

Podiatry Fee Schedule  
Effective January 1, 2014

The Base Fee listed below for each code is reimbursement for services rendered to adult recipients age 21 and over. To calculate the fee for children under 21, multiply the base fee by 1.04. 1.04 represents a 4% increase over the base fee for adults. Example: Base fee for code 10060 is \$62.13 X 1.04 = \$64.62.

Note: The 4% fee increase for children does not apply to the J-codes and Q-codes listed on this fee schedule.

Fees are rounded to the nearest hundredth.

\*\*\*See Physician Injectable Fee Schedule for J Code pricing

| Code  | Description   | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|---|----------|-------|-----|--------|--------|
| 10021 | Fine Needle Aspiration; Without Imaging Guidance  | 81.11    | 1     | 0   |        |        |
| 10022 | Fine Needle Aspiration; With Imaging Guidance   | 74.30    | 1     | 0   |        |        |
| 10060 | Incision And Drainage Of Abscess (Eg, Carbuncle, Suppurative Hidradenitis, Cutaneous Or Subcutaneous Abscess, Cyst, Furuncle, Or Paronychia); Simple Or Single                        | 62.13    | 1     | 10  |        |        |
| 10061 | Incision And Drainage Of Abscess (Eg, Carbuncle, Suppurative Hidradenitis, Cutaneous Or Subcutaneous Abscess, Cyst, Furuncle, Or Paronychia); Complicated Or Multiple                 | 109.58   | 1     | 10  |        | B      |
| 10120 | Incision And Removal Of Foreign Body, Subcutaneous Tissues; Simple  | 77.22    | 1     | 10  |        |        |
| 10121 | Incision And Removal Of Foreign Body, Subcutaneous Tissues; Complicated   | 148.61   | 1     | 10  |        |        |
| 10140 | Incision And Drainage Of Hematoma, Seroma Or Fluid Collection   | 87.55    | 1     | 10  |        |        |
| 10160 | Puncture Aspiration Of Abscess, Hematoma, Bulla, Or Cyst  | 70.01    | 1     | 10  |        |        |
| 10180 | Incision And Drainage, Complex, Postoperative Wound Infection   | 133.21   | 1     | 10  |        |        |
| 11000 | Debridement Of Extensive Eczematous Or Infected Skin; Up To 10% Of Body Surface   | 29.01    | 1     | 0   |        |        |
| 11001 | Debridement Of Extensive Eczematous Or Infected Skin; Each Additional 10% Of Body Surface, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)                | 11.28    | 5     |     |        |        |
| 11010 | Debridement Including Removal Of Foreign Material Associated With Open Fracture(S) And/Or Dislocation(S); Skin And Subcutaneous Tissues   | 267.13   | 1     | 10  |        |        |
| 11011 | Debridement Including Removal Of Foreign Material Associated With Open Fracture(S) And/Or Dislocation(S); Skin, Subcutaneous Tissue, Muscle Fascia, And Muscle                        | 289.34   | 1     | 0   |        |        |
| 11012 | Debridement Including Removal Of Foreign Material Associated With Open Fracture(S) And/Or Dislocation(S); Skin, Subcutaneous Tissue, Muscle Fascia, Muscle, And Bone                  | 381.90   | 1     | 0   |        |        |
| 11042 | Debridement; Skin, And Subcutaneous Tissue  | 44.30    | 1     | 0   |        |        |
| 11043 | Debridement; Skin, Subcutaneous Tissue, And Muscle  | 123.36   | 1     | 0   |        |        |
| 11044 | Debridement; Skin, Subcutaneous Tissue, Muscle, And Bone  | 169.73   | 1     | 0   |        |        |
| 11045 | Debridement, Subcutaneous Tissue (Includes Epidermis And Dermis, If Performed); Each Additional 20 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure) | 21.55    | 5     |     |        |        |

| Code  | Description  | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|--|----------|-------|-----|--------|--------|
| 11046 | Debridement, Muscle And/Or Fascia (Includes Epidermis, Dermis, And Subcutaneous Tissue, If Performed); Each Additional 20 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure) | 37.66    | 5     |     |        |        |
| 11055 | Paring Or Cutting Of Benign Hyperkeratotic Lesion (Eg, Corn Or Callus); Single Lesion  | 25.42    | 1     | 0   |        |        |
| 11056 | Paring Or Cutting Of Benign Hyperkeratotic Lesion (Eg, Corn Or Callus); Two To Four Lesions  | 30.97    | 1     | 0   |        |        |
| 11057 | Paring Or Cutting Of Benign Hyperkeratotic Lesion (Eg, Corn Or Callus); More Than Four Lesions   | 34.73    | 1     | 0   |        |        |
| 11100 | Biopsy Of Skin, Subcutaneous Tissue And/Or Mucous Membrane (Including Simple Closure); Unless Otherwise Listed; Single Lesion  | 56.04    | 1     | 0   |        |        |
| 11101 | Biopsy Of Skin, Subcutaneous Tissue And/Or Mucous Membrane (Including Simple Closure); Unless Otherwise Listed; Each Separate/Additional Lesion (List Separately In Addition To Code For Primary Procedure)  | 17.19    | 6     |     |        |        |
| 11200 | Removal Of Skin Tags, Multiple Fibrocutaneous Tags, Any Area; Up To And Including 15 Lesions   | 47.09    | 1     | 10  |        |        |
| 11201 | Removal Of Skin Tags, Multiple Fibrocutaneous Tags, Any Area; Each Additional 10 Lesions, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)  | 10.03    | 1     |     |        | B      |
| 11300 | Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Trunk, Arms Or Legs; Lesion Diameter 0.5 Cm Or Less  | 40.75    | 1     | 0   |        |        |
| 11301 | Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Trunk, Arms Or Legs; Lesion Diameter 0.6 To 1.0 Cm   | 54.44    | 1     | 0   |        |        |
| 11302 | Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Trunk, Arms Or Legs; Lesion Diameter 1.1 To 2.0 Cm   | 64.90    | 1     | 0   |        |        |
| 11303 | Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Trunk, Arms Or Legs; Lesion Diameter Over 2.0 Cm   | 76.53    | 1     | 0   |        |        |
| 11305 | Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Scalp, Neck, Hands, Feet, Genitalia; Lesion Diameter 0.5 Cm Or Less  | 40.83    | 1     | 0   |        |        |
| 11306 | Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Scalp, Neck, Hands, Feet, Genitalia; Lesion Diameter 0.6 To 1.0 Cm   | 55.62    | 1     | 0   |        |        |
| 11307 | Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Scalp, Neck, Hands, Feet, Genitalia; Lesion Diameter 1.1 To 2.0 Cm   | 65.09    | 1     | 0   |        |        |
| 11308 | Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Scalp, Neck, Hands, Feet, Genitalia; Lesion Diameter Over 2.0 Cm   | 72.20    | 1     | 0   |        |        |
| 11400 | Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Trunk, Arms, Or Legs; Excised Diameter 0.5 Cm Or Less  | 66.32    | 1     | 10  |        | B      |
| 11401 | Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Trunk, Arms, Or Legs; Excised Diameter 0.6 To 1.0 Cm   | 80.39    | 1     | 10  |        | B      |
| 11402 | Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Trunk, Arms, Or Legs; Excised Diameter 1.1 To 2.0 Cm   | 89.34    | 1     | 10  |        | B      |
| 11403 | Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Trunk, Arms, Or Legs; Excised Diameter 2.1 To 3.0 Cm   | 102.95   | 1     | 10  |        | B      |
| 11404 | Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Trunk, Arms, Or Legs; Excised Diameter 3.1 To 4.0 Cm   | 116.74   | 1     | 10  |        | B      |
| 11406 | Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Trunk, Arms, Or Legs; Excised Diameter Over 4.0 Cm   | 167.05   | 1     | 10  |        | B      |

