Appendix 19
Current Procedural Terminology Codes for Dentists Billing as Oral Surgeons

This appendix summarizes CPT codes for dentists billing as oral surgeons on the HCFA 1500 claim form.

GENERAL POLICIES

- Copayment for most CPT oral surgeries is $3.00
- Most services are limited to once per day. Limitation may be exceeded if operative report, pathology report, attachment, or narrative on claim justifies multiple procedures on the same day based on medical necessity.
- Sutures cannot be billed the same day as other oral surgeries, unless an operative report attached to the claim demonstrates the sutures were not part of the surgery.
- The definitions of the column titles for the CPT code tables are listed below.

DEFINITIONS OF THE COLUMN TITLES	
CPT Code and Description:	These codes and descriptions are taken from the 1998 *Physicians' Current Procedural Terminology* (CPT), published by the American Medical Association.
Emergency Only:	The checked procedure codes are covered only in an emergency. When billing, emergency must be indicated in element 24 I of the HCFA 1500 claim form and records on the emergency must be kept in the patient files. Emergency is defined as that immediate service that must be provided to relieve the patient from pain, an acute infection, swelling, trismus, fever, or trauma.
Age Limitations:	These procedure codes have no age limitations, unless otherwise marked.
Operative/Pathology Report Required:	An operative or pathology report must be submitted with the claims for the procedure codes that are checked.
Prior Authorization (PA) Required:	Checked procedures require PA. When noted by an asterisk, some procedures require PA except in an emergency or in inpatient hospital setting. When noted, some procedures require that evidence of a HealthCheck examination be submitted with the PA.
Place of Service Limits:	All procedure codes can be provided in places of service (POS) 0-4, 7, 8, B, unless otherwise noted.
2nd Opinion Required:	A multidisciplinary Temporomandibular Joint Dysfunction (TMJ) evaluation is required to provide the procedures that are checked. Information on this evaluation must be submitted in the PA request.
Surgical Assist. Allowed:	Surgical assistants are allowed for the checked procedure codes. The modifier "80" is to be used on the claim in element 24D to indicate assist at surgery. When a surgery requires PA and an assistant will be used, PA is required for payment of the assistance.

Appendix 19
CPT Codes for Dentists Billing as Oral Surgeons
(continued)

CPT Code	Description	Emergency Only	Age Limitations	Operative/ Path Report Required	PA Required	Place of Service Limits	2nd Opinion Required	Surg. Assist. Allowed
10120	Incision and removal of foreign body, subcutaneous tissues; simple				✓*			
10121	Incision and removal of foreign body, subcutaneous tissues; complicated				✓*			
10140	Incision and drainage of hematoma, seroma or fluid collection				✓*			
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst				✓*			
10180	Incision and drainage, complex, postoperative wound infection				✓*			
11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed (separate procedure); single lesion							
11101	each separate/additional lesion							
11440	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less							
11441	lesion diameter 0.6 to 1.0 cm							
11442	lesion diameter 1.1 to 2.0 cm							
11640	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 0.5 cm or less							
11641	lesion diameter 0.6 to 1.0 cm							
11642	lesion diameter 1.1 to 2.0 cm							
11643	lesion diameter 2.1 to 3.0 cm							
11644	lesion diameter 3.1 to 4.0 cm							
11646	lesion diameter over 4.0 cm							

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Appendix 19
CPT Codes for Dentists Billing as Oral Surgeons
(continued)

CPT Code	Description	Emergency Only	Age Limitations	Operative/ Path Report Required	PA Required	Place of Service Limits	2nd Opinion Required	Surg. Assist. Allowed
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	✓						
12013	2.6 cm to 5.0 cm	✓						
12014	5.1 cm to 7.5 cm	✓						
12015	7.6 cm to 12.5 cm	✓						
12016	12.6 cm to 20.0 cm	✓						
12017	20.1 cm to 30.0 cm	✓						
12018	over 30.0 cm	✓						✓80
12051	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	✓						
12052	2.6 cm to 5.0 cm	✓						
12053	5.1 cm to 7.5 cm	✓						
12054	7.6 cm to 12.5 cm	✓						
12055	12.6 cm to 20.0 cm	✓						
12056	20.1 cm to 30.0 cm	✓						
12057	over 30.0 cm	✓						✓80
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	✓						
13152	2.6 cm to 7.5 cm	✓						
13300	Repair, unusual, complicated, over 7.5 cm, any area	✓						
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq. cm or less	✓						
14041	defect 10.1 sq. cm to 30.0 sq. cm	✓						

