

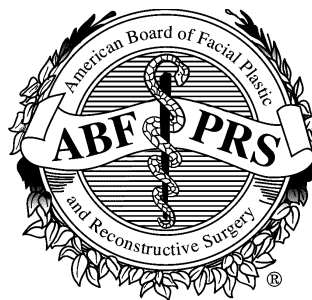
APPLICATION FOR

MAINTENANCE OF CERTIFICATION
IN FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY®

INCLUDING

FACEforward

American Board of Facial Plastic and Reconstructive Surgery, Inc.®



Application Postmark Deadline: January 15, 2022

ABFPRS
115-C South Saint Asaph Street
Alexandria, VA 22314
Phone: (703) 549-3223
Fax: (703) 549-3357
application@abfprs.org
www.abfprs.org

©American Board of Facial Plastic and Reconstructive Surgery, Inc®

MOC in FPRS® Application

REGISTER FIRST!

Applicants for Maintenance of Certification in Facial Plastic and Reconstructive Surgery (MOC in FPRS®) must register their intent to participate in MOC in FPRS® or **FACEforward** BEFORE submitting their application. From the date of registration, applicants have three years to complete all program requirements, **including submitting the MOC in FPRS® application.**

INSTRUCTIONS

Applicants bear the sole responsibility for preparation and delivery of the application, meeting all eligibility criteria, application deadlines, and submission requirements. **Only applications that are complete, clear, and accurate will be reviewed.** Incomplete applications will be returned for correction, which may jeopardize timely review of your application for the current recertification cycle.

Keep a copy of your completed application and all supporting documents for reference.

Applications are to be postmarked no later than January 15, 2022. Applications postmarked after that date will be accepted in the office until February 15, 2022, with an additional \$600 late fee. No applications will be accepted for review after February 15, 2022.

Send the application and all supporting documents **at one time in the same package** to the ABFPRS office in Alexandria, VA. For greater security, send your materials by a service that provides proof of delivery.

Applications will be reviewed by the ABFPRS Credentials Committee. If your materials appear complete and ready for the Committee's review, you will receive an email from the ABFPRS office. **If your application materials are incomplete or do not meet professional standards for presentation and attention to detail, your application may be returned to you for correction and be assessed an additional administrative fee.**

Electronic applications are not accepted. This is a fillable form, but the completed form must be printed and included with the rest of your materials when you submit your application to the ABFPRS office.

Your application materials should be arranged as described on the following page.

Your materials should be arranged in the following order in one package for shipping. Please use clips or bands.

Do not use a loose-leaf binder.

- 1. Completed application and payment
- 2. Clip together:
 - Additional information required by question 13 (if necessary)
 - Copies of **Medical Licenses** (copies of online license verification or copies of wallet card are acceptable)
 - Copies of **Board Certifications** (copies of congratulatory letter on letterhead or copies of online verification are acceptable)
 - Verification of **Hospital Staff Privileges** (not required for Administrative or Non-Surgical designations)
 - **Facility Accreditations** (copies of online facility accreditation verification are acceptable; not required for Administrative or Non-Surgical designations)
 - **CME and completion certificates**
- 3. **Sequential Operative Log** (not required for Administrative designation) or **Sequential Procedure Log** for Non-Surgical designation
- 4. **Operative or Procedure Reports** (not required for Administrative designation)
 - final 35 patients on SOL or any 35 patients on Non-Surgical SPL
 - **Staple** each report separately – do not run them together
 - Include **CPT code** for which you are requesting credit – may be handwritten on report (not required for Canadian applicants)
 - Arrange in **chronological order**
 - Clip or band together

Remember to:

- Request that your three letters of recommendation be mailed directly to the Board's office
- Keep one copy of all application materials for your reference
- Correctly address your package to:
American Board of Facial Plastic and Reconstructive Surgery
115C South Saint Asaph Street
Alexandria, VA 22314

APPLICATION FOR MAINTENANCE OF CERTIFICATION IN
FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY®
INCLUDING FACEforward

PART I: GENERAL INFORMATION

1. Registration Date:

Month _____ Day _____ Year _____

2. Date of Application:

Month _____ Day _____ Year _____

3. Name:

Last _____ First _____ Middle _____

4. Office Mailing Address:

Address Line 1 _____

Address Line 2 _____

City _____ State/Province _____ Country _____ Zip/Postal Code _____

Residential Mailing Address:

Address Line 1 _____

Address Line 2 _____

City _____ State/Province _____ Country _____ Zip/Postal Code _____

5. Telephone Numbers:

Daytime: (_____) _____
Area Code Number

Fax: (_____) _____
Area Code Number

Residence: (_____) _____
Area Code Number

Cell: (_____) _____
Area Code Number

6. Preferred E-mail:

7. Enter other information required for DAS and NPDB access:

Date of Birth: _____
Month Day Year

Social Security Number: _____

Medical School Name: _____

Graduation Date: _____
Month Day Year

8. FACEforward or Written Examination:

Confirm your intention to continue completing the annual longitudinal assessment program **FACEforward**, or to sit the in-person written and oral examination, by checking the appropriate box below.

I have chosen to participate in **FACEforward** to complete the cognitive expertise portion of MOC in FPRS®. I have been completing the annual longitudinal assessments and I understand that this program needs to be completed every year to fulfill Part III MOC in FPRS® requirements.

I intend to sit for the MOC in FPRS® examination on June 26, 2022 in Arlington, VA to fulfill Part III MOC in FPRS® requirements.

9. ADMINISTRATIVE Designation:

Diplomates who no longer see patients but have moved into medically related corporate or academic settings will be given the ADMINISTRATIVE designation upon completion of MOC in FPRS®. Indicate your request for this designation by checking the appropriate box below. On a separate sheet, describe the nature of your current non-clinical activities.

