLUORIDE VARNISH	F	14.33	7012013
4 DENTIST	D	D1208	Topical application of fluoride	F	14.33	7012013
4 DENTIST	D	D1351	SEALANT, PER TOOTH	F	20.47	7012013
4 DENTIST	D	D1352	PREVENTIVE RESIN RESTORATION, PERM TOOTH	F	34.47	7012013
4 DENTIST	D	D1353	SEALANT REPAIR - PER TOOTH	F	19.94	1012015
4 DENTIST	D	D1354	INTERIM CARIES ARRESTING MEDICAMENT APPL	M	0	1012016
4 DENTIST	D	D1510	SPACE MAINTAINER-FIXED UNILATERAL TYPE	F	102.35	7012013
4 DENTIST	D	D1515	SPACE MAINTAINER-FIXED BILATERAL TYPE	F	163.77	7012013
4 DENTIST	D	D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL TY	F	145.33	7012013
4 DENTIST	D	D1525	SPACE MAINTAINER-REMOVABLE BILATERAL TYP	F	153.53	7012013
4 DENTIST	D	D1550	RECEMENTATION OF SPACE MAINTAINER	F	25.59	7012013
4 DENTIST	D	D1555	REMOVAL OF FIXED SPACE MAINTAINER	F	24.84	7012013
4 DENTIST	D	D1999	Unspecified preventive procedure, by rep	M	0	1012014
4 DENTIST	D	D2140	AMALGAM-ONE SURFACE,PERMANENT	F	46.05	7012013
4 DENTIST	D	D2150	AMALGAM-TWO SURFACES,PRIMARY OR PERMANEN	F	58.34	7012013
4 DENTIST	D	D2160	AMALGAM-THREE SURFACES,PERMANENT	F	70.62	7012013
4 DENTIST	D	D2161	AMALGAM-FOUR OR MORE SURFACES,PERMANENT	F	79.83	7012013
4 DENTIST	D	D2330	RESIN - ONE SURFACE ANTERIOR	F	52.19	7012013
4 DENTIST	D	D2331	RESIN - TWO SURFACES ANTERIOR	F	66.52	7012013
4 DENTIST	D	D2332	RESIN - THREE SURFACES, ANTERIOR	F	76.76	7012013
4 DENTIST	D	D2335	RESIN - FOUR OR MORE SURFACES OR INVOLVI	F	86.99	7012013
4 DENTIST	D	D2390	RESIN BASED COMPOSITE CROWN ANTERIOR	F	86.99	7012013
4 DENTIST	D	D2391	RESIN BASED COMPOSITE-ONE SURFACE POST.	F	52.19	7012013
4 DENTIST	D	D2392	RESIN BASED COMPOSITE,TWO SURFACES POST.	F	72.47	7012013
4 DENTIST	D	D2393	RESIN BASED COMPOSITE-3 SURFACE POSTER.	F	76.76	7012013
4 DENTIST	D	D2394	RESIN BASED COMPOSITE-4 OR MORE SURFACES	F	86.99	7012013

4 DENTIST	D	D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	F	153.53	7012013
4 DENTIST	D	D2712	CROWN - 3/4 RESIN-BASED COMPOSITE (INDI	F	153.53	7012013
4 DENTIST	D	D2720	CROWN, RESIN WITH HIGH NOBLE METAL	F	263.41	7012013
4 DENTIST	D	D2721	CROWN, RESIN WITH PREDOMINANTLY BASE MET	F	506.63	7012013
4 DENTIST	D	D2740	CROWN, PORCELAIN/CERAMIC SUBSTRATE	F	423.73	7012013
4 DENTIST	D	D2750	CROWN, PORCELAIN FUSED TO HIGH NOBLE MET	F	470.82	7012013
4 DENTIST	D	D2751	CROWN, PORCELAIN FUSED TO PREDOMINANTLY	F	419.64	7012013
4 DENTIST	D	D2752	CROWN,PORCELAIN FUSED TO NOBLE METAL	F	475.94	7012013
4 DENTIST	D	D2781	CROWN, 3/4 CAST PREDOMINATELY BASE METAL	F	400.39	1012014
4 DENTIST	D	D2790	CROWN, FULL CAST HIGH NOBLE METAL	F	419.64	7012013
4 DENTIST	D	D2791	CROWN, FULL CAST PREDOMINANTLY BASE META	F	404.28	7012013
4 DENTIST	D	D2792	CROWN,FULL CAST NOBLE METAL	F	432.94	7012013
4 DENTIST	D	D2910	RECEMENT INLAY, ONLAY, OR PARTIAL COVERA	F	38.89	7012013
4 DENTIST	D	D2915	RECEMENT CAST OR PREFAB. POST AND CORE	F	30.7	7012013
4 DENTIST	D	D2920	RECEMENT CROWN	F	30.7	7012013
4 DENTIST	D	D2921	Reattachment of tooth fragment, incisal	F	106.35	1012014
4 DENTIST	D	D2929	Prefabricated porcelain/ceramic crown -	F	126.04	7012013
4 DENTIST	D	D2930	PREFABRICATED STAINLESS STEEL CROWN, PRI	F	102.35	7012013
4 DENTIST	D	D2931	PREFABRICATED STAINLESS STEEL CROWN, PER	F	112.58	7012013
4 DENTIST	D	D2932	PREFABRICATED RESIN CROWN	F	117.7	7012013
4 DENTIST	D	D2933	PREFAB SSC WITH RESIN WINDOW	F	126.04	7012013
4 DENTIST	D	D2934	PREFAB ESTHETIC COATED SS CROWN PRIMARY	F	126.04	7012013
4 DENTIST	D	D2940	PROTECTIVE RESTORATION	F	31.72	7012013
4 DENTIST	D	D2950	CORE BUILDUP, INCLUDING ANY PINS	F	110.78	7012013
4 DENTIST	D	D2951	PIN RETENTION, PER TOOTH,IN ADDITION TO	F	12.28	7012013
4 DENTIST	D	D2952	CAST POST AND CORE IN ADDITION TO CROWN	F	127.94	7012013
4 DENTIST	D	D2954	PREFABRICATED POST AND CORE IN ADDITION	F	75.73	7012013
4 DENTIST	D	D2971	ADD. PROC.TO CONSTRUCT NEW CROWN FOR PAR	F	50.08	7012013
4 DENTIST	D	D2980	CROWN REPAIR	M	0	6112012
4 DENTIST	D	D2990	RESIN INFILTRATION OF INCIPIENT SMOOTH S	M	0	1012013
4 DENTIST	D	D2999	UNSPECIFIED RESTORATIVE PROCEDURE	M	0	6112012
4 DENTIST	D	D3220	THERAPEUTIC PULPOTOMY, EXCLUDING FINAL R	F	59.36	7012013
4 DENTIST	D	D3221	PULPAL DEBRIDEMENT	F	73.86	7012013
4 DENTIST	D	D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS, PERM	F	133.32	7012013

4 DENTIST	D	D3310	ENDODONTIC THERAPY-ANTERIOR(EXCLUDES FIN	F	255.87	7012013
4 DENTIST	D	D3320	ENDODONTIC THERAPY-BISCUSPID(EXCLUDES FI	F	307.05	7012013
4 DENTIST	D	D3330	ENDODONTIC THERAPY-MOLAR(EXCLUDES FINAL	F	394.05	7012013
4 DENTIST	D	D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABL	M	0	8012012
4 DENTIST	D	D3346	RETREATMENT OF PREV ROOT CANEL THERAPY	F	281.45	7012013
4 DENTIST	D	D3347	RETREATMENT OF PREV ROOT CANAL THERAPY	F	337.76	7012013
4 DENTIST	D	D3348	RETREATMENT OF PREV ROOT CANAL THERAPY	F	506.63	7012013
4 DENTIST	D	D3351	APEXIFICAT/RECALC/PULPL REGEN-INITIAL	F	76.76	7012013
4 DENTIST	D	D3352	APEXIFICAT/RECALC/PULPL REGEN-INTERIM	F	51.17	7012013
4 DENTIST	D	D3353	APEXIFICATION/RECALCIF. FINAL VISIT INC	F	140.79	7012013
4 DENTIST	D	D3355	Pulpal regeneration - initial visit	F	157.56	1012014
4 DENTIST	D	D3356	Pulpal regeneration - interim medication	F	110.29	1012014
4 DENTIST	D	D3357	Pulpal regeneration - completion of trea	F	110.29	1012014
4 DENTIST	D	D3410	APICOECTOMY/PERIADICULAR SURG-ANTERIOR	F	236.43	7012013
4 DENTIST	D	D3421	APICOECTOMY/PERIADICULAR SURGERY, BICUSP	F	316.26	7012013
4 DENTIST	D	D3425	APICOECTOMY/PERIRADICULAR SURGERY, MOLAR	F	143.28	7012013
4 DENTIST	D	D3426	APICOECTOMY/PERIRADICULAR SURGERY, EACH	F	51.19	7012013
4 DENTIST	D	D3427	Periradicular surgery without apicoectom	F	120.13	1012014
4 DENTIST	D	D3430	RETROGRADE FILLING, PER ROOT INCLUDING A	F	191.48	7012013
4 DENTIST	D	D3450	ROOT AMPUTATION, PER ROOT	F	64.65	7012013
4 DENTIST	D	D3999	UNSPECIFIED ENDODONTIC PROCEDURE	M	0	6112012
4 DENTIST	D	D4210	GINGIVECTOMY OR GINGIVOPLASTY-PER QUADRA	F	230.29	7012013
4 DENTIST	D	D4211	GINGIVECTOMY OR GINGIVOPLASTY, 1-3 CONTI	F	115.14	7012013
4 DENTIST	D	D4212	Gingivectomy or gingivoplasty to allow a	F	20.47	7012013
4 DENTIST	D	D4240	GINGIVAL FLAP PROCEDURE, INCL ROOT PLANI	M	0	6112012
4 DENTIST	D	D4241	GINGIVAL FLAP PROCED.INCLUD.ROOT PLANING	M	0	6112012
4 DENTIST	D	D4245	APICALLY POSITIONED FLAP	F	313.1	4012014
4 DENTIST	D	D4249	CROWN LENGTHENING	M	0	6112012
4 DENTIST	D	D4260	OSSEOUS SURGERY, INC FLAP ENTRY AND CLOS	F	419.64	7012013
4 DENTIST	D	D4261	OSSEOUS SURGERY 1-3 TEETH PER QUADRANT	F	157.35	7012013
4 DENTIST	D	D4263	BONE REPLACEMENT GRAFT,FIRST SITE IN QUD	F	179.11	7012013
4 DENTIST	D	D4264	BONE REPLACEMENT GRAFT,EACH ADDL SITE	F	179.11	7012013
4 DENTIST	D	D4265	BIOLOGICAL MATER. TO AID IN TISSUE REGEN	M	0	5012013
4 DENTIST	D	D4266	GUIDED TISSUE REGENERATION - RESORBABLE	M	0	5012013

4 DENTIST	D	D4267	GUIDED TISSUE REGENERATION - NONRESORBAB	M	0	5012013
4 DENTIST	D	D4270	PEDICLE SOFT TISSUE GRAFTS	F	388.94	7012013
4 DENTIST	D	D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT	M	0	5012013
4 DENTIST	D	D4275	SOFT TISSUE ALLOGRAFT	F	388.94	7012013
4 DENTIST	D	D4276	COMBINED CONNECTIVE TISSUE/PEDICAL GRAFT	M	0	1012013
4 DENTIST	D	D4277	Free soft tissue grft proc,first tooth o	F	358.23	7012013
4 DENTIST	D	D4278	Free soft tissue graft procedure, each a	F	286.84	7012013
4 DENTIST	D	D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCE	M	0	1012016
4 DENTIST	D	D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT P	M	0	1012016
4 DENTIST	D	D4321	PROVISIONAL SPLINTING-EXTRACORONAL	M	0	6112012
4 DENTIST	D	D4341	PERIODONTAL SCALING AND ROOT PLANING - P	F	102.35	7012013
4 DENTIST	D	D4342	PERIODONTAL SCALING AND ROOT PLANING 1-3	F	38.4	7012013
4 DENTIST	D	D4346	SCALING IN PRESNCE OF GENERALIZED MOD OR	F	35.82	1012017
4 DENTIST	D	D4355	FULL MOUTH DEBRIDEMENT	F	51.17	7012013
4 DENTIST	D	D4381	ANTIMICROBIAL MEDICATION, PER TOOTH	F	79.28	7012013
4 DENTIST	D	D4910	PREVENTIVE PERIODONTAL MAINTENANCE	F	61.41	7012013
4 DENTIST	D	D4920	UNSCHEDULED DRESSING CHANGE, BY NONTREAT	F	16.37	7012013
4 DENTIST	D	D4999	UNSPECIFIED PERIODONTAL PROCEDURE	M	0	6112012
4 DENTIST	D	D5110	COMPLETE DENTURE - MAXILLARY	F	532.22	7012013
4 DENTIST	D	D5120	COMPLETE DENTURE - MANDIBULAR	F	527.11	7012013
4 DENTIST	D	D5130	IMMEDIATE DENTURE - MAXILLARY	F	562.94	7012013
4 DENTIST	D	D5140	IMMEDIATE DENTURE - MANDIBULAR	F	511.76	7012013
4 DENTIST	D	D5211	MAXILLARY PARTIAL DENTURE-RESIN BASE	F	255.87	7012013
4 DENTIST	D	D5212	MANDIBULAR PARTIAL DENTURE-RESIN BASE	F	332.64	7012013
4 DENTIST	D	D5213	MAXILLARY PARTIAL DENTURE,CAST METAL FRA	F	591.04	7012013
4 DENTIST	D	D5214	MANDIBULAR PARTIAL DENTURE,CAST METAL	F	591.04	7012013
4 DENTIST	D	D5225	MAX.PARTIAL DENTURE FLEXIBLE BASE	F	504.58	7012013
4 DENTIST	D	D5226	MANDIBULAR PARTIAL FLEXIBLE BASE	F	504.58	7012013
4 DENTIST	D	D5410	ADJUST COMPLETE DENTURE,MAXILLARY	F	20.47	7012013
4 DENTIST	D	D5411	ADJUST COMPLETE DENTURE,MANDIBULAR	F	20.47	7012013
4 DENTIST	D	D5421	ADJUST PARTIAL DENTURE,MAXILLARY	F	20.47	7012013
4 DENTIST	D	D5422	ADJUST PARTIAL DENTURE,MANDIBULAR	F	20.47	7012013
4 DENTIST	D	D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MAN	M	0	1012018
4 DENTIST	D	D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAX	M	0	1012018

4 DENTIST	D	D5520	REPLACE MISSING/BROKEN TEETH, COMPL DENT	F	51.17	7012013
4 DENTIST	D	D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDI	M	0	1012018
4 DENTIST	D	D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXIL	M	0	1012018
4 DENTIST	D	D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULA	M	0	1012018
4 DENTIST	D	D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	M	0	1012018
4 DENTIST	D	D5630	REPAIR OR REPLACE BROKEN CLASP	F	53.22	7012013
4 DENTIST	D	D5640	REPLACE BROKEN TEETH PER TOOTH	F	50.08	7012013
4 DENTIST	D	D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	F	68.59	7012013
4 DENTIST	D	D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	F	81.65	7012013
4 DENTIST	D	D5710	REBASE COMPLETE MAXILL DENTURE	F	237.35	7012013
4 DENTIST	D	D5711	REBASE COMPLETE MANDIB DENTURE	F	237.35	7012013
4 DENTIST	D	D5720	REBASE MAX PARTIAL DENTURE	M	0	5012013
4 DENTIST	D	D5721	REBASE MANDIB PARTIAL DENTURE	M	0	5012013
4 DENTIST	D	D5730	RELINE COMPLETE MAXILL DENTURE,CHAIRSIDE	F	127.94	7012013
4 DENTIST	D	D5731	RELINE COMPLETE MANDIB DENTURE,CHAIRSIDE	F	112.58	7012013
4 DENTIST	D	D5740	RELINE UPPER PARTIAL DENTURE, CHAIRSIDE	F	86.99	7012013
4 DENTIST	D	D5741	RELINE LOWER PARTIAL DENTURE, CHAIRSIDE	F	102.35	7012013
4 DENTIST	D	D5750	RELINE COMPLETE UPPER DENTURE, LABORATOR	F	163.77	7012013
4 DENTIST	D	D5751	RELINE COMPLETE LOWER DENTURE, LABORATOR	F	163.77	7012013
4 DENTIST	D	D5760	RELINE UPPER PARTIAL DENTURE, LABORATORY	F	153.53	7012013
4 DENTIST	D	D5761	RELINE LOWER PARTIAL DENTURE, LABORATORY	F	153.53	7012013
4 DENTIST	D	D5850	TISSUE CONDITIONING,MAXILLARY	F	30.7	7012013
4 DENTIST	D	D5851	TISSUE CONDITIONING,MANDIBULAR	F	30.7	7012013
4 DENTIST	D	D5862	PRECISION ATTACHMENT - OVERDENTURE	F	102.38	7012013
4 DENTIST	D	D5863	Overdenture - complete maxillary	F	763.18	1012014
4 DENTIST	D	D5864	Overdenture - partial maxillary	F	781.89	1012014
4 DENTIST	D	D5865	Overdenture - complete mandibular	F	763.18	1012014
4 DENTIST	D	D5866	Overdenture - partial mandibular	F	781.89	1012014
4 DENTIST	D	D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROC	M	0	6112012
4 DENTIST	D	D5931	OBTURATOR PROSTHESIS,SURGICAL	M	0	6112012
4 DENTIST	D	D5932	OBTURATOR PROSTHESIS,DEFINITIVE	F	1010.27	7012013
4 DENTIST	D	D5933	OBTURATOR PROSTHESIS,MODIFICATION	F	69.28	7012013
4 DENTIST	D	D5954	PALATAL AUGMENTATION	F	1439.71	1012016
4 DENTIST	D	D5958	PALATAL LIFT PROSTHESIS,INTERIM	M	0	6112012

4 DENTIST	D	D5992	ADJUST MAX PROSTHETIC APPLIANCE	M	0	6112012
4 DENTIST	1	D5992	ADJUST MAXILLOFACIAL PROSTHET APPLIANC	M	0	6112012
4 DENTIST	1	D5993	MAINT & CLEANING MAXILLOFACIAL PROSTH	M	0	6112012
4 DENTIST	D	D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS	M	0	5012013
4 DENTIST	D	D6010	ENDOSTEAL (OSSEOUS) IMPLANT	F	1078.94	7012013
4 DENTIST	D	D6012	SURG PLACEMENT INTERIM IMPLANT BODY	M	0	6112012
4 DENTIST	D	D6013	Surgical placement of mini implant	F	669.63	1012014
4 DENTIST	D	D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	M	0	6112012
4 DENTIST	D	D6050	TRANSOSTEAL IMPLANT	M	0	6112012
4 DENTIST	D	D6055	CONNECT BAR-IMPLANT SUPPORT OR ABUTMNT	F	1522.92	7012013
4 DENTIST	D	D6056	PREFABRICATED ABUTMENT	F	471.43	7012013
4 DENTIST	D	D6057	CUSTOM ABUTMENT - INCLUDES PLACEMENT	F	552	7012013
4 DENTIST	D	D6058	ABUTMENT SUPPORT PORCELAIN/CERAMIC CROWN	F	775.79	7012013
4 DENTIST	D	D6059	ABUTMENT SUPPORT PORCELAIN FUSED METAL	M	0	6112012
4 DENTIST	D	D6060	ABUTMENT SUPPORTPORCELAIN FUSED METAL	M	0	6112012
4 DENTIST	D	D6061	ABUTMENT SUPPORTED NOBLE METAL CROWN	F	725.05	7012013
4 DENTIST	D	D6062	ABUTMENT SUPPORTED CAST METAL CROWN	M	0	6112012
4 DENTIST	D	D6063	ABUTMENT SUPPORTED CAST METAL CROWN	M	0	6112012
4 DENTIST	D	D6064	ABUTMENT SUPPORTED CAST METAL CROWN	M	0	6112012
4 DENTIST	D	D6065	IMPLANT SUPPORT PORCELAIN/CERAMIC CROWN	M	0	6112012
4 DENTIST	D	D6066	IMPLANT SUPPORT PORCELAIN FUSED TO METAL	M	0	6112012
4 DENTIST	D	D6067	IMPLANT SUPPORTED METAL CROWN	M	0	6112012
4 DENTIST	D	D6068	ABUTMENT SUPPORT RETAINER PORCEL/CERAMIC	M	0	6112012
4 DENTIST	D	D6069	ABUTMENT SUPPORT RETAIN PORCELAIN FUSED	M	0	6112012
4 DENTIST	D	D6070	ABUTMENT SUPPORT RETAINER PORCELAIN FUSE	M	0	6112012
4 DENTIST	D	D6071	ABUTMENT SUPPORT RETAINER PORCELAIN FUSE	F	781.75	7012013
4 DENTIST	D	D6072	ABUTMENT SUPPORTED RETAINER FOR CAST	M	0	6112012
4 DENTIST	D	D6073	ABUTMENT SUPPORTED RETAINER FOR CAST	M	0	6112012
4 DENTIST	D	D6074	ABUTMENT SUPPORTED RETAINER FOR CAST	M	0	6112012
4 DENTIST	D	D6075	IMPLANT SUPPORT RETAINER FOR CERAMIC FPD	M	0	6112012
4 DENTIST	D	D6076	IMPLANT SUPPORT RETAINER PORCELAIN FUSED	M	0	6112012
4 DENTIST	D	D6077	IMPLANT SUPPORT RETAINER CAST METAL FPD	M	0	6112012
4 DENTIST	D	D6080	IMPLANT MAINTENANCE PROCEDURES	M	0	6112012
4 DENTIST	D	D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS RPT	M	0	6112012