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CPT Code	Description	Emergency Only	Age Limitations	Operative/ Path Report Required	PA Required	Place of Service Limits	2nd Opinion Required	Surg. Assist. Allowed
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	✓						
14061	defect 10.1 sq cm to 30.0 sq cm	✓						
14300	Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area	✓						
15000	Excisional preparation or creation of recipient site by excision of essentially intact skin (including subcutaneous tissues), scar, or other lesion prior to repair with free skin graft (list as separate service in addition to skin graft)	✓						
15120	Split graft, face, eyelids, mouth, neck, ears, orbits, genitalia, and/or multiple digits; 100 sq cm or less, or each one percent of body area of infants and children (except 15050)	✓						
15121	each additional 100 sq cm, or each one percent of body area of infants and children, or part thereof	✓						✓80
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	✓						
15241	each additional 20 sq cm	✓						
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	✓						
15261	each additional 20 sq cm	✓						
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet				✓*			✓80
15576	eyelids, nose, ears, lips, or intraoral				✓*			✓80

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(continued)

CPT Code	Description	Emergency Only	Age Limitations	Operative/ Path Report Required	PA Required	Place of Service Limits	2nd Opinion Required	Surg. Assist. Allowed
15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands (except 15625), or feet				✓*			
15630	at eyelids, nose, ears, or lips				✓*			
15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter, sternocleidomastoid, levator scapulae)				✓*			✓80
15740	Flap; island pedicle				✓*			
15750	neurovascular pedicle				✓*			
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area				✓*			
15770	derma-fat-fascia				✓*			✓80
15820	Blepharoplasty, lower eyelid;	✓						
15822	Blepharoplasty, upper eyelid;	✓						
15824	Rhytidectomy; forehead	✓						
15825	neck with platysmal tightening (platysmal flap, "P-flap")	✓						
15826	glabellar frown lines	✓						
15828	cheek, chin, and neck	✓						
15838	Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad				✓*			
17000	Destruction by any method, including laser, with or without surgical curettement, all benign or premalignant lesions (eg, actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions, including local anesthesia; first lesion							

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(continued)

CPT Code	Description	Emergency Only	Age Limitations	Operative/ Path Report Required	PA Required	Place of Service Limits	2nd Opinion Required	Surg. Assist. Allowed
17280	Destruction, malignant lesion, any method, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less							✓80
17281	lesion diameter 0.6 to 1.0 cm							✓80
17282	lesion diameter 1.1 to 2.0 cm							✓80
17283	lesion diameter 2.1 to 3.0 cm							✓80
17284	lesion diameter 3.1 to 4.0 cm							✓80
17286	lesion diameter over 4.0 cm							✓80
20000	Incision of soft tissue abscess (eg, secondary to osteomyelitis); superficial							
20005	deep or complicated							
20200	Biopsy, muscle; superficial							
20205	deep							
20206	Biopsy, muscle, percutaneous needle							
20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)							
20240	Biopsy, excisional; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)							
20245	deep (eg, humerus, ischium, femur)							
20520	Removal of foreign body in muscle or tendon sheath; simple				✓*			

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(continued)