| Code  | Description   | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|---|----------|-------|-----|--------|--------|
| 11420 | Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Scalp, Neck, Hands Feet, Genitalia; Excised Diameter 0.5 Cm Or Less | 66.25    | 1     | 10  |        | B      |
| 11421 | Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Scalp, Neck, Hands Feet, Genitalia; Excised Diameter 0.6 To 1.0 Cm  | 84.87    | 1     | 10  |        | B      |
| 11422 | Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Scalp, Neck, Hands Feet, Genitalia; Excised Diameter 1.1 To 2.0 Cm  | 94.36    | 1     | 10  |        | B      |
| 11423 | Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Scalp, Neck, Hands Feet, Genitalia; Excised Diameter 2.1 To 3.0 Cm  | 108.68   | 1     | 10  |        | B      |
| 11424 | Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Scalp, Neck, Hands Feet, Genitalia; Excised Diameter 3.1 To 4.0 Cm  | 124.79   | 1     | 10  |        | B      |
| 11426 | Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Scalp, Neck, Hands Feet, Genitalia; Excised Diameter Over 4.0       | 176.90   | 1     | 10  |        | B      |
| 11600 | Excision, Malignant Lesion Including Margins, Trunk, Arms, Or Legs; Excised Diameter 0.5 Cm Or Less   | 103.85   | 1     | 10  |        |        |
| 11601 | Excision, Malignant Lesion Including Margins, Trunk, Arms, Or Legs; Excised Diameter 0.6 To 1.0 Cm  | 123.00   | 1     | 10  |        |        |
| 11602 | Excision, Malignant Lesion Including Margins, Trunk, Arms, Or Legs; Excised Diameter 1.1 To 2.0 Cm  | 133.57   | 1     | 10  |        |        |
| 11603 | Excision, Malignant Lesion Including Margins, Trunk, Arms, Or Legs; Excised Diameter 2.1 To 3.0 Cm  | 151.65   | 1     | 10  |        |        |
| 11604 | Excision, Malignant Lesion Including Margins, Trunk, Arms, Or Legs; Excised Diameter 3.1 To 4.0 Cm  | 169.02   | 1     | 10  |        |        |
| 11606 | Excision, Malignant Lesion Including Margins, Trunk, Arms, Or Legs; Excised Diameter Over 4.0 Cm  | 240.99   | 1     | 10  |        |        |
| 11620 | Excision, Malignant Lesion Including Margins, Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 0.5 Cm Or Less  | 105.28   | 1     | 10  |        |        |
| 11621 | Excision, Malignant Lesion Including Margins, Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 0.6 To 1.0 Cm   | 123.90   | 1     | 10  |        |        |
| 11622 | Excision, Malignant Lesion Including Margins, Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 1.1 To 2.0 Cm   | 138.04   | 1     | 10  |        |        |
| 11623 | Excision, Malignant Lesion Including Margins, Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 2.1 To 3.0 Cm   | 161.32   | 1     | 10  |        |        |
| 11624 | Excision, Malignant Lesion Including Margins, Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 3.1 To 4.0 Cm   | 181.37   | 1     | 10  |        |        |
| 11626 | Excision, Malignant Lesion Including Margins, Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter Over 4.0 Cm   | 218.61   | 1     | 10  |        |        |
| 11719 | Trimming Of Nondystrophic Nails, Any Number (Medicare Crossover Only)   | 10.65    | 1     | 0   |        |        |
| 11720 | Debridement Of Nail(S) By Any Method(S); One To Five  | 17.19    | 1     | 0   |        |        |
| 11721 | Debridement Of Nail(S) By Any Method(S); Six Or More  | 23.63    | 1     | 0   |        |        |
| 11730 | Avulsion Of Nail Plate, Partial Or Complete, Simple; Single   | 52.46    | 1     | 0   |        |        |
| 11732 | Avulsion Of Nail Plate, Partial Or Complete, Simple; Each Additional Nail Plate (List Separately In Addition To Code For Primary Procedure)               | 18.80    | 4     |     |        |        |
| 11740 | Evacuation Of Subungual Hematoma  | 26.50    | 1     | 0   |        |        |
| 11750 | Excision Of Nail And Nail Matrix, Partial Or Complete, (Eg, Ingrown Or Deformed Nail), For Permanent Removal;   | 119.24   | 1     | 10  |        | B      |

| Code  | Description   | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|---|----------|-------|-----|--------|--------|
| 11752 | Excision Of Nail And Nail Matrix, Partial Or Complete, (Eg, Ingrown Or Deformed Nail), For Permanent Removal; With Amputation Of Tuft Of Distal Phalanx | 171.88   | 1     | 10  |        | B      |
| 11755 | Biopsy Of Nail Unit (Eg, Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure)   | 72.15    | 1     | 0   |        |        |
| 11760 | Repair Of Nail Bed  | 122.22   | 1     | 10  |        | B      |
| 11762 | Reconstruction Of Nail Bed With Graft   | 152.72   | 1     | 10  |        | B      |
| 11765 | Wedge Excision Of Skin Of Nail Fold (Eg, For Ingrown Toenail)   | 79.58    | 1     | 10  |        | B      |
| 11900 | Injection, Intralesional; Up To And Including Seven Lesions   | 29.90    | 1     | 0   |        |        |
| 11901 | Injection, Intralesional; More Than Seven Lesions   | 37.24    | 1     | 0   |        |        |
| 11960 | Insertion Of Tissue Expander(S) For Other Than Breast, Including Subsequent Expansion   | 497.38   | 1     | 90  |        |        |
| 11970 | Replacement Of Tissue Expander With Permanent Prosthesis  | 327.83   | 1     | 90  |        |        |
| 11981 | Insertion, Non-Biodegradable Drug Delivery Implant  | 72.87    | 1     | 0   |        |        |
| 11982 | Removal, Non-Biodegradable Drug Delivery Implant  | 82.18    | 1     | 0   |        |        |
| 11983 | Removal With Reinsertion, Non-Biodegradable Drug Delivery Implant   | 111.90   | 1     | 0   |        |        |
| 12001 | Simple Repair Of Superficial Wounds Of Scalp, Neck, Axillae, External Genitalia, Trunk And/Or Extremities (Including Hands And Feet); 2.5 Cm Or Less    | 56.60    | 1     | 0   |        |        |
| 12002 | Simple Repair Of Superficial Wounds Of Scalp, Neck, Axillae, External Genitalia, Trunk And/Or Extremities (Including Hands And Feet); 2.6 To 7.5 Cm     | 60.41    | 1     | 0   |        |        |
| 12004 | Simple Repair Of Superficial Wounds Of Scalp, Neck, Axillae, External Genitalia, Trunk And/Or Extremities (Including Hands And Feet); 7.6 To 12.5 Cm    | 71.35    | 1     | 0   |        |        |
| 12005 | Simple Repair Of Superficial Wounds Of Scalp, Neck, Axillae, External Genitalia, Trunk And/Or Extremities (Including Hands And Feet); 12.6 To 20.0 Cm   | 89.34    | 1     | 0   |        |        |
| 12006 | Simple Repair Of Superficial Wounds Of Scalp, Neck, Axillae, External Genitalia, Trunk And/Or Extremities (Including Hands And Feet); 20.1 To 30.0 Cm   | 110.51   | 1     | 0   |        |        |
| 12007 | Simple Repair Of Superficial Wounds Of Scalp, Neck, Axillae, External Genitalia, Trunk And/Or Extremities (Including Hands And Feet); Over 30.0 Cm      | 125.73   | 1     | 0   |        |        |
| 12031 | Repair, Intermediate, Wounds Of Scalp, Axillae, Trunk And/Or Extremities (Excluding Hand And Feet); 2.5 Cm Or Less                                      | 128.55   | 1     | 10  |        |        |
| 12032 | Repair, Intermediate, Wounds Of Scalp, Axillae, Trunk And/Or Extremities (Excluding Hands And Feet); 2.6 To 7.5 Cm                                      | 164.18   | 1     | 10  |        |        |
| 12034 | Repair, Intermediate, Wounds Of Scalp, Axillae, Trunk And/Or Extremities (Excluding Hands And Feet); 7.6 To 12.5 Cm                                     | 168.12   | 1     | 10  |        |        |
| 12035 | Repair, Intermediate, Wounds Of Scalp, Axillae, Trunk And/Or Extremities (Excluding Hands And Feet); 12.6 To 20.0 Cm                                    | 209.30   | 1     | 10  |        |        |
| 12036 | Repair, Intermediate, Wounds Of Scalp, Axillae, Trunk And/Or Extremities (Excluding Hands And Feet); 20.1 To 30.0 Cm                                    | 228.10   | 1     | 10  |        |        |
| 12037 | Repair, Intermediate, Wounds Of Scalp, Axillae, Trunk And/Or Extremities (Excluding Hands And Feet); Over 30.0 Cm                                       | 250.84   | 1     | 10  |        |        |
| 12041 | Repair, Intermediate, Wounds Of Neck, Hands, Feet And/Or External Genitalia; 2.5 Cm Or Less   | 130.52   | 1     | 10  |        |        |