4 DENTIST	D	D6091	REPLACEMENT ATTACH FOR IMPLANT/ABUTMENT	M	0	6112012
4 DENTIST	D	D6092	RECEMENT IMPLANT/ABUTMENT SUPPORT CROWN	M	0	6112012
4 DENTIST	D	D6093	RECEMENT IMPLANT/ABUTMENT SUPPORT FIXED	M	0	6112012
4 DENTIST	D	D6094	ABUTMENT SUPPORTED CROWN TITANIUM	M	0	6112012
4 DENTIST	D	D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	M	0	6112012
4 DENTIST	D	D6100	IMPLANT REMOVAL, BY REPORT	M	0	6112012
4 DENTIST	D	D6101	Debridemnt of a periimplant defect&surfa	F	230.28	7012013
4 DENTIST	D	D6102	Debridemnt&osseous contouring of a perii	F	276.74	7012013
4 DENTIST	D	D6110	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DEN	M	0	1012015
4 DENTIST	D	D6111	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DEN	M	0	1012015
4 DENTIST	D	D6112	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DEN	M	0	1012015
4 DENTIST	D	D6113	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DEN	M	0	1012015
4 DENTIST	D	D6114	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE	M	0	1012015
4 DENTIST	D	D6115	IMPLANT/ABUTMENT SUPPORTED FIXED- MANDIB	M	0	1012015
4 DENTIST	D	D6116	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE	M	0	1012015
4 DENTIST	D	D6117	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE	M	0	1012015
4 DENTIST	D	D6190	RADIOGRAPH/SURGICAL IMPLANT INDEX	M	0	6112012
4 DENTIST	D	D6194	ABUTMENT SUPPORTED RETAINER CROWN TITANI	M	0	6112012
4 DENTIST	D	D6199	UNSPECIFIED IMPLANT PROCEDURE, BY REPOR	M	0	6112012
4 DENTIST	D	D6205	PONTIC-INDIRECT RESIN BASED COMPOSITE	F	164.55	7012013
4 DENTIST	D	D6210	PONTIC, CAST HIGH NOBLE METAL	F	164.55	7012013
4 DENTIST	D	D6211	PONTIC, CAST PREDOMINANTLY BASE METAL	F	152.82	7012013
4 DENTIST	D	D6212	PONTIC, CAST NOBLE METAL	F	152.82	7012013
4 DENTIST	D	D6240	PONTIC, PORCELAIN FUSED TO HIGH NOBLE ME	F	399.17	8012014
4 DENTIST	D	D6241	PONTIC, PORCELAIN FUSED TO PREDOMINANTLY	F	234.72	8012014
4 DENTIST	D	D6242	PONTIC, PORCELAIN UFSED TO NOBLE METAL	F	332.64	7012013
4 DENTIST	D	D6245	PONTIC, PORCELAIN/CERAMIC	F	399.17	7012013
4 DENTIST	D	D6250	PONTIC, RESIN WITH HIGH NOBLE METAL	F	188.09	7012013
4 DENTIST	D	D6251	PONTIC RESIN WITH PREDOMINANTLY BASE MET	F	164.55	7012013
4 DENTIST	D	D6252	PONTIC RESIN WITH NOBLE METAL	F	164.55	7012013
4 DENTIST	D	D6545	CAST METAL RETAINER,RESIN BANDED FIXED	F	102.35	7012013
4 DENTIST	D	D6549	RESIN RETAINER - FOR RESIN BONDED FIXED	M	0	1012015
4 DENTIST	D	D6710	CROWN-INDIRECT RESIN BASED COMPOSITE	F	153.53	7012013
4 DENTIST	D	D6720	CROWN, RESIN WITH HIGH NOBLE METAL	F	188.09	7012013

4 DENTIST	D	D6721	CROWN, RESIN WITH PREDOMINANTLY BASE MET	F	182.2	7012013
4 DENTIST	D	D6722	CROWN, RESIN WITH NOBLE METAL	F	182.2	7012013
4 DENTIST	D	D6740	RETAINER- CROWN- PORCELAIN/CERAMIC	F	423.73	2012014
4 DENTIST	D	D6750	CROWN, PORCELAIN FUSED TO HIGH NOBLE MET	F	430.89	8012014
4 DENTIST	D	D6751	CROWN, PORCELAIN FUSED TO PREDOMINATELY	F	288.01	8012014
4 DENTIST	D	D6752	CROWN, PROCELAIN FUSED TO NOBLE METAL	F	342.88	7012013
4 DENTIST	D	D6780	THREE FOURTH CAST GOLD CROWN	F	170.43	7012013
4 DENTIST	D	D6790	CROWN, FULL CAST HIGH NOBLE METAL	F	262.39	7012013
4 DENTIST	D	D6791	CROWN, FULL CAST PREDOMINANTLY BASE META	F	212.47	7012013
4 DENTIST	D	D6792	CROWN, FULL CAST NOBLE METAL	F	226.16	7012013
4 DENTIST	D	D6920	CONNECTOR BAR	M	0	6112012
4 DENTIST	D	D6930	RECEMENT FIXED PARTIAL DENTURE	F	46.05	7012013
4 DENTIST	D	D6940	STRESS BREAKER	F	51.19	7012013
4 DENTIST	D	D6950	PRECISION ATTACHMENT	F	102.38	7012013
4 DENTIST	D	D6980	FIXED PARTIAL DENTURE REPAIR	M	0	6112012
4 DENTIST	D	D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDUR	M	0	6112012
4 DENTIST	D	D7111	EXTRACTION, CORONAL REMNANTS-DECIDUOUS T	F	38.39	7012013
4 DENTIST	D	D7140	EXTRACTION,ERUPTED TOOTH OR EXP.ROOT	F	51.17	7012013
4 DENTIST	D	D7210	SURGICAL REMOVAL OF ERUPTED TOOTH	F	97.23	7012013
4 DENTIST	D	D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	F	138.17	7012013
4 DENTIST	D	D7230	REMOVAL OF IMPACTED TOOTH - PARTIAL BONY	F	184.23	7012013
4 DENTIST	D	D7240	REMOVAL OF IMPACTED TOOTH - BONY	F	214.92	7012013
4 DENTIST	D	D7241	REMOVAL IMPACTED TOOTH COMPL BONY W/UNUS	F	191.38	7012013
4 DENTIST	D	D7250	ROOT RECOVERY(SURGICAL REMOVAL OF RESIDU	F	100.3	7012013
4 DENTIST	D	D7251	CORONECTOMY-INTENTIONAL PARTIAL TOOTH RE	F	214.92	7012013
4 DENTIST	1	D7251	CORONECTOMY -PARTIAL TOOTH REMOVAL	M	0	6112012
4 DENTIST	D	D7260	OROANTRAL FISTULA CLOSURE	F	297.41	7012013
4 DENTIST	D	D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	F	297.41	7012013
4 DENTIST	D	D7270	REPLANTATION OF TRAUMATICALLY AVULSED TO	F	117.54	7012013
4 DENTIST	D	D7280	SURGICAL ACCESS OF AN ERUPTED TOOTH	F	240.52	7012013
4 DENTIST	D	D7282	MOBILIZATION OF ERUPTED/MALPOSITIONED TO	F	248.46	7012013
4 DENTIST	D	D7283	PLACE. DEVICE TO FACILITATE ERUPTION TOO	M	0	6112012
4 DENTIST	D	D7285	BIOPSY OF ORAL TISSUE(HARD)	F	179.11	7012013
4 DENTIST	D	D7286	BIOPSY OF ORAL TISSUE(SOFT)	F	107.47	7012013

4 DENTIST	D	D7287	CYTOLOGY SAMPLE COLLECTION	F	3.26	7012013
4 DENTIST	D	D7295	HARVEST OF BONE FOR GRAFTING	F	707.39	7012013
4 DENTIST	1	D7295	HARVEST OF BONE	M	0	6112012
4 DENTIST	D	D7310	ALVEOLOPLASTY W EXTRACTIONS, 4 OR MORE	F	85.4	7012013
4 DENTIST	D	D7311	ALEVEOLPLASTY W/EXTRACTIONS, 1-3 TEETH P	F	85.4	7012013
4 DENTIST	D	D7320	ALVEOLOPLASTY PER QUAD-NOT W/EXTRACTIONS	F	97.23	7012013
4 DENTIST	D	D7321	ALVEOLOPLASTY NOT W/EXTRACTIONS, 1-3 TEE	F	97.23	7012013
4 DENTIST	D	D7340	VESTIBULOPLASTY, RIDGE EXTEN. 2NDARY EPI	F	767.64	7012013
4 DENTIST	D	D7350	VESTIBULOPLASTY--COMPLICATED	F	1023.51	7012013
4 DENTIST	D	D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	F	230.29	7012013
4 DENTIST	D	D7411	EXCISION OF BENIGN LESION >1.25 CM	F	184.23	7012013
4 DENTIST	D	D7412	EXCISION OF BENIGN LESION COMPLICATED	F	202.65	7012013
4 DENTIST	D	D7413	EXCISION MALIGNANT LESION UP TO 1.25CM	F	176.6	7012013
4 DENTIST	D	D7414	EXCISION OF MALIGNANT LESION >1.25CM	F	202.11	7012013
4 DENTIST	D	D7415	EXCISION OF MALIGNANT LESION COMPLICATED	F	222.32	7012013
4 DENTIST	D	D7440	EXCISION MALIGNANT TUMOR-UP TO 1.25 CM	F	110.65	7012013
4 DENTIST	D	D7441	EXCISION MALIGNANT TUMOR-OVER 1.25 CM	F	127.38	7012013
4 DENTIST	D	D7450	REMOVE ODONTOGENIC CYST/TUMOR-UP TO 1.25	F	105.79	7012013
4 DENTIST	D	D7451	REMOVE ODONTOGENIC CYST/TUMOR-OVER 1.25	F	230.29	7012013
4 DENTIST	D	D7460	REMOVAL OF NON-ONDONTOGENIC CYST/TUMOR-U	F	110.65	7012013
4 DENTIST	D	D7461	REMOVAL OF NON-ONDONTOGENIC CYST/TUMOR-O	F	230.29	7012013
4 DENTIST	D	D7465	DESTRUCTION OF LESIONS BY PHYSICAL METHO	F	153.53	7012013
4 DENTIST	D	D7471	REMOVAL OF EXOSTOSIS, PER SITE	F	119.74	7012013
4 DENTIST	D	D7472	REMOVAL OF TORUS PALATINUS	F	119.74	7012013
4 DENTIST	D	D7473	REMOVAL OF TORUS MANDIBULARIS	F	119.74	7012013
4 DENTIST	D	D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	F	158.09	7012013
4 DENTIST	D	D7490	RADICAL RESECTION OF MANDIBLE/BONE GRAFT	M	0	6112012
4 DENTIST	D	D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAOR	F	53.22	7012013
4 DENTIST	D	D7511	INCISION/DRAIN OF ABSCESS SOFT TISSUE	F	53.22	7012013
4 DENTIST	D	D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAOR	F	230.29	7012013
4 DENTIST	D	D7521	INCISION/DRAIN ABSCESS EXTRAORAL TISS	F	230.29	7012013
4 DENTIST	D	D7530	REMOVAL OF FOREIGN BODY,SKIN,OR SUBCUTAN	F	94.03	7012013
4 DENTIST	D	D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BO	F	158.69	7012013
4 DENTIST	D	D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY	F	156.59	7012013

4 DENTIST	D	D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOT	F	255.87	7012013
4 DENTIST	D	D7610	MAXILLA-OPEN REDUCTION,TEETH IMMOBILIZED	F	3147.3	7012013
4 DENTIST	D	D7620	MAXILLA-CLOSED REDUCTION,TEETH IMMOBILIZ	F	511.76	7012013
4 DENTIST	D	D7630	MANDIBLE-OPEN REDUCTION,TEETH IMMOBILIZE	F	1791.15	7012013
4 DENTIST	D	D7640	MANDIBLE-CLOSED REDUCTION,TEETH IMMOBILI	F	1125.86	7012013
4 DENTIST	D	D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTI	F	499.57	7012013
4 DENTIST	D	D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUC	F	340.88	7012013
4 DENTIST	D	D7670	ALVEOLUS-STABILIZATION OF TEETH,OPEN RED	F	340.88	7012013
4 DENTIST	D	D7671	ALVEOLUS OPEN REDUCTION,STABIL OF TEETH	F	409.41	7012013
4 DENTIST	D	D7680	FACIAL BONES-COMPLICATED REDUCTION W/FIX	F	953.04	7012013
4 DENTIST	D	D7710	MAXILLA-OPEN REDUCTION COMPOUND FRACTURE	F	764.06	7012013
4 DENTIST	D	D7720	MAXILLA-CLOSED REDUCTION COMPOUND FRACTU	F	499.57	7012013
4 DENTIST	D	D7730	MANDIBLE-OPEN REDUCTION COMPOUND FRACTUR	F	1791.15	7012013
4 DENTIST	D	D7740	MANDIBLE-CLOSED REDUCTION COMPOUND FRACT	F	499.57	7012013
4 DENTIST	D	D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTI	F	499.57	7012013
4 DENTIST	D	D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDU	F	235.08	7012013
4 DENTIST	D	D7770	ALVEOLUS COMPOUND FRACTURE-STABILIZATION	F	409.41	7012013
4 DENTIST	D	D7771	ALVEOLUS CLOSED REDUCTION STABIL.TEETH	F	340.88	7012013
4 DENTIST	D	D7780	FACIAL BONES COMPOUND FRACTURE-COMPLICAT	M	0	6112012
4 DENTIST	D	D7810	OPEN REDUCTION OF DISLOCATION	F	1054.4	7012013
4 DENTIST	D	D7820	CLOSED REDUCTION OF DISLOCATION	F	88.17	7012013
4 DENTIST	D	D7830	MANIPULATION UNDER ANESTHESIA	F	88.17	7012013
4 DENTIST	D	D7840	CONDYLECTOMY	F	948.56	7012013
4 DENTIST	D	D7850	SURGICAL DISCECTOMY, WITH/WITHOUT IMPLAN	F	632.37	7012013
4 DENTIST	D	D7860	ARTHROTOMY	F	2047.02	7012013
4 DENTIST	D	D7870	ARTHROCENTESIS	F	511.76	7012013
4 DENTIST	D	D7880	OCCLUSAL ORTHOTIC DEVICE	F	308.32	7012013
4 DENTIST	D	D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	F	40	1012016
4 DENTIST	D	D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	F	88.17	7012013
4 DENTIST	D	D7911	COMPLICATED SUTURE UP TO 5 CM.	F	153.53	7012013
4 DENTIST	D	D7912	COMPLICATED SUTURE OVER 5 CM.	F	286.57	7012013
4 DENTIST	D	D7920	SKIN GRAFTS	F	707.39	7012013
4 DENTIST	D	D7940	OSTEOPLASTY FOR ORTHOGNATHIC DEFORMITIES	F	1580.92	7012013
4 DENTIST	D	D7941	OSTEOTOMY, MANDIBULAR RAMI	F	948.56	7012013

4 DENTIST	D	D7943	OSTEOTOMY, MANDIBULAR RAMI W BONE GRAFT	F	948.56	7012013
4 DENTIST	D	D7944	OSTEOTOMY, SEGMENTED OR SUBAPICAL PER SE	F	981.68	7012013
4 DENTIST	D	D7945	OSTEOTOMY, BODY OF MANDIBLE	F	948.56	7012013
4 DENTIST	D	D7946	LEFORT I (MAXILLA, TOTAL)	F	3582.3	7012013
4 DENTIST	D	D7947	LEFORT I (MAXILLA SEGMENT)	F	1580.92	7012013
4 DENTIST	D	D7948	LEFORT II OR LEFORT III (OSTEOPLASTY FAC	F	1580.92	7012013
4 DENTIST	D	D7949	LEFORT II OR LEFORT III WITH BONE GRAFT	F	1897.09	7012013
4 DENTIST	D	D7950	OSSEOUS/PERIOSTEAL/CARTILAGE GRAFT AUTOG	F	948.56	7012013
4 DENTIST	D	D7951	SINUS AUGMENTATION WITH BONE OR BONE SUB	M	0	9012012
4 DENTIST	D	D7952	Sinus augmentation via a vertical approa	M	0	1012013
4 DENTIST	D	D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERV	M	0	6112012
4 DENTIST	D	D7955	REPAIR MAXILLOFACIAL TISSUE DEFECT	F	707.39	7012013
4 DENTIST	D	D7960	FRENULCTOMY- SEP PROC NOT INCIDENTAL	F	127.94	7012013
4 DENTIST	D	D7963	FRENULOPLASTY	M	0	6112012
4 DENTIST	D	D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	F	97.23	7012013
4 DENTIST	D	D7971	EXCISION OF PERICORONAL GINGIVA	F	97.23	7012013
4 DENTIST	D	D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	F	97.23	7012013
4 DENTIST	D	D7980	SIALOLITHOTOMY	F	235.08	7012013
4 DENTIST	D	D7981	EXCISION OF SALIVARY GLAND	F	235.08	7012013
4 DENTIST	D	D7982	SIALODOCHOPLASTY	F	235.08	7012013
4 DENTIST	D	D7983	CLOSURE OF SALIVARY FISTULA	F	235.08	7012013
4 DENTIST	D	D7990	EMERGENCY TRACHEOTOMY	F	235.08	7012013
4 DENTIST	D	D7991	CORONOIDECTOMY	F	790.45	7012013
4 DENTIST	D	D7995	SYNTHETIC GRAFT - MANDIBLE OR FACIAL BON	M	0	9012012
4 DENTIST	D	D7998	INTRAORAL PLACE OF FIX DEV	M	0	6112012
4 DENTIST	1	D7998	INTRAORAL PLACE OF FIX DEV	M	0	6112012
4 DENTIST	D	D8060	INTERCEPTIVE ORTHODONTIC TREATMENT	F	298.11	7012013
4 DENTIST	D	D8070	ORTHO TREAT OF TRANSITIONAL DENTITION	M	0	6112012
4 DENTIST	D	D8080	COMPREHENSIVE ORTHODONTIC TREATMENT/ADOL	F	1586.44	7012013
4 DENTIST	D	D8210	REMOVABLE APPLIANCE THERAPY TO CONTROL H	F	153.53	7012013
4 DENTIST	D	D8220	FIXED APPLIANCE THERAPY TO CONTROL HARMF	F	250.75	7012013
4 DENTIST	D	D8680	ORTHODONTIC RETENTION	F	149.06	7012013
4 DENTIST	D	D8690	ORTHODONTIC TREATMENT (ALTERNATIVE BIL)	M	0	6112012
4 DENTIST	D	D8692	REPLACEMENT OF LOST/BROKEN RETAINER	F	149.06	7012013