CPT Code	Description	Emergency Only	Age Limitations	Operative/ Path Report Required	PA Required	Place of Service Limits	2nd Opinion Required	Surg. Assist. Allowed
20525	Removal of foreign body in muscle or tendon sheath; deep or complicated				✓*			
20550	Injection, tendon sheath, ligament, trigger points or ganglion cyst				✓			
20605	Arthrocentesis, aspiration and/or injection; intermediate joint, bursa or ganglion cyst (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)				✓	1,2,3,B		
20615	Aspiration and injection for treatment of bone cyst							
20670	Removal of implant; superficial, (eg, buried wire, pin or rod) (separate procedure)				✓*			
20680	deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)				✓*			
20693	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin(s) or wire(s) and/or new ring(s) or bar(s))			✓				
20694	Removal, under anesthesia, of external fixation system				✓			
20900	Bone graft, any donor area; minor or small (eg, dowel or button)	✓				1,2,3,B		✓80
20902	major or large	✓				1,2,3,B		✓80
20910	Cartilage graft; costochondral				✓	1,2,B	✓	✓80
20926	Tissue grafts, other (eg, paratenon, fat, dermis)	✓				1,2,3,B		
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal			✓	✓*	1,2,B	✓	✓80

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(continued)

CPT Code	Description	Emergency Only	Age Limitations	Operative/ Path Report Required	PA Required	Place of Service Limits	2nd Opinion Required	Surg. Assist. Allowed
21010	Arthrotomy, temporomandibular joint				✓	1,2,B	✓	
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible							
21026	facial bone(s)							
21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)							
21030	Excision of benign tumor or cyst of facial bone other than mandible							
21031	Excision of torus mandibularis				✓			
21032	Excision of maxillary torus palatinus				✓			
21034	Excision of malignant tumor of facial bone other than mandible							✓80
21040	Excision of benign cyst or tumor of mandible; simple							
21041	complex							
21044	Excision of malignant tumor of mandible;							✓80
21045	radical resection					0,1,2,B		✓80
21050	Condylectomy, temporomandibular joint (separate procedure)				✓	1,2,B	✓	✓80
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)				✓	1,2,B	✓	✓80
21070	Coroniodectomy (separate procedure)				✓	1,2,B	✓	✓80
21082	Impression and custom preparation; palatal augmentation prosthesis			✓	✓	0,1,2,3,B		
21085	oral surgical splint			✓	✓*	0,1,2,3,B		
21086	auricular prosthesis			✓	✓	0,1,2,3,B		

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(continued)

CPT Code	Description	Emergency Only	Age Limitations	Operative/ Path Report Required	PA Required	Place of Service Limits	2nd Opinion Required	Surg. Assist. Allowed
21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)							
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	✓						
21121	Genioplasty; sliding osteotomy, single piece		0-20**		✓**	1, 2, B		✓80
21122	Genioplasty; sliding osteotomies, two or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)		0-20**		✓**	1, 2, B		✓80
21123	sliding, augmentation with interpositional bone grafts (includes obtaining autografts)		0-20**		✓**	1, 2, B		✓80
21125	Augmentation, mandibular body or angle; prosthetic material		0-20**		✓**	1, 2, B		✓80
21127	with bone graft, onlay or interpositional (includes obtaining autograft)		0-20**		✓**	1, 2, B		✓80
21141	Reconstruction midface, LeFort 1; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft		0-20**		✓**	1, 2, B		✓80
21142	two pieces, segment movement in any direction, without bone graft		0-20**		✓**	1, 2, B		✓80
21143	three or more pieces, segment movement in any direction, without bone graft		0-20**		✓**	1, 2, B		✓80
21145	single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)		0-20**		✓**	1, 2, B		✓80
21146	two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)		0-20**		✓**	1, 2, B		✓80
21147	three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)		0-20**		✓**	1, 2, B		✓80

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(continued)