| Code  | Description  | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|--|----------|-------|-----|--------|--------|
| 12042 | Repair, Intermediate, Wounds Of Neck, Hands, Feet And/Or External Genitalia; 2.6 Cm To 7.5 Cm  | 155.23   | 1     | 10  |        |        |
| 12044 | Repair, Intermediate, Wounds Of Neck, Hands, Feet And/Or External Genitalia; 7.6 Cm To 12.5 Cm   | 194.08   | 1     | 10  |        |        |
| 12045 | Repair, Intermediate, Wounds Of Neck, Hands, Feet And/Or External Genitalia; 12.6 Cm To 20.0 Cm  | 215.06   | 1     | 10  |        |        |
| 12046 | Repair, Intermediate, Wounds Of Neck, Hands, Feet And/Or External Genitalia; 20.1 To 30.0 Cm   | 253.20   | 1     | 10  |        |        |
| 12047 | Repair, Intermediate, Wounds Of Neck, Hands, Feet And/Or External Genitalia; Over 30.0 Cm  | 275.94   | 1     | 10  | AS     |        |
| 13120 | Repair, Complex, Scalp, Arms, And/Or Legs; 1.1 Cm To 2.5 Cm  | 188.53   | 1     | 10  |        |        |
| 13121 | Repair, Complex, Scalp, Arms, And/Or Legs; 2.6 Cm To 7.5 Cm  | 230.07   | 1     | 10  |        |        |
| 13122 | Repair, Complex, Scalp, Arms, And/Or Legs; Each Additional 5 Cm Or Less (List Separately In Addition To Code For Primary Procedure)  | 69.64    | 3     |     |        |        |
| 13131 | Repair, Complex, Forehead, Cheeks, Chin, Mouth, Neck, Axillae, Genitalia, Hands And/Or Feet; 1.1 Cm To 2.5 Cm  | 207.33   | 1     | 10  |        |        |
| 13132 | Repair, Complex, Forehead, Cheeks, Chin, Mouth, Neck, Axillae, Genitalia, Hands And/Or Feet; 2.6 Cm To 7.5 Cm  | 276.47   | 1     | 10  |        |        |
| 13160 | Secondary Closure Of Surgical Wound Or Dehiscence, Extensive Or Complicated  | 430.96   | 1     | 90  |        |        |
| 14020 | Adjacent Tissue Transfer Or Rearrangement, Scalp, Arms And/Or Legs; Defect 10 Sq Cm Or Less  | 375.63   | 1     | 90  |        |        |
| 14021 | Adjacent Tissue Transfer Or Rearrangement, Scalp, Arms And/Or Legs; Defect 10.1 Sq Cm To 30.0 Sq Cm  | 467.84   | 1     | 90  |        |        |
| 14040 | Adjacent Tissue Transfer Or Rearrangement, Forehead, Cheeks, Chin, Mouth, Neck Axillae, Genitalia, Hands And/Or Feet; Defect 10 Sq Cm Or Less  | 409.83   | 1     | 90  |        |        |
| 14041 | Adjacent Tissue Transfer Or Rearrangement, Forehead, Cheeks, Chin, Mouth, Neck Axillae, Genitalia, Hands And/Or Feet; Defect 10.1 Sq Cm To 30.0 Sq Cm  | 505.26   | 1     | 90  |        |        |
| 14350 | Filletted Finger Or Toe Flap, Including Preparation Of Recipient Site  | 377.07   | 1     | 90  |        |        |
| 15002 | 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, Trunk, Arms, Legs; First 100 Sq Cm Or 1% Of Body Area Of Infants And Children   | 187.46   | 1     | 0   | AS     |        |
| 15003 | 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, Trunk, Arms, Legs; Each Additional 100 Sq Cm, Or Part Thereof, Or Each Additional 1% Of Body Area Of Infants And Children (List Separately In Addition To Code For Primary Procedure)   | 41.00    | 20    |     | AS     |        |
| 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% Body Area Of Infants And Children   | 215.39   | 1     | 0   | AS     |        |
| 15005 | 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; Each Additional 100 Sq Cm, Or Part Thereof, Or Each Additional 1% Of Body Area Of Infants And Children (List Separately In Addition To Code For Primary Procedure) | 66.60    | 20    |     | AS     |        |

| Code  | Description  | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|--|----------|-------|-----|--------|--------|
| 15050 | Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter  | 307.60   | 1     | 90  |        |        |
| 15100 | Split-Thickness Autograft, Trunk, Arms, Legs; First 100 Sq Cm Or Less, Or Or 1% Of Body Area Of Infants And Children   | 461.58   | 1     | 90  |        |        |
| 15101 | Split Graft, Trunk, Arms, Legs; Each Additional 100 Sq Cm, Or Each Additional 1% Of Body Area Of Infants And Children, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)   | 100.80   | 20    |     |        |        |
| 15110 | Epidermal Autograft, Trunk, Arms, Legs; First 100 Sq Cm Or Less, Or 1% Of Body Area Of Infants And Children  | 465.69   | 1     | 90  |        |        |
| 15111 | Epidermal Autograft, Trunk, Arms, Legs; Each Additional 100 Sq Cm, Or Each Additional 1% Of Body Area Of Infants And Children, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)   | 60.70    | 20    |     |        |        |
| 15115 | Epidermal Autograft, Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits; First 100 Sq Cm Or Less, Or 1% Of Body Area Of Infants And Children  | 463.55   | 1     | 90  |        |        |
| 15116 | Epidermal Autograft, Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits; Each Additional 100 Sq Cm, Or Each Additional 1% Of Body Area Of Infants And Children, Or Part Thereof (List Separately In Addition To Code For Primary Procedure) | 80.81    | 1     |     |        |        |
| 15120 | Split-Thickness Autograft, Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits; First 100 Sq Cm Or Less, Or 1% Of Body Area Of Infants And Children  | 456.38   | 1     | 90  |        |        |
| 15121 | Split Graft, Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits; Each Additional 100 Sq Cm, Or Each Additional 1% Of Body Area Of Infants And Children, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)         | 112.08   | 20    |     |        |        |
| 15130 | Dermal Autograft, Trunk, Arms, Legs; First 100 Sq Cm Or Less, Or 1% Of Body Area Of Infants And Children   | 362.74   | 1     | 90  |        |        |
| 15131 | Dermal Autograft, Trunk, Arms, Legs; Each Additional 100 Sq Cm, Or Each Additional 1% Of Body Area Of Infants And Children, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)  | 47.67    | 4     |     |        |        |
| 15135 | Dermal Autograft, Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits; First 100 Sq Cm Or Less, Or 1% Of Body Area Of Infants And Children   | 469.63   | 1     | 90  |        |        |
| 15136 | Dermal Autograft, Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits; Each Additional 100 Sq Cm, Or Each Additional 1% Of Body Area Of Infants And Children, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)    | 48.34    | 4     |     |        |        |
| 15150 | Tissue Cultured Epidermal Autograft, Trunk, Arms, Legs; First 25 Sq Cm Or Less   | 369.73   | 1     | 90  |        |        |
| 15151 | Tissue Cultured Epidermal Autograft, Trunk, Arms, Legs; Additional 1 Sq Cm To 75 Sq Cm (List Separately In Addition To Code For Primary Procedure)   | 62.84    | 1     |     |        |        |
| 15152 | Tissue Cultured Epidermal Autograft, Trunk, Arms, Legs; Each Additional 100 Sq Cm, Or Each Additional 1% Of Body Area Of Infants And Children, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)   | 82.18    | 2     |     |        |        |
| 15155 | Tissue Cultured Epidermal Autograft, Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits; First 25 Sq Cm Or Less   | 401.21   | 1     | 90  |        |        |

| Code  | Description   | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|---|----------|-------|-----|--------|--------|
| 15156 | Tissue Cultured Epidermal Autograft, Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits; Additional 1 Sq Cm To 75 Sq Cm (List Separately In Addition To Code For Primary Procedure)  | 85.70    | 1     |     |        |        |
| 15157 | Tissue Cultured Epidermal Autograft, Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits; Each Additional 100 Sq Cm, Or Each Additional 1% Of Body Area Of Infants And Children, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)  | 97.58    | 4     |     |        |        |
| 15220 | Full Thickness Graft, Free, Including Direct Closure Of Donor Site, Scalp, Arms, And/Or Legs; 20 Sq Cm Or Less  | 415.56   | 1     | 90  |        |        |
| 15221 | Full Thickness Graft, Free, Including Direct Closure Of Donor Site, Scalp, Arms, And/Or Legs; Each Additional 20 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)   | 74.48    | 10    |     |        |        |
| 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   | 501.86   | 1     | 90  |        |        |
| 15241 | Full Thickness Graft, Free, Including Direct Closure Of Donor Site, Forehead, Cheeks, Chin, Mouth, Neck, Axillae, Genitalia, Hands, And/Or Feet; Each Additional 20 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)  | 99.73    | 10    |     |        |        |
| 15271 | Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area  | 72.15    | 1     | 0   |        |        |
| 15272 | Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Up To 100 Sq Cm; Each Additional 25 Sq Cm Wound Surface Area, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)   | 13.43    | 3     |     |        |        |
| 15273 | Application Of Skin Substitute Graft To Trunk, Arms, Legs, 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  | 144.49   | 1     | 0   |        |        |
| 15274 | Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm; 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)  | 33.09    | 20    |     |        |        |
| 15275 | Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area  | 81.47    | 1     | 0   |        |        |
| 15276 | Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Up To 100 Sq Cm; Each Additional 25 Sq Cm Wound Surface Area, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)   | 18.08    | 3     |     |        |        |
| 15277 | Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, 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  | 157.74   | 1     | 0   |        |        |
| 15278 | Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm; Each Additional 100 Sq Cm Wound Surface Area, Or Part Thereof, Or Each Additional 1% Body Area Of Infants And Children, Or Part Thereof (List Separately In Addition To Code For Primary Procedure) | 39.21    | 20    |     |        |        |