Yes, I am requesting that my application for MOC in FPRS® be reviewed in keeping with requirements for the ADMINISTRATIVE designation.

10. NON-SURGICAL Designation:

Diplomates whose practices now consist exclusively of non-surgical procedures such as injectables and energy-based treatments will be given the NON-SURGICAL designation upon completion of MOC in FPRS®. Indicate your request for this designation by checking the appropriate box below.

Yes, I am requesting that my application for MOC in FPRS® be reviewed in keeping with requirements for the NON-SURGICAL designation.

Surgeons who request and complete requirements for the ADMINISTRATIVE or NON-SURGICAL designation as an ABFPRS diplomate will be listed as such on the ABFPRS website and for all verification of certification inquiries.

PART II: PROFESSIONAL STANDING

11. Issue Date of Current ABFPRS Certificate:

Month Day Year

Expiration Date of Current ABFPRS Certificate:

Month Day Year

12. Licensure:

List all licenses you currently hold or have ever held. Enclose photocopies, **displaying expiration dates**, of all current licenses (wallet card acceptable). Copies of state medical board online verifications are also acceptable.

State/Province

License Number

Registration Date

13. Board Certification:

List all boards from which you have earned certification. **Enclose a copy of your certificate(s).** Copies of online certification verification are acceptable.

Name of Board

Date of Certification

15. Credentials Questionnaire:

Place a checkmark beside “Yes” or “No,” as appropriate. **If “Yes,” give full details on a separate sheet of paper.** The Board reserves the right to verify information given below with the National Practitioner Data Bank, the Disciplinary Alert Service of the Federation of State Medical Boards, and/or your state/provincial board of medical examiners.

- | | | |
|---|-----|----|
| a. Has your license to practice your profession in any jurisdiction ever been disciplined, limited, suspended, revoked, denied, or subjected to probationary condition, or have proceedings toward any of those ends ever been instituted? | YES | NO |
| b. Have your clinical privileges at any hospital or healthcare institution ever been limited, suspended, revoked, not renewed, or subject to probationary conditions, or have proceedings toward any of these ends ever been instituted or recommended by a standing medical staff committee or governing body? | YES | NO |
| c. Has your medical staff membership status at any hospital ever been limited, suspended, revoked, not renewed, or subject to probationary conditions or have proceedings toward any of these ends ever been instituted or recommended by a standing medical staff committee or governing body? | YES | NO |
| d. Have you ever been denied membership on a hospital staff or advancement in medical staff status? | YES | NO |
| e. Have you ever been denied membership or renewal thereof or been subject to any disciplinary action in any medical organization or professional society, local, state, or national, or have proceedings toward any of those ends ever been instituted? | YES | NO |
| f. Has your specialty board certification or eligibility ever been denied, revoked, relinquished, not renewed, suspended, reduced, or have proceedings toward any of those ends ever been instituted? | YES | NO |
| g. Has your Drug Enforcement Agency or your controlled substances authorization ever been denied, revoked, suspended, reduced, voluntarily surrendered or not renewed, or have proceedings toward any of those ends ever been instituted? | YES | NO |
| h. Have you ever voluntarily relinquished a medical staff membership, a clinical privilege, a medical organization or professional society membership, or a narcotics registration in lieu of formal action? | YES | NO |
| i. Have you ever been charged with or convicted of a felony? | YES | NO |
| j. Do you presently have a physical or mental health condition that affects or is reasonably likely to affect your ability to perform your professional duties? | YES | NO |
| k. Do you have or have you had a substance abuse problem? | YES | NO |
| l. Are there currently pending any professional medical misconduct proceedings against you in this state or province or another state or province? | YES | NO |

15. Credentials Questionnaire (continued):

m. Have there been any findings of or investigations into professional misconduct by you in this or another state or province by a licensing or disciplinary board? YES NO

n. Have any malpractice suits been filed or settled against you in this state or province or another state or province in the last five years? YES NO

16. Code of Ethics and Revocation Policy:

By initials in the box below, **signify your agreement to adhere to the ABFPRS Code of Ethics.**

A certificant should pursue the practice of surgery with scientific honesty, professionalism, and ethical behavior, and place the welfare of the patient above all else.

A certificant should advance constantly in knowledge and render willing help and teaching to colleagues in medicine and seek their counsel when in doubt about the certificant's own judgment.

The certificant should abide by the 1998 Draft Guidelines for Truthful Advertising of Physician Services of the American Medical Association (Note: A summary of this document is included on pages 31-32 of this application) in order to promote legitimate and ethical advertising of physicians' services and to avoid the occasion of unprofessional conduct.

The certificant should not practice the division of fees either directly or indirectly and should make fees commensurate with the services rendered.

The ABFPRS does not endorse out of field surgery by surgeons who have not completed certification requirements in the specialty relevant to the services performed. The organization conferring said board certification should meet the criteria of well-recognized and authoritative organizations such as those sponsored by the American Board of Medical Specialties, or their equivalent.

Please note that the revocation policy of ABFPRS, as outlined in the Booklet of Information, states an ABFPRS certificate may be revoked for any of the following reasons if the person involved:

- Did not possess the required qualifications and requirements for either phase of the certification process.
- Misstated or withheld information in his or her application or made any other intentional or unintentional misrepresentation to the Board.
- Has been convicted of a felony or misdemeanor involving moral turpitude, and in the opinion of the Board, having a material relationship to the practice of medicine.
- Had a license to practice medicine revoked or restricted, or shall have been disciplined, censured or fined by any court or other body having proper jurisdiction and authority because of any act of omission arising from the practice of medicine, including but not limited to, entities of the Federation of State Medical Boards, the U.S. Drug Enforcement Administration, and the Centers for Medicare and Medicaid Services.
- Has failed to adhere to the ABFPRS Code of Ethics.

