

FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	00	00	20	4/1/1989	\$177.50	60 POST OPERATIVE DAYS
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	00	00	27	7/1/1999	\$807.00	
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	00	00	40	4/1/1989	\$130.00	60 POST OPERATIVE DAYS
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	00	00	20	4/1/1989	\$277.50	60 POST OPERATIVE DAYS
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	00	00	27	7/1/1999	\$776.00	
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	00	00	40	4/1/1989	\$164.50	60 POST OPERATIVE DAYS
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	00	00	20	4/1/1989	\$244.00	60 POST OPERATIVE DAYS
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	00	00	27	7/1/1999	\$891.00	
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	00	00	40	4/1/1989	\$165.50	60 POST OPERATIVE DAYS

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14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	00	00	20	4/1/1989	\$743.50	60	POST OPERATIVE DAYS
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	00	00	27	7/1/1999	\$776.00		
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	00	00	40	4/1/1989	\$216.50	60	POST OPERATIVE DAYS
15000	EXC PREP RECIP SITE EXC INTACT SKIN ETC SCAR/OTH LESION PRIOR RPR W/FREE SKN GFT	00	00	20	4/1/1989	\$224.50	45	POST OPERATIVE DAYS
15000	EXC PREP RECIP SITE EXC INTACT SKIN ETC SCAR/OTH LESION PRIOR RPR W/FREE SKN GFT	00	00	27	7/1/1999	\$693.00		
15000	EXC PREP RECIP SITE EXC INTACT SKIN ETC SCAR/OTH LESION PRIOR RPR W/FREE SKN GFT	00	00	40	4/1/1989	\$157.50	45	POST OPERATIVE DAYS
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	00	00	10	4/1/1989	\$87.70	45	POST OPERATIVE DAYS
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	00	00	20	4/1/1989	\$438.50	45	POST OPERATIVE DAYS
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	00	00	40	4/1/1989	\$216.50	45	POST OPERATIVE DAYS

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15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition)	00	00	10	1/1/1998	\$87.70	45 POST OPERATIVE DAYS
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition)	00	00	20	4/1/1989	\$438.50	45 POST OPERATIVE DAYS
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition)	00	00	40	4/1/1989	\$216.50	45 POST OPERATIVE DAYS
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	00	00	20	4/1/1989	\$363.00	45 POST OPERATIVE DAYS
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	00	00	27	7/1/1999	\$776.00	
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	00	00	40	4/1/1989	\$147.00	45 POST OPERATIVE DAYS
15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	00	00	10	4/1/1989	\$87.40	45 POST OPERATIVE DAYS
15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	00	00	20	4/1/1989	\$437.00	45 POST OPERATIVE DAYS

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15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	00	00	40	4/1/1989	\$149.00	45 POST OPERATIVE DAYS
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	00	00	20	1/1/1998	\$376.50	45 POST OPERATIVE DAYS
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	00	00	27	7/1/1999	\$1,081.00	45 POST OPERATIVE DAYS
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	00	00	40	1/1/1998	\$188.50	45 POST OPERATIVE DAYS
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	00	00	20	4/1/1989	\$476.00	45 POST OPERATIVE DAYS
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	00	00	27	7/1/1999	\$776.00	45 POST OPERATIVE DAYS
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	00	00	40	4/1/1989	\$165.00	45 POST OPERATIVE DAYS
20900	Bone graft, any donor area; minor or small (eg, dowel or button)	00	00	10	1/1/1998	\$66.60	30 POST OPERATIVE DAYS

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20900	Bone graft, any donor area; minor or small (eg, dowel or button)	00	00	20	4/1/1989	\$333.00	30 POST OPERATIVE DAYS
20900	Bone graft, any donor area; minor or small (eg, dowel or button)	00	00	40	4/1/1989	\$165.50	30 POST OPERATIVE DAYS
20902	Bone graft, any donor area; major or large	00	00	10	4/1/1989	\$67.50	30 POST OPERATIVE DAYS
20902	Bone graft, any donor area; major or large	00	00	20	4/1/1989	\$338.00	30 POST OPERATIVE DAYS
20902	Bone graft, any donor area; major or large	00	00	40	4/1/1989	\$258.00	30 POST OPERATIVE DAYS
20910	Cartilage graft; costochondral	00	00	20	4/1/1989	\$448.00	30 POST OPERATIVE DAYS
20910	Cartilage graft; costochondral	00	00	27	7/1/1999	\$776.00	30 POST OPERATIVE DAYS
20910	Cartilage graft; costochondral	00	00	40	1/1/1998	\$220.50	30 POST OPERATIVE DAYS
20912	Cartilage graft; nasal septum	00	00	20	4/1/1989	\$473.00	90 POST OPERATIVE DAYS
20912	Cartilage graft; nasal septum	00	00	27	7/1/1999	\$776.00	90 POST OPERATIVE DAYS

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20912	Cartilage graft; nasal septum	00	00	40	4/1/1989	\$182.00	90 POST OPERATIVE DAYS
21079	Impression and custom preparation; interim obturator prosthesis	01	00	CP	4/1/1989	\$387.00	
21079	Impression and custom preparation; interim obturator prosthesis	03	00	CP	4/1/1989	\$387.00	
21080	Impression and custom preparation; definitive obturator prosthesis	01	00	CP	4/1/1989	\$387.00	
21080	Impression and custom preparation; definitive obturator prosthesis	03	00	CP	4/1/1989	\$387.00	
21081	Impression and custom preparation; mandibular resection prosthesis	01	00	CP	4/1/1989	\$387.00	
21081	Impression and custom preparation; mandibular resection prosthesis	03	00	CP	4/1/1989	\$387.00	
21082	Impression and custom preparation; palatal augmentation prosthesis	01	00	CP	4/1/1989	\$387.00	
21082	Impression and custom preparation; palatal augmentation prosthesis	03	00	CP	4/1/1989	\$387.00	
21083	Impression and custom preparation; palatal lift prosthesis	01	00	CP	4/1/1989	\$387.00	