| Code  | Description   | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|---|----------|-------|-----|--------|--------|
| 15574 | Formation Of Direct Or Tubed Pedicle, With Or Without Transfer; Forehead, Cheeks, Chin, Mouth, Neck, Axillae, Genitalia, Hands Or Feet  | 490.04   | 1     | 90  |        |        |
| 15610 | Delay Of Flap Or Sectioning Of Flap (Division And Inset); At Scalp, Arms, Or Legs   | 192.83   | 1     | 90  |        |        |
| 15620 | Delay Of Flap Or Sectioning Of Flap (Division And Inset); At Forehead, Cheeks, Chin, Neck, Axillae, Genitalia, Hands Or Feet  | 238.31   | 1     | 90  |        |        |
| 15999 | Unlisted Procedure, Excision Pressure Ulcer   |          | 1     |     |        | PA     |
| 16020 | Dressings And/Or Debridement Of Partial-Thickness Burns, Initial Or Subsequent, Small (Less Than 5% Total Body Surface Area)  | 43.87    | 1     | 0   |        |        |
| 16035 | Escharotomy; Initial Incision   | 105.10   | 1     | 0   |        |        |
| 16036 | Escharotomy; Each Additional Incision (List Separately In Addition To Code For Primary Procedure)   | 42.61    | 6     |     |        |        |
| 17000 | Destruction (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement, Premalignant Lesions (Eg, Actinic Keratoses); First Lesion   | 43.87    | 1     | 10  |        |        |
| 17003 | Destruction (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement, Premalignant Lesions (Eg, Actinic Keratoses); Second Through 14 Lesions, Each (List Separately In Addition To Code For First Lesion) | 3.58     | 13    |     |        |        |
| 17004 | Destruction (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Premalignant Lesions (Eg, Actinic Keratoses); 15 Or More Lesions  | 90.95    | 1     | 10  |        |        |
| 17110 | Destruction (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Of Benign Lesions Other Than Skin Tags Or Cutaneous Vascular Proliferative Lesions; Up To 14 Lesions                                | 59.63    | 1     | 10  |        |        |
| 17111 | Destruction (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Of Benign Lesions Other Than Skin Tags Or Cutaneous Vascular Proliferative Lesions; 15 Or More Lesions                              | 71.26    | 1     | 10  |        |        |
| 17250 | Chemical Cauterization Of Granulation Tissue (Proud Flesh, Sinus Or Fistula   | 43.33    | 1     | 0   |        |        |
| 17270 | Destruction, Malignant Lesion (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Scalp, Neck, Hands, Feet, Genitalia; Lesion Diameter 0.5 Cm Or Less   | 81.29    | 1     | 10  |        |        |
| 17271 | Destruction, Malignant Lesion (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Scalp, Neck, Hands, Feet, Genitalia; Lesion Diameter 0.6 To 1.0 Cm  | 88.09    | 1     | 10  |        |        |
| 17272 | Destruction, Malignant Lesion (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Scalp, Neck, Hands, Feet, Genitalia; Lesion Diameter 1.1 To 2.0 Cm  | 100.09   | 1     | 10  |        |        |
| 17273 | Destruction, Malignant Lesion (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Scalp, Neck, Hands, Feet, Genitalia; Lesion Diameter 2.1 To 3.0 Cm  | 111.54   | 1     | 10  |        |        |
| 17274 | Destruction, Malignant Lesion (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Scalp, Neck, Hands, Feet, Genitalia; Lesion Diameter 3.1 To 4.0 Cm  | 131.42   | 1     | 10  |        |        |
| 17276 | Destruction, Malignant Lesion (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Scalp, Neck, Hands, Feet, Genitalia; Lesion Diameter Over 4.0 Cm  | 152.19   | 1     | 10  |        |        |



| Code  | Description  | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|--|----------|-------|-----|--------|--------|
| 17314 | 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 Stan(S) (Eg, Hematoxylin And Eosin, Toluidine Blue), Of The Trunk, Arms Or Legs; Each Additional Stage After The First Stage, Up To 5 Tissue Blocks | 194.08   | 1     |     | AS     |        |
| 20005 | Incision Of Soft Tissue Abscess (Eg, Secondary To Osteomyelitis); Deep Or Complicated  | 166.69   | 1     | 10  |        |        |
| 20103 | Exploration Of Penetrating Wound (Separate Procedure); Extremity   | 315.65   | 1     | 10  |        |        |
| 20200 | Biopsy, Muscle; Superficial  | 112.62   | 1     | 0   |        |        |
| 20205 | Biopsy, Muscle; Deep   | 153.49   | 1     | 0   |        |        |
| 20520 | Removal Of Foreign Body In Muscle Or Tendon Sheath; Simple   | 109.58   | 1     | 10  |        |        |
| 20525 | Removal Of Foreign Body In Muscle Or Tendon Sheath; Deep Or Complicated  | 261.50   | 1     | 10  |        |        |
| 20550 | Injection(S); Single Tendon Sheath, Or Ligament, Aponeurosis (Eg, Plantar "Fascia")  | 30.80    | 1     | 0   |        |        |
| 20552 | Injection(S); Single Or Multiple Trigger Point(S), 1 Or 2 Muscle(S)  | 29.36    | 1     | 0   |        |        |
| 20600 | Arthrocentesis, Aspiration And/Or Injection; Small Joint Or Bursa (Eg, Fingers, Toes)  | 25.82    | 1     | 0   |        | B      |
| 20605 | Arthrocentesis, Aspiration And/Or Injection; Intermediate Joint Or Bursa (Eg, Temporomandibular, Acromioclavicular, Wrist, Elbow Or Ankle, Olecranon Bursa)  | 33.14    | 1     | 0   |        | B      |
| 20612 | Aspiration And/Or Injection Of Ganglion Cyst(S) Any Location   | 32.05    | 1     | 0   |        |        |
| 20615 | Aspiration And Injection For Treatment Of Bone Cyst  | 123.87   | 1     | 10  |        |        |
| 20650 | Insertion Of Wire Or Pin With Application Of Skeletal Traction, Including Removal (Separate Procedure)   | 110.29   | 1     | 10  |        |        |
| 20670 | Removal Of Implant; Superficial, (Eg, Buried Wire, Pin Or Rod) (Separate Procedure)  | 201.09   | 1     | 10  |        |        |
| 20680 | Removal Of Implant; Deep (Eg, Buried Wire, Pin, Screw, Metal Band, Nail, Rod) (Separate Procedure)   | 336.42   | 1     | 90  |        | B      |
| 20690 | Application Of A Uniplane (Pins Or Wires In One Plane), Unilateral, External Fixation System   | 313.51   | 1     | 90  |        |        |
| 20692 | Application Of A Multiplane (Pins Or Wires In More Than One Plane), Unilateral, External Fixation System (Eg, Llizarov, Monticelli Type)   | 594.07   | 1     | 90  | AS     |        |
| 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)   | 242.60   | 1     | 90  |        |        |
| 20694 | Removal, Under Anesthesia, Of External Fixation System   | 228.46   | 1     | 90  |        |        |
| 20900 | Bone Graft, Any Donor Area; Minor Or Small (Eg, Dowel Or Button)   | 253.49   | 1     | 0   | AS     |        |
| 20902 | Bone Graft, Any Donor Area; Major Or Large   | 242.68   | 1     | 0   | AS     |        |
| 20924 | Tendon Graft, From A Distance (Eg, Palmaris, Toe Extensor, Plantaris)  | 269.46   | 1     | 90  | AS     |        |
| 20926 | Tissue Grafts, Other (Eg, Paratenon, Fat, Dermis)  | 235.62   | 1     | 90  |        |        |
| 20974 | Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative)   | 40.98    | 1     | 0   |        |        |
| 20975 | Electrical Stimulation To Aid Bone Healing; Invasive (Operative)   | 93.82    | 1     | 0   | AS     |        |

| Code  | Description   | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|---|----------|-------|-----|--------|--------|
| 26535 | Arthroplasty, Interphalangeal Joint; Each Joint   | 221.84   | 1     | 90  |        |        |
| 26536 | Arthroplasty, Interphalangeal Joint; With Prosthetic Implant, Each Joint  | 378.50   | 1     | 90  |        |        |
| 27360 | Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone, Femur, Proximal Tibia And/Or Fibula (Eg, Osteomyelitis Or Bone Abscess) | 454.59   | 1     | 90  | AS     | B      |
| 27600 | Decompression Fasciotomy, Leg; Anterior And/Or Lateral Compartments Only  | 223.09   | 1     | 90  |        | B      |
| 27601 | Decompression Fasciotomy, Leg; Posterior Compartment(S) Only  | 237.41   | 1     | 90  |        | B      |
| 27602 | Decompression Fasciotomy, Leg; Anterior And/Or Lateral, And Posterior Compartment(S)  | 268.39   | 1     | 90  | AS     | B      |
| 27603 | Incision And Drainage, Leg Or Ankle; Deep Abscess Or Hematoma   | 291.66   | 1     | 90  |        | B      |
| 27604 | Incision And Drainage, Leg Or Ankle; Infected Bursa   | 262.30   | 1     | 90  |        | B      |
| 27605 | Tenotomy, Percutaneous, Achilles Tendon (Separate Procedure); Local Anesthesia  | 186.39   | 1     | 10  |        | B      |
| 27606 | Tenotomy, Achilles Tendon, Subcutaneous (Separate Procedure); General Anesthesia  | 152.37   | 1     | 10  |        | B      |
| 27607 | Incision (Eg, Osteomyelitis Or Bone Abscess), Leg Or Ankle  | 324.25   | 1     | 90  |        | B      |
| 27610 | Arthrotomy, Ankle, Including Exploration, Drainage, Or Removal Of Foreign Body  | 346.45   | 1     | 90  |        | B      |
| 27612 | Arthrotomy, Posterior Capsular Release, Ankle, With Or Without Achilles Tendon Lengthening  | 297.57   | 1     | 90  |        | B      |
| 27613 | Biopsy, Soft Tissue Of Leg Or Ankle Area; Superficial   | 138.76   | 1     | 10  |        | B      |
| 27614 | Biopsy, Soft Tissue Of Leg Or Ankle Area; Deep (Subfascial Or Intramuscular)  | 316.55   | 1     | 90  |        | B      |
| 27615 | Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Leg Or Ankle Area; Less Than 5 Cm   | 525.59   | 1     | 90  |        | B      |
| 27618 | Excision, Tumor, Leg Or Ankle Area, Subcutaneous Tissue; Less Than 3 Cm   | 241.89   | 1     | 90  |        | B      |
| 27619 | Excision, Tumor, Leg Or Ankle Area, Deep (Subfascial Or Intramuscular); Less Than 5 Cm  | 309.67   | 1     | 90  |        | B      |
| 27620 | Arthrotomy, Ankle, With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Loose Or Foreign Body                             | 242.07   | 1     | 90  | AS     | B      |
| 27625 | Arthrotomy, Ankle, With Synovectomy; Ankle;   | 307.96   | 1     | 90  | AS     | B      |
| 27626 | Arthrotomy, Ankle, For With Synovectomy, Ankle; Including Tenosynovectomy   | 331.41   | 1     | 90  | AS     | B      |
| 27630 | Excision Of Lesion Of Tendon Sheath Or Capsule (Eg, Cyst Or Ganglion), Leg And/Or Ankle   | 304.55   | 1     | 90  |        | B      |
| 27635 | Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula;  | 314.40   | 1     | 90  |        | B      |
| 27637 | Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula; With Autograph (Includes Obtaining Graft)                                  | 404.28   | 1     | 90  | AS     | B      |
| 27638 | Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula; With Allograft   | 413.23   | 1     | 90  | AS     | B      |
| 27640 | Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (Eg, Osteomyelitis); Tibia   | 444.39   | 1     | 90  |        | B      |
| 27641 | Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Of Bone (Eg, Osteomyelitis); Fibula   | 353.43   | 1     | 90  |        | B      |
| 27645 | Radical Resection Of Tumor; Tibia   | 626.73   | 1     | 90  | AS     | B      |
| 27646 | Radical Resection Of Tumor; Fibula  | 549.76   | 1     | 90  | AS     | B      |
| 27647 | Radical Resection Of Tumor; Talus Or Calcaneus  | 494.32   | 1     | 90  | AS     | B      |

