

2015 Mandibular Reconstruction

CPT	Description	2015 Outpatient Facility Medicare National Average Rate
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	\$3,730.03
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	Inpatient Only
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	\$3,730.03
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	Inpatient Only
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	\$3,730.03
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	\$3,730.03
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	\$3,730.03
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	Inpatient Only
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	\$3,730.03
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	\$3,730.03

NOTE: THE PAYMENT AMOUNTS INDICATED ARE ESTIMATES ONLY BASED UPON DATA ELEMENTS DERIVED FROM VARIOUS CMS SOURCES. THESE SOURCES INCLUDE CMS-1613-FC DATED 10/31/14 AND SUBSEQUENT UPDATES, AND THE IPPS HOSPITAL PAYMENT IMPACT FILE PUBLISHED 10/5/14. ACTUAL PAYMENT MAY VARY BASED ON VARIOUS HOSPITAL-SPECIFIC FACTORS NOT REFLECTED IN THE SOURCE DATA. ACTUAL PAYMENT MAY ALSO VARY BASED ON ADJUSTMENTS THAT CMS MAY MAKE FROM TIME TO TIME.

MS-DRG	Description	2015 Medicare National Average Inpatient Facility Rate
131	Cranial/Facial Procedures with CC/MCC	\$13,920.18
132	Cranial/Facial Procedures without CC/MCC	\$8,367.61
515	Other Musculoskeletal System and Connective Tissue O.R. Procedure with MCC	\$18,930.99
516	Other Musculoskeletal System and Connective Tissue O.R. Procedure with CC	\$12,000.41
517	Other Musculoskeletal System and Connective Tissue O.R. Procedure without CC/MCC	\$10,131.11

NOTE: THE PAYMENT AMOUNTS INDICATED ARE ESTIMATES ONLY BASED UPON DATA ELEMENTS DERIVED FROM VARIOUS CMS SOURCES. THESE SOURCES INCLUDE CMS-1607-F, RELEASED 8/4/14 AND CORRECTIONS RELEASED 9/30/14, AND THE HOSPITAL PAYMENT IMPACT FILE DATED 9/30/14. CALCULATIONS ASSUME THAT ALL HOSPITALS ARE RECEIVING THE FULL QUALITY REPORTING AND MEANINGFUL EHR UPDATE OF 2.2%. ACTUAL PAYMENT MAY VARY BASED ON VARIOUS HOSPITAL-SPECIFIC FACTORS NOT REFLECTED IN THE SOURCE DATA. PROVIDERS INDICATED BY AN ASTERISK (*) MAY BE PAID BASED ON A METHODOLOGY WHICH DIFFERS FROM THE STANDARD IPPS PAYMENT CALCULATION REFLECTED IN THE AMOUNT SHOWN (I.E., RURAL REFERRAL CENTERS, HOSPITALS IN THE STATE OF MARYLAND). ACTUAL PAYMENT MAY ALSO VARY BASED ON ADJUSTMENTS THAT CMS MAY MAKE FROM TIME TO TIME. PAYMENT AMOUNTS ARE ADJUSTED FOR 30-DAY READMISSION FACTORS, VBP AND SEQUESTRATION EFFECTIVE 4/1/13.