CPT Code	Description	Emergency Only	Age Limitations	Operative/ Path Report Required	PA Required	Place of Service Limits	2nd Opinion Required	Surg. Assist. Allowed
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)		0-20**		✓**	1, 2, B		✓80
21151	any direction, requiring bone grafts (includes obtaining autografts)		0-20**		✓**	1, 2, B		✓80
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I		0-20**		✓**	1, 2, B		✓80
21155	with LeFort I		0-20**		✓**	1, 2, B		✓80
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I		0-20**		✓**	1, 2, B		✓80
21160	with LeFort I		0-20**		✓**	1, 2, B		✓80
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)		0-20**		✓**	1, 2, B		✓80
21193	Reconstruction of mandibular rami, horizontal, vertical, "C", or "L" osteotomy; without bone graft		0-20**		✓**	1, 2, B		✓80
21194	with bone graft (includes obtaining graft)		0-20**		✓**	1, 2, B		✓80
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation		0-20**		✓**	1, 2, B		✓80
21196	with internal rigid fixation		0-20**		✓**	1, 2, B		✓80
21198	Osteotomy, mandible, segmental		0-20**		✓**	1, 2, B		✓80
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)		0-20**		✓**	1, 2, B		✓80
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)		0-20**		✓**	1, 2, B		✓80
21209	reduction		0-20**		✓**	1, 2, B		✓80

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(continued)

CPT Code	Description	Emergency Only	Age Limitations	Operative/ Path Report Required	PA Required	Place of Service Limits	2nd Opinion Required	Surg. Assist. Allowed
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	✓				1, 2, B		
21215	mandible (includes obtaining graft)	✓				1, 2, B		✓80
21230	Graft, rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	✓				1, 2, B		
21235	ear cartilage, autogenous, to nose or ear (includes obtaining graft)	✓				1, 2, B		
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)				✓	1, 2, B	✓	✓80
21242	Arthroplasty, temporomandibular joint, with allograft				✓	1, 2, B	✓	✓80
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement				✓	1, 2, B	✓	✓80
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)		0-20**		✓**	1, 2, B		✓80
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial		0-20**		✓**	1, 2, B		✓80
21246	complete		0-20**		✓**	1, 2, B		✓80
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)		0-20**		✓**	1, 2, B		✓80
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial		0-20**		✓**	1, 2, B		✓80
21249	complete		0-20**		✓**	1, 2, B		✓80
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)		0-20**		✓**	1, 2, B		✓80

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(continued)

CPT Code	Description	Emergency Only	Age Limitations	Operative/ Path Report Required	PA Required	Place of Service Limits	2nd Opinion Required	Surg. Assist. Allowed
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach		0-20**		✓**	1, 2, B		✓80
21261	combined intra- and extracranial approach		0-20**		✓**	1, 2, B		✓80
21263	with forehead advancement		0-20**		✓**	1, 2, B		✓80
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach		0-20**		✓**	1, 2, B		✓80
21268	combined intra- and extracranial approach		0-20**		✓**	1, 2, B		✓80
21270	Malar augmentation, prosthetic material		0-20**		✓**	1, 2, B		✓80
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach					1, 2, B		
21296	intraoral approach					1, 2, B		
21299	Unlisted craniofacial and maxillofacial procedure				✓			✓80
21310	Closed treatment of nasal bone fracture without manipulation					0,1,2,3,B		
21315	Closed treatment of nasal bone fracture; without stabilization					0,1,2,3,B		
21320	with stabilization					0,1,2,3,B		
21325	Open treatment of nasal fracture; uncomplicated					0,1,2,3,B		
21330	complicated, with internal and/or external skeletal fixation					0,1,2,3,B		
21335	with concomitant open treatment of fractured septum					0,1,2,3,B		

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21336	Open treatment of nasal septal fracture, with or without stabilization					0,1,2,3,B		✓80
21337	Closed treatment of nasal septal fracture, with or without stabilization					0,1,2,3,B		
21338	Open treatment of nasoethmoid fracture; without external fixation					0,1,2,3,B		
21339	with external fixation					0,1,2,3,B		✓80
21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus					0,1,2,3,B		
21343	Open treatment of depressed frontal sinus fracture					0,1,2,3,B		✓80
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint					0,1,2,3,B		
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation					0,1,2,3,B		✓80
21347	requiring multiple open approaches					0,1,2,3,B		✓80
21348	with bone grafting (includes obtaining graft)					0,1,2,3,B		✓80
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation					0,1,2,3,B		
21356	Open treatment of depressed zygomatic arch fracture (eg, Gilles approach)					0,1,2,3,B		✓80
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod					0,1,2,3,B		
21365	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches					0,1,2,3,B		✓80
21366	with bone grafting (includes obtaining graft)					0,1,2,3,B		✓80