4 DENTIST	D	D8694	Repair of fixed retainers, includes reat	F	86.65	1012014
4 DENTIST	D	D8999	UNSPECIFIED ORTHODONTIC PROCEDURE	M	0	6112012
4 DENTIST	D	D9110	PALLIATIVE TREATMENT	F	22.65	7012013
4 DENTIST	D	D9120	FIXED PARTIAL DENTURE SECTIONING	F	49.73	7012013
4 DENTIST	D	D9222	DEEP SEDATION/GENERAL ANESTHESIA- FIRST	M	0	1012018
4 DENTIST	D	D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH	F	81.88	1012016
4 DENTIST	D	D9230	INHAL OF NITROUS OXIDE/ANXIOLYSIS	F	22.22	7012013
4 DENTIST	D	D9239	INTRAVENOUS MODERATE SEDATION/ANALGESIA-	M	0	1012018
4 DENTIST	D	D9243	INTRAVENOUS MODERATE SEDATION/ANALGESIA	F	76.76	1012016
4 DENTIST	D	D9248	NON-IV CONSCIOUS SEDATION	F	153.53	7012013
4 DENTIST	D	D9310	CONSULTATION-PER SESSION	F	25.59	7012013
4 DENTIST	D	D9410	HOUSE CALL	F	20.47	7012013
4 DENTIST	D	D9420	HOSP OR AMBULATORY SURG CENTER CALL	F	40.93	7012013
4 DENTIST	D	D9440	OFFICE VISIT AFTER HOURS	F	35.82	7012013
4 DENTIST	D	D9610	THERAPEUTIC DRUG INJECTION	F	13.3	7012013
4 DENTIST	D	D9910	APPLY DESENSITIZING MEDICAMENTS	F	18.42	7012013
4 DENTIST	D	D9930	COMPLICATIONS POST SURGERY	M	0	6112012
4 DENTIST	D	D9940	OCCLUSAL GUARD	F	217.23	7012013
4 DENTIST	D	D9942	REPAIR/RELIN OF OCCLUSAL GUARD	M	0	6112012
4 DENTIST	D	D9943	OCCLUSAL GUARD ADJUSTMENT	F	40	1012016
4 DENTIST	D	D9999	UNSPECIFIED DENTAL PROCEDURE	M	0	7012013
4 DENTIST	1	E0486	ORAL DEVICE/APPLIANCE CUSFAB	M	0	6112012
4 DENTIST	1	J0120	ACHROMYCIN, TETRACYCLINE INJECTION, UP T	F	12.44	7012013
4 DENTIST	1	J0171	INJECTION, ADRENALIN, EPI, 0.1 MG	F	0.16	7012013
4 DENTIST	1	J0280	AMINOPHYLLIN INJECTION, 250 MG/10 ML	F	1.1	7012013
4 DENTIST	1	J0290	AMPICILLIN INJECTION, UP TO 500 MG	F	1.74	7012013
4 DENTIST	1	J0295	AMPICILLIN SODIUM/SULBACTAM SODIUM INJEC	F	7.82	7012013
4 DENTIST	1	J0330	INJECTION, ANECTINE, UP TO 20 MG	F	0.21	7012013
4 DENTIST	1	J0360	APRESOLINE HCL INJECTION, UP TO 20 MG	F	16.92	7012013
4 DENTIST	1	J0475	BACLOFEN INJECTION, 10 MG	F	215.09	7012013
4 DENTIST	1	J0570	BICILLIN LONG-ACTING INJECTION, UP TO 1	F	1424.86	1012017
4 DENTIST	1	J0670	CARBOCAINE INJECTION, UP TO 10 ML	F	2.07	7012013
4 DENTIST	1	J0690	CEFAZOLIN SODIUM, ANCEF, KEFZOL INJECTIO	F	2.37	7012013
4 DENTIST	1	J0692	INJECTION,CEFEPIME HCL, 500 MG	F	8.57	7012013

4 DENTIST	1	J0694	INJECTION, CEFOXITIN SODIUM, 1 GRAM	F	11.27	7012013
4 DENTIST	1	J0696	ROCEPHIN INJECTION - CEFTRIAXONE SODIUM,	F	15.74	10012014
4 DENTIST	1	J0697	STERILE CEFUROXIME SODIUM, ZINACOF, INJE	F	6.77	7012013
4 DENTIST	1	J0698	CEFOTAXIME SODIUM INJECTION, PER GM	F	9.51	7012013
4 DENTIST	1	J0702	BETAMETHASONE ACETATE, BETAMETHASONE SOD	F	5.25	7012013
4 DENTIST	1	J0710	CEPHARIN SODIUM, CEFADYL INJECTION, UP T	F	4.1	7012013
4 DENTIST	1	J0715	CEFTIZOXIME SODIUM INJECTION, PER 500 MG	F	5.23	7012013
4 DENTIST	1	J0720	CHLORMYCETIN SODIUM SUCCINATE INJECTION,	F	7.62	7012013
4 DENTIST	1	J0744	INJECTION CIPROFLOXACIN FOR IV,PER 200MG	F	14.44	7012013
4 DENTIST	1	J0780	COMPAZINE INJECTION, UP TO 10 MG	F	8.85	7012013
4 DENTIST	1	J0945	INJECTION BROMPHENIRAMINE PER 10MG	F	0.99	7012013
4 DENTIST	1	J1020	DEPO-MEDROL INJECTION, 20 MG	F	2.82	7012013
4 DENTIST	1	J1030	DEPO-MEDROL INJECTION, 40 MG	F	4.35	7012013
4 DENTIST	1	J1040	DEPO-MEDROL INJECTION, 80 MG	F	8.73	7012013
4 DENTIST	1	J1094	INJECTION,DEXAMETHASONE 1MG	F	0.74	7012013
4 DENTIST	1	J1100	INJECTION DEXAMETHOSONE SOD. PHOS 1MG	F	0.08	3012015
4 DENTIST	1	J1165	DILANTIN, PHENYTOIN SODIUM, INJECTION	F	0.91	7012013
4 DENTIST	1	J1170	DILAUDID, HYDROMORPHINE INJECTION, UP TO	F	1.49	7012013
4 DENTIST	1	J1200	DIPHENHYDRAMINE HCL, BENA INJECTION, UP	F	1.7	7012013
4 DENTIST	1	J1364	ERYTHROMYCIN LACTOBIONATE INJECTION, PER	F	3.66	7012013
4 DENTIST	1	J1559	INJ, IMMUNE GLOBULIN (HIZENTRA),100 MG	F	13.4	7012013
4 DENTIST	1	J1562	IMMUNE GLOBULIN SUBCUTANEOUS	M	0	6112012
4 DENTIST	1	J1566	IMMUNE GLOBULIN, POWDER	F	68.36	7012013
4 DENTIST	1	J1580	GARAMYCIN, GENTAMICIN INJECTION, UP TO	F	2.07	7012013
4 DENTIST	1	J1599	IMMUNE GLOBULIN, NON-LYOPHILIZED, NOS	M	0	6112012
4 DENTIST	1	J1630	HALDOL INJECTION, UP TO 5 MG	F	7.2	7012013
4 DENTIST	1	J1631	HALDOL DECANOATE INJECTION, PER 50 MG	F	9.62	7012013
4 DENTIST	1	J1700	HYDROCORTISONE ACETATE, BIOSONE, CORTEF	F	0.35	7012013
4 DENTIST	1	J1710	HYDROCORTONE PHOSPHATE INJECTION, UP TO	F	5.87	7012013
4 DENTIST	1	J1720	HYDROCORTISONE AS SODIUM SUCCINATE INJEC	F	2.07	7012013
4 DENTIST	1	J1730	INJECTION, DIAZOXIDE, UP TO 300 MG	F	129.73	7012013
4 DENTIST	1	J1790	INJECTION, INAPSIME, UP TO 5 MG	F	2.8	7012013
4 DENTIST	1	J1800	INDERAL INJECTION, UP TO 1 MG	F	12.27	7012013
4 DENTIST	1	J1810	INJECTION, INNOVAR, UP TO 2 ML AMPULE	F	9.95	7012013

4 DENTIST	1	J1840	KANTREX, KANAMYCIN SULFATE INJECTION, U	F	3.29	7012013
4 DENTIST	1	J1850	INJECTION, KANTREX PEDIATRIC, UP TO	F	0.52	7012013
4 DENTIST	1	J1885	KETOROLAC TROMETHAMINE, PER 15 MG (TORAD	F	3.75	10012014
4 DENTIST	1	J1890	KEFLIN INJECTION, UP TO 1 GRAM	F	10.83	7012013
4 DENTIST	1	J1940	LASIX INJECTION, UP TO 20 MG	F	6.3	3012015
4 DENTIST	1	J1990	LIBRIUM INJECTION, UP TO 100 MG	F	26.37	7012013
4 DENTIST	1	J2010	LINOCIN, LINCOMYCIN INJECTION, UP TO 300	F	3.3	7012013
4 DENTIST	1	J2060	LORAZEPAM INJECTION, 2 MG (ATIVAN)	F	3.31	7012013
4 DENTIST	1	J2175	MEPERDINE, DEMEROL HCL, PER 100MG	F	0.58	7012013
4 DENTIST	1	J2180	MEPERGAN INJECTION, UP TO 50 MG	F	4.51	7012013
4 DENTIST	1	J2360	NORFLEX INJECTION, UP TO 60 MG	F	5.71	7012013
4 DENTIST	1	J2370	NEO-SYNEPHRINE INJECTION, UP TO 1 ML	F	1.35	7012013
4 DENTIST	1	J2400	INJECTION, NESACAINE AND NESACAINE-C	F	6.74	7012013
4 DENTIST	1	J2410	NUMORPHAN INJECTION, UP TO 1 MG	F	3.09	7012013
4 DENTIST	1	J2510	PENICILLIN, PROCAINE AQUEOUS INJECTION,	F	10.13	7012013
4 DENTIST	1	J2515	PENTOBARBITAL SODIUM INJECTION, 50 MG	F	52.06	5012016
4 DENTIST	1	J2540	INJECTION, PFIZERPEN, UP TO 600,000	F	0.3	7012013
4 DENTIST	1	J2550	PHENERGAN INJECTION, UP TO 50 MG	F	3	10012014
4 DENTIST	1	J2560	PHENOBARBITAL INJECTION, UP TO 120 MG	F	1.71	7012013
4 DENTIST	1	J2650	PREDNISOLONE ACETATE, DUA-PRED, PANACORT	F	0.32	7012013
4 DENTIST	1	J2690	PRONESTYL INJECTION, UP TO 1 GM	F	1.5	7012013
4 DENTIST	1	J2700	PROSTAPHLIN INJECTION, UP TO 250 MG	F	0.86	7012013
4 DENTIST	1	J2765	REGLAN/METOCLOPRAMIDE HCL INJECTION, UP	F	1.89	7012013
4 DENTIST	1	J2770	INJECTION QUINUPRISTIN/DALFOPRISTIN,500	F	120.9	7012013
4 DENTIST	1	J2800	ROBAXIN, METHOCARBAMOL, INJECTION UP TO	F	3.79	7012013
4 DENTIST	1	J2810	THEOPHYLLINE INJECTION, PER 40 MG	F	0.39	7012013
4 DENTIST	1	J2920	SOLU-MEDROL, METHYPREDNISOLONE, INJECTIO	F	1.91	7012013
4 DENTIST	1	J2930	INJECTION, SOLU-MEDROL, UP TO 125 MG	F	2.37	7012013
4 DENTIST	1	J3000	STREPTOMYCIN INJECTION, UP TO 1 GM	F	6.7	7012013
4 DENTIST	1	J3010	INJECTION, FENATYL CITRATE, 0.1MG	F	0.7	7012013
4 DENTIST	1	J3260	TOBRAMYCIN SULFATE, NEBCIN INJECTION, U	F	4.7	7012013
4 DENTIST	1	J3301	TRIAMCINOLONE ACETONIDE INJECT, 10 MG	F	1.69	7012013
4 DENTIST	1	J3302	TRIAMCINOLONE DIACETATE INJECTION, 5 MG	F	0.33	7012013
4 DENTIST	1	J3303	TRIAMCINOLONE HEXACETONIDE INJECTION, 5	F	1.06	7012013

4 DENTIST	1	J3310	PERPHENAZINE INJECTION, TO 5 MG	F	7.52	7012013
4 DENTIST	1	J3320	INJECTION, SPECTINOMYCIN UP TO 2MG	F	29.82	7012013
4 DENTIST	1	J3360	VALIUM, DIAZEPAM INJECTION, UP TO 5 MG	F	0.91	7012013
4 DENTIST	1	J3370	VANCOMYCIN HCL INJECTION, 500MG	F	7.02	7012013
4 DENTIST	1	J3410	VISTARIL INJECTION, UP TO 25 MG	F	1.28	7012013
4 DENTIST	1	J3430	VITAMIN K INJECTION,PER 1MG	F	2.2	7012013
4 DENTIST	1	J3480	POTASIUUM CHLORIDE INJECTION, PER 2MEQ	F	0.08	7012013
4 DENTIST	1	J3485	INJECTION, ZIDOVUDINE 10MG	F	1.07	7012013
4 DENTIST	1	J3490	UNCLASSIFIED DRUGS	M	0	6112012
4 DENTIST	1	J3520	ENDRATE DISODIUM PER 150MG	F	1.07	7012013
4 DENTIST	1	T1013	SIGN LANGUAGE OR ORAL INTERP SERVICES	F	14.77	7012013
4 DENTIST	D	T1013	SIGN LANGUAGE OR ORAL INTERP SERVICES	F	14.77	7012013
4 DENTIST	U	T1013	TELEPHONIC INTERPRETIVE SERVICES	F	1.67	7012013 UC
4 DENTIST	1	00100	ANESTH:PROC ON SALIVARY GLAND,W/BIOPSY	A	75	6112012
4 DENTIST	1	00102	ANESTH FOR PLASTIC REPAIR OF CLEFT LIP	A	90	6112012
4 DENTIST	1	00160	ANESTH:PROC ON NOSE/ACCESORY SINUS;NOS	A	75	6112012
4 DENTIST	1	00162	ANESTH:PROC ON NOSE/SINUS;RADICAL SURG	A	105	6112012
4 DENTIST	1	00164	ANESTH:PROC ON NOSE/SINUS;BX SOFT TISS	A	60	6112012
4 DENTIST	1	00170	ANESTH:INTRAORAL PROCEDURE W/BX; NOS	A	75	6112012
4 DENTIST	1	00190	ANESTH:PROCEDURE ON FACIAL BONES, NOS	A	75	6112012
4 DENTIST	1	00192	ANESTH:PROC ON FACIAL BONE/SKULL;RADCL	A	105	6112012
4 DENTIST	1	00300	ANESTH:INTEGUM SYS, MUSCLE & NERVE;NOS	A	75	6112012
4 DENTIST	1	10021	FINE NEEDLE ASPIRATION W/OUT GUIDANCE	F	82.92	7012013
4 DENTIST	1	10022	FINE NEEDLE ASPIRATION W/GUIDANCE	F	85.47	7012013
4 DENTIST	1	10030	Image-guided fluid collection drainage b	F	683.93	1012014
4 DENTIST	1	10060	INCISION & DRAINAGE ABSCESS (CARBUNCLE,	F	72.69	7012013
4 DENTIST	1	10061	INCISION & DRAIN ABSCESS (CARBUNCLE,SUPP	F	133.43	10012014
4 DENTIST	1	10140	INCISION & DRAINAGE HEMATOMA, SEROMA OR	F	88.01	7012013
4 DENTIST	1	10160	PUNCTURE ASPIRATION ABSCESS, HEMATOMA, B	F	76.33	10012014
4 DENTIST	1	10180	INCISE & DRAIN, COMPLEX POSTOP INFCT	F	127.35	7012013
4 DENTIST	1	11000	DEBRIDEMENT EXTENSIVE ECZEMATOUS/INFECTE	F	38.39	7012013
4 DENTIST	1	11001	DEBRIDE EXTENSIVE ECZEMATOUS/INFECT	F	20.83	7012013
4 DENTIST	1	11010	DEBRIDEMENT; SKIN&SUBCUTANEOUS TISSUE	F	270.57	7012013
4 DENTIST	1	11011	DEBRIDEMNT;SKIN,SQ TISSUE,FASCIA,MUSCL	F	334.46	7012013

4 DENTIST	1	11012	DEBRIDEMNT;SKIN,SQ,FASCIA,MUSCLE,BONE	F	461.88	7012013
4 DENTIST	1	11042	DEBRIDEMNT,SQ TISSUE;1ST 20 SQ CM OR <	F	68.18	7012013
4 DENTIST	1	11043	DEBRIDE,MUSCLE/FASCIA,1ST 20 SQCM OR <	F	162.85	7012013
4 DENTIST	1	11044	DEBRIDEMENT, BONE; FIRST 20 SQ CM OR <	F	218.92	7012013
4 DENTIST	1	11045	DEBRIDE, SQ TISSUE; EA ADD'L 20 SQ CM	F	28.01	7012013
4 DENTIST	1	11046	DEBRIDE, MUSCLE &/OR FASCIA; EA ADD'L	F	48.95	7012013
4 DENTIST	1	11047	DEBRIDEMENT, BONE; EA ADD'L 20 SQ CM	F	80.28	7012013
4 DENTIST	1	11100	BX SKIN,SUBQ TISSUE &/OR MUCUS MEM;1	F	64.42	7012013
4 DENTIST	1	11101	BX SKIN,SUBQ TISS & OR MUCUS MEM;ADDTL	F	31.72	7012013
4 DENTIST	1	11200	REMOVAL SKIN TAGS, MULTIPLE FIBROCUTANEO	F	53.74	10012014
4 DENTIST	1	11201	REMOVE,SKIN TAGS,MULT FIBROCUTANEOUS	F	20.8	7012013
4 DENTIST	1	11305	SHAVING LESION, SINGLE, SCALP, NECK, HAN	F	47.5	7012013
4 DENTIST	1	11306	SHAVING LESION, SINGLE, SCALP, NECK, HAN	F	66.83	7012013
4 DENTIST	1	11307	SHAVING LESION, SINGLE, SCALP, NECK, HAN	F	78.17	7012013
4 DENTIST	1	11308	SHAVING LESION, SINGLE, SCALP, NECK, HAN	F	97.6	7012013
4 DENTIST	1	11310	SHAVING LESION, SINGLE, FACE, EARS, EYEL	F	57.92	7012013
4 DENTIST	1	11311	SHAVING LESION, SINGLE, FACE, EARS, EYEL	F	74.27	7012013
4 DENTIST	1	11312	SHAVING LESION, SINGLE, FACE, EARS, EYEL	F	85.6	7012013
4 DENTIST	1	11313	SHAVING LESION, SINGLE, FACE, EARS, EYEL	F	111.99	7012013
4 DENTIST	1	11420	EXCISE BENIGN LESION,SCALP,NECK,HAND,FEE	F	81.64	7012013
4 DENTIST	1	11421	EXCISE BENIGN LESION,SCALP,NECK,HAND,FEE	F	108.17	7012013
4 DENTIST	1	11422	EXCISE BENIGN LESION,SCALP,NECK,HAND,FEE	F	123.6	7012013
4 DENTIST	1	11423	EXCISE BENIGN LESION,SCALP,NECK,HAND,FEE	F	151.11	7012013
4 DENTIST	1	11424	EXCISE BENIGN LESION,SCALP,NECK,HAND,FEE	F	171.96	7012013
4 DENTIST	1	11426	EXCISE BENIGN LESION,SCALP,NECK,HAND,FEE	F	235.36	7012013
4 DENTIST	1	11440	EXCISION BENIGN LESION,FACE,EARS,EYELIDS	F	97.1	7012013
4 DENTIST	1	11441	EXCISION BENIGN LESION,FACE,EARS,EYELIDS	F	118.96	7012013
4 DENTIST	1	11442	EXCISION BENIGN LESION,FACE,EARS,EYELIDS	F	134.74	7012013
4 DENTIST	1	11443	EXCISION BENIGN LESION,FACE,EARS,EYELIDS	F	171.77	7012013
4 DENTIST	1	11444	EXCISION BENIGN LESION,FACE,EARS,EYELIDS	F	214.78	7012013
4 DENTIST	1	11446	EXCISION BENIGN LESION,FACE,EARS,EYELIDS	F	268.11	7012013
4 DENTIST	1	11620	EXCISE MALIG LESION,SCALP,NECK,HANDS,FEE	F	115.4	7012013
4 DENTIST	1	11621	EXCISE MALIG LESION,SCALP,NECK,HANDS,FEE	F	148.42	7012013
4 DENTIST	1	11622	EXCISE MALIG LESION,SCALP,NECK,HANDS,FEE	F	173.02	7012013