| Code  | Description  | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|--|----------|-------|-----|--------|--------|
| 27648 | Injection Procedure For Ankle Arthrography   | 88.98    | 1     | 0   |        | B      |
| 27650 | Repair, Primary, Open Or Percutaneous, Ruptured Achilles Tendon;   | 355.58   | 1     | 90  | AS     | B      |
| 27652 | Repair, Primary, Open Or Percutaneous, Ruptured Achilles Tendon; With Graft (Includes Obtaining Graft)   | 362.74   | 1     | 90  |        | B      |
| 27654 | Repair, Secondary, Achilles Tendon, With Or Without Graft  | 375.99   | 1     | 90  | AS     | B      |
| 27656 | Repair, Fascial Defect Of Leg  | 313.12   | 1     | 90  | AS     | B      |
| 27658 | Repair, Flexor Tendon, Leg; Primary, Without Graft, Each Tendon  | 202.14   | 1     | 90  | AS     |        |
| 27659 | Repair, Flexor Tendon, Leg; Secondary, With Or Without Graft, Each Tendon  | 259.79   | 1     | 90  | AS     |        |
| 27664 | Repair, Extensor Tendon, Leg; Primary, Without Graft, Each Tendon  | 194.98   | 1     | 90  |        |        |
| 27665 | Repair, Extensor Tendon, Leg; Secondary, With Or Without Graft, Each Tendon  | 222.37   | 1     | 90  | AS     |        |
| 27675 | Repair, Dislocating Peroneal Tendons; Without Fibular Osteotomy  | 261.58   | 1     | 90  | AS     | B      |
| 27676 | Repair For Dislocating Peroneal Tendons; With Fibular Osteotomy  | 332.66   | 1     | 90  | AS     | B      |
| 27680 | Tenolysis, Flexor Or Extensor Tendon, Leg And/Or Ankle; Single, Each Tendon  | 231.68   | 1     | 90  |        |        |
| 27681 | Tenolysis, Flexor Or Extensor Tendon, Leg And/Or Ankle; Multiple Tendons (Through Separate Incision(S))  | 291.13   | 1     | 90  |        |        |
| 27685 | Lengthening Or Shortening Of Tendon, Leg Or Ankle; Single Tendon (Separate Procedure)  | 359.52   | 1     | 90  | AS     | B      |
| 27686 | Lengthening Or Shortening Of Tendon, Leg Or Ankle; Multiple Tendons (Through Separate Procure)   | 294.17   | 1     | 90  |        |        |
| 27687 | Gastrocnemius Recession (Eg, Strayer Procedure)  | 244.57   | 1     | 90  | AS     | B      |
| 27690 | Transfer Or Transplant Of Single Tendon (With Muscle Redirection Or Rerouting); Superficial (Eg, Anterior Tibial Extensors Into Midfoot)   | 337.32   | 1     | 90  | AS     | B      |
| 27691 | Transfer Or Transplant Of Single Tendon (With Muscle Redirection Or Rerouting);Deep (Eg, Anterior Tibial Or Posterior Tibial Through Interosseous Space, Flexor Digitorum Longus, Flexor Hallucis Longus, Or Peroneal Tendon To Midfoot Or Hindfoot) | 401.78   | 1     | 90  | AS     | B      |
| 27692 | Transfer Or Transplant Of Single Tendon (With Muscle Redirection Or Rerouting); Each Additional Tendon (List Separately In Addition To Code For Primary Procedure)   | 56.22    | 5     |     | AS     | B      |
| 27695 | Repair, Primary, Disrupted Ligament, Ankle; Collateral   | 257.29   | 1     | 90  |        | B      |
| 27696 | Repair, Primary, Disrupted Ligament, Ankle; Both Collateral Ligaments  | 298.65   | 1     | 90  |        | B      |
| 27698 | Repair, Secondary Disrupted Ligament, Ankle, Collateral (Eg, Watson-Jones Procedure)   | 342.87   | 1     | 90  | AS     | B      |
| 27700 | Arthroplasty, Ankle;   | 314.58   | 1     | 90  | AS     | B      |
| 27702 | Arthroplasty, Ankle; With Implant (Total Ankle)  | 517.62   | 1     | 90  | AS     | B      |
| 27704 | Removal Of Ankle Implant   | 312.79   | 1     | 90  |        | B      |
| 27705 | Osteotomy; Tibia   | 404.28   | 1     | 90  | AS     | B      |
| 27707 | Osteotomy; Fibula  | 217.00   | 1     | 90  |        | B      |
| 27709 | Osteotomy; Tibia And Fibula  | 621.46   | 1     | 90  | AS     | B      |

| Code  | Description  | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|--|----------|-------|-----|--------|--------|
| 27712 | Osteotomy; Multiple, With Realignment On Intramedullary Rod (Eg, Sofield Type Procedure  | 586.73   | 1     | 90  | AS     | B      |
| 27715 | Osteoplasty, Tibia And Fibula, Lengthening Or Shortening   | 564.71   | 1     | 90  | AS     | B      |
| 27720 | Repair Of Nonunion Or Malunion, Tibia; Without Graft, (Eg, Compression Technique)  | 467.48   | 1     | 90  | AS     | B      |
| 27722 | Repair Of Nonunion Or Malunion, Tibia; With Sliding Graft  | 472.50   | 1     | 90  | AS     | B      |
| 27724 | Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autograft (Includes Obtaining Graft)  | 672.85   | 1     | 90  | AS     | B      |
| 27725 | Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method  | 647.96   | 1     | 90  | AS     | B      |
| 27726 | Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation   | 518.51   | 1     | 90  |        | B      |
| 27727 | Repair Of Congenital Pseudarthrosis, Tibia   | 550.02   | 1     | 90  |        | B      |
| 27730 | Arrest, Epiphyseal (Epiphysiodesis), Open; Distal Tibia  | 311.72   | 1     | 90  |        | B      |
| 27732 | Arrest, Epiphyseal (Epiphysiodesis), Open; Distal Fibula   | 220.14   | 1     | 90  |        | B      |
| 27734 | Arrest, Epiphyseal (Epiphysiodesis), Open; Distal Tibia And Fibula   | 328.73   | 1     | 90  |        | B      |
| 27740 | Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula;   | 327.29   | 1     | 90  | AS     | B      |
| 27745 | Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate, Tibia   | 403.57   | 1     | 90  | AS     | B      |
| 27750 | Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); Without Manipulation   | 187.10   | 1     | 90  |        | B      |
| 27752 | Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); With Manipulation, With Or Without Skeletal Traction                   | 288.44   | 1     | 90  |        | B      |
| 27756 | Percutaneous Skeletal Fixation Of Tibial Shaft Fracture (With Or Without Fibular Fracture) (Eg, Pins Or Screws)                                      | 309.03   | 1     | 90  | AS     | B      |
| 27758 | Open Treatment Of Tibial Shaft Fracture, (With Or Without Fibular Fracture), With Plate/Screws, With Or Without Cerclage                             | 474.29   | 1     | 90  | AS     | B      |
| 27759 | Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture) By Intramedullary Implant, With Or Without Interlocking Screws And/Or Cerclage | 530.69   | 1     | 90  | AS     | B      |
| 27760 | Closed Treatment Of Medial Malleolus Fracture; Without Manipulation  | 181.37   | 1     | 90  |        | B      |
| 27762 | Closed Treatment Of Medial Malleolus Fracture; With Manipulation, With Or Without Skin Or Skeletal Traction  | 256.39   | 1     | 90  |        | B      |
| 27766 | Open Treatment Of Medial Malleolus Fracture, Includes Internal Fixation, When Performed  | 326.04   | 1     | 90  |        | B      |
| 27767 | Closed Treatment Of Posterior Malleolus Fracture; Without Manipulation   | 148.27   | 1     | 90  | AS     | B      |
| 27768 | Closed Treatment Of Posterior Malleolus Fracture; With Manipulation  | 235.62   | 1     | 90  | AS     | B      |
| 27769 | Open Treatment Of Posterior Malleolus Fracture, Includes Internal Fixation, When Performed   | 390.67   | 1     | 90  | AS     | B      |
| 27780 | Closed Treatment Of Proximal Fibula Or Shaft Fracture; Without Manipulation  | 165.57   | 1     | 90  |        | B      |
| 27781 | Closed Treatment Of Proximal Fibula Or Shaft Fracture; With Manipulation   | 224.70   | 1     | 90  |        | B      |
| 27784 | Open Treatment Of Proximal Fibula Or Shaft Fracture, Includes Internal Fixation, When Performed  | 381.90   | 1     | 90  |        | B      |
| 27786 | Closed Treatment Of Distal Fibular Fracture (Lateral Malleolus); Without Manipulation  | 171.70   | 1     | 90  |        | B      |
| 27788 | Closed Treatment Of Distal Fibular Fracture (Lateral Malleolus); With Manipulation   | 227.57   | 1     | 90  |        | B      |