Initial agreement here.

PART IV: PRACTICE PERFORMANCE

(Not required for ADMINISTRATIVE designation)

18A. Facial Plastic and Reconstructive Operative Experience:

A. Enclose a Sequential Operative Log (18A) of every **acceptable** facial plastic and reconstructive procedure performed during the 12 months immediately preceding submission of this application. **Include ONLY procedures on the list of Acceptable Procedures that follows.** Your log must contain at least 50 acceptable procedures.

The SOL form is included in the next pages and also available at www.abfprs.org. You may also use your own form for the SOL, but the **SOL must be entirely in chronological order, not separated by facility, and must include: date of procedure, patient's name or initials, surgical facility, appropriate terminology for the procedure, and must use a size 10 or larger font. Office schedules or billing records are not acceptable substitutes for the SOL.** A sample completed SOL is also included in the following pages.

B. Enclose operative reports on the last 35 patients listed on your log, stapled separately and in chronological order. **Eligible case reports must be stapled individually, arranged in chronological order, and include CPT codes.**

Please remember, well-written operative reports are vital to your record-keeping as a trusted source of information should medical, reimbursement, or legal questions regarding a patient's treatment ever arise. They are for your protection and benefit and should be approached as such when you document your procedures.

18B. Procedure Experience (*NON-SURGICAL designation only*):

A. Enclose a Sequential Procedure Log (18B) that lists all acceptable procedures from the first three months of the preceding year, plus acceptable procedures from one week per month out of the remaining nine months in the reporting period. **Include ONLY procedures on the list of Acceptable Procedures that follows.**

Use the SPL form included in the next pages for your SPL. You may also use your own form for the SPL, but the **SPL must be entirely in chronological order, not separated by facility, and must include: date of procedure, patient's name or initials, surgical facility, appropriate terminology for the procedure, and must use a size 10 or larger font. Office schedules or billing records are not acceptable substitutes for the SPL.**

B. Enclose procedure reports for any 35 patients listed on your SPL. Reports must include a description of the initial visit and plan, and a detailed record of the procedures performed and follow-up. **Eligible reports must be stapled individually, arranged in chronological order, and include CPT codes.**

IMPORTANT FOR U.S. APPLICANTS

Compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Department of Health and Human Services (HHS) has adopted a Privacy Rule to protect patient information. Because you will be submitting patient information in the form of operative reports and photographs, the Privacy Rule requires you to see that the ABFPRS enters into a contract to protect your patients' confidentiality. Accordingly, when the ABFPRS receives your signed application and begins processing it, you and the ABFPRS thereby agree as follows: (1) The ABFPRS will use the information only to evaluate your application; (2) the ABFPRS will not use the information for any other purpose except as required by law (which may include reporting violations of law to appropriate federal and state authorities); (3) the ABFPRS will use appropriate safeguards to prevent unauthorized use or disclosure; (4) if the ABFPRS becomes aware of any unauthorized use or disclosure of patient information provided by you, the ABFPRS will report that to you; (5) the ABFPRS will inform staff and reviewing examiners of these restrictions and insist that they agree to them; (6) the ABFPRS will make the operative reports and photographs available to the patient upon request, but only after informing you of that request and providing you an opportunity to object, if appropriate; (7) the ABFPRS will allow any patient to make any amendments to the information provided regarding that patient in accordance with HIPAA; (8) the ABFPRS will make available information for an accounting of disclosures on request of a patient; (9) the ABFPRS will make internal practices books and records of use and disclosure of the patient information available to the HHS upon request; and (10) the ABFPRS will destroy the patient information when its utility for the ABFPRS's certification process no longer exists. For your part, you agree by submitting the signed application that you will provide only patient information (including operative reports and photographs) for which appropriate consents have been obtained under the law in force at the time the patient information was obtained, and that you will inform the ABFPRS of any revocations or pertinent

Please continue to next pages for Sequential Operative Log form (18A), Sequential Procedural Log (18B), sample completed SOL and SPL, and list of Acceptable Procedures.

19. Optional Additional Evidence of Practice Caliber:

Check documents you have enclosed that demonstrate the quality of your practice.

Patient satisfaction survey(s)

Risk management and quality assurance program documents

Outcomes research documentation

Other: _____
(please specify)

PART V: OTHER

20. Recommendations:

Three recommendations are required from physicians who must be certified by the ABFPRS, ABOHNS, ABPS, or RCPSG in otolaryngology-head and neck surgery or plastic surgery. In the spaces on the next page, list the names of the physicians whom you have asked to write letters of recommendation. Indicate the appropriate acronym to show the board certification of each. Ask that letters be sent directly to: ABFPRS, Attn.: Credentials Committee, 115-C South Saint Asaph Street, Alexandria, VA 22314.

For Diplomates requesting the ADMINISTRATIVE designation, one of your letters should be from someone familiar with the scope of your administrative position.