4 DENTIST	1	11623	EXCISE MALIG LESION,SCALP,NECK,HANDS,FEE	F	201.26	7012013
4 DENTIST	1	11624	EXCISE MALIG LESION,SCALP,NECK,HANDS,FEE	F	236.63	7012013
4 DENTIST	1	11626	EXCISE MALIG LESION,SCALP,NECK,HANDS,FEE	F	289.22	8012013
4 DENTIST	1	11640	EXCISE MALIG LESION,FACE,EARS,EYELIDS,NO	F	129.41	7012013
4 DENTIST	1	11641	EXCISE MALIG LESION,FACE,EARS,EYELIDS,NO	F	176.6	7012013
4 DENTIST	1	11642	EXCISE MALIG LESION,FACE,EARS,EYELIDS,NO	F	202.11	7012013
4 DENTIST	1	11643	EXCISE MALIG LESION,FACE,EARS,EYELIDS,NO	F	237.26	7012013
4 DENTIST	1	11644	EXCISE MALIG LESION,FACE,EARS,EYELIDS,NO	F	295.71	7012013
4 DENTIST	1	11646	EXCISE MALIG LESION,FACE,EARS,EYELIDS,NO	F	383.76	3012014
4 DENTIST	1	11900	INJECTION, INTRALESIONAL;UP TO & INCLUDI	F	35.36	7012013
4 DENTIST	1	11901	INJECTION, INTRALESIONAL; MORE THAN 7 LE	F	50.61	7012013
4 DENTIST	1	11950	SUBCUTANEOUS INJECT OF "FILLING" MATERIA	F	69.95	7012013
4 DENTIST	1	11951	SUBCUTANEOUS INJECT OF "FILLING" MATERIA	F	88.53	7012013
4 DENTIST	1	11952	SUBCUTANEOUS INJECT OF "FILLING" MATERIA	F	120.53	7012013
4 DENTIST	1	11954	SUBCUTANEOUS INJECT OF "FILLING" MATERI	F	127.44	7012013
4 DENTIST	1	11960	INSERTION OF TISSUE EXPANDER(S)	F	640.43	7012013
4 DENTIST	1	11970	REPLACEMENT OF TISSUE EXPANDER WITH PERM	F	488.17	7012013
4 DENTIST	1	11971	REMOVAL OF TISSUE EXPANDER W/O INSERTION	F	214.68	7012013
4 DENTIST	1	12001	SIMPLE REPAIR WOUNDS-SCALP,NECK,AXILL, H	F	112.59	7012013
4 DENTIST	1	12002	SIMPLE REPAIR WOUNDS-SCALP,NECK,AXILL,HA	F	123.88	10012014
4 DENTIST	1	12004	SIMPLE REPAIR WOUNDS-SCALP,NECK,AXILL,HA	F	147.75	7012013
4 DENTIST	1	12005	SIMPLE REPAIR WOUNDS-SCALP,NECK,AXILL,HA	F	183.69	7012013
4 DENTIST	1	12006	SIMPLE REPAIR WOUNDS-SCALP,NECK,AXILL, H	F	240.14	7012013
4 DENTIST	1	12007	SIMPLE REPAIR WOUNDS-SCALP,NECK,AXILL,HA	F	262.9	7012013
4 DENTIST	1	12011	SIMPLE REPAIR WOUNDS-FACE,EARS,EYELIDS,N	F	119.61	10012014
4 DENTIST	1	12013	SIMPLE REPAIR WOUNDS-FACE,EARS,EYELIDS,N	F	135.63	10012014
4 DENTIST	1	12014	SIMPLE REPAIR WOUNDS-FACE,EARS,EYELIDS,N	F	161.08	7012013
4 DENTIST	1	12015	SIMPLE REPAIR WOUNDS-FACE,EARS,EYELIDS,N	F	203.85	7012013
4 DENTIST	1	12016	SIMPLE REPAIR WOUNDS-FACE,EARS,EYELIDS,N	F	247.32	7012013
4 DENTIST	1	12017	SIMPLE REPAIR WOUNDS-FACE,EARS,EYELIDS,N	F	326.19	7012013
4 DENTIST	1	12018	SIMPLE REPAIR WOUNDS-FACE,EARS,EYELIDS,N	F	398.76	7012013
4 DENTIST	1	12020	TREATMENT/SUPERFICIAL WOUND DEHISCENCE;S	F	164.1	7012013
4 DENTIST	1	12021	TREATMENT/SUPERFICIAL WOUND DEHISCENCE;	F	113.99	7012013
4 DENTIST	1	12031	RPR INTMD,SCALP,AXIL,TRUNK,EXT,<2.5CM	F	137.76	7012013

4 DENTIST	1	12032	RPR INTMD,SCLP, AXIL,TRNK,EXT2.6-7.5CM	F	157.1	7012013
4 DENTIST	1	12034	RPR INTM,SCLP, AXIL,TRNK,EXT7.6-12.5CM	F	186.68	7012013
4 DENTIST	1	12035	RPR INTM,SCALP, AXIL,TRNK,EXT12.6-20CM	F	214.86	7012013
4 DENTIST	1	12036	RPR INTM,SCLP, AXIL,TRNK,EXT 20.1-30CM	F	277.4	7012013
4 DENTIST	1	12037	RPR INTMD,SCALP, AXIL,TRNK,EXT >30CM	F	318.15	7012013
4 DENTIST	1	12051	RPR INTMD FACE, EAR, EYELID <2.5CM	F	158.91	7012013
4 DENTIST	1	12052	RPR INTMD FACE, EAR, EYELID 2.6-5CM	F	178.26	7012013
4 DENTIST	1	12053	RPR INTMD FACE, EAR, EYELID 5.1-7.5CM	F	199.22	7012013
4 DENTIST	1	12054	RPR INTMD FACE, EAR, EYELID 7.6-12.5CM	F	233.06	7012013
4 DENTIST	1	12055	RPR INTMD FACE, EAR, EYELID 12.6-20CM	F	294.44	7012013
4 DENTIST	1	12056	RPR INTMD FACE, EAR,EYELID 20.1CM-30CM	F	376.71	7012013
4 DENTIST	1	12057	RPR INTMD FACE, EAR, EYELID >30CM	F	417.25	7012013
4 DENTIST	1	13120	REPAIR,COMPLEX/SCALP,ARMS,LEGS; 1.1 TO 2	F	203.86	7012013
4 DENTIST	1	13121	REPAIR,COMPLEX/SCALP,ARMS,LEGS; 2.6 TO 7	F	271.75	7012013
4 DENTIST	1	13122	REPAIR, EACH ADDITIONAL 5CM OR LESS	F	81.32	7012013
4 DENTIST	1	13131	REPAIR,COMPLEX/FACE,NECK,AXILLAE,GENIT,H	F	237.25	7012013
4 DENTIST	1	13132	REPAIR,COMPLEX/FACE,NECK,AXILLAE,GENIT,H	F	377.87	7012013
4 DENTIST	1	13133	REPAIR, EACH ADDITIONAL 5CM OR LESS	F	120.54	7012013
4 DENTIST	1	13151	REPAIR,COMPLEX,EYELIDS,NOSE,EARS,LIPS; 1	F	291.64	7012013
4 DENTIST	1	13152	REPAIR,COMPLEX,EYELIDS,NOSE,EARS,LIPS; 2	F	421.72	7012013
4 DENTIST	1	13153	REPAIR, EACH ADDITIONAL 5 CM OR LESS	F	132.38	7012013
4 DENTIST	1	13160	SECONDARY CLOSE SURGICAL WOUND DEHISCENC	F	565.08	7012013
4 DENTIST	1	14020	ADJACENT TISSUE TRANSFER/REARRANGE,SCALP	F	457.2	7012013
4 DENTIST	1	14021	ADJACENT TISSUE TRANSFER/REARRANGE,SCALP	F	636.7	7012013
4 DENTIST	1	14040	ADJACENT TISSUE TRANSFER,FOREHEAD,CHEEKS	F	544.62	7012013
4 DENTIST	1	14041	ADJACENT TISSUE TRANSFER,FOREHEAD,CHEEKS	F	729.7	7012013
4 DENTIST	1	14060	ADJACENT TISSUE TRANSFER,EYELIDS,NOSE,EA	F	594.4	7012013
4 DENTIST	1	14061	ADJACENT TISSUE TRANSFER,EYELIDS,NOSE,EA	F	822.35	7012013
4 DENTIST	1	15004	PREP SITE F/S/N/H/F/G/M/D, 1ST 100 SQ	F	325.06	7012013
4 DENTIST	1	15005	PREP SITE F/S/N/H/F/G/M/DGIT ADD 100SQ	F	101.01	7012013
4 DENTIST	1	15115	EPIDRM A-GRFT FACE/NCK/HF/G	F	230.01	7012013
4 DENTIST	1	15116	EPIDRM A-GRFT F/N/HF/G ADDL	F	230.01	7012013
4 DENTIST	1	15120	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP,	F	612.62	7012013
4 DENTIST	1	15121	SPLIT GRAFT,FACE,EYELIDS,MOUTH,NECK,EARS	F	181.49	7012013

4 DENTIST	1	15135	DERM AUTOGRAFT FACE/NCK/HF/G	F	230.01	7012013
4 DENTIST	1	15136	DERM AUTOGRAFT, F/N/HF/G ADD 100SQ CM	F	230.01	7012013
4 DENTIST	1	15155	CULT GRAFT,F/N/H/F/G;1ST 25 SQ OR LESS	F	230.01	7012013
4 DENTIST	1	15156	CULT GRFT F/N/HFG ADD'L 1 TO 75 SQ CM	F	230.01	7012013
4 DENTIST	1	15157	CULT GRFT F/N/HFG,ADD'L 100 SQ OR 1%	F	230.01	7012013
4 DENTIST	1	15240	FULL THICKNESS GRAFT,FREE,FOREHEAD,CHEEK	F	592.45	7012013
4 DENTIST	1	15241	FULL THICK GRAFT,FREE, FACE,GENT:EA20	F	136.01	7012013
4 DENTIST	1	15260	FULL THICKNESS GRAFT,FREE,NOSE,EARS;20SQ	F	654.58	7012013
4 DENTIST	1	15261	FULL THICKNESS GRAFT,FREE,NOSE,EARS;EA	F	160.19	7012013
4 DENTIST	1	15574	FORMATION DIRECT OR TUBED PEDICLE, FOREH	F	602.65	7012013
4 DENTIST	1	15576	FORMATION DIRECT OR TUBED PEDICLE, EYELI	F	520.26	7012013
4 DENTIST	1	15620	INTERMEDIATE DELAY ANY FLAP,PRIMARY DELA	F	267.11	7012013
4 DENTIST	1	15630	INTERMEDIATE DELAY ANY FLAP,PRIMARY DELA	F	278.79	7012013
4 DENTIST	1	15740	GRAFT; ISLAND PEDICLE FLAP	F	709.42	7012013
4 DENTIST	1	15750	GRAFT; NEUROVASCULAR PEDICLE FLAP	F	784.09	7012013
4 DENTIST	1	15756	FREE MUSCLE FLAP W/OR W/O SKIN GRAFT W/M	F	2240.8	7012013
4 DENTIST	1	15757	FREE SKIN FLAP W/ MICROVASCULAR ANASTO	F	2243.34	7012013
4 DENTIST	1	15758	FREE FACIAL FLAP W/ MICROVASC ANASTOM	F	2236.41	7012013
4 DENTIST	1	15760	GRAFT;COMPOSITE (FULL THICK-EXTERN EAR,N	F	594.36	7012013
4 DENTIST	1	15770	GRAFT; DERMA-FAT-FASCIA	F	520.35	7012013
4 DENTIST	1	15780	DERMABRASION;TOTAL FACE(E.G. ACNE SCARRI	F	411.97	7012013
4 DENTIST	1	15781	DERMABRASION;SEGMENTAL,FACE	F	326.59	7012013
4 DENTIST	1	15786	ABRASION; SINGLE LESION	F	115.05	7012013
4 DENTIST	1	15787	ABRASION; EACH ADD 4 LESIONS OR LESS	F	24.92	7012013
4 DENTIST	1	15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	F	151.17	7012013
4 DENTIST	1	15789	CHEMICAL PEEL, FACIAL; DERMAL	F	302.24	7012013
4 DENTIST	1	15819	CERVICOPLASTY	F	605.45	7012013
4 DENTIST	1	15820	BLEPHAROPLASTY, LOWER EYELID	F	429.49	7012013
4 DENTIST	1	15821	BLEPHAROPLASTY,LOWER EYELID;WITH EXTENSI	F	469.45	7012013
4 DENTIST	1	15822	BLEPHAROPLASTY, UPPER EYELID	F	385.14	7012013
4 DENTIST	1	15823	BLEPHAROPLASTY,UPPER EYELID;WITH EXCESSI	F	556.27	7012013
4 DENTIST	1	15838	EXCISION,EXCESSIVE SKIN & SUBCUTAN TISSU	F	466.17	7012013
4 DENTIST	1	15850	REMOVAL OF SUTURES UNDER ANESTHESIA, SAM	F	58.64	7012013
4 DENTIST	1	15851	REMOVE SUTURES UNDER ANESTH (OTHER THAN	F	63.06	7012013

4 DENTIST	1	15852	DRESSING CHANGE(OTHER THAN BURNS)UNDER A	F	67.94	7012013
4 DENTIST	1	17000	DESTRUCT,W OR W/O SURG CURRETT ALL FACIA	F	46.72	7012013
4 DENTIST	1	17003	DESTRUCT PREMALIGN LESION;2-14 LESIONS	F	12.24	7012013
4 DENTIST	1	17004	DESTRUCT,PREMALIGNANT LESIONS,15 OR >	F	182.16	7012013
4 DENTIST	1	17106	DESTRUCTION OF CUTANEOUS VASCULAR LESION	F	266.87	7012013
4 DENTIST	1	17107	DESTRUCT CUTANEOUS VASCULAR LESIONS 10-	F	508.48	7012013
4 DENTIST	1	17108	DESTRUCT CUTANEOUS VASCULAR LESIONS OVER	F	793.12	7012013
4 DENTIST	1	17110	DESTRUCT BENIGN LESION;</	F	47.44	7012013
4 DENTIST	1	17111	DESTRUCT BENIGN LESION;15+ LESIONS	F	64.31	7012013
4 DENTIST	1	17250	CHEMICAL CAUTERIZATN OF GRANULATN TISS	F	35.78	7012013
4 DENTIST	1	17270	DESTRUCT MALIGNANT LESION, SCALP/NECK/HA	F	96.75	7012013
4 DENTIST	1	17271	DESTRUCT MALIGNANT LESION, SCALP/NECK/HA	F	111.46	7012013
4 DENTIST	1	17272	DESTRUCT MALIGNANT LESION, SCALP/NECK/HA	F	132.01	7012013
4 DENTIST	1	17273	DESTRUCT MALIGNANT LESION, SCALP/NECK/HA	F	151.56	7012013
4 DENTIST	1	17274	DESTRUCT MALIGNANT LESION, SCALP/NECK/HA	F	186.88	7012013
4 DENTIST	1	17276	DESTRUCT MALIGNANT LESION, SCALP/NECK/HA	F	218.67	7012013
4 DENTIST	1	17280	DESTRUCT MALIGNANT LESION, FACE/EARS/EYE	F	95.43	7012013
4 DENTIST	1	17281	DESTRUCT MALIGNANT LESION, FACE/EARS/EYE	F	127.9	7012013
4 DENTIST	1	17282	DESTRUCT MALIGNANT LESION, FACE/EARS/EYE	F	150.87	7012013
4 DENTIST	1	17283	DESTRUCT MALIGNANT LESION, FACE/EARS/EYE	F	186.04	7012013
4 DENTIST	1	17284	DESTRUCT MALIGNANT LESION, FACE/EARS/EYE	F	220.2	7012013
4 DENTIST	1	17286	DESTRUCT MALIGNANT LESION, FACE/EARS/EYE	F	291.09	7012013
4 DENTIST	1	20005	I & D OF SOFT TISSUE ABSCESS,SUBFACIAL	F	207.64	7012013
4 DENTIST	1	20100	EXPLORATION PENETRATING WOUND; NECK	F	566.83	7012013
4 DENTIST	1	20200	BIOPSY,MUSCLE; SUPERFICIAL	F	103.15	7012013
4 DENTIST	1	20205	BIOPSY,MUSCLE; DEEP	F	187.02	7012013
4 DENTIST	1	20220	BIOPSY,BONE,TROCAR,NEEDLE; SUPERFICIAL	F	129.36	7012013
4 DENTIST	1	20240	BIOPSY,BONE,OPEN; SUPERFICIAL	F	216.72	10012014
4 DENTIST	1	20520	REMOVAL OF FOREIGN BODY IN MUSCLE/TENDON	F	157.31	7012013
4 DENTIST	1	20525	REMOVAL OF FOREIGN BODY IN MUSCLE; DEEP	F	261.48	7012013
4 DENTIST	1	20550	INJECTION,TENDON SHEATH,LIGAMENT,TRIGGER	F	67.69	7012013
4 DENTIST	1	20551	INJECTION TENDON ORIGIN/INSERTION	F	58.96	7012013
4 DENTIST	1	20552	INJ,SNGL/MULT TRIG PT; 1 OR 2 MUSCLES	F	58.96	7012013
4 DENTIST	1	20600	ARTHROCENT,ASPIRATE/INJECT;SM JT/BURSA	F	52.67	7012013