| Code  | Description  | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|--|----------|-------|-----|--------|--------|
| 27792 | Open Treatment Of Distal Fibular Fracture (Lateral Malleolus), Includes Internal Fixation, When Performed  | 349.85   | 1     | 90  |        | B      |
| 27808 | Closed Treatment Of Bimalleolar Ankle Fracture (Eg, Lateral And Medial Malleoli, Or Lateral And Posterior Malleoli Or Medial And Posterior Malleoli); Without Manipulation                       | 181.55   | 1     | 90  |        | B      |
| 27810 | Closed Treatment Of Bimalleolar Ankle Fracture (Eg, Lateral And Medial Malleoli, Or Lateral And Posterior Malleoli Or Medial And Posterior Malleoli); With Manipulation                          | 253.53   | 1     | 90  |        | B      |
| 27814 | Open Treatment Of Bimalleolar Ankle Fracture (Eg, Lateral And Medial Malleoli, Or Lateral And Posterior Malleoli, Or Medial And Posterior Malleoli), Includes Internal Fixation, When Performed  | 412.16   | 1     | 90  | AS     | B      |
| 27816 | Closed Treatment Of Trimalleolar Ankle Fracture; Without Manipulation  | 172.42   | 1     | 90  |        | B      |
| 27818 | Closed Treatment Of Trimalleolar Ankle Fracture; With Manipulation   | 261.05   | 1     | 90  |        | B      |
| 27822 | Open Treatment Of Trimalleolar Ankle Fracture, Includes Internal Fixation, When Performed, Medial And/Or Lateral Malleolus; Without Fixation Of Posterior Lip                                    | 449.76   | 1     | 90  | AS     | B      |
| 27823 | Open Treatment Of Trimalleolar Ankle Fracture, Includes Internal Fixation, When Performed, Medial And/Or Lateral Malleolus; With Fixation Of Posterior Lip                                       | 509.20   | 1     | 90  | AS     | B      |
| 27824 | Closed Treatment Of Fracture Of Weight Bearing Articular Portion Of Distal Tibia (Eg, Pilon Or Tibial Plafond), With Or Without Anesthesia; Without Manipulation                                 | 168.30   | 1     | 90  |        | B      |
| 27825 | Closed Treatment Of Fracture Of Weight Bearing Articular Portion Of Distal Tibia (Eg, Pilon Or Tibial Plafond), With Or Without Anesthesia; With Skeletal Traction And/Or Requiring Manipulation | 290.95   | 1     | 90  |        | B      |
| 27826 | Open Treatment Of Fracture Of Weight Bearing Articular Surface/ Portion Of Distal Tibia (Eg, Pilon Or Tibial Plafond), With Internal Fixation, When Performed; Of Fibula Only                    | 447.61   | 1     | 90  | AS     | B      |
| 27827 | Open Treatment Of Fracture Of Weight Bearing Articular Surface/ Portion Of Distal Tibia (Eg, Pilon Or Tibial Plafond), With Internal Fixation, When Performed; Of Tibia Only                     | 578.85   | 1     | 90  | AS     | B      |
| 27828 | Open Treatment Of Fracture Of Weight Bearing Articular Surface/ Portion Of Distal Tibia (Eg, Pilon Or Tibial Plafond), With Internal Fixation, When Performed; Of Both Tibia And Fibula          | 689.86   | 1     | 90  | AS     | B      |
| 27829 | Open Treatment Of Distal Tibiofibular Joint (Syndesmosis) Disruption, Includes Internal Fixation, When Performed   | 366.86   | 1     | 90  | AS     | B      |
| 27830 | Closed Treatment Of Proximal Tibiofibular Joint Dislocation; Without Anesthesia  | 204.29   | 1     | 90  |        | B      |
| 27831 | Closed Treatment Of Proximal Tibiofibular Joint Dislocation; Requiring Anesthesia  | 213.42   | 1     | 90  |        | B      |
| 27832 | Open Treatment Of Proximal Tibiofibular Joint Dislocation, Includes Internal Fixation, When Performed, Or With Excision Of Proximal Fibula   | 402.13   | 1     | 90  | AS     | B      |
| 27840 | Closed Treatment Of Ankle Dislocation; Without Anesthesia  | 200.89   | 1     | 90  |        | B      |
| 27842 | Closed Treatment Of Ankle Dislocation; Requiring Anesthesia, With Or Without Percutaneous Skeletal Fixation  | 264.99   | 1     | 90  |        | B      |
| 27846 | Open Treatment Of Ankle Dislocation, With Or Without Percutaneous Skeletal Fixation; Without Repair Or Internal Fixation   | 390.32   | 1     | 90  | AS     | B      |
| 27848 | Open Treatment Of Ankle Dislocation, With Or Without Percutaneous Skeletal Fixation; With Repair Or Internal Or External Fixation  | 430.78   | 1     | 90  | AS     | B      |

| Code  | Description   | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|---|----------|-------|-----|--------|--------|
| 27860 | Manipulation Of Ankle Under General Anesthesia (Includes Application Of Traction Or Other Fixation Apparatus)             | 95.61    | 1     | 10  |        |        |
| 27870 | Arthrodesis, Ankle, Open  | 551.46   | 1     | 90  | AS     | B      |
| 27871 | Arthrodesis, Tibiofibular Joint, Proximal Or Distal   | 367.04   | 1     | 90  |        | B      |
| 27888 | Amputation Of Foot At Ankle   | 363.10   | 1     | 90  |        |        |
| 28001 | Incision And Drainage, Bursa, Foot  | 148.79   | 1     | 10  |        |        |
| 28002 | Incision And Drainage Below Fascia, With Or Without Tendon Sheath Involvement, Foot; Single Bursal Space                  | 242.07   | 1     | 10  |        |        |
| 28003 | Deep Dissection Below Fascia, For Deep Infection Of Foot, With Or Without Tendon Sheath Involvement, Foot; Multiple Areas | 394.26   | 1     | 90  |        |        |
| 28005 | Incision, Bone Cortex (Eg, Osteomyelitis Or Bone Abscess), Foot   | 308.31   | 1     | 90  |        |        |
| 28008 | Fasciotomy, Foot And/Or Toe   | 233.83   | 1     | 90  |        |        |
| 28010 | Tenotomy, Percutaneous, Toe; Single Tendon  | 124.97   | 1     | 90  |        |        |
| 28011 | Tenotomy, Percutaneous, Toe; Multiple Tendons   | 175.11   | 1     | 90  |        |        |
| 28020 | Arthrotomy, Including Exploration, Drainage, Or Removal Of Loose Or Foreign Body; Intertarsal Or Tarsometatarsal Joint    | 295.24   | 1     | 90  |        |        |
| 28022 | Arthrotomy, With Exploration, Drainage Or Removal Of Loose Or Foreign Body; Metatarsophalangeal Joint                     | 267.49   | 1     | 90  |        |        |
| 28024 | Arthrotomy, With Exploration, Drainage Or Removal Of Loose Or Foreign Body; Interphalangeal Joint                         | 251.02   | 1     | 90  |        |        |
| 28035 | Release, Tarsal Tunnel (Posterior Tibial Nerve Decompression)   | 287.01   | 1     | 90  |        |        |
| 28043 | Excision, Tumor, Soft Tissue Of Foot Or Toe, Subcutaneous; Less Than 1.5 Cm   | 205.84   | 1     | 90  |        | B      |
| 28045 | Excision, Tumor, Soft Tissue Of Foot Or Toe, Subfascial, (Eg, Intramuscular); Less Than 1.5 Cm                            | 270.36   | 1     | 90  |        | B      |
| 28046 | Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Foot Or Toe; Less Than 3 Cm                           | 390.50   | 1     | 90  |        | B      |
| 28050 | Arthrotomy With Biopsy; Intertarsal Or Tarsometatarsal Joint  | 231.68   | 1     | 90  |        | B      |
| 28052 | Arthrotomy With Biopsy; Metatarsophalangeal Joint   | 241.89   | 1     | 90  |        | B      |
| 28054 | Arthrotomy With Biopsy; Interphalangeal Joint   | 204.47   | 1     | 90  |        | B      |
| 28060 | Fasciectomy, Plantar Fascia; Partial (Separate Procedure)   | 281.99   | 1     | 90  |        | B      |
| 28062 | Fasciectomy, Plantar Fascia; Radical (Separate Procedure)   | 317.27   | 1     | 90  |        |        |
| 28070 | Synovectomy; Intertarsal Or Tarsometatarsal Joint, Each   | 290.77   | 1     | 90  |        |        |
| 28072 | Synovectomy; Metatarsophalangeal Joint, Each  | 278.41   | 1     | 90  |        |        |
| 28080 | Excision, Interdigital (Morton) Neuroma, Single, Each   | 287.72   | 1     | 90  |        |        |
| 28086 | Synovectomy, Tendon Sheath, Foot; Flexor  | 299.54   | 1     | 90  | AS     | B      |
| 28088 | Synovectomy, Tendon Sheath, Foot; Extensor  | 266.42   | 1     | 90  |        | B      |
| 28090 | Excision Of Lesion, Tendon, Tendon Sheath, Or Capsule (Including Synovectomy) (Eg, Cyst Or Ganglion); Foot                | 257.29   | 1     | 90  |        | B      |
| 28092 | Excision Of Lesion, Tendon, Tendon Sheath, Or Capsule (Including Synovectomy) (Eg, Cyst Or Ganglion); Toe(S), Each        | 233.47   | 1     | 90  |        |        |
| 28100 | Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus;   | 334.28   | 1     | 90  | AS     | B      |

