



oral maxillofacial / head & neck  
 physician & facility coding & billing guide  
 2025 medicare national average payments

physician reimbursement

CPT <sup>1</sup> code	CPT code description	RVUs <sup>A</sup>	2025 <sup>2</sup> payment
nerve transposition			
64716	Neuroplasty and/or Transposition; Cranial Nerve (Specify)	15.53	\$502
nerve repair with nerve conduit			
64910	Nerve repair; with Synthetic Conduit or Vein Allograft (e.g. Nerve Tube), Each Nerve	23.14	\$748
nerve repair with nerve allograft			
64912	Nerve Repair; with Nerve Allograft, Each Nerve, First Strand (Cable)	27.08	\$876
+64913 <sup>B</sup>	Nerve Repair; with Nerve Allograft, Each Additional Strand (List Separately in Addition to Code for Primary Procedure)	5.11	\$165

Coding Instruction: In certain instances, CPT code 64716 for nerve transposition may be billed when a separate surgeon performing the tumor resection, tags nerves for identification by the surgeon performing the reconstruction. When nerve transposition (CPT code 64716) is performed by the surgeon repairing the nerve, CPT code 64716 is not separately billable, due to NCCI edits, bundling CPT code 64716 and 64910-64913.

CPT codes 64910 and 64912 are subject to NCCI edits and cannot be separately reported. Additionally, CPT codes 64912 and +64913 have an MUE (Medically Unlikely Edit) of three, allowing for each CPT code to be reported up to three times on a single date of service. This allows for multiple nerve sites to be treated on a single date of service. CPT code 64912 may be billed with a modifier -59 when an additional nerve is treated at a second site. CPT code +64913 should be reported for each additional strand cabled together and not a second nerve site.

CPT <sup>1</sup> code	CPT code description	RVUs <sup>A</sup>	2025 <sup>2</sup> payment
maxillofacial repair & reconstruction coding options			
21215	Graft, Bone; Mandible (Includes Obtaining Graft)	24.09	\$779
21244	Reconstruction of Mandible, Extraoral, with Transosteal Bone Plate (e.g. Mandibular Staple Bone Plate)	30.25	\$978
21246	Reconstruction of Mandible or Maxilla, Subperiosteal Implant; Complete	25.58	\$827
21247	Reconstruction of Mandibular Condyle with Bone and Cartilage Autografts (Includes Obtaining Grafts) (e.g. for Hemifacial Microsomia)	47.48	\$1,536
21193	Reconstruction of Mandibular Rami, Horizontal, Vertical, C, or L Osteotomy; without Bone Graft	37.02	\$1,197
21194	Reconstruction of Mandibular Rami, Horizontal, Vertical, C, or L Osteotomy; with Bone Graft (Includes Obtaining Graft)	42.78	\$1,384
21195	Reconstruction of Mandibular Rami and/or Body, Sagittal Split; without Internal Rigid Fixation	40.16	\$1,299
21196	Reconstruction of Mandibular Rami and/or Body, Sagittal Split; with Internal Rigid Fixation	42.90	\$1,388
21045	Excision of Malignant Tumor of Mandible; Radical Resection	36.15	\$1,169
21046	Excision of Benign Tumor or Cyst of Mandible; Requiring Intra-oral Osteotomy (e.g. Locally Aggressive or Destructive Lesion[s])	29.78	\$963
21047	Excision of Benign Tumor or Cyst of Mandible; Requiring Extra-oral Osteotomy and Partial Mandibulectomy (e.g. Locally Aggressive or Destructive Lesion[s])	36.61	\$1,184
21048	Excision of Benign Tumor or Cyst of Maxilla; Requiring Intra-oral Osteotomy (e.g. Locally Aggressive or Destructive Lesion[s])	30.17	\$976
21049	Excision of Benign Tumor or Cyst of Maxilla; Requiring Extra-oral Osteotomy and Partial Maxillectomy (e.g. Locally Aggressive or Destructive Lesion[s])	34.75	\$1,124
21454	Open Treatment of Mandibular Fracture with External Fixation	15.05	\$487
21465	Open Treatment of Mandibular Condylar Fracture	24.45	\$791
21470	Open Treatment of Complicated Mandibular Fracture by Multiple Surgical Approaches Including Internal Fixation, Interdental Fixation, and/or wiring of Dentures or Splints	35.21	\$1,139
21422	Open Treatment of Palatal or Maxillary Fracture (LeFort I Type)	19.17	\$620
21423	Open Treatment of Palatal or Maxillary Fracture (LeFort I Type); Complicated (Comminuted or Involving Cranial Nerve Foramina), Multiple Approaches	24.08	\$779
21299	Unlisted Craniofacial and Maxillofacial Procedure	0.00	Carrier Determined

A. Total RVU (Relative Value Unit) – Total includes work RVU, Practice Expense RVU and Malpractice RVU. Information presented herein reflects the Facility Setting.  
 B. Report Add-on code +64913 with 64912. Do not report these codes with 69990 (includes operating microscope). Multiple procedure reduction guidelines may apply.