4 DENTIST	1	20605	ARTHROCENT,ASPIRATE/INJ INTERMED JT/BR	F	58.02	7012013
4 DENTIST	1	20615	ASPIRATION & INJECTION FOR TREATMENT OF	F	156.13	7012013
4 DENTIST	1	20650	INSERT WIRE/PIN W APPLICATION SKELETAL T	F	164.5	7012013
4 DENTIST	1	20660	APPLY CRANIAL TONGS,CALIPER,OR FRAME	F	150.62	7012013
4 DENTIST	1	20670	REMOVAL OF IMPLANT; SUPERFICIAL	F	158.82	7012013
4 DENTIST	1	20680	REMOVAL OF IMPLANT; DEEP	F	256.19	7012013
4 DENTIST	1	20690	APPLICATION OF UNIPLANE, UNILATERAL EXTR	F	231.21	7012013
4 DENTIST	1	20692	APPLICATION OF MULTIPLANE, UNILATERAL EX	F	400.35	5012014
4 DENTIST	1	20693	ADJUSTMENT OR REVISION EXTR FIXATION SYS	F	435.63	7012013
4 DENTIST	1	20694	REMOVAL OF EXTERNAL FIXATION SYSTEM UNDE	F	324.38	7012013
4 DENTIST	1	20900	BONE GRAFT, ANY DONOR AREA; MINOR/SMALL	F	352.16	7012013
4 DENTIST	1	20902	BONE GRAFT, ANY DONOR AREA; MAJOR/LARGE	F	508.8	7012013
4 DENTIST	1	20910	CARTILAGE GRAFT; COSTOCHONDRAL	F	327.09	7012013
4 DENTIST	1	20912	CARTILAGE GRAFT; NASAL SEPTUM	F	425.76	7012013
4 DENTIST	1	20920	FASCIA LATA GRAFT; BY STRIPPER	F	356.04	7012013
4 DENTIST	1	20922	FASCIA LATA GRAFT;BY INCISION & AREA EXP	F	487.73	7012013
4 DENTIST	1	20926	TISSUE GRAFTS, OTHER (EG, PARATENON, FAT	F	354.08	7012013
4 DENTIST	1	20955	BONE GRAFT W/ MICROVASC ANASTOMO;FIB	F	2580.73	7012013
4 DENTIST	1	20956	BONE GRAFT W/MICROVASC ANASTOMO;ILIAC	F	2449.93	7012013
4 DENTIST	1	20957	BONE GRAFT W/MICROVASC ANASTOMO;METATA	F	2382.38	7012013
4 DENTIST	1	20962	BONE GRAFT W/MICROVASC ANASTOM;OTHER	F	2419.73	7012013
4 DENTIST	1	20969	FREE OSTEOQTANOUS FLAP W/MICROVASC;OTH	F	2880.25	7012013
4 DENTIST	1	20970	FREE OSTEOQTANUS FLAP W/MICROVASC;ILIC	F	2825.31	7012013
4 DENTIST	1	20972	FREE OSTEOQTANS FLAP W/MICROVASC;METAT	F	2657.5	7012013
4 DENTIST	1	20973	FREE OSTEOCTAN FLAP W/MICROVSC;GRT TOE	F	2959.48	7012013
4 DENTIST	1	20999	UNLISTED PROCEDURE, MUSCULOSKELETAL SYST	M	0	6112012
4 DENTIST	1	21010	ARTHROTOMY,TEMPOROMANDIBULAR JOINT; UNIL	F	666.37	7012013
4 DENTIST	1	21015	RADICAL RESECTION OF TUMOR, SOFT TISSUE,	F	401.19	7012013
4 DENTIST	1	21025	EXCISION OF BONE;MANDIBLE	F	567.59	7012013
4 DENTIST	1	21026	EXCISION OF BONE;FACIAL BONE(S)	F	320.51	7012013
4 DENTIST	1	21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF	F	542.05	7012013
4 DENTIST	1	21030	EXCISE BENIGN TUMOR/CYST,FACIAL BONE OTH	F	387.11	7012013
4 DENTIST	1	21031	EXCISION OF TORUS MANDIBULARIS	F	240.13	7012013
4 DENTIST	1	21032	EXCISION OF MAXILLARY TORUS PALATINUS	F	243.36	7012013

4 DENTIST	1	21034	EXCISE MALIG TUMR OR MAXILLA OR ZYGOMA	F	891.2	7012013
4 DENTIST	1	21040	EXCISE BENIGN CYST/TUMOR,MANDIBLE;SIMPLE	F	175.48	7012013
4 DENTIST	1	21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE	F	744.54	7012013
4 DENTIST	1	21045	EXCISE MALIGNANT TUMOR,MANDIBLE;RADICAL	F	1021.7	7012013
4 DENTIST	1	21046	EXCIS. OF BENIGN TUMOR/CYST MANDIBLE	F	810.19	7012013
4 DENTIST	1	21047	EXCIS. OF BENIGN TUMOR/CYST OF MANDIBLE	F	1005.2	7012013
4 DENTIST	1	21048	EXCIS. OF BENIGN TUMOR/CYST OF MAXILLA	F	834.41	7012013
4 DENTIST	1	21049	EXCIS. BENIGN TUMOR/CYST MAXILLA	F	957.39	7012013
4 DENTIST	1	21050	CONDYLECTOMY,TEMPOROMANDIBULAR JOINT(SEP	F	794.97	7012013
4 DENTIST	1	21060	MENISCECTOMY,TEMPOROMANDIBULAR JOINT;PAR	F	752.53	7012013
4 DENTIST	1	21070	CORONOIDECTOMY (SEPARATE PROCEDURE);UNIL	F	527.13	7012013
4 DENTIST	1	21073	MANIP OF TMJ, THERAPEUTIC, REQ ANESTH	F	276.21	7012013
4 DENTIST	1	21076	IMPRESSION & CUSTOM PREPARATION; SURGICA	F	925.71	7012013
4 DENTIST	1	21077	ORBITAL PROSTHESIS	F	2329.9	7012013
4 DENTIST	1	21079	IMPRESSION AND CUSTOM PREPARATION; INTER	F	1617.09	7012013
4 DENTIST	1	21080	IMPRESSION & CUSTOM PREPARATION DEFINITI	F	1818.27	7012013
4 DENTIST	1	21081	IMPRESSION & CUSTOM PREPARATION MANDIBUL	F	1657.16	7012013
4 DENTIST	1	21082	IMPRESSION & CUSTOM PREPAR. PALATAL AUGM	F	1439.71	7012013
4 DENTIST	1	21083	IMPRESSION & CUSTOM PREPAR. PALATAL LIFT	F	1397.31	7012013
4 DENTIST	1	21084	IMPRESSION & CUSTOM PREPAR. SPEECH AID P	F	1631.56	7012013
4 DENTIST	1	21085	IMPRESSION & CUSTOM PREPAR. ORAL SURGICA	F	621.41	7012013
4 DENTIST	1	21086	IMPRESSION & CUSTOM PREPAR. ARTICULAR PR	F	1807.61	7012013
4 DENTIST	1	21087	IMPRESSION & CUSTOM PREPAR. NASAL PROSTH	F	1720.3	7012013
4 DENTIST	1	21088	IMPRESSION & CUSTOM PREPAR. FACIAL PROST	M	0	6112012
4 DENTIST	1	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCED	M	0	6112012
4 DENTIST	1	21100	APPLY HALO TYP APPLIANCE,MAXILLOFACIAL F	F	251.86	7012013
4 DENTIST	1	21110	APPLY INTERDENTAL FIX DEVICE,CONDIT OTHE	F	376.76	7012013
4 DENTIST	1	21116	INJECTION PROC FOR TMJ ARTHROGRAPHY	F	157.2	7012013
4 DENTIST	1	21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT,ALL	F	395.59	7012013
4 DENTIST	1	21121	GENIOPLASTY, SLIDING OSTEOTOMY, SINGLE P	F	505.35	7012013
4 DENTIST	1	21122	GENIOPLASTY, SLIDING OSTEOTOMIES, 2 OR M	F	543.82	7012013
4 DENTIST	1	21123	GENIOPLASTY, SLIDING AUGMENTATION W/INTE	F	702.13	7012013
4 DENTIST	1	21125	AUGMENT, MANDIBULR BODY/ANGLE;PROSTHES	F	613.46	7012013
4 DENTIST	1	21127	AUGMENT MANDIB W/BONE GRFT, ONLAY/INTE	F	706.46	7012013

4 DENTIST	1	21137	REDUCTION FOREHEAD, CONTOURING ONLY	F	618.82	7012013
4 DENTIST	1	21138	REDUCTION FOREHEAD, CONTOURING APPLICAT	F	746.3	7012013
4 DENTIST	1	21139	REDUCTION FOREHEAD, CONTOURING & APPPLIC	F	908.03	7012013
4 DENTIST	1	21141	RECNRSTRCT MIDFACE,LEFORT 1,1PC W/O GRF	F	1119.25	7012013
4 DENTIST	1	21142	RECNRSTRCT MIDFACE,LEFORT 1,2PC W/O GRF	F	1184.97	7012013
4 DENTIST	1	21143	RECNRSTRCT MIDFACE,LEFRT 1,3+PC W/O GRF	F	1179.86	7012013
4 DENTIST	1	21145	RECNRSTRCT MIDFACE,LEFORT 1;1PC W/GRAFT	F	1180.66	7012013
4 DENTIST	1	21146	RECNRSTRCT MIDFACE,LEFORT1;2PCS W/GRAFT	F	1224.5	7012013
4 DENTIST	1	21150	RECNRSTRCT MIDFACE,LEFORT2;ANT INTRUSN	F	1493.12	7012013
4 DENTIST	1	21151	RECNRSTRCT MIDFACE,LEFORT2;ANY DIRECTN	F	1752.66	7012013
4 DENTIST	1	21154	RECNRSTRCT MIDFACE,LEFORT3, W/O LEFORT1	F	1834.98	7012013
4 DENTIST	1	21155	RECNRSTRCT MIDFACE,LEFORT3;W/ LEFORT1	F	2049.9	7012013
4 DENTIST	1	21159	RECNRSTRCT MIDFACE;LEFORT3;W/O LEFORT1	F	2567.91	7012013
4 DENTIST	1	21160	RECNRSTRCT MIDFACE;LEFORT3; W/LEFORT1	F	2730.48	7012013
4 DENTIST	1	21172	RECONSTRUCT SUPERIOR-LATERAL ORBITAL RIM	F	1648.2	7012013
4 DENTIST	1	21175	RECONSTRUCT. BIFRONTAL S/L ORBITAL RIMS	F	2017.64	7012013
4 DENTIST	1	21179	RECONSTRUCT. ENTIRE FOREHEAD & OR SUP/OR	F	1412.95	7012013
4 DENTIST	1	21180	RECONSTRUCT. ENTIRE FOREHEAD & OR SUP/OR	F	1581.37	7012013
4 DENTIST	1	21181	REMOVAL BY CONTOURING OF BENIGN TUMOR CR	F	629.89	7012013
4 DENTIST	1	21182	RECONSTRUCT. ORBITAL WALLS, RIMS, NASOET	F	1998	7012013
4 DENTIST	1	21183	RECONSTRUCT. W/TOTAL AREA OF BONE GRAFT	F	2153.67	7012013
4 DENTIST	1	21184	RECONSTRUCT W/TOTAL AREA OF BONE GRAFT G	F	2417.97	7012013
4 DENTIST	1	21188	RECONSTRUCT. MIDFACE OSTEOTOMIES AND BON	F	1389.49	7012013
4 DENTIST	1	21193	RECONSTRUCT. MANDIBULAR RAMI, HORIZ/VERT	F	1036.23	7012013
4 DENTIST	1	21194	RECONSTRUCT. MANDIBULAR RAMUS WITH BONE	F	1198.63	7012013
4 DENTIST	1	21195	RECONSTRUCT MANDIBULAR RAMI AND/OR BODY,	F	1059.33	7012013
4 DENTIST	1	21196	RECONSTRUCT. MANDIBULAR RAMUS SAGGITAL S	F	1162.84	7012013
4 DENTIST	1	21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	F	983.86	7012013
4 DENTIST	1	21199	OSTEOTOMY, MANDIBLE, SEGMENTAL, W/GENIOG	F	935.21	7012013
4 DENTIST	1	21206	OSTEOTOMY, MAXILLA, SEGMENTAL	F	866.43	7012013
4 DENTIST	1	21208	OSTEOPLASTY,FACIAL BONES;AUGMENTATION	F	733.17	7012013
4 DENTIST	1	21209	OSTEOPLASTY, FACIAL BONES;REDUCTION	F	446.97	7012013
4 DENTIST	1	21210	GRAFT,BONE;NASAL,MAXILLARY & MOLAR AREAS	F	721.29	7012013
4 DENTIST	1	21215	GRAFT,BONE;NASAL,MASILLARY & MOLAR AREA,	F	752.3	7012013

4 DENTIST	1	21230	GRAFT;RIB CARTILAGE,AUTOGENOUS,FACE,CHIN	F	740.15	7012013
4 DENTIST	1	21235	GRAFT;EAR CARTILAGE AUTOGRAFT TO NOSE OR	F	545.31	1012015
4 DENTIST	1	21240	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT,WIT	F	992.61	7012013
4 DENTIST	1	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT,WIT	F	933.95	7012013
4 DENTIST	1	21243	ARTHROPLASTY TEMPOROMANDIBULAR,W/PROSTHE	F	1265.78	7012013
4 DENTIST	1	21244	RECONSTRUCTION OF MANDIBLE,EXTRAORAL,W/T	F	823	7012013
4 DENTIST	1	21245	PARTIAL RECONSTRUCTION MANDIBLE/MAXILLA,	F	805.5	7012013
4 DENTIST	1	21246	COMPLETE RECONSTRUCTION MANDIBLE/MAXILLA	F	785.65	7012013
4 DENTIST	1	21247	RECONSTRUCTION MANDIBULAR CONDYLE W/BONE	F	1555.12	7012013
4 DENTIST	1	21248	PARTIAL RECONSTRUCION MANDIBLE/MAXILLA,E	F	794.04	7012013
4 DENTIST	1	21249	COMPLETE RECONSTRUCTION MANDIBLE/MAXILLA	F	1184.18	7012013
4 DENTIST	1	21255	RECONSTRUCTION OF ZYGOMATIC ARCH/GLENOID	F	1128.76	7012013
4 DENTIST	1	21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES	F	1137.95	7012013
4 DENTIST	1	21260	PERIORBITAL OSTEOTOMIES;ORBITAL HYPTEL	F	1072.09	7012013
4 DENTIST	1	21261	PERIORBITAL OSTEOTOMIES;ORBITAL HYPTEL	F	1832.17	7012013
4 DENTIST	1	21263	PERIORBITAL OSTEOTOMIES;ORBITAL HYPTEL	F	1844.72	7012013
4 DENTIST	1	21267	ORBIT REPOSITION,PERIORBIT OSTEOTOM,UNIL	F	1199.84	7012013
4 DENTIST	1	21268	ORBIT REPOSITION,PERIORBIT OSTEOTOM,UNIL	F	1497.19	7012013
4 DENTIST	1	21270	MALAR AUGMENTATION, PROSTHETIC MATERL	F	689.99	7012013
4 DENTIST	1	21275	SECONDRY REVSN:ORBITOCRANFACL RCNSTRCT	F	745.99	7012013
4 DENTIST	1	21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)	F	443.32	7012013
4 DENTIST	1	21282	LATERAL CANTHOPEXY	F	278.89	7012013
4 DENTIST	1	21295	REDUCTION OF MASSETER MUSCLE & BONE, EX	F	135.93	7012013
4 DENTIST	1	21296	REDUCTION OF MASSETER MUSCLE; INTRAORAL	F	297.24	7012013
4 DENTIST	1	21299	UNLISTED CRANIO/MAXILLOFACIAL PROCEDURE	M	0	6112012
4 DENTIST	1	21310	CLOSED TREATMENT NASAL BONE FRACTURE WIT	F	74.18	7012013
4 DENTIST	1	21315	CLOSED TREATMENT NASAL BONE FRACTURE, WI	F	138.77	7012013
4 DENTIST	1	21320	MANIPULATIVE TREATMENT,NASAL BONE FRACTU	F	180.21	7012013
4 DENTIST	1	21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMP	F	269.79	7012013
4 DENTIST	1	21330	OPEN TREAT,NASAL FRACT;COMPLICATED,W INT	F	389.98	7012013
4 DENTIST	1	21335	OPEN TREAT;NASAL FRACT;W CONCOMITANT OPE	F	605.17	7012013
4 DENTIST	1	21336	OPEN TREATMENT NASAL SEPTAL FRACTURE	F	371.44	7012013
4 DENTIST	1	21337	CLOSED TREATMENT NASAL SEPTAL FRACTURE W	F	230.76	7012013
4 DENTIST	1	21338	OPEN TREATMENT;NASOETHMOID FRACTURE;W/O	F	426.9	7012013

4 DENTIST	1	21339	OPEN TREATMENT;NASOETHMOID FRACTURE;WITH	F	535.27	7012013
4 DENTIST	1	21340	PERCUTANEOUS TREATMENT NASOETHMOID COMPL	F	705.83	7012013
4 DENTIST	1	21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINU	F	810.04	7012013
4 DENTIST	1	21344	OPEN TREATMENT COMPLICATED FRONTAL SINUS	F	1129.64	7012013
4 DENTIST	1	21345	CLOSED TREATMENT NASOMAXILLARY COMPLEX F	F	572.24	7012013
4 DENTIST	1	21346	OPEN TREAT NASOMAXILLARY COMPLEX FRACT;W	F	711.42	7012013
4 DENTIST	1	21347	OPEN TREAT NASOMAXILLARY COMPLEX FRACT;W	F	813.64	7012013
4 DENTIST	1	21348	OPEN TREATMENT NASOMAXILLIARY COMPLEX FR	F	1001.03	7012013
4 DENTIST	1	21355	PERCUTANEOUS TREATMENT FRACT MALAR AREA,	F	229.72	7012013
4 DENTIST	1	21356	OPEN TREATMENT DEPRESSED ZYGOMATIC ARCH	F	288.13	7012013
4 DENTIST	1	21360	OPEN TREATMENT DEPRESSED MALAR FRACT INC	F	457.08	7012013
4 DENTIST	1	21365	OPEN TREAT COMPLICATED FRACT MALAR AREA,	F	961.79	7012013
4 DENTIST	1	21366	OPEN TREATMENT COMPLICATED FRACTURE MALA	F	1078.77	7012013
4 DENTIST	1	21385	OPEN TREAT ORBITAL FLOOR "BLOWOUT" FRACT	F	629.02	7012013
4 DENTIST	1	21386	OPEN TREAT ORBITAL FLOOR "BLOWOUT" FRACT	F	629.65	7012013
4 DENTIST	1	21387	OPEN TREAT ORBITAL FLOOR "BLOWOUT" FRACT	F	627.3	7012013
4 DENTIST	1	21390	OPEN TREAT ORBIT FLOOR "BLOWOUT" FRACT;P	F	713.82	7012013
4 DENTIST	1	21395	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOU	F	804.99	7012013
4 DENTIST	1	21400	CLOSED TREATMENT FRACTURE OF ORBIT EXCEP	F	130.84	7012013
4 DENTIST	1	21401	TREAT FRACTURE ORBIT,NOT "BLOWOUT"; WITH	F	242.07	7012013
4 DENTIST	1	21406	OPEN TREAT FRACTURE ORBIT,NOT "BLOWOUT";	F	454.95	7012013
4 DENTIST	1	21407	OPEN TREAT FRACTURE ORBIT,NOT "BLOWOUT";	F	571.34	7012013
4 DENTIST	1	21408	OPEN TREATMENT FRACTURE ORBIT, WITH BONE	F	780.89	7012013
4 DENTIST	1	21421	CLOSED TREATMENT PALATAL/MAXILLARY FRACT	F	407.93	7012013
4 DENTIST	1	21422	OPEN TREATMENT PALATAL/MAXILLARY FRACTUR	F	589.45	7012013
4 DENTIST	1	21423	OPEN TREATMENT PALATAL/MAXILLARY FRACT,	F	690.74	7012013
4 DENTIST	1	21431	CLOSED TREATMENT CRANIOFACIAL SEPARAT. U	F	464.85	7012013
4 DENTIST	1	21432	OPEN TREAT CRANIOFACIAL SEPARATION;W WIR	F	575.18	7012013
4 DENTIST	1	21433	OPEN TREAT CRANIOFACIAL SEPARATION, MULT	F	1541.72	7012013
4 DENTIST	1	21435	OPEN TREAT CRANIOFACIAL SEPARATION;COMPL	F	1091.92	7012013
4 DENTIST	1	21436	OPEN TREATMENT CARNIOFACIAL SEPARATION,	F	1599.33	7012013
4 DENTIST	1	21440	CLOSED TREATMENT MANDIBULAR/MAXILLARY AL	F	236.96	7012013
4 DENTIST	1	21445	OPEN TREATMENT ALVEOLAR RIDGE FRACTURE	F	412.23	7012013
4 DENTIST	1	21450	CLOSED TREATMENT MANDIBULAR FRACTURE W/E	F	250.7	7012013