1. _____
Name of ABFPRS/ABOHNS/ABPS Diplomate or RCPSC Fellow (please print) Certification

Title/Institution (if applicable)

Street/Mailing Address

City State Zip Code

2. _____
Name of ABFPRS/ABOHNS/ABPS Diplomate or RCPSC Fellow (please print) Certification

Title/Institution (if applicable)

Street/Mailing Address

City State Zip Code

3. _____
Name of ABFPRS/ABOHNS/ABPS Diplomate or RCPSC Fellow (please print) Certification

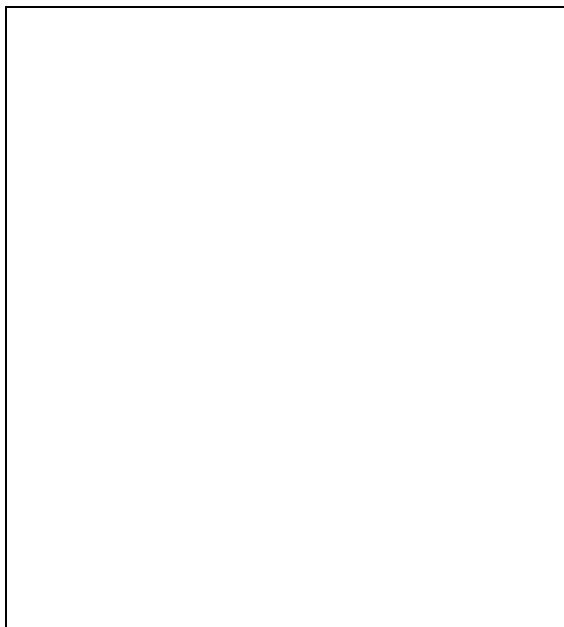
Title/Institution (if applicable)

Street/Mailing Address

City State Zip Code

21. Photographs:

Staple one signed photograph in the square below. Photograph should be no larger than 3" x 4" and should be signed on the front. **Email a second photograph** to the ABFPRS office at meharp@abfprs.org. Digital photograph should be submitted **in jpeg format**.



22. Fee:

Your annual ABFPRS dues payment of \$295 is also considered as payment for your registration, application, examination and **FACEforward** fees. Late fees are assessed separately.

23. Agreements:

I hereby apply to the American Board of Facial Plastic and Reconstructive Surgery Inc.® for Maintenance of Certification in Facial Plastic and Reconstructive Surgery®, including **FACEforward**, in accordance with its rules, regulations, and policies. The payment of \$295 for my ABFPRS dues, is also considered payment for my registration, application, examination and **FACEforward** fees. I understand that no portion of the dues/fee is refundable. I understand that participation in **FACEforward** (if elected to fulfill MOC in FPRS® Part III requirements) and payment of dues on an annual basis are a requirement to remain in compliance with MOC in FPRS®, and are my sole responsibility. I authorize the Board prior or subsequent to my examination to make whatever inquiries and investigation it deems necessary to ascertain and verify my qualifications, credentials, professional standing, and moral and ethical character, and to disclose information in that process that the Board has received.

I further covenant and agree to hold the Board, the members of its board of directors, examiners, officers, staff, and agents harmless and free from any claims or demands for damage or otherwise by reason of any act of omission or commission that they may make in connection with this application, the grades given with respect to my examination, or any failure of the Board to issue to me a certificate. I understand that the decision as to whether my examination qualifies me for recertification rests solely and exclusively with the Board and that its decision is final.

I confirm that I have read the instructions for completing this application and the companion Booklet of Information on the ABFPRS MOC in FPRS® program and I understand its contents. Preparation of this application is due solely to my efforts and I am responsible for its content and format. The terms and provisions of these publications are hereby incorporated in the terms of this agreement by reference and are part of this application for examination.

Full, Legal Signature of Applicant

Date

Notarized before me this _____ day of _____, 20 ____.

_____ did appear before me and swore that the above information is true, accurate, and complete.

I hereto set my hand and seal this _____ day of _____, 20 ____.

Signature, Notary Public

My commission expires on _____

FOR BOARD OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE.

Date Application Received: _____ Date Application Postmarked: _____

Date Application Completed: _____ Date Incomplete Application Returned: _____

Date Application Referred to Credentials Committee: _____

Credentials Committee Recommendation: _____ Date: _____

Date Applicant Notified of Credentials Committee Action: _____

Date of Receipt of Examination Fee: _____ Amount: _____ Check No.: _____

LIST OF ACCEPTABLE PROCEDURES – MOC in FPRS®
INCLUDING FACE *forward*

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 The AMA assumes no liability for the data contained herein.

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I. HEAD AND NECK PROCEDURES

21044 Excision of malignant tumor of mandible

21045 radical resection

21046 Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg. locally aggressive or destructive lesion(s))

21047 requiring extra-oral osteotomy and partial mandibulectomy (eg. locally aggressive or destructive lesion(s))

21048 Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg. locally aggressive or destructive lesion(s))

21049 requiring extra-oral osteotomy and partial maxillectomy (eg. locally aggressive or destructive lesion(s))

21555 Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm

21552 3 cm or greater

21556 Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5cm

21554 5 cm or greater

21557 Radical resection of tumor (eg. sarcoma), soft tissue of neck or anterior thorax, less than 5 cm

21558 5 cm or greater

30117 Excision or destruction, any method (including laser), intranasal lesion; internal approach

30118 external approach (lateral rhinotomy)

30120 Excision or surgical planning of skin of nose for rhinophyma

30124 Excision dermoid cyst, nose; simple, skin, subcutaneous

30125 complex, under bone or cartilage

30150 Rhinectomy; partial

30160 total

31225 Maxillectomy; without orbital exenteration

31230 with orbital exenteration (en bloc)