| Code  | Description   | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|---|----------|-------|-----|--------|--------|
| 28103 | Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; With Allograft  | 207.51   | 1     | 90  | AS     | B      |
| 28104 | Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal, Except Talus Or Calcaneus   | 282.89   | 1     | 90  | AS     |        |
| 28106 | Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal, Except Talus Or Calcaneus; With Iliac Or Other Autograft (Includes Obtaining Graft)               | 241.35   | 1     | 90  | AS     |        |
| 28107 | Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal, Except Talus Or Calcaneus; With Allograft   | 279.49   | 1     | 90  | AS     |        |
| 28108 | Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges Of Foot   | 239.38   | 1     | 90  |        |        |
| 28110 | Ostectomy, Partial Excision, Fifth Metatarsal Head (Bunionette) (Separate Procedure)  | 253.53   | 1     | 90  |        | B      |
| 28111 | Ostectomy, Complete Excision; First Metatarsal Head   | 275.37   | 1     | 90  |        | B      |
| 28112 | Ostectomy, Complete Excision; Other Metatarsal Head (Second, Third Or Fourth)   | 270.00   | 1     | 90  |        | B      |
| 28113 | Ostectomy, Complete Excision; Fifth Metatarsal Head   | 323.35   | 1     | 90  |        | B      |
| 28114 | Ostectomy, Complete Excision; All Metatarsal Heads, With Partial Proximal Phalangectomy, Excluding First Metatarsal (Eg, Clayton Type Procedure)                            | 582.61   | 1     | 90  | AS     | B      |
| 28116 | Ostectomy, Excision Of Tarsal Coalition   | 415.74   | 1     | 90  |        | B      |
| 28118 | Ostectomy, Calcaneus;   | 324.43   | 1     | 90  | AS     | B      |
| 28119 | Ostectomy, Calcaneus; For Spur, With Or Without Plantar Fascial Release   | 286.29   | 1     | 90  |        | B      |
| 28120 | Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg, Osteomyelitis Or Bossing); Talus Or Calcaneus                                   | 338.70   | 1     | 90  |        | B      |
| 28122 | Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg, Osteomyelitis Or Bossing); Tarsal Or Metatarsal Bone, Except Talus Or Calcaneus | 326.40   | 1     | 90  | AS     | B      |
| 28124 | Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg, Osteomyelitis Or Bossing); Phalanx Of Toe                                       | 258.90   | 1     | 90  |        | B      |
| 28126 | Resection, Partial Or Complete, Phalangeal Base, Each Toe   | 216.46   | 1     | 90  |        |        |
| 28130 | Talectomy (Astragalectomy)  | 387.02   | 1     | 90  | AS     | B      |
| 28140 | Metatarsectomy  | 325.86   | 1     | 90  |        |        |
| 28150 | Phalangectomy, Toe, Each Toe  | 233.83   | 1     | 90  |        |        |
| 28153 | Resection, Condyle(S), Distal End Of Phalanx, Each Toe  | 227.21   | 1     | 90  |        |        |
| 28160 | Hemiphalangectomy Or Interphalangeal Joint Excision, Toe, Proximal End Of Phalanx, Each   | 229.71   | 1     | 90  |        |        |
| 28171 | Radical Resection Of Tumor; Tarsal (Except Talus Or Calcaneus)  | 386.32   | 1     | 90  | AS     |        |
| 28173 | Radical Resection Of Tumor; Metatarsal  | 410.19   | 1     | 90  |        |        |
| 28175 | Radical Resection Of Tumor; Phalanx Of Toe  | 260.51   | 1     | 90  |        |        |
| 28190 | Removal Of Foreign Body, Foot; Subcutaneous   | 140.91   | 1     | 10  |        | B      |
| 28192 | Removal Of Foreign Body, Foot; Deep   | 258.36   | 1     | 90  |        | B      |

| Code  | Description  | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|--|----------|-------|-----|--------|--------|
| 28193 | Removal Of Foreign Body, Foot; Complicated   | 290.95   | 1     | 90  |        | B      |
| 28200 | Repair, Tendon, Flexor, Foot; Primary Or Secondary, Without Free Graft, Each Tendon  | 264.27   | 1     | 90  |        |        |
| 28202 | Repair Or Suture Of Tendon, Foot, Flexor, Single; Secondary With Free Graft, Each Tendon (Includes Obtaining Graft)                      | 321.56   | 1     | 90  | AS     |        |
| 28208 | Repair, Tendon, Extensor, Foot; Primary Or Secondary, Each Tendon  | 255.68   | 1     | 90  |        |        |
| 28210 | Repair, Tendon, Extensor, Foot; Secondary With Free Graft, Each Tendon (Includes Obtaining Graft)  | 314.40   | 1     | 90  | AS     |        |
| 28220 | Tenolysis, Flexor, Foot; Single Tendon   | 243.68   | 1     | 90  |        |        |
| 28222 | Tenolysis, Flexor, Foot; Multiple Tendons  | 277.16   | 1     | 90  |        |        |
| 28225 | Tenolysis, Extensor, Foot; Single Tendon   | 225.06   | 1     | 90  |        |        |
| 28226 | Tenolysis, Extensor, Foot; Multiple Tendons  | 276.75   | 1     | 90  |        |        |
| 28230 | Tenotomy, Open, Tendon Flexor; Foot, Single Or Multiple Tendon(S) (Separate Procedure)   | 234.73   | 1     | 90  |        |        |
| 28232 | Tenotomy, Open, Tendon Flexor; Toe, Single Tendon (Separate Procedure)   | 213.60   | 1     | 90  |        |        |
| 28234 | Tenotomy, Open, Extensor, Foot Or Toe, Each Tendon   | 225.06   | 1     | 90  |        |        |
| 28238 | Reconstruction (Advancement), Posterior Tibial Tendon With Excision Of Accessory Tarsal Navicular Bone (Eg, Kidner Type Procedure)       | 361.13   | 1     | 90  | AS     | B      |
| 28240 | Tenotomy, Lengthening, Or Release, Abductor Hallucis Muscle  | 237.59   | 1     | 90  |        | B      |
| 28250 | Division Of Plantar Fascia And Muscle (Eg, Steindler Stripping) (Separate Procedure)   | 314.94   | 1     | 90  | AS     | B      |
| 28260 | Capsulotomy, Midfoot; Medial Release Only (Separate Procedure)   | 365.79   | 1     | 90  | AS     | B      |
| 28261 | Capsulotomy, Midfoot; With Tendon Lengthening  | 518.15   | 1     | 90  |        | B      |
| 28262 | Capsulotomy, Midfoot; Extensive, Including Posterior Talotibial Capsulotomy And Tendon(S) Lengthening (Eg, Resistant Clubfoot Deformity) | 785.11   | 1     | 90  | AS     | B      |
| 28264 | Capsulotomy, Midtarsal (Eg, Heyman Type Procedure)   | 523.17   | 1     | 90  | AS     | B      |
| 28270 | Capsulotomy; Metatarsophalangeal Joint, With Or Without Tenorrhaphy, Each Joint (Separate Procedure)                                     | 268.92   | 1     | 90  |        | B      |
| 28272 | Capsulotomy; Interphalangeal Joint, Each Joint (Separate Procedure)  | 214.14   | 1     | 90  |        | B      |
| 28280 | Syndactylization, Toes (Eg, Webbing Or Kelikian Type Procedure)  | 284.50   | 1     | 90  |        | B      |
| 28285 | Correction, Hammertoe (Eg, Interphalangeal Fusion, Partial Or Total Phalangectomy)   | 279.01   | 1     | 90  |        |        |
| 28286 | Correction, Cock-Up Fifth Toe, With Plastic Skin Closure (Eg, Ruiz-Mora Type Procedure)  | 246.54   | 1     | 90  |        |        |
| 28288 | Ostectomy, Partial, Exostectomy Or Condylectomy, Metatarsal Head, Each Metatarsal Head   | 329.62   | 1     | 90  |        |        |
| 28289 | Hallux Rigidus Correction With Cheilectomy, Debridement And Capsular Release Of The First Metatarsophalangeal Joint                      | 400.52   | 1     | 90  | AS     | B      |
| 28290 | Correction, Hallux Valgus (Bunion), With Or Without Sesamoidectomy; Simple Exostectomy (Eg, Silver Type Procedure)                       | 320.85   | 1     | 90  |        | B      |
| 28292 | Corection, Hallux Valgus (Bunion), With Or Without Sesamoidectomy; Keller, Mcbride, Or Mayo Type Procedure                               | 427.74   | 1     | 90  | AS     | B      |
| 28293 | Correction, Hallux Valgus (Bunion), With Or Without Sesamoidectomy; Resection Of Joint With Implant                                      | 565.42   | 1     | 90  | AS     | B      |