4 DENTIST	1	21451	CLOSED TREATMENT MANDIBULAR FRACTURE WIT	F	384.77	7012013
4 DENTIST	1	21452	PERCUTANEOUS TREATMENT MANDIBULAR FRACT	F	219.17	7012013
4 DENTIST	1	21453	CLOSED TREATMENT MANDIBULAR FRACTURE WIT	F	435.33	7012013
4 DENTIST	1	21454	OPEN TREAT CLOSED/OPEN MANDIBULAR FRACT	F	452.45	7012013
4 DENTIST	1	21461	OPEN TREAT CLOSED/OPEN MANDIBULAR FRACT;	F	595.1	7012013
4 DENTIST	1	21462	OPEN TREAT CLOSED/OPEN MANDIBULAR FRACT;	F	707.39	7012013
4 DENTIST	1	21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FR	F	719.03	7012013
4 DENTIST	1	21470	OPEN TREAT COMPLIC MANDIBULAR FRACT, BY	F	1032.92	7012013
4 DENTIST	1	21480	CLOSED TREATMENT TEMPOROMONDIBULAR DISLO	F	62.77	7012013
4 DENTIST	1	21485	CLOSED TREATMENT TEMPOROMANDIBULAR DISLO	F	247.63	7012013
4 DENTIST	1	21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISL	F	676.54	7012013
4 DENTIST	1	21495	OPEN TREATMENT OF HYOID FRACTURE	F	388.07	7012013
4 DENTIST	1	21497	INTERDENTAL WIRING, FOR CONDITION OTHER	F	287.99	7012013
4 DENTIST	1	21499	UNLISTED ORTHOPEDIC PROCEDURE, HEAD	M	0	6112012
4 DENTIST	1	21501	INCISION & DRAINAGE,DEEP ABSCESS/HEMATOM	F	243.93	7012013
4 DENTIST	1	21550	BIOPSY,SOFT TISSUE OF NECK OR THORAX	F	128.75	7012013
4 DENTIST	1	21555	EXCISION TUMOR,SOFT TISSUE OF NECK OR TH	F	262.48	7012013
4 DENTIST	1	21556	EXCISION TUMOR,SOFT TISSUE OF NECK OR TH	F	335.21	1012015
4 DENTIST	1	21685	HYOID MYOTOMY AND SUSPENSION	F	799.72	7012013
4 DENTIST	1	29800	ARTHROSCOPY, TEMPROMANDIBULAR JOINT, DIA	F	436.86	7012013
4 DENTIST	1	29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SU	F	605.41	7012013
4 DENTIST	1	29999	UNLISTED PROCEDURE, ARTHROSCOPY	M	0	6112012
4 DENTIST	1	30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INT	F	99.29	7012013
4 DENTIST	1	30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPT	F	102.29	7012013
4 DENTIST	1	30120	EXCISION OR SURGICAL PLANING OF SKIN OF	F	387.3	7012013
4 DENTIST	1	30124	EXCISION DERMOID CYST, NOSE;SIMPLE,SKIN,	F	189.44	7012013
4 DENTIST	1	30125	EXCISION DERMOID CYST,NOSE;COMPLEX,UNDER	F	466.03	7012013
4 DENTIST	1	30150	RHINECTOMY; PARTIAL	F	612.58	7012013
4 DENTIST	1	30160	RHINECTOMY; TOTAL	F	678.12	7012013
4 DENTIST	1	30200	INJECTION INTO TURBINATE(S), THERAPEUTIC	F	52.92	7012013
4 DENTIST	1	30300	REMOVAL FOREIGN BODY,INTRANASAL;OFFICE T	F	83.25	10012014
4 DENTIST	1	30310	REMOVAL FOREIGN BODY,INTRANASAL;REQUIRIN	F	131.93	7012013
4 DENTIST	1	30400	RHINOPLASTY,PRIMARY;LATERAL AND ALAR CAR	F	683	7012013
4 DENTIST	1	30410	RHINOPLASTY,COMPLETE;EXTERNAL PARTS INCL	F	908.47	7012013

4 DENTIST	1	30420	RHINOPLASTY,PRIMARY;INCLUDING MAJOR SEPT	F	1103.85	7012013
4 DENTIST	1	30430	RHINOPLASTY, SECONDARY;MINOR REVISION	F	485.1	7012013
4 DENTIST	1	30435	RHINOPLASTY, SECONDARY;INTERMEDIATE REVI	F	778.92	7012013
4 DENTIST	1	30450	RHINOPLASTY, SECONDARY;MAJOR REVISION	F	1124.08	7012013
4 DENTIST	1	30460	RHINOPLASTY FOR NASAL DEFORM 2ND TO CLEF	F	664.27	7012013
4 DENTIST	1	30462	RHINOPLASTY FOR NASAL DEFORM, TIP, SEPTU	F	1265.65	7012013
4 DENTIST	1	30465	REPAIR OF NASAL VESTIBULAR STENOSIS	F	806.71	7012013
4 DENTIST	1	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION,WITH	F	413.23	7012013
4 DENTIST	1	30580	REPAIR FISTULA;OROMAXILLARY	F	440.14	7012013
4 DENTIST	1	30600	REPAIR FISTULA; ORONASAL	F	363.04	7012013
4 DENTIST	1	30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY	F	436.46	7012013
4 DENTIST	1	30630	REPAIR NASAL SEPTAL PERFORATIONS	F	484.63	7012013
4 DENTIST	1	30801	ABLATION;INF TURBINATES;SUPERFICIAL	F	85.04	7012013
4 DENTIST	1	30802	CAUTERIZATION/ABLATION MUCOSA OF TURBINA	F	136.77	7012013
4 DENTIST	1	30901	CONTROL NASAL HEMORRHAGE,ANTERIOR SIMPLE	F	87.18	7012013
4 DENTIST	1	30903	CONTROL NASAL HEMORRHAGE,ANTERIOR,COMPLE	F	110.09	7012013
4 DENTIST	1	30905	CONTROL NASAL HEMORRHAGE,POSTERIOR,WITH	F	172.2	7012013
4 DENTIST	1	30906	CONTROL NASAL HEMORRHAGE,POSTERIOR,WITH	F	182.57	7012013
4 DENTIST	1	30930	FRACTURE NASAL INFERIOR TURBS, THERA	F	89.07	7012013
4 DENTIST	1	30999	UNLISTED PROCEDURE, NOSE	M	0	6112012
4 DENTIST	1	31020	SINUSOTOMY,MAXILLARY; INTRANASAL	F	217.41	7012013
4 DENTIST	1	31030	SINUSOTOMY,MAXIL,RADICAL;W/O REM POLYP	F	412.02	7012013
4 DENTIST	1	31032	SINUSOTMY,MAXILLRY,RADICL,W/REMV POLYP	F	468.3	7012013
4 DENTIST	1	31080	SINUSOTOMY FRONTAL;OBLITERATIVE WITOUT F	F	733.07	7012013
4 DENTIST	1	31081	SINUSOTOMY FRONTAL;OBLITERATIVE,WITHOUT	F	838.05	7012013
4 DENTIST	1	31084	SINUSOTOMY FRONTAL;OBLITERATIVE WITH FLA	F	938.73	7012013
4 DENTIST	1	31085	SINUSOTOMY FRONTAL;OBLITERATIVE, WITH FL	F	990.75	7012013
4 DENTIST	1	31086	SINUSOTOMY FRONTAL;NONOBLITERATIVE,WITH	F	840.32	7012013
4 DENTIST	1	31087	SINUSOTOMY FRONTAL;NONOBLITERATIVE,WITH	F	836.63	7012013
4 DENTIST	1	31225	MAXILLECTOMY;WITHOUT ORBITAL EXENTERATIO	F	1306.67	7012013
4 DENTIST	1	31230	MAXILLECTOMY; WITH ORBITAL EXENTERATION(F	1481	7012013
4 DENTIST	1	31600	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDUR	F	237.03	7012013
4 DENTIST	1	31603	TRACHEOSTOMY,EMERGENCY PROCEDURE;TRANSTR	F	265.96	7012013
4 DENTIST	1	31605	TRACHEOSTOMY,EMERGENCY PROCEDURE;CIRCOTH	F	230.13	7012013

4 DENTIST	1	31830	REVISION OF TRACHEOSTOMY SCAR	F	355.05	7012013
4 DENTIST	1	40490	BIOPSY OF LIP	F	84.26	7012013
4 DENTIST	1	40500	VERMILIONECTOMY (LIP SHAVE),WITH MUCOSAL	F	326.77	7012013
4 DENTIST	1	40510	EXCISION OF LIP;TRANSVERSE WEDGE RESECTI	F	362.83	7012013
4 DENTIST	1	40520	EXCISION OF LIP;V-EXCISION W/PRIMARY DIR	F	360.73	7012013
4 DENTIST	1	40525	EXCISION OF LIP;FULL THICKNESS,RECONSTRU	F	551.89	7012013
4 DENTIST	1	40527	EXCISION OF LIP;FULL THICKNESS,RECONSTRU	F	658.64	7012013
4 DENTIST	1	40530	RESECTION LIP,MORE THAN ONE-FOURTH,WITHO	F	387.9	7012013
4 DENTIST	1	40650	REPAIR LIP,FULL THICKNESS;VERMILION ONLY	F	284.2	7012013
4 DENTIST	1	40652	REPAIR LIP,FULL THICKNESS;UP TO HALF VER	F	338.48	7012013
4 DENTIST	1	40654	REPAIR LIP,FULL THICKNESS;OVER ONE HALF	F	408.21	7012013
4 DENTIST	1	40700	PLASTIC REPAIR OF CLEFT LIP;PRIMARY,PART	F	786.05	7012013
4 DENTIST	1	40701	PLASTIC REPAIR OF CLEFT LIP;PRIMARY BILA	F	1123.45	7012013
4 DENTIST	1	40702	PLASTIC REPAIR OF CLEFT LIP;PRIMARY BILA	F	802.9	7012013
4 DENTIST	1	40720	PLASTIC REPAIR OF CLEFT LIP;SECONDARY,UN	F	858.7	7012013
4 DENTIST	1	40761	PLASTIC REPAIR OF CLEFT LIP;W/CROSS LIP	F	933.1	7012013
4 DENTIST	1	40799	UNLISTED PROCEDURE,LIPS	M	0	6112012
4 DENTIST	1	40800	DRAINAGE OF ABSCESS,CYST,HEMATOMA,VESTIB	F	84.82	7012013
4 DENTIST	1	40801	DRAINAGE OF ABSCESS,CYST,HEMATOMA,VESTIB	F	161.97	7012013
4 DENTIST	1	40804	REMOVE EMBEDDED FOREIGN BODY,MOUTH;SMPL	F	93.96	7012013
4 DENTIST	1	40805	REMOVE EMBEDDED FOREIGN BODY,MOUTH;COMP	F	189.77	7012013
4 DENTIST	1	40806	INCISION OF LABIAL FRENUM (FRENOTOMY)	F	29.38	7012013
4 DENTIST	1	40808	BIOPSY,VESTIBULE OF MOUTH	F	78.47	7012013
4 DENTIST	1	40810	EXCISION OF LESION OF MUCOSA AND SUBMUCO	F	108.62	7012013
4 DENTIST	1	40812	EXCISION OF LESION OF MUCOSA AND SUBMUCO	F	156.8	7012013
4 DENTIST	1	40814	EXCISION OF LESION OF MUCOSA AND SUBMUCO	F	247.18	7012013
4 DENTIST	1	40816	EXCISION OF LESION OF MUCOSA,SUBMUCOSA;C	F	260.69	7012013
4 DENTIST	1	40818	EXCISION OF MUCOSA AS DONOR GRAFT	F	192.71	7012013
4 DENTIST	1	40819	EXCISION OF FRENUM,LABIAL OR BUCCAL(FREN	F	165.01	7012013
4 DENTIST	1	40820	DESTRUCTION OF LESION OR SCAR BY PHYSICA	F	91.11	7012013
4 DENTIST	1	40830	CLOSURE OF LACERATION;2.5 CM OR LESS	F	114.08	7012013
4 DENTIST	1	40831	CLOSURE OF LACERATION,VESTIBULE OF MOUTH	F	165.15	7012013
4 DENTIST	1	40840	VESTIBULOPLASTY;ANTERIOR	F	535.03	7012013
4 DENTIST	1	40842	VESTIBULOPLASTY;POSTERIOR,UNILATERAL	F	532.28	7012013

4 DENTIST	1	40843	VESTIBULOPLASTY;POSTERIOR,BILATERAL	F	740.57	7012013
4 DENTIST	1	40844	VESTIBULOPLASTY;ENTIRE ARCH	F	958.44	7012013
4 DENTIST	1	40845	VESTIBULOPLASTY;COMPLEX(INCLUDING RIDGE	F	1236.07	7012013
4 DENTIST	1	40899	UNLISTED PROCEDURE,VESTIBULE OF MOUTH	M	0	6112012
4 DENTIST	1	41000	LINGUAL,INTRAORAL INCISION AND DRAINAGE	F	95.04	7012013
4 DENTIST	1	41005	SUBLINGUAL,SUPERFICIAL,INTRAORAL INCISIO	F	88.64	7012013
4 DENTIST	1	41006	SUBLINGUAL,DEEP,INTRAORAL INCISION AND D	F	198.81	7012013
4 DENTIST	1	41007	SUBMENTAL SPACE,INTRAORAL INCISION AND D	F	219.94	7012013
4 DENTIST	1	41008	SUBMANDIBULAR SPACE,INTRAORAL INCISION A	F	196.88	7012013
4 DENTIST	1	41009	MASTICATOR SPACE,INTRAORAL INCISION AND	F	247.83	7012013
4 DENTIST	1	41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)	F	90.74	7012013
4 DENTIST	1	41015	SUBLINGUAL,EXTRAORAL INCISION AND DRAINA	F	225.89	7012013
4 DENTIST	1	41016	SUBMENTAL,EXTRAORAL INCISION AND DRAINAG	F	277.18	7012013
4 DENTIST	1	41017	SUBMANDIBULAR,EXTRAORAL INCISION AND DRA	F	239.81	7012013
4 DENTIST	1	41018	MASTICATOR SPACE,EXTRAORAL INCISION AND	F	329.84	7012013
4 DENTIST	1	41100	BIOPSY TONGUE;ANTERIOR TWO-THIRDS	F	112.42	7012013
4 DENTIST	1	41105	BIOPSY TONGUE;POSTERIOR ONE-THIRD	F	105.22	7012013
4 DENTIST	1	41108	BIOPSY FLOOR OF MOUTH	F	86.56	7012013
4 DENTIST	1	41110	EXCISION OF LESION OF TONGUE WITHOUT CLO	F	122.65	7012013
4 DENTIST	1	41112	EXCISION OF LESION OF TONGUE W/CLOSURE;A	F	197.38	7012013
4 DENTIST	1	41113	EXCISION OF LESION OF TONGUE W/CLOSURE;P	F	233.14	7012013
4 DENTIST	1	41114	EXCISION OF LESION OF TONGUE W/CLOSURE;W	F	530.68	7012013
4 DENTIST	1	41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	F	136.45	7012013
4 DENTIST	1	41116	EXCISION,LESION OF FLOOR OF MOUTH	F	186.82	7012013
4 DENTIST	1	41120	GLOSSECTOMY;LESS THAN ONE-HALF TONGUE	F	631.91	7012013
4 DENTIST	1	41130	GLOSSECTOMY;HEMIGLOSSECTOMY	F	728.58	7012013
4 DENTIST	1	41135	GLOSSECTOMY;PARTIAL,W/UNILATERAL NECK DI	F	1454.84	7012013
4 DENTIST	1	41140	GLOSSECTOMY;TOTAL,WITHOUT RADICAL NECK D	F	1562.16	7012013
4 DENTIST	1	41145	GLOSSCTMY;TOTL,W/UNILAT RAD NECK DISEC	F	1873.63	7012013
4 DENTIST	1	41150	GLOSSCTMY;COMPOSIT PROC,W/O NECK DISEC	F	1475.93	7012013
4 DENTIST	1	41153	GLOSSCTMY;COMPOSITE PROCEDURE,W/SUPRAH	F	1622.65	7012013
4 DENTIST	1	41155	GLOSSCTMY;COMPOST PROC RESEC MOUTH FLR	F	1900.2	7012013
4 DENTIST	1	41250	REPAIR LACERATION 2.5 CM OR LESS;FLOOR O	F	130.29	7012013
4 DENTIST	1	41251	REPAIR LACERATION 2.5CM OR LESS;POSTERIO	F	157.69	7012013

4 DENTIST	1	41252	REPAIR LACERATION OF TONGUE,FLOOR OF MOU	F	202.35	7012013
4 DENTIST	1	41500	FIXATION TONGUE,MECHANICAL,OTHER THAN SU	F	259.24	7012013
4 DENTIST	1	41510	SUTURE TONGUE TO LIP FOR MICROGNATHIA(DO	F	243.23	7012013
4 DENTIST	1	41520	FRENOPLASTY (SURG REVISION OF FRENUM)	F	197.38	7012013
4 DENTIST	1	41599	UNLISTED PROCEDURE,TONGUE,FLOOR OF MOUTH	M	0	6112012
4 DENTIST	1	41800	DRAINAGE ABSCESS,CYST,HEMATOMA	F	84.43	7012013
4 DENTIST	1	41805	REMOVE EMBEDDED FB;FROM DENTAL SOFT TIS	F	89.34	7012013
4 DENTIST	1	41806	REMOVE EMBEDDED FB;DENTAL BONE STRCTUR	F	168.85	7012013
4 DENTIST	1	41820	GINGIVECTMY, EXCISION GINGIVA, EA QUAD	F	158.69	7012013
4 DENTIST	1	41821	OPERCULECTOMY,EXCISION PERICORONAL TISSU	F	95.22	7012013
4 DENTIST	1	41822	EXCISION FIBROUS TUBEROSITIES	F	183.15	7012013
4 DENTIST	1	41823	EXCISION OSSEOUS TUBEROSITIES	F	241.71	7012013
4 DENTIST	1	41825	EXCISION OF LESION/TUMOR(EXCEPT LISTED A	F	110.93	7012013
4 DENTIST	1	41826	EXCISION OF LESION/TUMOR(EXCEPT LISTED A	F	163.75	7012013
4 DENTIST	1	41827	EXCISION OF LESION/TUMOR(EXCEPT LISTED A	F	249.5	7012013
4 DENTIST	1	41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA	F	235.36	7012013
4 DENTIST	1	41830	ALVEOLECTOMY,INCLUDING CURETTAGE OF OSTE	F	239.46	7012013
4 DENTIST	1	41850	DESTRUCTION OF LESION(EXCEPT EXCISION),D	F	63.47	7012013
4 DENTIST	1	41870	PERIODONTAL MUCOSAL GRAFTING	F	111.07	7012013
4 DENTIST	1	41872	GINGIVOPLASTY, EACH QUADRANT	F	193.12	7012013
4 DENTIST	1	41874	ALVEOPLASTY, EACH QUADRANT	F	220.55	7012013
4 DENTIST	1	41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCT	M	0	6112012
4 DENTIST	1	42000	DRAINAGE OF ABSCESS OF PALATE,UVULA	F	91.6	7012013
4 DENTIST	1	42100	BIOPSY OF PALATE,UVULA	F	96.71	7012013
4 DENTIST	1	42104	EXCISE,PALATE LESION,UVULA;W/O CLOSURE	F	125.01	7012013
4 DENTIST	1	42106	EXCISE PALATE LESIN,UVULA;W/SIMPLE CLS	F	158.03	7012013
4 DENTIST	1	42107	EXCISE,LESION OF PALATE,UVULA;W/LOCAL	F	316.89	7012013
4 DENTIST	1	42120	RESECTION PALATE OR EXTENSIVE RESECTION	F	443.96	7012013
4 DENTIST	1	42140	UVULECTOMY,EXCISION OF UVULA	F	134.54	7012013
4 DENTIST	1	42145	PALATOPHARYNGOPLASTY	F	574.2	7012013
4 DENTIST	1	42160	DESTRUCTION OF LESION,PALATE/UVULA(THERM	F	136.52	7012013
4 DENTIST	1	42180	REPAIR LACERATION OF PALATE;UP TO 2 CM	F	172.45	7012013
4 DENTIST	1	42182	REPAIR LACERATION OF PALATE;OVER 2 CM OR	F	251.94	7012013
4 DENTIST	1	42200	PALATOPLASTY FOR CLEFT PALATE,SOFT AND/O	F	735.77	7012013