31750 Tracheoplasty; cervical

31780	Excision tracheal stenosis and anastomosis; cervical
31825	Surgical closure tracheostomy or fistula; with plastic repair
31830	Revision of tracheostomy scar
38555	Excision of cystic hygroma, cervical; with deep neurovascular dissection
38700	Suprahyoid lymphadenectomy
38720	Cervical lymphadenectomy (complete)
38724	Cervical lymphadenectomy (modified radical neck dissection)
40840	Vestibuloplasty; anterior
40845	complex (including ridge extension, muscle repositioning)
41130	Glossectomy; hemiglossectomy
41135	partial with unilateral radical neck dissection
41140	complete or total, with or without tracheostomy, without radical neck dissection
41145	complete or total, with or without tracheostomy, with unilateral radical neck dissection
41150	composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection
41153	composite procedure with resection floor of mouth, with suprahyoid neck dissection
41155	composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)
42107	Excision, lesion of palate; with local flap closure
42120	Resection of palate or extensive resection of lesion
42182	Repair, laceration of palate; over 2 cm or complex
42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve
42420	total, with dissection and preservation of facial nerve
42425	total, en bloc removal with sacrifice of facial nerve
42426	total, with unilateral radical neck dissection
42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx
42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)
42845	closure with other flap
42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls
42894	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis

43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction
60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy
60212	with contralateral subtotal lobectomy, including isthmusectomy
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy
60225	with contralateral subtotal lobectomy, including isthmusectomy
60240	Thyroidectomy, total or complete
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection
60254	with radical neck dissection
60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid
60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach
60271	cervical approach
60280	Excision of thyroglossal duct cyst or sinus
60281	recurrent
60500	Parathyroidectomy or exploration of parathyroid(s):
60502	re-exploration
60505	with mediastinal exploration, sternal split or transthoracic approach
60512	Parathyroid autotransplantation (List separately in addition to code for primary procedure)
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve

II. TRAUMA PROCEDURES

21315	Closed treatment of nasal bone fracture; without stabilization
21320	with stabilization
21325	Open treatment of nasal fracture; uncomplicated
21330	complicated, with internal and/or external skeletal fixation
21335	with concomitant open treatment of fractured septum
21336	Open treatment of nasal septal fracture, with or without stabilization
21337	Closed treatment of nasal septal fracture, with or without stabilization
21338	Open treatment of nasoethmoid fracture; without external fixation
21339	with external fixation
21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus
21343	Open treatment of depressed frontal sinus fracture

21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation
21347	requiring multiple open approaches
21348	with bone grafting (includes obtaining graft)
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
21356	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
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
21366	with bone grafting (includes obtaining graft)
21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)
21386	periorbital approach
21387	combined approach
21390	periorbital approach, with alloplastic or other implant
21395	periorbital approach with bone graft (includes obtaining graft)
21400	Closed treatment of fracture of orbit, except blowout; without manipulation
21401	with manipulation
21406	Open treatment of fracture of orbit, except blowout; without implant
21407	with implant
21408	with bone grafting (includes obtaining graft)
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
21422	Open treatment of palatal or maxillary fracture (LeFort I type);
21423	complicated (comminuted or involving cranial nerve foramina), multiple approaches
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation
21433	complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches
21435	complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)

21436	complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21450	Closed treatment of mandibular fracture; without manipulation
21451	with manipulation
21452	Percutaneous treatment of mandibular fracture, with external fixation
21453	Closed treatment of mandibular fracture with interdental fixation
21454	Open treatment of mandibular fracture with external fixation
21461	Open treatment of mandibular fracture; without interdental fixation
21462	with interdental fixation
21465	Open treatment of mandibular condylar fracture
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints

III. RECONSTRUCTIVE PROCEDURES

11621	Excision, malignant lesion including margins, scalp and neck only; excised diameter 0.6 to 1.0 cm
11622	excised diameter 1.1 to 2.0 cm
11623	excised diameter 2.1 to 3.0 cm
11624	excised diameter 3.1 to 4.0 cm
11626	excised diameter over 4.0 cm
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm
11642	excised diameter 1.1 to 2.0 cm
11643	excised diameter 2.1 to 3.0 cm
11644	excised diameter 3.1 to 4.0 cm
11646	excised diameter over 4.0 cm
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970	Replacement of tissue expander with permanent prosthesis
11971	Removal of tissue expander(s) without insertion of prosthesis
12031	Repair, intermediate, wounds of scalp only; 2.5 cm or less
12032	2.6 cm to 7.5 cm
12034	7.6 cm to 12.5 cm

12035	12.6 cm to 20.0 cm
12036	20.1 cm to 30 cm
12037	Over 30.0 cm
12041	Repair, intermediate, wounds of neck only; 2.5 cm or less
12042	2.6 cm to 7.5 cm
12044	7.6 cm to 12.5 cm
12045	12.6 cm to 20.0 cm
12046	20.1 cm to 30.0 cm
12047	Over 30.0 cm
12051	Repair, intermediate, 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 cm
12057	Over 30.0 cm
13120	Repair, complex, scalp; 1.1 cm to 2.5 cm
13121	2.6 to 7.5 cm
13122	each additional 5 cm or less (List separately in addition to code for primary procedure)
13131	Repair, complex, forehead, cheeks, chin, mouth, or neck; 1.1 cm to 2.5 cm
13132	2.6 cm to 7.5 cm
13133	each additional 5 cm or less (List separately in addition to code for primary procedure)
13151	Repair, complex, eyelids, nose, ears, and/or lips; 1.1 cm to 2.5 cm
13152	2.6 to 7.5 cm
13153	each additional 5 cm or less (List separately in addition to code for primary procedure)
14020	Adjacent tissue transfer or rearrangement, scalp; defect 10 sq cm or less
14021	defect 10.1 to 30 sq cm
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck; defect 10 sq cm or less
14041	defect 10.1 to 30 sq cm
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14061	defect 10.1 to 30 sq cm
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm

14302	each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children)
15100	Split-thickness autograft, trunk, arms, legs, first 100 sq cm or less, or 1% of body area of infants and children (except 15050) (Acceptable only to close secondary defect of a free flap harvest site, operative reports required.)
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits
15220	Full thickness graft, free, including direct closure of donor site, scalp; 20 sq cm or less [Use for follicular unit graft transplantation]
15221	each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck; 20 sq cm or less
15241	each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, lips; 20 sq cm or less
15261	each additional 20 sq cm or part thereof (List separately in addition to code for primary procedure)
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, total wound surface area up to 100 sq cm; first 25 sq cm of less wound surface area
15276	each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
15278	each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15572	Formation of direct or tubed pedicle, with or without transfer; scalp
15574	forehead, cheeks, chin, mouth, neck
15576	eyelids, nose, ears, lips, or intraoral
15610	Delay of flap or sectioning of flap (division and inset); at scalp
15620	at forehead, cheeks, chin, neck
15630	at eyelids, nose, ears, or lips
15730	Midface flap (zygomatofacial flap) with preservation of vascular pedicle(s)
15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)

15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie. buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae) (For forehead flap with preservation of vascular pedicle, use 15731) (For anterior pericranial flap on named vascular pedicle, for repair of extracranial defect, use 15731) (for repair of head and neck defects using non-axial pattern advancement flaps [including lesion] and/or repair by adjacent tissue transfer or rearrangement [eg. Z-plasty, W-plasty, V-Y plasty, rotation flap, random island flap, advancement flap] see 14040, 14041, 14060, 14061, 14301, 14302)
15734	trunk (when used for head and neck reconstruction)
15740	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel
15750	neurovascular pedicle
15756	Free muscle or myocutaneous flap with microvascular anastomosis
15757	Free skin flap with microvascular anastomosis
15758	Free fascial flap with microvascular anastomosis
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)
15770	derma-fat-fascia [use for autologous lipoinjections]
15771	Grafting of autologous fat harvested by liposuction technique to scalp, 50 cc or less injectate
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits; 25 cc or less injectate
15775	Punch graft for hair transplant, 1 to 15 punch grafts
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
15841	free muscle graft (including obtaining graft)
15842	free muscle flap by microsurgical technique
15845	regional muscle transfer
17270	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck; lesion diameter 0.5 cm or less
17271	lesion diameter 0.6 to 1.0 cm
17272	lesion diameter 1.1 to 2.0 cm
17273	lesion diameter 2.1 to 3.0 cm
17274	lesion diameter 3.1 to 4.0 cm
17276	lesion diameter over 4.0 cm
17280	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
17281	lesion diameter 0.6 to 1.0 cm

17282	lesion diameter 1.1 to 2.0 cm
17283	lesion diameter 2.1 to 3.0 cm
17284	lesion diameter 3.1 to 4.0 cm
17286	lesion diameter over 4.0 cm
17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck; first stage, up to 5 tissue blocks
20680	Removal of implant; deep (eg. buried wire, pin, screw, metal band, nail, rod or plate)
20900	Bone graft, any donor area; minor or small
20955	Bone graft with microvascular anastomosis; fibula
20962	other than fibula, iliac crest, or metatarsal [use for scapula]
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest or metatarsal
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
21142	two pieces, segment movement in any direction, without bone graft
21143	three or more pieces, segment movement in any direction, without bone graft
21145	single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
21146	two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)
21147	three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
21151	any direction, requiring bone grafts (includes obtaining autografts)
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
21155	with LeFort I
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts);without LeFort I
21160	with LeFort I
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg,

	plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180	with autograft (includes obtaining grafts)
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 cm ²
21183	total area of bone grafting greater than 40 cm ² but less than 80 cm ²
21184	total area of bone grafting greater than 80 cm ²
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194	with bone graft (includes obtaining graft)
21195	Reconstruction of mandibular rami; and/or body, sagittal split; without internal rigid fixation
21196	with internal rigid fixation
21198	Osteotomy, mandible, segmental;
21199	with genioglossus advancement
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	reduction
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	mandible (includes obtaining graft)
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235	ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21240	Arthroplasty, temporomandibular joint, with or without autograft, (includes obtaining graft)
21242	Arthroplasty, temporomandibular joint, with allograft
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	complete
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial

21249	complete
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
21261	combined intra- and extracranial approach
21263	with forehead advancement
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
21268	combined intra- and extracranial approach
21275	Secondary revision of orbitocraniofacial reconstruction
21280	Medial canthopexy (separate procedure)
21282	Lateral canthopexy
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach
21296	intraoral approach
21299	Unlisted craniofacial and maxillofacial procedure (Use for transgender facial feminization – mandible contouring)
21499	Unlisted musculoskeletal procedure, head (Use for transgender facial feminization – forehead contouring)
30465	Repair of nasal vestibular stenosis (e.g. spreader grafting, lateral nasal wall reconstruction) (excludes placement of minimally invasive alloplastic implants)
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
31081	Sinusotomy, frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)
31084	obliterative, with osteoplastic flap, brow incision
31085	obliterative, with osteoplastic flap, coronal incision
31086	nonobliterative, with osteoplastic flap, brow incision
31087	nonobliterative, with osteoplastic flap, coronal incision
31292	Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression
31293	with medial orbital wall and inferior orbital wall decompression
31294	with optic nerve decompression
31899	Unlisted procedure, trachea, bronchi (Use for facial feminization – tracheal shave)
35701	Exploration (not followed by surgical repair), with or without lysis of artery, carotid artery