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21083	Impression and custom preparation; palatal lift prosthesis	03	00	CP	4/1/1989	\$387.00		
21084	Impression and custom preparation; speech aid prosthesis	01	00	CP	4/1/1989	\$387.00		
21084	Impression and custom preparation; speech aid prosthesis	03	00	CP	4/1/1989	\$387.00		
21085	Impression and custom preparation; oral surgical splint	01	00	20	4/1/1989	\$387.00	0 POST OPERATIVE DAYS	
21085	Impression and custom preparation; oral surgical splint	03	00	20	4/1/1989	\$387.00	0 POST OPERATIVE DAYS	
21085	Impression and custom preparation; oral surgical splint	01	00	CP	4/1/1989	\$387.00		
21085	Impression and custom preparation; oral surgical splint	03	00	CP	4/1/1989	\$387.00		
21086	Impression and custom preparation; auricular prosthesis	01	00	CP	4/1/1989	\$387.00		
21086	Impression and custom preparation; auricular prosthesis	03	00	CP	4/1/1989	\$387.00		
21087	Impression and custom preparation; nasal prosthesis	01	00	CP	4/1/1989	\$387.00		

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21087	Impression and custom preparation; nasal prosthesis	03	00	CP	4/1/1989	\$387.00		
21088	Impression and custom preparation; facial prosthesis	01	00	CP	4/1/1989	\$387.00		
21088	Impression and custom preparation; facial prosthesis	03	00	CP	4/1/1989	\$387.00		
21121	Genioplasty; sliding osteotomy, single piece	00	00	10	4/1/1989	\$126.00	120 POST OPERATIVE DAYS	
21121	Genioplasty; sliding osteotomy, single piece	00	00	20	4/1/1989	\$630.00	120 POST OPERATIVE DAYS	
21121	Genioplasty; sliding osteotomy, single piece	00	00	40	4/1/1989	\$205.00	120 POST OPERATIVE DAYS	
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	00	00	10	4/1/1989	\$126.00	120 POST OPERATIVE DAYS	
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	00	00	20	4/1/1989	\$630.00	120 POST OPERATIVE DAYS	
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	00	00	40	4/1/1989	\$205.00	120 POST OPERATIVE DAYS	
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	00	00	10	4/1/1989	\$187.20	120 POST OPERATIVE DAYS	

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21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	00	00	20	4/1/1989	\$936.00	120 POST	OPERATIVE DAYS
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	00	00	40	4/1/1989	\$348.50	120 POST	OPERATIVE DAYS
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	00	00	10	7/1/1999	\$200.00	120 POST	OPERATIVE DAYS
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	00	00	20	7/1/1999	\$1,000.00	120 POST	OPERATIVE DAYS
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	00	00	27	7/1/1999	\$776.00	120 POST	OPERATIVE DAYS
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	00	00	40	7/1/1999	\$348.50	120 POST	OPERATIVE DAYS
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	00	00	10	4/1/1989	\$200.00	120 POST	OPERATIVE DAYS
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	00	00	20	4/1/1989	\$1,000.00	120 POST	OPERATIVE DAYS
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	00	00	40	4/1/1989	\$348.50	120 POST	OPERATIVE DAYS
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	00	00	10	4/1/1989	\$200.00	120 POST	OPERATIVE DAYS

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21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	00	00	20	4/1/1989	\$1,000.00	120 POST	OPERATIVE DAYS
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	00	00	40	4/1/1989	\$348.50	120 POST	OPERATIVE DAYS
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	00	00	10	4/1/1989	\$200.00	180 POST	OPERATIVE DAYS
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	00	00	20	4/1/1989	\$1,000.00	180 POST	OPERATIVE DAYS
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	00	00	40	4/1/1989	\$215.00	180 POST	OPERATIVE DAYS
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	00	00	10	4/1/1989	\$200.00	180 POST	OPERATIVE DAYS
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	00	00	20	4/1/1989	\$1,000.00	180 POST	OPERATIVE DAYS
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	00	00	40	4/1/1989	\$215.00	180 POST	OPERATIVE DAYS
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	00	00	10	4/1/1989	\$200.00	180 POST	OPERATIVE DAYS
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	00	00	20	4/1/1989	\$1,000.00	180 POST	OPERATIVE DAYS

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21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	00	00	40	4/1/1989	\$215.00	180 POST	OPERATIVE DAYS
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	00	00	10	4/1/1989	\$200.00	180 POST	OPERATIVE DAYS
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	00	00	20	4/1/1989	\$1,000.00	180 POST	OPERATIVE DAYS
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	00	00	40	4/1/1989	\$215.00	180 POST	OPERATIVE DAYS
21198	Osteotomy, mandible, segmental;	00	00	10	4/1/1989	\$160.00	120 POST	OPERATIVE DAYS
21198	Osteotomy, mandible, segmental;	00	00	20	4/1/1989	\$800.00	120 POST	OPERATIVE DAYS
21198	Osteotomy, mandible, segmental;	00	00	40	4/1/1989	\$358.50	120 POST	OPERATIVE DAYS
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	00	00	10	4/1/1989	\$200.00	90 POST	OPERATIVE DAYS
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	00	00	20	4/1/1989	\$1,000.00	90 POST	OPERATIVE DAYS
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	00	00	40	4/1/1989	\$348.50	90 POST	OPERATIVE DAYS

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30140	Submucous resection inferior turbinate, partial or complete, any method	00	00	20	4/1/1989	\$259.00	90	POST OPERATIVE DAYS
30140	Submucous resection inferior turbinate, partial or complete, any method	00	00	40	4/1/1989	\$110.50	90	POST OPERATIVE DAYS
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	00	00	20	4/1/1989	\$637.00	180	POST OPERATIVE DAYS
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	00	00	40	1/1/1998	\$158.50	180	POST OPERATIVE DAYS
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	00	00	20	4/1/1989	\$675.00	180	POST OPERATIVE DAYS
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	00	00	40	4/1/1989	\$335.00	180	POST OPERATIVE DAYS
30420	Rhinoplasty, primary; including major septal repair	00	00	20	4/1/1989	\$943.50	180	POST OPERATIVE DAYS
30420	Rhinoplasty, primary; including major septal repair	00	00	40	4/1/1989	\$197.00	180	POST OPERATIVE DAYS
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	00	00	20	4/1/1989	\$224.00	45	POST OPERATIVE DAYS
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	00	00	40	4/1/1989	\$110.50	45	POST OPERATIVE DAYS