4 DENTIST	1	42205	PALATOPLASTY FOR CLEFT PALATE,W/RIDGE CL	F	668.01	7012013
4 DENTIST	1	42210	PALATOPLASTY FOR CLEFT PALATE,W/BONE GRA	F	913.06	7012013
4 DENTIST	1	42215	PALATOPLASTY FOR CLEFT PALATE;MAJOR REVI	F	594.21	7012013
4 DENTIST	1	42220	PALATOPLASTY FOR CLEFT PALATE;SECONDARY	F	455.62	7012013
4 DENTIST	1	42225	PALATOPLASTY FOR CLEFT PALATE;ATTACHMENT	F	623.69	7012013
4 DENTIST	1	42226	LENGTHENING OF PALATE,AND PHARYNGEAL FLA	F	658.82	7012013
4 DENTIST	1	42227	LENGTHENING OF PALATE,WITH ISLAND FLAP	F	592.74	7012013
4 DENTIST	1	42235	REPAIR ANTERIOR PALATE,INCLUDING VOMER F	F	490.9	7012013
4 DENTIST	1	42260	REPAIR NASOLABIAL FISTULA	F	550.08	7012013
4 DENTIST	1	42281	INSERT PIN-RETAINED PALATAL PROSTHESIS	F	124.34	7012013
4 DENTIST	1	42299	UNLISTED PROCEDURE,PALATE,UVULA	M	0	6112012
4 DENTIST	1	42300	DRAINAGE OF ABSCESS;PAROTID,SIMPLE	F	127.89	7012013
4 DENTIST	1	42305	DRAINAGE OF ABSCESS;PAROTID,COMPLICATED	F	349.73	7012013
4 DENTIST	1	42310	DRAINAGE OF ABSCESS;SUBMAXILLARY/SUBLING	F	112.22	7012013
4 DENTIST	1	42320	DRAINAGE OF ABSCESS;SUBMAXILLARY,EXTERNA	F	161.53	7012013
4 DENTIST	1	42330	SIALOLITHOTOMY;SUBMANDIBULAR,UNCOMPLICAT	F	143.05	7012013
4 DENTIST	1	42335	SIALOLITHOTOMY;SUBMANDIBULAR,COMPLICATED	F	222.83	7012013
4 DENTIST	1	42340	SIALOLITHOTOMY;PAROTID,EXTRAORAL OR COMP	F	319.33	7012013
4 DENTIST	1	42400	BIOPSY SALIVARY GLAND;NEEDLE	F	77.71	7012013
4 DENTIST	1	42405	BIOPSY SALIVARY GLAND;INCISIONAL	F	200.94	7012013
4 DENTIST	1	42408	EXCISION SUBLINGUAL SALIVARY CYST(RANULA	F	292.87	7012013
4 DENTIST	1	42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY	F	206.21	7012013
4 DENTIST	1	42410	EXCISION PAROTID TUMOR/PAROTID GLAND;LAT	F	580.32	7012013
4 DENTIST	1	42415	EXCISION PAROTID TUMOR/PAROTID GLAND;LAT	F	1061.33	7012013
4 DENTIST	1	42420	EXCISION PAROTID TUMOR/PAROTID GLAND;TOT	F	1227.74	7012013
4 DENTIST	1	42425	EXCISION PAROTID TUMOR/PAROTID GLAND;TOT	F	852.72	7012013
4 DENTIST	1	42426	EXCISION PAROTID TUMOR/PAROTID GLAND;TOT	F	1460.5	7012013
4 DENTIST	1	42440	EXCISION OF SUBMANDIBULAR(SUBMAXILLARY)G	F	491.47	7012013
4 DENTIST	1	42450	EXCISION SUBLINGUAL GLAND	F	306.65	7012013
4 DENTIST	1	42500	PLASTIC REPAIR SALIVARY DUCT,SIALODOCHOP	F	315.5	7012013
4 DENTIST	1	42505	PLASTIC REPAIR SALIVARY DUCT,SIALODOCHOP	F	433.58	7012013
4 DENTIST	1	42507	PAROTID DUCT DIVERSION,BILATERAL (WILKE	F	405.69	7012013
4 DENTIST	1	42508	PAROTID DUCT DIVERSION,BILATERAL;W/EXCIS	F	596.4	7012013
4 DENTIST	1	42509	PAROTID DUCT DIVERSION,BILATERAL;W/EXCIS	F	713.18	7012013

4 DENTIST	1	42510	PAROTID DUCT DIVERSION,BILATERAL;W/LIGAT	F	550.56	7012013
4 DENTIST	1	42550	INJECTION PROCEDURE FOR SIALOGRAPHY	F	236.47	7012013
4 DENTIST	1	42600	CLOSURE SALIVARY FISTULA	F	344.97	7012013
4 DENTIST	1	42650	DILATION SALIVARY DUCT	F	51.9	7012013
4 DENTIST	1	42660	DILATION/CATHETERIZATION OF SALIVARY DUC	F	69.37	7012013
4 DENTIST	1	42665	LIGATION SALIVARY DUCT,INTRAORAL	F	184.1	7012013
4 DENTIST	1	42699	UNLISTED PROCEDURE,SALIVARY GLANDS OR DU	M	0	6112012
4 DENTIST	1	42700	INCISION AND DRAINAGE ABSCESS;PERITONSIL	F	118.01	7012013
4 DENTIST	1	42720	INCISION AND DRAINAGE ABSCESS;INTRAORAL	F	312.46	7012013
4 DENTIST	1	42725	INCISION AND DRAINAGE ABSCESS;EXTRAORAL	F	618.76	7012013
4 DENTIST	1	42800	BIOPSY;OROPHARYNX	F	104.87	7012013
4 DENTIST	1	42804	BIOPSY;NASOPHARYNX,VISIBLE LESION,SIMPLE	F	104.54	7012013
4 DENTIST	1	42806	BIOPSY;NASOPHARYNX,SURVEY FOR UNKNOWN PR	F	128.8	7012013
4 DENTIST	1	42808	EXCISION OR DESTRUCTION LESION PHARYNX,	F	193.21	7012013
4 DENTIST	1	42809	REMOVAL OF FOREIGN BODY FROM PHARYNX	F	128.2	7012013
4 DENTIST	1	42810	EXCISION BRANCHIAL CLEFT CYST/VESTIGE;CO	F	258.42	7012013
4 DENTIST	1	42815	EXCISION BRANCHIAL CLEFT CYST/VESTIGE;EX	F	510.11	7012013
4 DENTIST	1	42842	RADICAL RESECTION,W/O CLOSURE,TONSIL,TON	F	567.1	7012013
4 DENTIST	1	42844	RADICAL RESECTION,CLOSURE W/LOCAL FLAP,T	F	912.86	7012013
4 DENTIST	1	42845	RADICAL RESECTION,CLOSURE W/OTHER FLAP,T	F	1524.39	7012013
4 DENTIST	1	42890	LIMITED PHARYNGECTOMY	F	814.91	7012013
4 DENTIST	1	42892	RESECTION OF LATERAL PHARYNGEAL WALL/PYR	F	983.28	7012013
4 DENTIST	1	42894	RESECTION OF PHARYNGEAL WALL,CLOSURE W/M	F	1421.02	7012013
4 DENTIST	1	42900	SUTURE PHARYNX FOR WOUND OR INJURY	F	333.81	7012013
4 DENTIST	1	42950	PHARYNGOPLASTY(PLASTIC/RECONSTRUCTIVE OP	F	577.2	7012013
4 DENTIST	1	42960	CONTROL OROPHARYNGEAL HEMORRHAGE;SIMPLE	F	138.67	7012013
4 DENTIST	1	42961	CONTROL OROPHARYNGEAL HEMORRHAGE;COMPLIC	F	320.13	7012013
4 DENTIST	1	42962	CONTROL OROPHARYNGEAL HEMORRHAGE;W/SECON	F	467.92	7012013
4 DENTIST	1	42970	CONTROL OF NASOPHARYNGEAL HEMORRHAGE;SIM	F	278.56	7012013
4 DENTIST	1	42999	UNLISTED PROCEDURE,PHARYNX,ADENOIDS,OR T	M	0	6112012
4 DENTIST	1	61575	TRANSORAL APPROACH TO SKULL BASE,BRAIN S	F	2300.21	7012013
4 DENTIST	1	61576	TRANSORAL APPRAOCH TO SKULL BASE;REQUIRI	F	3085.45	7012013
4 DENTIST	1	61580	CRANIOFACL APPRCH TO ANTR CRANIAL FOS	F	1850.43	7012013
4 DENTIST	1	61581	CRANIOFACL APPRCH TO ANT. CRANIL FOSSA	F	2085.58	7012013

4 DENTIST	1	61584	ORBITOCRANIAL APPROACH TO ANT CRANIAL FO	F	2167.74	7012013
4 DENTIST	1	61586	BICORONAL, TRANSZYGOMATIC &/OR LEFORT1	F	1619.26	7012013
4 DENTIST	1	61590	INFRATEMPORAL PRE-AURICULAR APPROACH MID	F	2555.38	7012013
4 DENTIST	1	61592	ORBITOCRANIAL ZYGOMATIC APPROACH MIDDLE	F	2486.51	7012013
4 DENTIST	1	64400	INJ ANESTHETIC AGENT; TRIGEMINAL NERVE	F	85.33	10012014
4 DENTIST	1	64402	INJ ANESTHETIC AGENT; FACIAL NERVE	F	122.5	7012013
4 DENTIST	1	64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMI	F	211.43	7012013
4 DENTIST	1	64612	CHEMODENERVATION OF MUSCLE; FACIAL NRV	F	145.83	7012013
4 DENTIST	1	64716	NEUROLYSIS AND/OR TRANSPOSITION; CRANIAL	F	405.47	7012013
4 DENTIST	1	64722	DECOMPRESSION, UNSPECIFIED NERVES (SPECI	F	318.91	7012013
4 DENTIST	1	64736	TRANSECTION OR AVULSION OF MENTAL NERVE	F	300.86	7012013
4 DENTIST	1	64738	TRANSECTION OR AVULSION OF INFERIOR ALVE	F	367.87	7012013
4 DENTIST	1	64740	TRANSECTION OR AVULSION OF LINGUAL NERVE	F	358.98	7012013
4 DENTIST	1	67900	REPAIR OF BROW PTOSIS	F	444.2	7012013
4 DENTIST	1	67914	REPAIR OF ECTROPION, SUTURE	F	375.05	7012013
4 DENTIST	1	67915	REPAIR OF ECTROPION, THERMOCAUTERIZATION	F	287.3	7012013
4 DENTIST	1	67916	REPAIR OF ECTROPION, BLEPHAROPLASTY. EXC	F	519.79	7012013
4 DENTIST	1	67917	REPAIR OF ECTROPION, BLEPHAROPLASTY EXTE	F	489.17	7012013
4 DENTIST	1	67921	REPAIR OF ENTROPION, SUTURE	F	356.6	7012013
4 DENTIST	1	67922	REPAIR OF ENTROPION, THERMOCAUTHERIZATIO	F	280.34	7012013
4 DENTIST	1	67923	REPAIR OF ENTROPION, BLEPHAROPLASTY, EXC	F	553.73	7012013
4 DENTIST	1	67924	REPAIR OF ENTROPION, BELPHAROPLASTY, EXT	F	468.52	7012013
4 DENTIST	1	67930	SUTURE RECENT WOUND EYELID, DIRECT CLOSU	F	325.52	7012013
4 DENTIST	1	67935	SUTURE RECENT WOUND EYELID, DIRECT CLOSU	F	523.43	7012013
4 DENTIST	1	67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	F	452.73	7012013
4 DENTIST	1	67961	EXCISION/REPAIR EYELID UP TO 1/4 LID OF	F	442.61	7012013
4 DENTIST	1	70100	RADIOLOGIC EXAMINATION, MANDIBLE;PARTIAL	G	9.34	7012013 26
4 DENTIST	1	70100	RADIOLOGIC EXAMINATION, MANDIBLE;PARTIAL	H	17.99	7012013 TC
4 DENTIST	1	70100	RADIOLOGIC EXAMINATION, MANDIBLE;PARTIAL	F	27.36	7012013
4 DENTIST	1	70110	RADIOLOGIC EXAMINATION, MANDIBLE;COMPLET	G	12.53	7012013 26
4 DENTIST	1	70110	RADIOLOGIC EXAMINATION, MANDIBLE;COMPLET	H	21.55	7012013 TC
4 DENTIST	1	70110	RADIOLOGIC EXAMINATION, MANDIBLE;COMPLET	F	34.07	7012013
4 DENTIST	1	70120	RADIOLOGIC EXAMINATION, MASTOIDS;LESS TH	G	9.34	7012013 26
4 DENTIST	1	70120	RADIOLOGIC EXAMINATION, MASTOIDS;LESS TH	H	21.55	7012013 TC

4 DENTIST	1	70120	RADIOLOGIC EXAMINATION, MASTOIDS;LESS TH	F	30.89	7012013
4 DENTIST	1	70130	RADIOLOGIC EXAMINATION, MASTOIDS;COMPLET	G	16.74	7012013 26
4 DENTIST	1	70130	RADIOLOGIC EXAMINATION, MASTOIDS;COMPLET	H	27.41	7012013 TC
4 DENTIST	1	70130	RADIOLOGIC EXAMINATION, MASTOIDS;COMPLET	F	44.15	7012013
4 DENTIST	1	70140	RADIOLOGIC EXAMINATION, FACIAL BONES;LES	G	9.71	7012013 26
4 DENTIST	1	70140	RADIOLOGIC EXAMINATION, FACIAL BONES;LES	H	21.55	7012013 TC
4 DENTIST	1	70140	RADIOLOGIC EXAMINATION, FACIAL BONES;LES	F	31.25	7012013
4 DENTIST	1	70150	RADIOLOGIC EXAMINATION, FACIAL BONES;MIN	G	12.88	7012013 26
4 DENTIST	1	70150	RADIOLOGIC EXAMINATION, FACIAL BONES;MIN	H	27.41	7012013 TC
4 DENTIST	1	70150	RADIOLOGIC EXAMINATION, FACIAL BONES;MIN	F	40.3	7012013
4 DENTIST	1	70160	RADIOLOGIC EXAMINATION, NASAL BONES, COM	G	8.66	7012013 26
4 DENTIST	1	70160	RADIOLOGIC EXAMINATION, NASAL BONES, COM	H	17.99	7012013 TC
4 DENTIST	1	70160	RADIOLOGIC EXAMINATION, NASAL BONES, COM	F	26.66	7012013
4 DENTIST	1	70190	RADIOLOGIC EXAMINATION;OPTIC FORAMINA	G	10.76	7012013 26
4 DENTIST	1	70190	RADIOLOGIC EXAMINATION;OPTIC FORAMINA	H	21.55	7012013 TC
4 DENTIST	1	70190	RADIOLOGIC EXAMINATION;OPTIC FORAMINA	F	32.3	7012013
4 DENTIST	1	70200	RADIOLOGIC EXAMINATION;ORBITS,COMPLETE,M	G	13.93	7012013 26
4 DENTIST	1	70200	RADIOLOGIC EXAMINATION;ORBITS,COMPLETE,M	H	27.41	7012013 TC
4 DENTIST	1	70200	RADIOLOGIC EXAMINATION;ORBITS,COMPLETE,M	F	41.34	7012013
4 DENTIST	1	70250	RADIOLOGIC EXAMINATION, SKULL;LESS THAN	G	12.16	7012013 26
4 DENTIST	1	70250	RADIOLOGIC EXAMINATION, SKULL;LESS THAN	H	21.55	7012013 TC
4 DENTIST	1	70250	RADIOLOGIC EXAMINATION, SKULL;LESS THAN	F	33.71	7012013
4 DENTIST	1	70260	RADIOLOGIC EXAMINATION, SKULL;COMPLETE,M	G	16.74	7012013 26
4 DENTIST	1	70260	RADIOLOGIC EXAMINATION, SKULL;COMPLETE,M	H	31.28	7012013 TC
4 DENTIST	1	70260	RADIOLOGIC EXAMINATION, SKULL;COMPLETE,M	F	48.03	7012013
4 DENTIST	1	70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VI	G	5.49	7012013 26
4 DENTIST	1	70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VI	H	9.4	7012013 TC
4 DENTIST	1	70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VI	F	14.88	7012013
4 DENTIST	1	70310	RADIOLOGIC EXAMINATION, TEETH;PARTIAL EX	G	8.3	7012013 26
4 DENTIST	1	70310	RADIOLOGIC EXAMINATION, TEETH;PARTIAL EX	H	14.7	7012013 TC
4 DENTIST	1	70310	RADIOLOGIC EXAMINATION, TEETH;PARTIAL EX	F	22.99	7012013
4 DENTIST	1	70320	RADIOLOGIC EXAMINATION, TEETH;COMPLETE,	G	11.12	7012013 26
4 DENTIST	1	70320	RADIOLOGIC EXAMINATION, TEETH;COMPLETE,	H	27.41	7012013 TC
4 DENTIST	1	70320	RADIOLOGIC EXAMINATION, TEETH;COMPLETE,	F	38.53	7012013

4 DENTIST	1	70328	RADIOLOGIC EXAMINATION, T.M.J., OPEN AND	G	9.34	7012013 26
4 DENTIST	1	70328	RADIOLOGIC EXAMINATION, T.M.J., OPEN AND	H	17.33	7012013 TC
4 DENTIST	1	70328	RADIOLOGIC EXAMINATION, T.M.J., OPEN AND	F	26.69	7012013
4 DENTIST	1	70332	T.M.J. ARTHROGRAPHY, SUPERVISION & INTER	G	27.12	7012013 26
4 DENTIST	1	70332	T.M.J. ARTHROGRAPHY, SUPERVISION & INTER	H	73.16	7012013 TC
4 DENTIST	1	70332	T.M.J. ARTHROGRAPHY, SUPERVISION & INTER	F	100.3	7012013
4 DENTIST	1	70336	MRI, TEMPOROMANDIBULAR JOINT(S)	G	69.13	7012013 26
4 DENTIST	1	70336	MRI, TEMPOROMANDIBULAR JOINT(S)	H	389.94	7012013 TC
4 DENTIST	1	70336	MRI, TEMPOROMANDIBULAR JOINT(S)	F	459.06	7012013
4 DENTIST	1	70350	CEPHALOGRAM, ORTHODONTIC	G	8.66	7012013 26
4 DENTIST	1	70350	CEPHALOGRAM, ORTHODONTIC	H	13.37	7012013 TC
4 DENTIST	1	70350	CEPHALOGRAM, ORTHODONTIC	F	22.03	7012013
4 DENTIST	1	70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	G	10.05	7012013 26
4 DENTIST	1	70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	H	19.89	7012013 TC
4 DENTIST	1	70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	F	29.96	7012013
4 DENTIST	1	70370	RADIOLOGIC EXAMINATION;PHARYNX OR LARYNX	G	16.02	7012013 26
4 DENTIST	1	70370	RADIOLOGIC EXAMINATION;PHARYNX OR LARYNX	H	45.41	7012013 TC
4 DENTIST	1	70370	RADIOLOGIC EXAMINATION;PHARYNX OR LARYNX	F	61.44	7012013
4 DENTIST	1	70371	COMPLEX DYNAMIC PHARYNGEAL&SPEECH EVAL	G	41.46	7012013 26
4 DENTIST	1	70371	COMPLEX DYNAMIC PHARYNGEAL&SPEECH EVAL	H	73.16	7012013 TC
4 DENTIST	1	70371	COMPLEX DYNAMIC PHARYNGEAL&SPEECH EVAL	F	114.62	7012013
4 DENTIST	1	70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND F	G	8.66	7012013 26
4 DENTIST	1	70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND F	H	23.19	7012013 TC
4 DENTIST	1	70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND F	F	31.86	7012013
4 DENTIST	1	70390	SIALOGRAPHY;SUPERVISION AND INTERPRETATI	G	18.74	7012013 26
4 DENTIST	1	70390	SIALOGRAPHY;SUPERVISION AND INTERPRETATI	H	62.34	7012013 TC
4 DENTIST	1	70390	SIALOGRAPHY;SUPERVISION AND INTERPRETATI	F	81.09	7012013
4 DENTIST	1	70486	C.A.T. SCAN,MAXILLOFACIAL AREA;WITHOUT C	G	56.35	7012013 26
4 DENTIST	1	70486	C.A.T. SCAN,MAXILLOFACIAL AREA;WITHOUT C	H	164.31	7012013 TC
4 DENTIST	1	70486	C.A.T. SCAN,MAXILLOFACIAL AREA;WITHOUT C	F	220.67	7012013
4 DENTIST	1	73100	RADIOLOGIC EXAMINATION,WRIST;AP AND LATE	G	8.3	7012013 26
4 DENTIST	1	73100	RADIOLOGIC EXAMINATION,WRIST;AP AND LATE	H	17.33	7012013 TC
4 DENTIST	1	73100	RADIOLOGIC EXAMINATION,WRIST;AP AND LATE	F	25.64	7012013
4 DENTIST	1	88305	LEVEL IV SURGICAL PATHOLOGY, GROSS & MIC	H	28.69	7012013 TC