35761	other vessels
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)
40650	Repair lip, full thickness; vermilion only
40652	up to half vertical height
40654	over one-half vertical height, or complex
42260	Repair of nasolabial fistula
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)
42953	Pharyngoesophageal repair
43300	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula
43305	with repair of tracheoesophageal fistula
43496	Free jejunum transfer with microvascular anastomosis
61550	Craniectomy for craniosynostosis; single cranial suture
61552	multiple cranial sutures (For cranial reconstruction for orbital hypertelorism, see 21260-21263) (For reconstruction, see 21172-21180)
61556	Craniotomy for craniosynostosis; frontal or parietal bone flap
61557	bifrontal bone flap
61558	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts
61559	recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts) (For reconstruction, see 21172-21180)
61563	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression
61564	with optic nerve decompression (For reconstruction, see 21181-21183)
61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration
61581	extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy
61582	extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa

61583	intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa
61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/ or temporal lobe(s); without orbital exenteration
61585	with orbital exenteration
61586	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft
61590	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery
61591	Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery
61592	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe
61600	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural
61601	intradural, including dural repair, with or without graft
61605	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural
61606	intradural, including dural repair, with or without graft
61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural
61608	intradural, including dural repair, with or without graft
61618	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (e.g. pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)
61619	by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle)
62140	Cranioplasty for skull defect; up to 5 cm diameter
62141	larger than 5 cm diameter

62143	Replacement of bone flap or prosthetic plate of skull
64722	Decompression; unspecified nerves(s) (specify)
64771	Transection or avulsion other cranial nerve, extradural
64864	Suture of facial nerve; extracranial
64865	infratemporal, with or without grafting
64866	Anastomosis; facial-spinal accessory
64868	facial-hypoglossal
64870	facial-phrenic
64872	Suture of nerve; requiring secondary or delayed suture
64874	requiring extensive mobilization, or transposition of nerve
64876	requiring shortening of bone of extremity
64885	Nerve graft (includes obtaining graft), head or neck; up to 4.0 cm length
64886	more than 4.0 cm length
64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4.0 cm length
64891	more than 4.0 cm length
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4.0 cm length
64893	more than 4.0 cm length
64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4.0 cm length
64896	more than 4.0 cm length
64897	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4.0 cm length
64898	more than 4.0 cm length
64901	Nerve graft, each additional nerve; single strand
64902	multiple strands (cable)
64905	Nerve pedicle transfer; first stage
64907	second stage
64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve
64911	with autogenous vein graft (includes harvest of vein graft), each nerve
67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy
67405	with drainage only
67412	with removal of lesion
67413	with removal of foreign body
67414	with removal of bone for decompression

67420	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion
67430	with removal of foreign body
67440	with drainage
67445	with removal of bone for decompression
67900	Repair of brow ptosis (supraciliary, midforehead or coronal approach)
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
67902	frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
67903	(tarso)levator resection or advancement, internal approach
67904	(tarso)levator resection or adv(ancement, external approach
67906	superior rectus technique with fascial sling (includes obtaining fascia)
67908	conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
67909	Reduction of overcorrection of ptosis
67911	Correction of lid retraction
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)
67914	Repair of ectropion; suture
67915	thermocauterization
67916	excision tarsal wedge
67917	extensive (eg, tarsal strip operations)
67921	Repair of entropion; suture
67922	thermocauterization
67923	excision tarsal wedge
67924	extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)
67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness
67935	full thickness
67950	Canthoplasty (reconstruction of canthus)
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin
67966	over one-fourth of lid margin
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, one stage or first stage
67973	total eyelid, lower, one stage or first stage

67974	total eyelid, upper, one stage or first stage
67975	second stage
68700	Plastic repair of canaliculi
68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)
69005	Drainage external ear, abscess or hematoma; complicated
69110	Excision external ear; partial, simple repair
69120	complete amputation
69150	Radical excision external auditory canal lesion; without neck dissection
69155	with neck dissection
69310	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)
69320	Reconstruction of external auditory canal for congenital atresia, single stage
69535	Resection temporal bone, external approach

IV. CONGENITAL PROCEDURES

17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm (when used for the head and neck)
17107	10 – 50 sq cm (when used for the head and neck)
17108	over 50 sq cm (when used for the head and neck)
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462	tip, septum, osteotomies
30540	Repair choanal atresia; intranasal
30545	transpalatine
30580	Repair fistula; oromaxillary
30600	oronasal
30630	Repair nasal septal perforations
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
40701	primary bilateral, 1-stage procedure
40702	primary bilateral, 1 of 2 stages
40720	secondary, by recreation of defect and reclosure
40761	with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle
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
42235	Repair of anterior palate, including vomer flap
42810	Excision branchial cleft, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx
69300	Otoplasty, protruding ear, with or without size reduction

V. COSMETIC PROCEDURES

15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	segmental, face
15788	Chemical peel, facial; epidermal
15789	Dermal
15819	Cervicoplasty
15820	Blepharoplasty, lower eyelid;
15821	with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid;
15823	with excessive skin weighting down lid
15824	Rhytidectomy; forehead (use for hairline lowering/forehead reduction; cannot be used in addition to brow lift)
15825	neck with platysmal tightening (platysmal flap, "P-flap")
15826	glabellar frown lines
15828	cheek, chin, and neck
15829	superficial musculoaponeurotic system (SMAS) flap
15838	Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad
15876	Suction assisted lipectomy; head and neck
17999	Unlisted procedure NON-SURGICAL Designation Only, when performed by surgeon , skin, mucous membrane and subcutaneous tissue, minimum 100 procedures/month required on SPL [use for all Neurotoxins and Dermal Fillers that are FDA approved in the U.S.; Deoxycholate (Kybella™ injections);