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30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	00	00	20	4/1/1989	\$415.50	90	POST OPERATIVE DAYS
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	00	00	40	4/1/1989	\$148.50	90	POST OPERATIVE DAYS
30540	Repair choanal atresia; intranasal	00	00	20	4/1/1989	\$710.50	60	POST OPERATIVE DAYS
30540	Repair choanal atresia; intranasal	00	00	27	7/1/1999	\$776.00	60	POST OPERATIVE DAYS
30540	Repair choanal atresia; intranasal	00	00	40	4/1/1989	\$350.50	60	POST OPERATIVE DAYS
30545	Repair choanal atresia; transpalatine	00	00	20	4/1/1989	\$710.50	365	POST OPERATIVE DAYS
30545	Repair choanal atresia; transpalatine	00	00	27	7/1/1999	\$776.00	365	POST OPERATIVE DAYS
30545	Repair choanal atresia; transpalatine	00	00	40	4/1/1989	\$350.50	365	POST OPERATIVE DAYS
30560	Lysis intranasal synechia	00	00	20	4/1/1989	\$35.00	0	POST OPERATIVE DAYS
30560	Lysis intranasal synechia	00	00	40	4/1/1989	\$19.50	0	POST OPERATIVE DAYS

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30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)	00	00	20	4/1/1989	\$512.00	90 POST OPERATIVE DAYS	
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)	00	00	27	7/1/1999	\$776.00	90 POST OPERATIVE DAYS	
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)	00	00	40	4/1/1989	\$252.00	90 POST OPERATIVE DAYS	
30600	Repair fistula; oronasal	00	00	20	4/1/1989	\$365.00	30 POST OPERATIVE DAYS	
30600	Repair fistula; oronasal	00	00	27	7/1/1999	\$776.00	30 POST OPERATIVE DAYS	
30600	Repair fistula; oronasal	00	00	40	4/1/1989	\$181.00	30 POST OPERATIVE DAYS	
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	00	00	20	4/1/1989	\$456.00	90 POST OPERATIVE DAYS	
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	00	00	40	4/1/1989	\$159.00	90 POST OPERATIVE DAYS	
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	00	00	10	4/1/1989	\$11.77		
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	00	00	25	4/1/1989	\$58.86		

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31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	00	00	40	4/1/1989	\$21.50		
31233	Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	00	00	10	1/1/1998	\$35.16		
31233	Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	00	00	25	4/1/1989	\$175.81		
31233	Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	00	00	40	4/1/1989	\$79.00		
31235	Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	00	00	10	4/1/1989	\$43.12		
31235	Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	00	00	25	4/1/1989	\$215.60		
31235	Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	00	00	40	4/1/1989	\$105.00		
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	00	00	10	1/1/1998	\$32.09		
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	00	00	20	1/1/1998	\$160.46		
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	00	00	40	1/1/1998	\$80.00		

FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
40500	Vermilionectomy (lip shave), with mucosal advancement	00	00	20	4/1/1989	\$393.50	120 POST OPERATIVE DAYS
40500	Vermilionectomy (lip shave), with mucosal advancement	00	00	40	4/1/1989	\$193.00	120 POST OPERATIVE DAYS
40510	Excision of lip; transverse wedge excision with primary closure	00	00	20	4/1/1989	\$393.50	120 POST OPERATIVE DAYS
40510	Excision of lip; transverse wedge excision with primary closure	00	00	27	7/1/1999	\$776.00	120 POST OPERATIVE DAYS
40510	Excision of lip; transverse wedge excision with primary closure	00	00	40	4/1/1989	\$193.00	120 POST OPERATIVE DAYS
40520	Excision of lip; V-excision with primary direct linear closure	00	00	20	4/1/1989	\$224.00	120 POST OPERATIVE DAYS
40520	Excision of lip; V-excision with primary direct linear closure	00	00	40	4/1/1989	\$110.50	120 POST OPERATIVE DAYS
40530	Resection of lip, more than 1/4, without reconstruction	00	00	20	4/1/1989	\$224.00	120 POST OPERATIVE DAYS
40530	Resection of lip, more than 1/4, without reconstruction	00	00	27	7/1/1999	\$450.00	120 POST OPERATIVE DAYS
40530	Resection of lip, more than 1/4, without reconstruction	00	00	40	4/1/1989	\$110.50	120 POST OPERATIVE DAYS

FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	00	00	20	4/1/1989	\$568.50	90 POST OPERATIVE DAYS
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	00	00	27	7/1/1999	\$776.00	90 POST OPERATIVE DAYS
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	00	00	40	4/1/1989	\$232.50	90 POST OPERATIVE DAYS
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 stage procedure	00	00	20	4/1/1989	\$749.00	90 POST OPERATIVE DAYS
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 stage procedure	00	00	27	7/1/1999	\$776.00	90 POST OPERATIVE DAYS
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 stage procedure	00	00	40	4/1/1989	\$370.50	90 POST OPERATIVE DAYS
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages	00	00	20	4/1/1989	\$525.00	90 POST OPERATIVE DAYS
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages	00	00	27	7/1/1999	\$776.00	90 POST OPERATIVE DAYS
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages	00	00	40	4/1/1989	\$260.00	90 POST OPERATIVE DAYS
40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	00	00	20	4/1/1989	\$386.50	90 POST OPERATIVE DAYS

FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	00	00	27	7/1/1999	\$776.00	90	POST OPERATIVE DAYS
40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	00	00	40	4/1/1989	\$295.50	90	POST OPERATIVE DAYS
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	00	00	20	4/1/1989	\$419.00	45	POST OPERATIVE DAYS
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	00	00	27	7/1/1999	\$776.00	45	POST OPERATIVE DAYS
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	00	00	40	4/1/1989	\$209.00	45	POST OPERATIVE DAYS
41010	Incision of lingual frenum (frenotomy)	00	00	20	4/1/1989	\$45.00		
41010	Incision of lingual frenum (frenotomy)	00	00	40	4/1/1989	\$116.00		
42120	Resection of palate or extensive resection of lesion	00	00	10	4/1/1989	\$150.00	90	POST OPERATIVE DAYS
42120	Resection of palate or extensive resection of lesion	00	00	20	4/1/1989	\$749.00	90	POST OPERATIVE DAYS
42120	Resection of palate or extensive resection of lesion	00	00	40	4/1/1989	\$370.50	90	POST OPERATIVE DAYS

FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
42140	Uvulectomy, excision of uvula	00	00	20	4/1/1989	\$64.00	30 POST OPERATIVE DAYS
42140	Uvulectomy, excision of uvula	00	00	40	4/1/1989	\$31.50	30 POST OPERATIVE DAYS
42200	Palatoplasty for cleft palate, soft and/or hard palate only	00	00	20	4/1/1989	\$531.00	90 POST OPERATIVE DAYS
42200	Palatoplasty for cleft palate, soft and/or hard palate only	00	00	27	7/1/1999	\$776.00	90 POST OPERATIVE DAYS
42200	Palatoplasty for cleft palate, soft and/or hard palate only	00	00	40	4/1/1989	\$217.50	90 POST OPERATIVE DAYS
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	00	00	20	4/1/1989	\$749.00	90 POST OPERATIVE DAYS
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	00	00	27	7/1/1999	\$776.00	90 POST OPERATIVE DAYS
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	00	00	40	4/1/1989	\$370.00	90 POST OPERATIVE DAYS
42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	00	00	10	4/1/1989	\$165.00	90 POST OPERATIVE DAYS
42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	00	00	20	4/1/1989	\$825.50	90 POST OPERATIVE DAYS

FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	00	00	40	4/1/1989	\$406.00	90 POST OPERATIVE DAYS
42215	Palatoplasty for cleft palate; major revision	00	00	20	4/1/1989	\$598.50	90 POST OPERATIVE DAYS
42215	Palatoplasty for cleft palate; major revision	00	00	27	7/1/1999	\$776.00	90 POST OPERATIVE DAYS
42215	Palatoplasty for cleft palate; major revision	00	00	40	4/1/1989	\$295.50	90 POST OPERATIVE DAYS
42220	Palatoplasty for cleft palate; secondary lengthening procedure	00	00	10	4/1/1989	\$127.50	90 POST OPERATIVE DAYS
42220	Palatoplasty for cleft palate; secondary lengthening procedure	00	00	20	4/1/1989	\$637.00	90 POST OPERATIVE DAYS
42220	Palatoplasty for cleft palate; secondary lengthening procedure	00	00	40	4/1/1989	\$315.00	90 POST OPERATIVE DAYS
42225	Palatoplasty for cleft palate; attachment pharyngeal flap	00	00	10	4/1/1989	\$103.50	90 POST OPERATIVE DAYS
42225	Palatoplasty for cleft palate; attachment pharyngeal flap	00	00	20	4/1/1989	\$518.50	90 POST OPERATIVE DAYS
42225	Palatoplasty for cleft palate; attachment pharyngeal flap	00	00	40	4/1/1989	\$167.50	90 POST OPERATIVE DAYS

FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
42226	Lengthening of palate, and pharyngeal flap	00	00	20	4/1/1989	\$583.00	90 POST OPERATIVE DAYS	
42226	Lengthening of palate, and pharyngeal flap	00	00	40	4/1/1989	\$231.00	90 POST OPERATIVE DAYS	
42227	Lengthening of palate, with island flap	00	00	20	4/1/1989	\$583.00	90 POST OPERATIVE DAYS	
42227	Lengthening of palate, with island flap	00	00	40	4/1/1989	\$231.00	90 POST OPERATIVE DAYS	
42235	Repair of anterior palate, including vomer flap	00	00	20	4/1/1989	\$598.50	90 POST OPERATIVE DAYS	
42235	Repair of anterior palate, including vomer flap	00	00	27	7/1/1999	\$776.00	90 POST OPERATIVE DAYS	
42235	Repair of anterior palate, including vomer flap	00	00	40	4/1/1989	\$295.50	90 POST OPERATIVE DAYS	
42260	Repair of nasolabial fistula	00	00	20	4/1/1989	\$365.00	30 POST OPERATIVE DAYS	
42260	Repair of nasolabial fistula	00	00	27	7/1/1999	\$776.00	30 POST OPERATIVE DAYS	
42260	Repair of nasolabial fistula	00	00	40	4/1/1989	\$181.00	30 POST OPERATIVE DAYS	

FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
42280	Maxillary impression for palatal prosthesis	00	00	20	4/1/1989	\$154.00	0	POST OPERATIVE DAYS
42281	Insertion of pin-retained palatal prosthesis	00	00	20	4/1/1989	\$104.00	30	POST OPERATIVE DAYS
65130	Insertion of ocular implant secondary; after evisceration, in scleral shell	00	00	20	4/1/1989	\$301.00	30	POST OPERATIVE DAYS
65130	Insertion of ocular implant secondary; after evisceration, in scleral shell	00	00	40	4/1/1989	\$149.50	30	POST OPERATIVE DAYS
65135	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant	00	00	20	4/1/1989	\$525.00	30	POST OPERATIVE DAYS
65135	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant	00	00	40	4/1/1989	\$260.00	30	POST OPERATIVE DAYS
65140	Insertion of ocular implant secondary; after enucleation, muscles attached to implant	00	00	20	4/1/1989	\$525.00	30	POST OPERATIVE DAYS
65140	Insertion of ocular implant secondary; after enucleation, muscles attached to implant	00	00	40	4/1/1989	\$260.00	30	POST OPERATIVE DAYS
65150	Reinsertion of ocular implant; with or without conjunctival graft	00	00	20	4/1/1989	\$520.00	90	POST OPERATIVE DAYS
65150	Reinsertion of ocular implant; with or without conjunctival graft	00	00	40	4/1/1989	\$231.00	90	POST OPERATIVE DAYS

FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
65155	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant	00	00	20	4/1/1989	\$520.00	90 POST OPERATIVE DAYS
65155	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant	00	00	40	4/1/1989	\$231.00	90 POST OPERATIVE DAYS
65175	Removal of ocular implant	00	00	20	4/1/1989	\$260.00	90 POST OPERATIVE DAYS
65175	Removal of ocular implant	00	00	40	4/1/1989	\$198.00	90 POST OPERATIVE DAYS
67550	Orbital implant (implant outside muscle cone); insertion	00	00	20	4/1/1989	\$448.00	30 POST OPERATIVE DAYS
67550	Orbital implant (implant outside muscle cone); insertion	00	00	40	4/1/1989	\$220.50	30 POST OPERATIVE DAYS
67560	Orbital implant (implant outside muscle cone); removal or revision	00	00	20	4/1/1989	\$448.00	30 POST OPERATIVE DAYS
67560	Orbital implant (implant outside muscle cone); removal or revision	00	00	40	4/1/1989	\$220.50	30 POST OPERATIVE DAYS
69300	Otoplasty, protruding ear, with or without size reduction	00	00	20	4/1/1989	\$441.50	180 POST OPERATIVE DAYS
69300	Otoplasty, protruding ear, with or without size reduction	00	00	27	7/1/1999	\$776.00	180 POST OPERATIVE DAYS

FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
69300	Otoplasty, protruding ear, with or without size reduction	00	00	40	4/1/1989	\$216.50	180 POST OPERATIVE DAYS	
69320	Reconstruction external auditory canal for congenital atresia, single stage	00	00	20	4/1/1989	\$1,000.00	180 POST OPERATIVE DAYS	
69320	Reconstruction external auditory canal for congenital atresia, single stage	00	00	27	7/1/1999	\$776.00		
69320	Reconstruction external auditory canal for congenital atresia, single stage	00	00	40	4/1/1989	\$626.50	180 POST OPERATIVE DAYS	
69420	Myringotomy including aspiration and/or eustachian tube inflation	00	00	20	4/1/1989	\$74.50	0 POST OPERATIVE DAYS	
69420	Myringotomy including aspiration and/or eustachian tube inflation	00	00	40	4/1/1989	\$96.50	0 POST OPERATIVE DAYS	
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	00	00	20	4/1/1989	\$74.50	7 POST OPERATIVE DAYS	
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	00	00	40	4/1/1989	\$96.50	7 POST OPERATIVE DAYS	
69424	Ventilating tube removal requiring general anesthesia	00	00	20	4/1/1989	\$57.00	7 POST OPERATIVE DAYS	
69424	Ventilating tube removal requiring general anesthesia	00	00	40	4/1/1989	\$27.50	7 POST OPERATIVE DAYS	

FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
70100	Radiologic examination, mandible; partial, less than 4 views	00	00	54	1/1/1998	\$27.50		
70100	Radiologic examination, mandible; partial, less than 4 views	00	00	57	1/1/1998	\$11.00		
70360	Radiologic examination; neck, soft tissue	00	00	54	4/1/1989	\$17.50		
70360	Radiologic examination; neck, soft tissue	00	00	57	4/1/1989	\$7.50		
76120	Cineradiography/videoradiography, except where specifically included	00	00	54	4/1/1989	\$57.50		
76120	Cineradiography/videoradiography, except where specifically included	00	00	57	4/1/1989	\$22.50		
76604	Ultrasound, chest (includes mediastinum), real time with image documentation	00	00	54	7/1/1999	\$96.50		
76604	Ultrasound, chest (includes mediastinum), real time with image documentation	00	00	57	7/1/1999	\$39.00		
76604	Ultrasound, chest (includes mediastinum), real time with image documentation	00	00	RD	7/1/1999	\$57.50		
92506	Evaluation of speech, language, voice, communication, and/or auditory processing	00	00	AU	4/1/1989	\$45.00		

FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
92506	Evaluation of speech, language, voice, communication, and/or auditory processing	00	00	ST	4/1/1989	\$45.00	
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	00	00	AU	4/1/1989	\$21.70	
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	00	00	ST	4/1/1989	\$21.70	
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	00	00	AU	4/1/1989	\$10.00	
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	00	00	ST	4/1/1989	\$10.00	
92551	Screening test, pure tone, air only	00	00	AU	4/1/1989	\$8.00	
92552	Pure tone audiometry (threshold); air only	00	00	AU	4/1/1989	\$8.00	
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	00	00	AU	4/1/1989	\$29.00	
92567	Tympanometry (impedance testing)	00	00	AU	4/1/1989	\$12.00	
ADJ	ADJUSTMENT FOR PRIOR CLAIM (FOR DEPT OF HEALTH USE ONLY)	00	00	00	4/1/1989	\$1,000.00	

FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
D0120	Periodic oral evaluation - established patient	03	00	27	2/1/2007	\$776.00		
D0120	Periodic oral evaluation - established patient	01	00	OE	2/1/2007	\$20.00		
D0120	Periodic oral evaluation - established patient	03	00	OE	2/1/2007	\$20.00		
D0150	Comprehensive oral evaluation - new or established patient	01	00	OE	2/1/2007	\$20.00		
D0150	Comprehensive oral evaluation - new or established patient	03	00	OE	2/1/2007	\$20.00		
D0170	Re-evaluation, limited, problem-focused (established patient, not postoperative visit)	01	00	CP	2/1/2007	\$25.00		
D0170	Re-evaluation, limited, problem-focused (established patient, not postoperative visit)	03	00	CP	2/1/2007	\$25.00	5 PER PATIENT	
D0210	Intraoral, complete series (including bitewings)	01	00	CP	2/1/2007	\$45.00	1 PER 5 YEARS	
D0210	Intraoral, complete series (including bitewings)	03	00	CP	2/1/2007	\$45.00	1 PER 5 YEARS	
D0220	Intraoral, periapical, first film	01	00	CP	2/1/2007	\$7.00		

FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
D0220	Intraoral, periapical, first film	03	00	CP	2/1/2007	\$7.00	
D0220	Intraoral, periapical, first film	03	00	OE	2/1/2007	\$7.00	
D0230	Intraoral, periapical, each additional film	01	00	CP	2/1/2007	\$8.00	
D0230	Intraoral, periapical, each additional film	03	00	CP	2/1/2007	\$8.00	
D0230	Intraoral, periapical, each additional film	01	00	OE	2/1/2007	\$8.00	
D0230	Intraoral, periapical, each additional film	03	00	OE	2/1/2007	\$8.00	
D0240	Intraoral - occlusal film	01	00	CP	2/1/2007	\$12.00	
D0240	Intraoral - occlusal film	03	00	CP	2/1/2007	\$12.00	
D0240	Intraoral - occlusal film	01	00	OE	2/1/2007	\$12.00	
D0240	Intraoral - occlusal film	03	00	OE	2/1/2007	\$12.00	

FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
D0250	Extraoral, first film	01	00	CP	2/1/2007	\$8.00	
D0250	Extraoral, first film	03	00	CP	2/1/2007	\$8.00	
D0250	Extraoral, first film	01	00	OE	2/1/2007	\$8.00	
D0250	Extraoral, first film	03	00	OE	2/1/2007	\$8.00	
D0260	Extraoral, each additional film	01	00	CP	2/1/2007	\$8.00	
D0260	Extraoral, each additional film	03	00	CP	2/1/2007	\$8.00	
D0260	Extraoral, each additional film	01	00	OE	2/1/2007	\$8.00	
D0260	Extraoral, each additional film	03	00	OE	2/1/2007	\$8.00	
D0270	Bitewing, single film	01	00	CP	2/1/2007	\$8.00	
D0270	Bitewing, single film	03	00	CP	2/1/2007	\$8.00	

FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
D0270	Bitewing, single film	01	00	OE	2/1/2007	\$8.00		
D0270	Bitewing, single film	03	00	OE	2/1/2007	\$8.00		
D0272	Bitewings, 2 films	01	00	CP	2/1/2007	\$16.00		
D0272	Bitewings, 2 films	03	00	CP	2/1/2007	\$16.00		
D0272	Bitewings, 2 films	01	00	OE	2/1/2007	\$16.00		
D0272	Bitewings, 2 films	03	00	OE	2/1/2007	\$16.00		
D0273	Bitewings, 3 films	01	00	CP	2/1/2007	\$16.00		
D0273	Bitewings, 3 films	03	00	CP	2/1/2007	\$16.00		
D0273	Bitewings, 3 films	01	00	OE	2/1/2007	\$16.00		
D0273	Bitewings, 3 films	03	00	OE	2/1/2007	\$16.00		

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FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
D0274	Bitewings, 4 films	01	00	CP	2/1/2007	\$28.00		
D0274	Bitewings, 4 films	03	00	CP	2/1/2007	\$28.00		
D0274	Bitewings, 4 films	01	00	OE	2/1/2007	\$28.00		
D0274	Bitewings, 4 films	03	00	OE	2/1/2007	\$28.00		
D0330	Panoramic film	01	00	CP	2/1/2007	\$37.00		
D0330	Panoramic film	03	00	CP	2/1/2007	\$37.00		
D0330	Panoramic film	01	00	OE	2/1/2007	\$37.00		
D0330	Panoramic film	03	00	OE	2/1/2007	\$37.00		
D0340	Cephalometric film	01	00	CP	2/1/2007	\$19.50		
D0340	Cephalometric film	03	00	CP	4/1/1989	\$19.50		

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FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
D1110	Prophylaxis, adult	01	00	OE	2/1/2007	\$34.00	1 PER 180 DAYS	
D1110	Prophylaxis, adult	03	00	OE	2/1/2007	\$34.00		
D1120	Prophylaxis, child	03	00	27	2/1/2007	\$776.00		
D1120	Prophylaxis, child	01	00	OE	2/1/2007	\$22.00	1 PER 180 DAYS	
D1120	Prophylaxis, child	03	00	OE	2/1/2007	\$22.00		
D1203	Topical application of fluoride, child	01	00	OE	2/1/2007	\$17.00		
D1203	Topical application of fluoride, child	03	00	OE	2/1/2007	\$17.00		
D1351	Sealant, per tooth	01	00	OE	2/1/2007	\$25.00		1 APPL/INDIC PERM 1ST & 2ND MOLAR/LIF- MAXIMUM REIMBURSEMENT PER DAY
D1351	Sealant, per tooth	03	00	OE	2/1/2007	\$25.00		1 APPL/INDIC PERM 1ST & 2ND MOLAR/LIF- MAXIMUM REIMBURSEMENT PER DAY

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FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
D1510	Space maintainer, fixed unilateral	01	00	OE	2/1/2007	\$120.00	
D1510	Space maintainer, fixed unilateral	03	00	OE	2/1/2007	\$120.00	
D1515	Space maintainer, fixed bilateral	01	00	OE	2/1/2007	\$190.00	
D1515	Space maintainer, fixed bilateral	03	00	OE	2/1/2007	\$190.00	
D1550	Recementation of space maintainer	01	00	OE	2/1/2007	\$30.00	
D1550	Recementation of space maintainer	03	00	OE	2/1/2007	\$30.00	
D2110	AMALGAM RESTORATION-ONE SURFACE, PRIMARY	01	00	OE	2/1/2007	\$40.00	
D2110	AMALGAM RESTORATION-ONE SURFACE, PRIMARY	03	00	OE	2/1/2007	\$40.00	
D2120	AMALGAM RESTORATION TWO SURF, PRIMARY	01	00	OE	2/1/2007	\$50.00	
D2120	AMALGAM RESTORATION TWO SURF, PRIMARY	03	00	OE	2/1/2007	\$50.00	

FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
D2130	AMALGAM RESTORATION-THREE SURF, PRIMARY	01	00	OE	2/1/2007	\$60.00	
D2130	AMALGAM RESTORATION-THREE SURF, PRIMARY	03	00	OE	2/1/2007	\$60.00	
D2131	AMALGAM-FOUR OR > SURFACES,PRIMARY (MAXIMUM PER TOOTH \$34.00)	01	00	OE	2/1/2007	\$60.00	
D2131	AMALGAM-FOUR OR > SURFACES,PRIMARY (MAXIMUM PER TOOTH \$34.00)	03	00	OE	2/1/2007	\$60.00	
D2140	Amalgam-one surface, primary or permanent	03	00	27	2/1/2007	\$776.00	
D2140	Amalgam-one surface, primary or permanent	01	00	OE	2/1/2007	\$40.00	
D2140	Amalgam-one surface, primary or permanent	03	00	OE	2/1/2007	\$40.00	
D2150	Amalgam, 2 surfaces, primary or permanent	03	00	27	2/1/2007	\$776.00	MAXIMUM REIMBURSEMENT FOR DAY
D2150	Amalgam, 2 surfaces, primary or permanent	01	00	OE	2/1/2007	\$50.00	MAXIMUM REIMBURSEMENT FOR DAY
D2150	Amalgam, 2 surfaces, primary or permanent	03	00	OE	2/1/2007	\$50.00	MAXIMUM REIMBURSEMENT FOR DAY

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FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
D2160	Amalgam, 3 surfaces, primary or permanent	03	00	27	2/1/2007	\$817.00	MAXIMUM REIMBURSEMENT FOR DAY
D2160	Amalgam, 3 surfaces, primary or permanent	01	00	OE	2/1/2007	\$60.00	MAXIMUM REIMBURSEMENT FOR DAY
D2160	Amalgam, 3 surfaces, primary or permanent	03	00	OE	2/1/2007	\$60.00	MAXIMUM REIMBURSEMENT FOR DAY
D2161	Amalgam, 4 or more surfaces, primary or permanent	01	00	OE	2/1/2007	\$60.00	
D2161	Amalgam, 4 or more surfaces, primary or permanent	03	00	OE	2/1/2007	\$60.00	
D2330	Resin, one surface, anterior	01	00	OE	2/1/2007	\$45.00	
D2330	Resin, one surface, anterior	03	00	OE	2/1/2007	\$45.00	
D2331	Resin, 2 surfaces, anterior	01	00	OE	2/1/2007	\$55.00	
D2331	Resin, 2 surfaces, anterior	03	00	OE	2/1/2007	\$55.00	
D2332	Resin, 3 surfaces, anterior	01	00	OE	2/1/2007	\$60.00	

FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
D2332	Resin, 3 surfaces, anterior	03	00	OE	2/1/2007	\$60.00	
D2336	RESIN STRIP-CROWN-ACID ETCH (ANTERIOR TEETH ONLY)	01	00	OE	2/1/2007	\$145.00	
D2336	RESIN STRIP-CROWN-ACID ETCH (ANTERIOR TEETH ONLY)	03	00	OE	2/1/2007	\$145.00	
D2337	ACID ETCH BANDAGE	01	00	OE	2/1/2007	\$145.00	
D2337	ACID ETCH BANDAGE	03	00	OE	2/1/2007	\$145.00	
D2338	FACING CUT INTO SSC (WINDOW)-SEPARATE APPOINTMENT (ANTERIOR PRIMARY TEETH ONLY)	01	00	OE	2/1/2007	\$60.00	
D2338	FACING CUT INTO SSC (WINDOW)-SEPARATE APPOINTMENT (ANTERIOR PRIMARY TEETH ONLY)	03	00	OE	2/1/2007	\$60.00	
D2380	RESIN-ONE SURFACE,POSTERIOR-PRIMARY	01	00	OE	2/1/2007	\$45.00	
D2380	RESIN-ONE SURFACE,POSTERIOR-PRIMARY	03	00	OE	2/1/2007	\$45.00	
D2381	RESIN-TWO SURFACES,POSTERIOR-PRIMARY	01	00	OE	2/1/2007	\$55.00	

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FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
D2381	RESIN-TWO SURFACES,POSTERIOR-PRIMARY	03	00	OE	2/1/2007	\$55.00	
D2382	RESIN-THREE/MORE SURFACES,POST-PRIMARY	01	00	OE	2/1/2007	\$60.00	
D2382	RESIN-THREE/MORE SURFACES,POST-PRIMARY	03	00	OE	2/1/2007	\$60.00	
D2385	RESIN-ONE SURFACE POSTERIOR-PERMANENT	01	00	OE	2/1/2007	\$45.00	
D2385	RESIN-ONE SURFACE POSTERIOR-PERMANENT	03	00	OE	2/1/2007	\$45.00	
D2386	RESIN-TWO SURFACES,POSTERIOR-PERMANENT	01	00	OE	2/1/2007	\$55.00	
D2386	RESIN-TWO SURFACES,POSTERIOR-PERMANENT	03	00	OE	2/1/2007	\$55.00	
D2387	RESIN-THREE/MORE SURFACES,POST-PERMANENT	01	00	OE	2/1/2007	\$60.00	
D2387	RESIN-THREE/MORE SURFACES,POST-PERMANENT	03	00	OE	2/1/2007	\$60.00	
D2710	Crown - resin-based composite (indirect)	01	00	OA	2/1/2007	\$150.00	

FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
D2710	Crown - resin-based composite (indirect)	03	00	OA	2/1/2007	\$150.00	
D2751	Crown - porcelain fused to predominantly base metal	01	00	OA	2/1/2007	\$300.00	
D2751	Crown - porcelain fused to predominantly base metal	03	00	OA	2/1/2007	\$300.00	
D2791	Crown, full cast predominantly base metal	01	00	OA	2/1/2007	\$300.00	
D2791	Crown, full cast predominantly base metal	03	00	OA	2/1/2007	\$300.00	
D2910	Recement inlay, onlay or partial coverage restoration	01	00	OE	2/1/2007	\$25.00	
D2910	Recement inlay, onlay or partial coverage restoration	03	00	OE	2/1/2007	\$25.00	
D2920	Recement crown	01	00	OE	2/1/2007	\$25.00	
D2920	Recement crown	03	00	OE	2/1/2007	\$25.00	
D2930	Prefabricated stainless steel crown, primary tooth	01	00	OA	2/1/2007	\$90.00	

FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
D2930	Prefabricated stainless steel crown, primary tooth	03	00	OA	2/1/2007	\$90.00	
D2931	Prefabricated stainless steel crown, permanent tooth	01	00	OA	2/1/2007	\$110.00	
D2931	Prefabricated stainless steel crown, permanent tooth	03	00	OA	2/1/2007	\$110.00	
D2932	Prefabricated resin crown	01	00	OA	2/1/2007	\$50.00	
D2932	Prefabricated resin crown	03	00	OA	2/1/2007	\$50.00	
D2933	Prefabricated stainless steel crown with resin window	01	00	OA	2/1/2007	\$145.00	
D2933	Prefabricated stainless steel crown with resin window	03	00	OA	2/1/2007	\$145.00	
D2952	Post and core in addition to crown, indirectly fabricated	01	00	OA	2/1/2007	\$145.00	
D2952	Post and core in addition to crown, indirectly fabricated	03	00	OA	2/1/2007	\$145.00	
D2954	Prefabricated post and core in addition to crown	01	00	OA	2/1/2007	\$75.00	

FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
D2954	Prefabricated post and core in addition to crown	03	00	OA	2/1/2007	\$75.00		
D2980	Crown repair, by report	01	00	OE	2/1/2007	\$42.00		
D2980	Crown repair, by report	03	00	OE	2/1/2007	\$42.00		
D3220	Therapeutic pulpotomy (excluding final restoration), removal of pulp coronal to the dentinocemental junction and application of medicament	01	00	OE	2/1/2007	\$50.00		
D3220	Therapeutic pulpotomy (excluding final restoration), removal of pulp coronal to the dentinocemental junction and application of medicament	03	00	OE	2/1/2007	\$50.00		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	01	00	OE	2/1/2007	\$180.00		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	03	00	OE	2/1/2007	\$180.00		
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	01	00	OE	2/1/2007	\$225.00		
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	03	00	OE	2/1/2007	\$225.00		
D3330	Endodontic therapy, molar (excluding final restoration)	01	00	OE	2/1/2007	\$270.00		

FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
D3330	Endodontic therapy, molar (excluding final restoration)	03	00	OE	2/1/2007	\$270.00		
D3410	Apicoectomy/periradicular surgery, anterior	01	00	20	2/1/2007	\$70.00		
D3410	Apicoectomy/periradicular surgery, anterior	03	00	20	2/1/2007	\$70.00		
D3421	Apicoectomy/periradicular surgery, bicuspid (first root)	01	00	20	2/1/2007	\$70.00		
D3421	Apicoectomy/periradicular surgery, bicuspid (first root)	03	00	20	2/1/2007	\$70.00		
D3425	Apicoectomy/periradicular surgery, molar (first root)	01	00	20	2/1/2007	\$70.00		
D3425	Apicoectomy/periradicular surgery, molar (first root)	03	00	20	2/1/2007	\$70.00		
D3426	Apicoectomy/periradicular surgery (each additional root)	01	00	20	2/1/2007	\$70.00		
D3426	Apicoectomy/periradicular surgery (each additional root)	03	00	20	2/1/2007	\$70.00		
D5110	Complete denture - maxillary	01	00	OB	2/1/2007	\$320.00		

FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
D5110	Complete denture - maxillary	03	00	OB	2/1/2007	\$320.00	1	PER 5 YEARS
D5120	Complete denture - mandibular	01	00	OB	2/1/2007	\$320.00		
D5120	Complete denture - mandibular	03	00	OB	2/1/2007	\$320.00	1	PER 5 YEARS
D5130	Immediate denture - maxillary	01	00	OB	2/1/2007	\$320.00	1	PER 5 YEARS
D5130	Immediate denture - maxillary	03	00	OB	2/1/2007	\$320.00	1	PER 5 YEARS
D5140	Immediate denture - mandibular	01	00	OB	2/1/2007	\$320.00	1	PER 5 YEARS
D5140	Immediate denture - mandibular	03	00	OB	2/1/2007	\$320.00	1	PER 5 YEARS
D5211	Upper partial denture - resin base (including any conventional clasps, rests and teeth)	01	00	OB	2/1/2007	\$200.00	1	PER 5 YEARS
D5211	Upper partial denture - resin base (including any conventional clasps, rests and teeth)	03	00	OB	2/1/2007	\$200.00	1	PER 5 YEARS
D5212	Lower partial denture - resin base (including any conventional clasps, rests and teeth)	01	00	OB	2/1/2007	\$200.00		

FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
D5212	Lower partial denture - resin base (including any conventional clasps, rests and teeth)	03	00	OB	2/1/2007	\$200.00	1 PER 5 YEARS	
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	01	00	OB	2/1/2007	\$330.00	1 PER 5 YEARS	
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	03	00	OB	2/1/2007	\$330.00	1 PER 5 YEARS	
D5214	Mandibular partial denture, cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	01	00	OB	2/1/2007	\$330.00	1 PER 5 YEARS	
D5214	Mandibular partial denture, cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	03	00	OB	2/1/2007	\$330.00	1 PER 5 YEARS	
D7110	TOOTH EXTRACTION SINGLE TOOTH	01	00	21	2/1/2007	\$45.00		
D7110	TOOTH EXTRACTION SINGLE TOOTH	03	00	21	2/1/2007	\$45.00		
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	01	00	21	2/1/2007	\$45.00		
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	03	00	21	2/1/2007	\$45.00		
D8080	Comprehensive orthodontic treatment of the adolescent dentition	03	00	00	2/1/2007	\$600.00		REPLACES SERVICE CODES X7500, X7502 AND Z8052

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FEE SCHEDULES FOR CLEFT PALATE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
D8660	Orthodontic treatment (alternative billing to a contract fee)	03	00	OD	2/1/2007	\$35.00		
D8670	Periodic orthodontic treatment visit (as part of contract)	03	00	00	2/1/2007	\$250.00		REPLACES SERVICE CODES X7501 AND Z8053 - Z8059
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	03	00	00	2/1/2007	\$150.00		
D8900	ORTHODONTIC EXAM AND TREATMENT PLAN	03	00	CP	2/1/2007	\$20.00		
D8900	ORTHODONTIC EXAM AND TREATMENT PLAN	03	00	OD	2/1/2007	\$20.00		
DRG	INPATIENT HOSPITAL COSTS (FOR DEPT OF HEALTH USE ONLY)	00	00	00	10/1/1997	50,000.00		