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CPT Code	Description	Emergency Only	Age Limitations	Operative/ Path Report Required	PA Required	Place of Service Limits	2nd Opinion Required	Surg. Assist. Allowed
21385	Open treatment of orbital floor "blowout" fracture; transantral approach (Caldwell-Luc type operation)					0,1,2,3,B		✓80
21386	periorbital approach					0,1,2,3,B		
21387	combined approach					0,1,2,3,B		
21390	periorbital approach, with alloplastic or other implant					0,1,2,3,B		✓80
21395	periorbital approach with bone graft (includes obtaining graft)					0,1,2,3,B		✓80
21400	Closed treatment of fracture of orbit, except "blowout"; without manipulation					0,1,2,3,B		
21401	with manipulation					0,1,2,3,B		
21406	Open treatment of fracture of orbit, except "blowout"; without implant					0,1,2,3,B		✓80
21407	with implant							✓80
21408	with bone grafting (includes obtaining graft)							✓80
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint					0,1,2,3,B		
21422	Open treatment of palatal or maxillary fracture (LeFort I type);					0,1,2,3,B		✓80
21423	complicated (comminuted or involving cranial nerve foramina), multiple approaches					0,1,2,3,B		✓80
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint					0,1,2,3,B		
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation					0,1,2,3,B		✓80
21433	complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches					0,1,2,3,B		✓80
21435	complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)					0,1,2,3,B		✓80

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CPT Codes for Dentists Billing as Oral Surgeons
(continued)

CPT Code	Description	Emergency Only	Age Limitations	Operative/ Path Report Required	PA Required	Place of Service Limits	2nd Opinion Required	Surg. Assist. Allowed
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)					0,1,2,3,B		✓80
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)							
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)					0,1,2,3,B		
21450	Closed treatment of mandibular fracture; without manipulation					0,1,2,3,B		
21451	with manipulation					0,1,2,3,B		
21452	Percutaneous treatment of mandibular fracture, with external fixation					0,1,2,3,B		
21453	Closed treatment of mandibular fracture with interdental fixation					0,1,2,3,B		
21454	Open treatment of mandibular fracture with external fixation					0,1,2,3,B		✓80
21461	Open treatment of mandibular fracture; without interdental fixation					0,1,2,3,B		✓80
21462	with interdental fixation					0,1,2,3,B		✓80
21465	Open treatment of mandibular condylar fracture					0,1,2,3,B		
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints					0,1,2,3,B		✓80
21480	Closed treatment of temporomandibular dislocation; initial or subsequent							
21485	complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent			✓				
21490	Open treatment of temporomandibular dislocation			✓		0,1,2,3,B		✓80
21497	Interdental wiring, for condition other than fracture	✓						
21499	Unlisted musculoskeletal procedure, head			✓	✓			✓80

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Appendix 19
CPT Codes for Dentists Billing as Oral Surgeons
(continued)

CPT Code	Description	Emergency Only	Age Limitations	Operative/ Path Report Required	PA Required	Place of Service Limits	2nd Opinion Required	Surg. Assist. Allowed
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)				✓	1,2,B	✓	
29804	Arthroscopy, temporomandibular joint, surgical				✓	1,2,B	✓	✓80
30130	Excision turbinate, partial or complete				✓			
30140	Submucous resection turbinate, partial or complete				✓			
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip				✓*			
30410	complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip				✓*			
30420	including major septal repair				✓*			
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)				✓*			
30435	intermediate revision (bony work with osteotomies)				✓*			
30450	major revision (nasal tip work and osteotomies)				✓*			
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only				✓*			✓80
30462	tip, septum, osteotomies				✓*			✓80
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)							
30600	oronasal							
31000	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)							
31020	Sinusotomy, maxillary (antrotomy); intranasal							
31030	radical (Caldwell-Luc) without removal of antrochoanal polyps							