	PRP injections; microneedling with or without PRP/Biologics; energy-based treatments (IPL, ELOS, Lasers, Skin tightening); threadlifting; additional procedures subject to consideration]
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue [use for laser resurfacing]
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	sliding osteotomy, single piece
21122	sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	Augmentation, mandibular body or angle; prosthetic material
21127	with bone graft, onlay or interpositional (includes obtaining autograft)
21137	Reduction forehead; contouring only
21138	contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139	contouring and setback of anterior frontal sinus wall
21270	Malar augmentation, prosthetic material
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)
40500	Vermilionectomy (lip shave), with mucosal advancement
40799	Unlisted procedure, lips (use for lip lift)
40799	Unlisted procedure, lips (use for lip implants)

Rev 08/20

18A – EXAMPLE

John D. Good, M.D. – Sequential Operative Log

Reporting Period: December 16, 2020 – December 15, 2021

REPORT INCLUDED	DATE	PATIENT NAME	FACILITY	PROCEDURE(S)	CPT CODE
22	11/06/21	Anne Zeigler	Office	Upper blepharoplasty	15822
23	11/06/21	Benjamin Young	Office	Complex repair, 1.9 cm	13151
24	11/07/21	Carla Winters	Elm Surgery Ctr.	Facelift Neck lipectomy	15828 15876
25	11/11/21	David Vinson	Central Hospital	Revision rhinoplasty Harvest ear cartilage	30450 21235
26	11/13/21	Ellie Unger	Office	Earlobe repair	69110
27	11/13/21	Frances Thompson	Office	Excision, malignant lesion, 1.4 cm	11642
28	11/13/21	Gary Simmons	Office	Drainage, ear hematoma	69005
29	11/18/21	Frances Thompson	Central Hospital	Adjacent tissue transfer, right cheek Surgical preparation	14040 15004
30	11/26/21	Holly Roberts	Elm Surgery Ctr.	Septoplasty	30520
31	11/26/21	Iris Quimby	Elm Surgery Ctr.	Otoplasty	69300
32	11/26/21	Jackie Pope	Elm Surgery Ctr.	Upper blepharoplasty Lateral brow lift	15822 15824
33	12/01/21	Kristin Orwell	Central Hospital	Rhytidectomy Neck lift Submentoplasty Upper blepharoplasty Fat transfer	15828 15825 15876 15822 15770
34	12/02/21	Linda Nelson	Central Hospital	Septo-rhinoplasty	30420
35	12/04/21	Mary Moore	Elm Surgery Ctr.	Rhinoplasty Dermabrasion (seg.)	30410 15781

18B – EXAMPLEJohn D. Good, M.D. – Sequential Procedure Log

Reporting Period: January 2, 2021 – December 31, 2021

REPORT INCLUDED	DATE	PATIENT NAME	FACILITY	PROCEDURE(S)	CPT CODE
1	1/6/21	Amy Zimmermann	Office	Neurotoxin treatment – upper face	17999
2	1/6/21	Barbara Yarrow	Office	Tear trough – hyaluronic acid filler	17999
3	1/6/21	Cindy Walsh	Office	Cheek augmentation – hyaluronic acid filler	17999
	1/6/21	Deborah Vincent	Office	Neurotoxin treatment – upper face	17999
				Lip augmentation – hyaluronic acid filler	17999
	1/6/21	Emma Urquhart	Office	Nasolabial folds – hyaluronic acid filler	17999
	1/6/21	Flora Taylor	Office	Chin augmentation – hyaluronic acid filler	17999
4	1/7/21	Gloria Stallworth	Office	Lip augmentation – hyaluronic acid filler	17999
5	1/7/21	Harriet Rowen	Office	Neurotoxin treatment – upper face	17999
				Chin augmentation – hyaluronic acid filler	17999
	1/7/20	Isabel Quander	Office	Nasolabial folds – hyaluronic acid filler	17999
	1/7/21	Jennifer Palmer	Office	Lip augmentation – hyaluronic acid filler	17999
6	1/7/21	Kate O’Neil	Office	Nasolabial folds/lower face – hyaluronic acid filler	17999
				Jawline enhancement – hyaluronic acid filler	17999
7	1/7/21	Lisa Nadler	Office	Tear trough – hyaluronic acid filler	17999
				Cheek augmentation – hyaluronic acid filler	17999
				Nasolabial folds/lower face – hyaluronic acid filler	17999
				Lip augmentation – hyaluronic acid filler	17999
	1/8/21	Marian Meadows	Office	Nasolabial folds/lower face – hyaluronic acid filler	17999
8	1/8/21	Nancy Lorton	Office	Neurotoxin treatment – upper face	17999
				Cheek augmentation – hyaluronic acid filler	17999

PAYMENT FORM

APPLICATION FOR MAINTENANCE OF CERTIFICATION IN FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY®

INCLUDING **FACEforward**

Please complete this form to submit a check or credit card payment for your MOC in FPRS® application fees. This payment will also be considered as your 2022 dues, if not yet paid. You may also submit a credit card payment online at www.abfprs.org. Click: For Physicians, Maintaining Certification, then Click Here for Online Payment.

Dues and MOC in FPRS® fees: \$295 (covers dues, application, examination or **FACEforward**)

Late fees: \$600 (include with applications submitted 1/15/22 – 2/15/22)

I have already registered to participate in the MOC in FPRS® program and paid my 2022 \$295 ABFPRS dues.

Applicant's Full Name _____

Preferred E-mail Address _____

Cell Phone _____

Enclosed is check number _____ **in the amount of** _____

Or, charge my Visa Mastercard American Express Discover

Card Number _____

Expiration Date _____

CID# _____

Name on Credit Card _____

Billing Address _____

City _____

State/Province _____

Country _____

Zip/Postal Code _____

Please enclose with application or mail or fax form directly to:

Rev. 10/21

ABFPRS

115-C South Saint Asaph Street

Alexandria, VA 22314

Office 703-549-3223

Fax 703-549-3357