CPT/HCPCS modifier options			
modifier <sup>C</sup>	description	modifier	description
-22	Increased Procedural Service	-XE	Separate Encounter
-51	Multiple Procedures	-XS	Separate Structure
-58	Staged or Related Procedure or Service by Same Physician or Other Qualified Healthcare Professional During the Postoperative Period	-XP	Separate Practitioner
-59	Distinct Procedural Service	-XU	Unusual Non-Overlapping Service

## outpatient facility reimbursement

CPT code	HOPD APC description	APC	HOPD SI <sup>P</sup>	HOPD <sup>3</sup> 2025 payment	ASC SI <sup>E</sup>	ASC <sup>4</sup> 2025 payment
nerve transposition						
64716	Level 1 Nerve Procedures	5431	J1	\$1,953	J8	\$1,131
nerve repair with nerve conduit						
64910	Level 2 Nerve Procedures	5432	J1	\$6,404	J8	\$4,431
nerve repair with nerve allograft						
64912	Level 2 Nerve Procedures	5432	J1	\$6,404	J8	\$4,565
+64913	Bundled into Primary C-APC Payment	-	N	No Separate Payment	N1	No Separate Payment
maxillofacial repair & reconstruction coding options						
21215	Level 5 ENT Procedures	5165	J1	\$5,916	J8	\$3,856
21244	Level 5 ENT Procedures	5165	J1	\$5,916	J8	\$4,132
21246	Level 5 ENT Procedures	5165	J1	\$5,916	A2	\$2,917
21247	Level 5 ENT Procedures		C			Not Covered
21193	Level 5 ENT Procedures	5165	J1	\$5,916		Not Covered
21194	Level 5 ENT Procedures	5165	J1	\$5,916	G2	\$2,917
21195	Level 5 ENT Procedures	5165	J1	\$5,916	J8	\$3,910
21045	Level 5 ENT Procedures		C			Not Covered
21046	Level 5 ENT Procedures	5165	J1	\$5,916	A2	\$2,917
21047	Level 5 ENT Procedures	5165	J1	\$5,916	A2	\$2,917
21048	Level 5 ENT Procedures	5165	J1	\$5,916	R2	\$2,917
21049	Level 5 ENT Procedures	5165	J1	\$5,916		Not Covered
21454	Level 5 ENT Procedures	5165	J1	\$5,916	J8	\$3,753
21465	Level 5 ENT Procedures	5165	J1	\$5,916	J8	\$3,725
21470	Level 5 ENT Procedures	5165	J1	\$5,916		Not Covered
21422	Level 5 ENT Procedures	5165	J1	\$5,916		Not Covered
21423	Level 5 ENT Procedures		C			Not Covered
21299	Level 1 ENT Procedures	5161	T	\$232		Not Covered

## supply codes

HCPCS level II coding options	
HCPCS <sup>5</sup> code	HCPCS code description
C9399	Unclassified Drugs or Biologicals
L8699	Prosthetic Implant, Not Otherwise Specified
C1762	Connective Tissue, Human (Includes Fascia Lata)

- C. The CPT codes in this Guide are unilateral procedures. If performed bilaterally, some payors require that the service be reported twice with modifier 50 appended to the second code while others require identification of the service only once with modifier 50 appended. Check with individual payors.
- D. HOPD Status Key: C = Inpatient only procedure; J1 = Comprehensive APC rules apply; all covered Part B services are packaged into a single payment; N = No separate payment; payment is packaged into payment for other services; Q1 = Packaged APC payment if billed on the same date of service as an HCPCS code assigned status indicator S, T, V; S = Significant procedure, not discounted when multiple procedure performed; T = Procedure, discounted 50% when another procedure with a T status is billed.
- E. ASC Status Key: A2, G2, & R2: Payment based on OPFS relative payment rate and subject to the multiple procedure discount (50%); J8: Device-intensive procedure and subject to the multiple procedure discount (50%)