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Appendix 19
CPT Codes for Dentists Billing as Oral Surgeons
(continued)

CPT Code	Description	Emergency Only	Age Limitations	Operative/ Path Report Required	PA Required	Place of Service Limits	2nd Opinion Required	Surg. Assist. Allowed
31032	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps							
31225	Maxillectomy; without orbital exenteration							✓80
31600	Tracheostomy, planned (separate procedure);	✓						
31603	Tracheostomy, emergency procedure; transtracheal	✓						
31605	cricothyroid membrane	✓						
37615	Ligation, major artery (eg, post-traumatic, rupture); neck	✓						✓80
40490	Biopsy of lip							
40500	Vermilionectomy (lip shave), with mucosal advancement							
40510	Excision of lip; transverse wedge excision with primary closure							
40520	V-excision with primary direct linear closure							
40525	full thickness, reconstruction with local flap (eg, Estlander or fan)							
40527	full thickness, reconstruction with cross lip flap (Abbe-Estlander)							
40530	Resection of lip, more than one-fourth, without reconstruction							
40650	Repair lip, full thickness; vermilion only	✓						
40652	up to half vertical height	✓						
40654	over one-half vertical height, or complex	✓						

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Appendix 19
CPT Codes for Dentists Billing as Oral Surgeons
(continued)

CPT Code	Description	Emergency Only	Age Limitations	Operative/ Path Report Required	PA Required	Place of Service Limits	2nd Opinion Required	Surg. Assist. Allowed
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral				✓			
40701	primary bilateral, one stage procedure				✓			
40702	primary bilateral, one of two stages				✓			
40720	secondary, by recreation of defect and reclosure				✓			✓80
40761	with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle				✓			
40799	Unlisted procedure, lips			✓	✓			✓80
40800	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple							
40801	complicated			✓				
40804	Removal of embedded foreign body, vestibule of mouth; simple			✓	✓*			
40805	complicated			✓	✓*			
40806	Incision of labial frenum (frenotomy)		0-20**		✓**			
40808	Biopsy, vestibule of mouth							
40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair							
40812	with simple repair							
40814	with complex repair							
40816	complex, with excision of underlying muscle							
40818	Excision of mucosa of vestibule of mouth as donor graft	✓						
40819	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)		0-20**		✓**			

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Appendix 19
CPT Codes for Dentists Billing as Oral Surgeons
(continued)

CPT Code	Description	Emergency Only	Age Limitations	Operative/ Path Report Required	PA Required	Place of Service Limits	2nd Opinion Required	Surg. Assist. Allowed
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)							
40830	Closure of laceration, vestibule of mouth; 2.5 cm or less	✓						
40831	over 2.5 cm or complex	✓						
40899	Unlisted procedure, vestibule of mouth			✓	✓			✓80
41000	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual							
41005	sublingual, superficial							
41006	sublingual, deep, supramylohyoid							
41007	submental space							
41008	submandibular space							
41009	masticator space							
41010	Incision of lingual frenum (frenotomy)		0-20**		✓**			
41015	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual							
41016	submental							
41017	submandibular							
41018	masticator space							
41100	Biopsy of tongue; anterior two-thirds							
41105	posterior one-third							
41108	Biopsy of floor of mouth							

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Appendix 19
CPT Codes for Dentists Billing as Oral Surgeons
(continued)