4 DENTIST	1	88305	LEVEL IV SURGICAL PATHOLOGY, GROSS & MIC	G	43.93	7012013 26
4 DENTIST	1	88305	LEVEL IV SURGICAL PATHOLOGY, GROSS & MIC	F	72.62	7012013
4 DENTIST	1	88331	CONSULTATION DURING SURG;W/FROZEN SECT	H	19.13	7012013 TC
4 DENTIST	1	88331	CONSULTATION DURING SURG;W/FROZEN SECT	G	64.55	7012013 26
4 DENTIST	1	88331	CONSULTATION DURING SURG;W/FROZEN SECT	F	83.7	7012013
4 DENTIST	1	88332	PATH CONSULT DURING SURG;EA ADD'L BLCK	H	10.07	7012013 TC
4 DENTIST	1	88332	PATH CONSULT DURING SURG;EA ADD'L BLCK	G	31.83	7012013 26
4 DENTIST	1	88332	PATH CONSULT DURING SURG;EA ADD'L BLCK	F	41.92	7012013
4 DENTIST	1	92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARA	F	62.27	7012013
4 DENTIST	1	99100	ANESTHESIA FOR PATIENT OF EXTREME AGE, U	F	16.31	7012013
4 DENTIST	1	99116	ANESTHESIA COMPLIC BY UTILIZ TOTAL BODY	F	16.73	7012013
4 DENTIST	1	99135	ANESTHESIA COMPLIC BY UTILIZATION CONTRO	F	16.31	7012013
4 DENTIST	1	99140	ANESTHESIA COMPLICATED BY EMERGENCY COND	F	16.31	7012013
4 DENTIST	1	99201	OFFICE/OUTPATIENT VISIT, NEW PT, E/M	F	37.79	7012013
4 DENTIST	1	99202	OFFICE/OUTPATIENT VISIT, NEW PT, E/M	F	59.33	7012013
4 DENTIST	1	99203	OFFICE/OUTPATIENT VISIT, NEW PT, E/M	F	83.51	7012013
4 DENTIST	1	99203	OFFICE/OUTPATIENT VISIT, NEW PT, E/M	9	36.07	7012017 AF
4 DENTIST	1	99203	OFFICE/OUTPATIENT VISIT, NEW PT, E/M	9	50.17	1012016 AF
4 DENTIST	1	99203	OFFICE/OUTPATIENT VISIT, NEW PT, E/M	9	36.94	1012016 SA
4 DENTIST	1	99203	OFFICE/OUTPATIENT VISIT, NEW PT, E/M	9	26.55	7012017 SA
4 DENTIST	1	99203	OFFICE/OUTPATIENT VISIT, NEW PT, E/M	9	32.83	1012016 TD
4 DENTIST	1	99203	OFFICE/OUTPATIENT VISIT, NEW PT, E/M	9	23.6	7012017 TD
4 DENTIST	1	99203	OFFICE/OUTPATIENT VISIT, NEW PT, E/M	9	26.55	7012017 U2
4 DENTIST	1	99203	OFFICE/OUTPATIENT VISIT, NEW PT, E/M	9	36.94	1012016 U2
4 DENTIST	1	99204	OFFICE/OUTPATIENT VISIT, NEW PT, E/M	9	74.26	1012016 AF
4 DENTIST	1	99204	OFFICE/OUTPATIENT VISIT, NEW PT, E/M	9	59.36	7012017 AF
4 DENTIST	1	99204	OFFICE/OUTPATIENT VISIT, NEW PT, E/M	9	63.12	1012016 SA
4 DENTIST	1	99204	OFFICE/OUTPATIENT VISIT, NEW PT, E/M	9	50.46	7012017 SA
4 DENTIST	1	99204	OFFICE/OUTPATIENT VISIT, NEW PT, E/M	9	59.41	1012016 U2
4 DENTIST	1	99204	OFFICE/OUTPATIENT VISIT, NEW PT, E/M	9	47.49	7012017 U2
4 DENTIST	1	99204	OFFICE/OUTPATIENT VISIT, NEW PT, E/M	F	120.92	7012013
4 DENTIST	1	99205	OFFICE/OUTPATIENT VISIT, NEW PT, E/M	F	150.75	7012013
4 DENTIST	1	99205	OFFICE/OUTPATIENT VISIT, NEW PT, E/M	9	83.54	1012016 AF
4 DENTIST	1	99205	OFFICE/OUTPATIENT VISIT, NEW PT, E/M	9	69	7012017 AF

4 DENTIST	1	99205	OFFICE/OUTPATIENT VISIT, NEW PT, E/M	9	58.65	7012017 SA
4 DENTIST	1	99205	OFFICE/OUTPATIENT VISIT, NEW PT, E/M	9	71.01	1012016 SA
4 DENTIST	1	99205	OFFICE/OUTPATIENT VISIT, NEW PT, E/M	9	66.83	1012016 U2
4 DENTIST	1	99205	OFFICE/OUTPATIENT VISIT, NEW PT, E/M	9	55.2	7012017 U2
4 DENTIST	1	99211	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	8.73	7012017 AF
4 DENTIST	1	99211	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	13.68	1012016 SA
4 DENTIST	1	99211	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	6.42	7012017 SA
4 DENTIST	1	99211	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	12.16	1012016 TD
4 DENTIST	1	99211	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	5.71	7012017 TD
4 DENTIST	1	99211	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	13.68	1012016 U2
4 DENTIST	1	99211	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	6.42	7012017 U2
4 DENTIST	1	99211	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	18.58	1012016 AF
4 DENTIST	1	99211	OFFICE/OUTPATIENT VISIT, EST PT, E/M	F	18.58	7012013
4 DENTIST	1	99212	OFFICE/OUTPATIENT VISIT, EST PT, E/M	F	32.17	7012013
4 DENTIST	1	99212	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	32.52	1012016 AF
4 DENTIST	1	99212	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	19.38	7012017 AF
4 DENTIST	1	99212	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	23.94	1012016 SA
4 DENTIST	1	99212	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	14.27	7012017 SA
4 DENTIST	1	99212	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	12.68	7012017 TD
4 DENTIST	1	99212	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	21.28	1012016 TD
4 DENTIST	1	99212	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	14.27	7012017 U2
4 DENTIST	1	99212	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	23.94	1012016 U2
4 DENTIST	1	99213	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	46.45	1012016 AF
4 DENTIST	1	99213	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	32.94	7012017 AF
4 DENTIST	1	99213	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	34.2	1012016 SA
4 DENTIST	1	99213	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	24.25	7012017 SA
4 DENTIST	1	99213	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	30.4	1012016 TD
4 DENTIST	1	99213	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	21.56	7012017 TD
4 DENTIST	1	99213	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	34.2	1012016 U2
4 DENTIST	1	99213	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	24.25	7012017 U2
4 DENTIST	1	99213	OFFICE/OUTPATIENT VISIT, EST PT, E/M	F	44.36	7012013
4 DENTIST	1	99214	OFFICE/OUTPATIENT VISIT, EST PT, E/M	F	68.55	1012014
4 DENTIST	1	99214	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	50.17	1012016 AF
4 DENTIST	1	99214	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	37.24	7012017 AF

4 DENTIST	1	99214	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	36.94	1012016 SA
4 DENTIST	1	99214	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	27.42	7012017 SA
4 DENTIST	1	99214	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	32.83	1012016 TD
4 DENTIST	1	99214	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	24.37	7012017 TD
4 DENTIST	1	99214	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	27.42	7012017 U2
4 DENTIST	1	99214	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	36.94	1012016 U2
4 DENTIST	1	99215	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	57.78	7012017 AF
4 DENTIST	1	99215	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	74.26	1012016 AF
4 DENTIST	1	99215	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	63.12	1012016 SA
4 DENTIST	1	99215	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	49.11	7012017 SA
4 DENTIST	1	99215	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	46.22	7012017 U2
4 DENTIST	1	99215	OFFICE/OUTPATIENT VISIT, EST PT, E/M	9	59.41	1012016 U2
4 DENTIST	1	99215	OFFICE/OUTPATIENT VISIT, EST PT, E/M	F	102.59	7012013
4 DENTIST	1	99217	OBSERVATION CARE DISCHARGE DAY MANAGEMEN	F	63.69	7012013
4 DENTIST	1	99218	INITL OBSERV CARE, PER DAY, E&M DETAIL	F	66.68	7012013
4 DENTIST	1	99219	INITIAL OBSERV CARE, PER DAY,E&M,COMPR	F	109.5	7012013
4 DENTIST	1	99220	INITIAL OBSERV CARE, PER DAY, E&M COMP	F	147.36	7012013
4 DENTIST	1	99221	INITIAL HOSPITAL CARE, EVALUAT/MANAGEMEN	F	66.68	7012013
4 DENTIST	1	99221	INITIAL HOSPITAL CARE, EVALUAT/MANAGEMEN	9	64.32	1012016 AF
4 DENTIST	1	99221	INITIAL HOSPITAL CARE, EVALUAT/MANAGEMEN	9	74.1	1012016 SA
4 DENTIST	1	99221	INITIAL HOSPITAL CARE, EVALUAT/MANAGEMEN	9	74.1	1012016 U2
4 DENTIST	1	99222	INITIAL HOSPITAL CARE, EVALUAT/MANAGEMEN	9	105.96	1012016 AF
4 DENTIST	1	99222	INITIAL HOSPITAL CARE, EVALUAT/MANAGEMEN	9	74.1	1012016 SA
4 DENTIST	1	99222	INITIAL HOSPITAL CARE, EVALUAT/MANAGEMEN	9	74.1	1012016 U2
4 DENTIST	1	99222	INITIAL HOSPITAL CARE, EVALUAT/MANAGEMEN	F	109.83	12012017
4 DENTIST	1	99223	INITIAL HOSPITAL CARE, EVALUAT/MANAGEMEN	F	147.36	7012013
4 DENTIST	1	99223	INITIAL HOSPITAL CARE, EVALUAT/MANAGEMEN	9	142.17	1012016 AF
4 DENTIST	1	99223	INITIAL HOSPITAL CARE, EVALUAT/MANAGEMEN	9	74.1	1012016 SA
4 DENTIST	1	99223	INITIAL HOSPITAL CARE, EVALUAT/MANAGEMEN	9	74.1	1012016 U2
4 DENTIST	1	99231	SUBSEQUENT HOSPITAL CARE, EVAL/MANAGEMEN	F	34.04	7012013
4 DENTIST	1	99231	SUBSEQUENT HOSPITAL CARE, EVAL/MANAGEMEN	9	32.84	1012016 AF
4 DENTIST	1	99231	SUBSEQUENT HOSPITAL CARE, EVAL/MANAGEMEN	9	27.55	1012016 SA
4 DENTIST	1	99231	SUBSEQUENT HOSPITAL CARE, EVAL/MANAGEMEN	9	27.55	1012016 U2
4 DENTIST	1	99232	SUBSEQUENT HOSPITAL CARE, EVAL/MANAG, W/	F	53.24	7012013

4 DENTIST	1	99232	SUBSEQUENT HOSPITAL CARE, EVAL/MANAG, W/	9	51.37	1012016 AF
4 DENTIST	1	99232	SUBSEQUENT HOSPITAL CARE, EVAL/MANAG, W/	9	27.55	1012016 SA
4 DENTIST	1	99232	SUBSEQUENT HOSPITAL CARE, EVAL/MANAG, W/	9	27.55	1012016 U2
4 DENTIST	1	99233	SUBSEQUENT HOSPITAL CARE. EVAL/MANAGEMENT	F	74.91	7012013
4 DENTIST	1	99233	SUBSEQUENT HOSPITAL CARE. EVAL/MANAGEMENT	9	72.27	1012016 AF
4 DENTIST	1	99233	SUBSEQUENT HOSPITAL CARE. EVAL/MANAGEMENT	9	27.55	1012016 SA
4 DENTIST	1	99233	SUBSEQUENT HOSPITAL CARE. EVAL/MANAGEMENT	9	27.55	1012016 U2
4 DENTIST	1	99234	OBSERVATION OR INPT HOSP CARE/COMPREHEN	F	121.1	7012013
4 DENTIST	1	99234	OBSERVATION OR INPT HOSP CARE/COMPREHEN	9	116.83	1012016 AF
4 DENTIST	1	99234	OBSERVATION OR INPT HOSP CARE/COMPREHEN	9	27.55	1012016 SA
4 DENTIST	1	99234	OBSERVATION OR INPT HOSP CARE/COMPREHEN	9	27.55	1012016 U2
4 DENTIST	1	99235	OBSERVATION PR INPT HOSP CARE/MODERATE	9	27.55	1012016 U2
4 DENTIST	1	99235	OBSERVATION PR INPT HOSP CARE/MODERATE	9	157.92	1012016 AF
4 DENTIST	1	99235	OBSERVATION PR INPT HOSP CARE/MODERATE	9	27.55	1012016 SA
4 DENTIST	1	99235	OBSERVATION PR INPT HOSP CARE/MODERATE	F	163.69	7012013
4 DENTIST	1	99236	OBSERVATION OR INPT HOSP CARE/HIGH COMP	F	201.31	7012013
4 DENTIST	1	99236	OBSERVATION OR INPT HOSP CARE/HIGH COMP	9	194.21	1012016 AF
4 DENTIST	1	99236	OBSERVATION OR INPT HOSP CARE/HIGH COMP	9	27.55	1012016 SA
4 DENTIST	1	99236	OBSERVATION OR INPT HOSP CARE/HIGH COMP	9	27.55	1012016 U2
4 DENTIST	1	99238	HOSPITAL DISCHARGE MANAGEMENT, LESS THAN	F	63.44	7012013
4 DENTIST	1	99238	HOSPITAL DISCHARGE MANAGEMENT, LESS THAN	9	61.21	1012016 AF
4 DENTIST	1	99238	HOSPITAL DISCHARGE MANAGEMENT, LESS THAN	9	27.55	1012016 SA
4 DENTIST	1	99238	HOSPITAL DISCHARGE MANAGEMENT, LESS THAN	9	27.55	1012016 U2
4 DENTIST	1	99239	HOSPITAL DISCHARGE MANAGEMENT, MORE THAN	9	80.5	1012016 AF
4 DENTIST	1	99239	HOSPITAL DISCHARGE MANAGEMENT, MORE THAN	9	27.55	1012016 SA
4 DENTIST	1	99239	HOSPITAL DISCHARGE MANAGEMENT, MORE THAN	9	27.55	1012016 U2
4 DENTIST	1	99239	HOSPITAL DISCHARGE MANAGEMENT, MORE THAN	F	83.44	7012013
4 DENTIST	1	99251	INITIAL INPT CONSULTATION, NEW/EST PT, L	9	40.06	1012016 AF
4 DENTIST	1	99251	INITIAL INPT CONSULTATION, NEW/EST PT, L	9	55.1	1012016 SA
4 DENTIST	1	99251	INITIAL INPT CONSULTATION, NEW/EST PT, L	9	55.1	1012016 U2
4 DENTIST	1	99252	INITIAL INPT CONSULTATION, NEW/EST PT, L	9	69.6	1012016 AF
4 DENTIST	1	99252	INITIAL INPT CONSULTATION, NEW/EST PT, L	9	55.1	1012016 SA
4 DENTIST	1	99252	INITIAL INPT CONSULTATION, NEW/EST PT, L	9	55.1	1012016 U2
4 DENTIST	1	99253	INITIAL INPT CONSULTATION, NEW/EST PT, M	9	93.52	1012016 AF

4 DENTIST	1	99253	INITIAL INPT CONSULTATION, NEW/EST PT, M	9	55.1	1012016 SA
4 DENTIST	1	99253	INITIAL INPT CONSULTATION, NEW/EST PT, M	9	55.1	1012016 U2
4 DENTIST	1	99254	INITIAL INPT CONSULTATION, NEW/EST, MODE	9	55.1	1012016 U2
4 DENTIST	1	99254	INITIAL INPT CONSULTATION, NEW/EST, MODE	9	131.32	1012016 AF
4 DENTIST	1	99254	INITIAL INPT CONSULTATION, NEW/EST, MODE	9	55.1	1012016 SA
4 DENTIST	1	99255	INITIAL INPT CONSULTATION, NEW/EST, HIGH	9	179.35	1012016 AF
4 DENTIST	1	99255	INITIAL INPT CONSULTATION, NEW/EST, HIGH	9	55.1	1012016 SA
4 DENTIST	1	99255	INITIAL INPT CONSULTATION, NEW/EST, HIGH	9	55.1	1012016 U2
4 DENTIST	1	99281	EMERGENCY DEPT SERVICE, NEW/EST PT, LIM	F	18.93	7012013
4 DENTIST	1	99281	EMERGENCY DEPT SERVICE, NEW/EST PT, LIM	9	18.27	1012016 AF
4 DENTIST	1	99281	EMERGENCY DEPT SERVICE, NEW/EST PT, LIM	9	14.62	1012016 SA
4 DENTIST	1	99281	EMERGENCY DEPT SERVICE, NEW/EST PT, LIM	9	14.62	1012016 U2
4 DENTIST	1	99282	EMERGENCY DEPT SERVICE, NEW/EST PT, LOW	9	28.69	1012016 AF
4 DENTIST	1	99282	EMERGENCY DEPT SERVICE, NEW/EST PT, LOW	9	22.95	1012016 SA
4 DENTIST	1	99282	EMERGENCY DEPT SERVICE, NEW/EST PT, LOW	9	22.95	1012016 U2
4 DENTIST	1	99282	EMERGENCY DEPT SERVICE, NEW/EST PT, LOW	F	29.74	7012013
4 DENTIST	1	99283	EMERGENCY DEPT SERVICE, NEW/EST PT, LOW/	F	60.68	7012013
4 DENTIST	1	99283	EMERGENCY DEPT SERVICE, NEW/EST PT, LOW/	9	58.54	1012016 AF
4 DENTIST	1	99283	EMERGENCY DEPT SERVICE, NEW/EST PT, LOW/	9	46.83	1012016 SA
4 DENTIST	1	99283	EMERGENCY DEPT SERVICE, NEW/EST PT, LOW/	9	46.83	1012016 U2
4 DENTIST	1	99284	EMERGENCY DEPT SERVICE, NEW/EST PT, MODE	9	90.13	1012016 AF
4 DENTIST	1	99284	EMERGENCY DEPT SERVICE, NEW/EST PT, MODE	9	72.1	1012016 SA
4 DENTIST	1	99284	EMERGENCY DEPT SERVICE, NEW/EST PT, MODE	9	72.1	1012016 U2
4 DENTIST	1	99284	EMERGENCY DEPT SERVICE, NEW/EST PT, MODE	F	93.42	7012013
4 DENTIST	1	99285	EMERGENCY DEPT SERVICE, NEW/EST PT, HIGH	F	146.87	7012013
4 DENTIST	1	99285	EMERGENCY DEPT SERVICE, NEW/EST PT, HIGH	9	141.69	1012016 AF
4 DENTIST	1	99285	EMERGENCY DEPT SERVICE, NEW/EST PT, HIGH	9	113.35	1012016 SA
4 DENTIST	1	99285	EMERGENCY DEPT SERVICE, NEW/EST PT, HIGH	9	113.35	1012016 U2
4 DENTIST	1	99360	PHYSICIAN STANDBY REQ PROLONGED ATTENDAN	F	41.76	7012013