## inpatient facility reimbursement

ICD-10-PCS hospital procedure codes	
ICD-10-PCS <sup>6</sup> code	procedure description
nerve transposition	
00NK0ZZ	Release Trigeminal Nerve, Open Approach
00NM0ZZ	Release Facial Nerve, Open Approach
00NP0ZZ	Release Glossopharyngeal Nerve, Open Approach
00NS0ZZ	Release Hypoglossal Nerve, Open Approach
00NR0ZZ	Release Accessory Nerve, Open Approach
00SK0ZZ	Reposition Trigeminal Nerve, Open Approach
00SM0ZZ	Reposition Facial Nerve, Open Approach
00SP0ZZ	Reposition Glossopharyngeal Nerve, Open Approach
00SR0ZZ	Reposition Accessory Nerve, Open Approach
00SS0ZZ	Reposition Hypoglossal Nerve, Open Approach
nerve repair with nerve conduit	
01U80JZ	Supplement Thoracic Nerve with Synthetic Substitute, Open Approach
01R80JZ	Replacement of Thoracic Nerve with Synthetic Substitute, Open Approach
nerve repair with nerve graft	
01U80KZ	Supplement Thoracic Nerve with Nonautologous Tissue Substitute, Open Approach
01R80KZ	Replacement of Thoracic Nerve with Nonautologous Tissue Substitute, Open Approach
01X80Z8	Transfer Thoracic Nerve to Thoracic Nerve, Open Approach
nerve repair coding options	
00UK0KZ	Supplement Trigeminal Nerve with Nonautologous Tissue Substitute, Open Approach
00UM0KZ	Supplement Facial Nerve with Nonautologous Tissue Substitute, Open Approach
00UP0KZ	Supplement Glossopharyngeal Nerve with Nonautologous Tissue Substitute, Open Approach
00US0KZ	Supplement Hypoglossal Nerve with Nonautologous Tissue Substitute, Open Approach
00UR0KZ	Supplement Accessory Nerve with Nonautologous Tissue Substitute, Open Approach
00UK0JZ	Supplement Trigeminal Nerve with Synthetic Substitute, Open Approach
00UM0JZ	Supplement Facial Nerve with Synthetic Substitute, Open Approach
00UP0JZ	Supplement Glossopharyngeal Nerve with Synthetic Substitute, Open Approach
00US0JZ	Supplement Hypoglossal Nerve with Synthetic Substitute, Open Approach
00UR0JZ	Supplement Accessory Nerve with Synthetic Substitute, Open Approach
00RK0KZ	Replacement of Trigeminal Nerve with Nonautologous Tissue Substitute, Open Approach
00RM0KZ	Replacement of Facial Nerve with Nonautologous Tissue Substitute, Open Approach
00RP0KZ	Replacement of Glossopharyngeal Nerve with Nonautologous Tissue Substitute, Open Approach
00RS0KZ	Replacement of Hypoglossal Nerve with Nonautologous Tissue Substitute, Open Approach
00RR0KZ	Replacement of Accessory Nerve with Nonautologous Tissue Substitute, Open Approach
00RK0JZ	Replacement of Trigeminal Nerve with Synthetic Substitute, Open Approach

## inpatient facility reimbursement

ICD-10-PCS hospital procedure codes	
ICD-10-PCS <sup>6</sup> code	procedure description
nerve repair coding options	
00RM0JZ	Replacement of Facial Nerve with Synthetic Substitute, Open Approach
00RP0JZ	Replacement of Glossopharyngeal Nerve with Synthetic Substitute, Open Approach
00RS0JZ	Replacement of Hypoglossal Nerve with Synthetic Substitute, Open Approach
00RR0JZ	Replacement of Accessory Nerve with Synthetic Substitute, Open Approach
maxillofacial repair & reconstruction coding options	
0NBT0ZZ	Excision of Right Mandible, Open Approach
0NBV0ZZ	Excision of Left Mandible, Open Approach
0NRT07Z	Replacement of Right Mandible with Autologous Tissue Substitute, Open Approach
0NRV07Z	Replacement of Left Mandible with Autologous Tissue Substitute, Open Approach
0NQV0ZZ	Repair Left Mandible, Open Approach
0NQT0ZZ	Repair Right Mandible, Open Approach
0NRV0JZ	Replacement of Left Mandible with Synthetic Substitute, Open Approach
0NRT0JZ	Replacement of Right Mandible with Synthetic Substitute, Open Approach
0NTT0ZZ	Resection of Right Mandible, Open Approach
0NTV0ZZ	Resection of Left Mandible, Open Approach
0NDV0ZZ	Extraction of Left Mandible, Open Approach
0NDT0ZZ	Extraction of Right Mandible, Open Approach
0NQTXZZ	Repair Right Mandible, External Approach
0NQVXZZ	Repair Left Mandible, External Approach
0NRT0KZ	Replacement of Right Mandible with Nonautologous Tissue Substitute, Open Approach
0NRV0KZ	Replacement of Left Mandible with Nonautologous Tissue Substitute, Open Approach
0N5T0ZZ	Destruction of Right Mandible, Open Approach
0N5V0ZZ	Destruction of Left Mandible, Open Approach
0NTT0ZZ	Resection of Right Mandible, Open Approach
0NTV0ZZ	Resection of Left Mandible, Open Approach
0NQT0ZZ	Repair Right Mandible, Open Approach
0NQV0ZZ	Repair Left Mandible, Open Approach