CPT Code	Description	Emergency Only	Age Limitations	Operative/ Path Report Required	PA Required	Place of Service Limits	2nd Opinion Required	Surg. Assist. Allowed
41110	Excision of lesion of tongue without closure							
41112	Excision of lesion of tongue with closure; anterior two-thirds							
41113	posterior one-third							
41114	with local tongue flap							
41115	Excision of lingual frenum (frenectomy)		0-20**		✓**			
41116	Excision, lesion of floor of mouth							
41120	Glossectomy; less than one-half tongue							✓80
41130	hemiglossectomy							✓80
41135	partial, with unilateral radical neck dissection							✓80
41140	complete or total, with or without tracheostomy, without radical neck dissection							✓80
41145	complete or total, with or without tracheostomy, with unilateral radical neck dissection							✓80
41150	composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection							✓80
41153	composite procedure with resection floor of mouth, with suprahyoid neck dissection							✓80
41155	composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)							✓80
41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue	✓						
41251	posterior one-third of tongue	✓						
41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex	✓						
41500	Fixation of tongue, mechanical, other than suture (eg, K-wire)	✓		✓				✓80

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Appendix 19
CPT Codes for Dentists Billing as Oral Surgeons
(continued)

CPT Code	Description	Emergency Only	Age Limitations	Operative/ Path Report Required	PA Required	Place of Service Limits	2nd Opinion Required	Surg. Assist. Allowed
41510	Suture of tongue to lip for micrognathia (Douglas type procedure)			✓				
41520	Frenoplasty (surgical revision of frenum, eg. with Z-plasty)		0-20**		✓**			
41599	Unlisted procedure, tongue, floor of mouth			✓	✓			✓80
41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures							
41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues			✓	✓*			
41806	bone			✓	✓*			
41820	Gingivectomy, excision gingiva, each quadrant				✓			
41821	Operculectomy, excision pericoronal tissues	✓			✓			
41822	Excision of fibrous tuberosities, dentoalveolar structures				✓			
41823	Excision of osseous tuberosities, dentoalveolar structures				✓			
41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair							
41826	with simple repair							
41827	with complex repair							
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)			✓	✓			
41850	Destruction of lesion (except excision), dentoalveolar structures							
41872	Gingivoplasty, each quadrant (specify)				✓			
41899	Unlisted procedure, dentoalveolar structures			✓	✓			
42000	Drainage of abscess of palate, uvula							

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Appendix 19
CPT Codes for Dentists Billing as Oral Surgeons
(continued)

CPT Code	Description	Emergency Only	Age Limitations	Operative/ Path Report Required	PA Required	Place of Service Limits	2nd Opinion Required	Surg. Assist. Allowed
42100	Biopsy of palate, uvula							
42104	Excision, lesion of palate, uvula; without closure							
42106	with simple primary closure							
42107	with local flap closure							
42120	Resection of palate or extensive resection of lesion							✓80
42140	Uvulectomy, excision of uvula							
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)							
42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)							
42180	Repair, laceration of palate; up to 2 cm	✓						
42182	over 2 cm or complex	✓						
42200	Palatoplasty for cleft palate, soft and/or hard palate only				✓			
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only				✓			
42210	with bone graft to alveolar ridge (includes obtaining graft)				✓			
42215	Palatoplasty for cleft palate; major revision				✓			
42220	secondary lengthening procedure				✓			
42225	attachment pharyngeal flap				✓			
42226	Lengthening of palate, and pharyngeal flap				✓			
42227	Lengthening of palate, with island flap				✓			

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Appendix 19
CPT Codes for Dentists Billing as Oral Surgeons
(continued)

CPT Code	Description	Emergency Only	Age Limitations	Operative/ Path Report Required	PA Required	Place of Service Limits	2nd Opinion Required	Surg. Assist. Allowed
42235	Repair of anterior palate, including vomer flap				✓			
42260	Repair of nasolabial fistula							
42280	Maxillary impression for palatal prosthesis			✓	✓**			
42299	Unlisted procedure, palate, uvula			✓	✓**			✓80
42300	Drainage of abscess; parotid, simple							
42305	parotid, complicated							
42310	Drainage of abscess; submaxillary or sublingual, intraoral							
42320	submaxillary, external							
42325	Fistulization of sublingual salivary cyst (ranula);					0,1,2,3,B		
42326	with prosthesis			✓	✓	0,1,2,3,B		
42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral					0,1,2,3,B		
42335	submandibular (submaxillary), complicated, intraoral					0,1,2,3,B		
42340	parotid, extraoral or complicated intraoral					0,1,2,3,B		
42400	Biopsy of salivary gland; needle							
42405	incisional							
42408	Excision of sublingual salivary cyst (ranula)							
42409	Marsupialization of sublingual salivary cyst (ranula)							

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Appendix 19
CPT Codes for Dentists Billing as Oral Surgeons
(continued)

CPT Code	Description	Emergency Only	Age Limitations	Operative/ Path Report Required	PA Required	Place of Service Limits	2nd Opinion Required	Surg. Assist. Allowed
42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection							✓80
42415	lateral lobe, with dissection and preservation of facial nerve							✓80
42420	total, with dissection and preservation of facial nerve							✓80
42425	total, en bloc removal with sacrifice of facial nerve							✓80
42426	total, with unilateral radical neck dissection							✓80
42440	Excision of submandibular (submaxillary) gland							✓80
42450	Excision of sublingual gland							
42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple							
42505	secondary or complicated							
42507	Parotid duct diversion, bilateral (Wilke type procedure);							
42508	with excision of one submandibular gland							
42509	with excision of both submandibular glands							✓80
42510	with ligation of both submandibular (Wharton's) ducts							✓80
42550	Injection procedure for sialography							
42600	Closure salivary fistula							
42650	Dilation salivary duct							
42660	Dilation and catheterization of salivary duct, with or without injection							✓80
42665	Ligation salivary duct, intraoral							
42699	Unlisted procedure, salivary glands or ducts			✓	✓			✓80

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Appendix 19
CPT Codes for Dentists Billing as Oral Surgeons
(continued)

CPT Code	Description	Emergency Only	Age Limitations	Operative/ Path Report Required	PA Required	Place of Service Limits	2nd Opinion Required	Surg. Assist. Allowed
42700	Incision and drainage abscess; peritonsillar							
42720	retropharyngeal or parapharyngeal, intraoral approach							
42725	retropharyngeal or parapharyngeal, external approach							✓80
42800	Biopsy; oropharynx							
42808	Excision or destruction of lesion of pharynx, any method							
42809	Removal of foreign body from pharynx				✓*			
42890	Limited pharyngectomy							✓80
42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls							✓80
42894	Resection of pharyngeal wall requiring closure with myocutaneous flap							✓80
42900	Suture pharynx for wound or injury	✓						
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)				✓			✓80
42960	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple	✓						
42961	complicated, requiring hospitalization	✓				1,2,B		
42962	with secondary surgical intervention	✓				1,2,B		
42970	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cauterization	✓						
42971	complicated, requiring hospitalization	✓				1,2,B		
42972	with secondary surgical intervention	✓				1,2,B		
42999	Unlisted procedure, pharynx, adenoids, or tonsils			✓	✓			✓80

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Appendix 19
CPT Codes for Dentists Billing as Oral Surgeons
(continued)

CPT Code	Description	Emergency Only	Age Limitations	Operative/ Path Report Required	PA Required	Place of Service Limits	2nd Opinion Required	Surg. Assist. Allowed
64400	Injection, anesthetic agent; trigeminal nerve, any division or branch							
64505	Injection, anesthetic agent; sphenopalatine ganglion							
64510	stellate ganglion (cervical sympathetic)							
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch							
64605	second and third division branches at foramen ovale							
64610	second and third division branches at foramen ovale under radiologic monitoring							
64716	Neuroplasty and/or transposition; cranial nerve (specify)			✓				✓80
64722	Decompression; unspecified nerve(s) (specifiy)			✓				✓80
64727	Internal neurolysis, requiring use of operating microscope (list separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)							
64734	Transection or avulsion of; infraorbital nerve							
64736	mental nerve							
64738	inferior alveolar nerve by osteotomy							
64740	lingual nerve							
64742	facial nerve, differential or complete							
99070	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)							

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