ICD-10-CM diagnosis codes	
ICD-10-CM <sup>7</sup> code <sup>F</sup>	diagnosis description
nerve deficit coding options	
R20.0	Anesthesia of Skin (Numbness)
R20.1	Hypoesthesia of Skin
nerve repair coding options	
S04.31XA	Injury of Trigeminal Nerve, Right Side, Initial Encounter
S04.32XA	Injury of Trigeminal Nerve, Left Side, Initial Encounter
S04.51XA	Injury of Facial Nerve, Right Side, Initial Encounter
S04.52XA	Injury of Facial Nerve, Left Side, Initial Encounter
S04.71XA	Injury of Accessory Nerve, Right Side, Initial Encounter
S04.72XA	Injury of Accessory Nerve, Left Side, Initial Encounter
S04.891A	Injury of Other Cranial Nerves, Right Side, Initial Encounter
S04.892A	Injury of Other Cranial Nerves, Left Side, Initial Encounter
maxillofacial repair & reconstruction coding options	
C41.1	Malignant Neoplasm of Mandible
C79.51	Secondary Malignant Neoplasm of Bone
D16.5	Benign Neoplasm of Lower Jaw Bone
D48.0	Neoplasm of Uncertain Behavior of Bone and Articular Cartilage
D49.2	Neoplasm of Unspecified Behavior of Bone, Soft Tissue, and Skin
M27.2	Inflammatory Conditions of Jaws
M87	Osteonecrosis

F. ICD-10-CM Injury Codes – The 7th character changes with encounter level. A=Initial Encounter. Only the initial encounter code is listed in this Guide. Additional codes exist for the other encounter levels.

## inpatient facility reimbursement

ICD-10-CM diagnosis codes	
ICD-10-CM <sup>F</sup> code	diagnosis description
maxillofacial repair & reconstruction coding options	
S02.600B	Fracture of Unspecified Part of Body of Mandible, Unspecified Side, Initial Encounter for Open Fracture
S02.601B	Fracture of Unspecified Part of Body of Right Mandible, Initial Encounter for Open Fracture
S02.602B	Fracture of Unspecified Part of Body of Left Mandible, Initial Encounter for Open Fracture
S02.609B	Fracture of Mandible, Unspecified, Initial Encounter for Open Fracture

MS-DRG	MS-DRG description	2025 <sup>8</sup> payment
040	Peripheral/Cranial Nerve and Other Nervous System Procedures with MCC	\$26,844
041	Peripheral/Cranial Nerve and Other Nervous System Procedures with CC or Peripheral Neurostimulator	\$16,075
042	Peripheral/Cranial Nerve and Other Nervous System Procedure without CC/MCC	\$12,508
140	Major Head and Neck Procedures with MCC	\$30,098
141	Major Head and Neck Procedures with CC	\$15,289
142	Major Head and Neck Procedures without CC/MCC	\$11,190
143	Other Ear, Nose, Mouth, and Throat O.R. Procedure with MCC	\$23,498
144	Other Ear, Nose, Mouth, and Throat O.R. Procedure with CC	\$12,502
145	Other Ear, Nose, Mouth, and Throat O.R. Procedure without CC/MCC	\$8,432

F. ICD-10-CM Injury Codes – The 7th character changes with encounter level. B - initial encounter for open fracture. Only the initial encounter code for an open fracture is listed in this Guide. Additional codes exist for the other encounter levels.

## references

1. CPT 2025 Professional Edition, ©2024 American Medical Association (AMA); CPT is a trademark of the AMA.
2. 2025 Medicare Physician Fee Schedule, [www.cms.gov](http://www.cms.gov)
3. 2025 Medicare Hospital Outpatient Prospective Payment System, [www.cms.gov](http://www.cms.gov)
4. 2025 Medicare ASC Payment Rates, [www.cms.gov](http://www.cms.gov)
5. 2025 HCPCS, [www.cms.gov](http://www.cms.gov)
6. 2025 ICD-10-PCS, [www.cms.gov](http://www.cms.gov)
7. 2025 ICD-10-CM, [www.cms.gov](http://www.cms.gov)
8. 2025 IPPS Final Rule, Medicare DRG payment rates determined based on a hospital base rate of \$7,117.02

Disclaimer: The information is for educational purposes only and should not be construed as authoritative. The information is current as of January 2025 and is based upon publicly available source information. Codes and values are subject to frequent change without notice. The entity billing Medicare and/or third-party payors is solely responsible for the accuracy of the codes assigned to the services or items in the medical record. When making coding decisions, we encourage you to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which you submit claims. Items and services that are billed to payors must be medically necessary and supported by appropriate documentation. It is important to remember that while a code may exist describing certain procedures and/or technologies, it does not guarantee payment by the payors.

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