| Code  | Description   | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|---|----------|-------|-----|--------|--------|
| 28294 | Correction, Hallux Valgus (Bunion), With Or Without Sesamoidectomy; With Tendon Transplants (Eg, Joplin Type Procedure)                             | 404.64   | 1     | 90  | AS     | B      |
| 28296 | Correction, Hallux Valgus (Bunion), With Or Without Sesamoidectomy; With Metatarsal Osteotomy (Eg, Mitchell, Chevron Or Concentric Type Procedures) | 385.30   | 1     | 90  | AS     | B      |
| 28297 | Correction, Hallux Valgus (Bunion), With Or Without Sesamoidectomy; Lapidus-Type Procedure  | 444.03   | 1     | 90  | AS     | B      |
| 28298 | Correction, Hallux Valgus (Bunion), With Or Without Sesamoidectomy; By Phalanx Osteotomy  | 391.75   | 1     | 90  | AS     | B      |
| 28299 | Correction, Hallux Valgus (Bunion), With Or Without Sesamoidectomy; By Double Osteotomy   | 481.09   | 1     | 90  | AS     | B      |
| 28300 | Osteotomy; Calcaneus (Eg, Dwyer Or Chambers Type Procedure), With Or Without Internal Fixation  | 350.93   | 1     | 90  | AS     | B      |
| 28302 | Osteotomy; Talus  | 380.29   | 1     | 90  | AS     | B      |
| 28304 | Osteotomy, Tarsal Bones, Other Than Calcaneus Or Talus;   | 439.73   | 1     | 90  | AS     | B      |
| 28305 | Osteotomy, Tarsal Bones, Other Than Calcaneus Or Talus; With Autograft (Includes Obtaining Graft) (Eg, Fowler Type)                                 | 346.09   | 1     | 90  | AS     |        |
| 28306 | Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, Metatarsal; First Metatarsal  | 336.96   | 1     | 90  |        | B      |
| 28307 | Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, Metatarsal; First Metatarsal With Autograft (Other Than First Toe)        | 384.95   | 1     | 90  |        |        |
| 28308 | Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, Metatarsal; Other Than First Metatarsal, Each                             | 307.06   | 1     | 90  | AS     |        |
| 28309 | Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, Metatarsal; Multiple (Eg, Swanson Type Cavus Foot Procedure)              | 474.83   | 1     | 90  |        |        |
| 28310 | Osteotomy, Shortening, Angular Or Rotational Correction; Proximal Phalanx, First Toe (Separate Procedure)   | 296.32   | 1     | 90  |        |        |
| 28312 | Osteotomy For Shortening, Angular Or Rotational Correction; Other Phalanges, Any Toe  | 279.31   | 1     | 90  |        |        |
| 28313 | Reconstruction, Angular Deformity Of Toe, Soft Tissue Procedures Only (Eg, Overlapping Second Toe, Fifth Toe, Curly Toes)                           | 286.47   | 1     | 90  |        |        |
| 28315 | Sesamoidectomy, First Toe (Separate Procedure)  | 262.12   | 1     | 90  |        | B      |
| 28320 | Repair, Nonunion Or Malunion; Tarsal Bones  | 327.29   | 1     | 90  | AS     |        |
| 28322 | Repair Of Nonunion Or Malunion; Metatarsal, With Or Without Bone Graft (Includes Obtaining Graft)   | 428.81   | 1     | 90  | AS     |        |
| 28340 | Reconstruction, Toe, Macrodactyly; Soft Tissue Resection  | 312.79   | 1     | 90  |        |        |
| 28341 | Reconstruction, Toe, Macrodactyly; Requiring Bone Resection   | 362.21   | 1     | 90  |        |        |
| 28344 | Reconstruction, Toe(S); Polydactyly   | 232.58   | 1     | 90  |        |        |
| 28345 | Reconstruction, Toe(S); Syndactyly, With Or Without Skin Graft(S), Each Web   | 282.71   | 1     | 90  |        |        |
| 28360 | Reconstruction, Cleft Foot  | 581.18   | 1     | 90  | AS     |        |
| 28400 | Closed Treatment Of Calcaneal Fracture; Without Manipulation  | 136.43   | 1     | 90  |        | B      |
| 28405 | Closed Treatment Of Calcaneal Fracture; With Manipulation   | 203.93   | 1     | 90  |        | B      |
| 28406 | Percutaneous Skeletal Fixation Of Calcaneal Fracture, With Manipulation   | 282.17   | 1     | 90  |        | B      |
| 28415 | Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed  | 592.28   | 1     | 90  | AS     | B      |

| Code  | Description   | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|---|----------|-------|-----|--------|--------|
| 28420 | Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; With Primary Iliac Or Other Autogenous Bone Grafts (Includes Obtaining Graft) | 666.94   | 1     | 90  | AS     | B      |
| 28430 | Closed Treatment Of Talus Fracture; Without Manipulation  | 128.20   | 1     | 90  |        | B      |
| 28435 | Closed Treatment Of Talus Fracture; With Manipulation   | 161.35   | 1     | 90  |        | B      |
| 28445 | Open Treatment Of Talus Fracture, Includes Internal Fixation, When Performed  | 567.39   | 1     | 90  | AS     | B      |
| 28450 | Treatment Of Tarsal Bone Fracture (Except Talus And Calcaneus); Without Manipulation, Each  | 117.63   | 1     | 90  |        | B      |
| 28455 | Treatment Of Tarsal Bone Fracture (Except Talus And Calcaneus); With Manipulation, Each   | 140.37   | 1     | 90  |        |        |
| 28456 | Percutaneous Skeletal Fixation Of Tarsal Bone Fracture (Except Talus And Calcaneus), With Manipulation, Each  | 159.16   | 1     | 90  |        |        |
| 28465 | Open Treatment Of Tarsal Bone Fracture (Except Talus And Calcaneus), Includes Internal Fixation, When Performed, Each   | 324.07   | 1     | 90  |        |        |
| 28470 | Closed Treatment Of Metatarsal Fracture; Without Manipulation, Each   | 119.62   | 1     | 90  |        | B      |
| 28475 | Closed Treatment Of Metatarsal Fracture; With Manipulation, Each  | 137.15   | 1     | 90  |        |        |
| 28476 | Percutaneous Skeletal Fixation Of Metatarsal Fracture, With Manipulation, Each  | 186.74   | 1     | 90  |        |        |
| 28485 | Open Treatment Of Metatarsal Fracture, Includes Internal Fixation, When Performed, Each   | 281.46   | 1     | 90  |        |        |
| 28490 | Closed Treatment Of Fracture Great Toe, Phalanx Or Phalanges; Without Manipulation  | 78.17    | 1     | 90  |        | B      |
| 28495 | Closed Treatment Of Fracture Great Toe, Phalanx Or Phalanges; With Manipulation   | 96.86    | 1     | 90  |        |        |
| 28496 | Percutaneous Skeletal Fixation Of Fracture Great Toe, Phalanx Or Phalanges, With Manipulation   | 231.89   | 1     | 90  |        |        |
| 28505 | Open Treatment Of Fracture Great Toe, Phalanx Or Phalanges, Includes Internal Fixation, When Performed  | 362.03   | 1     | 90  |        |        |
| 28510 | Closed Treatment Of Fracture, Phalanx Or Phalanges, Other Than Great Toe; Without Manipulation, Each  | 67.14    | 1     | 90  |        | B      |
| 28515 | Closed Treatment Of Fracture, Phalanx Or Phalanges, Other Than Great Toe; With Manipulation   | 87.73    | 1     | 90  |        |        |
| 28525 | Open Treatment Of Fracture, Phalanx Or Phalanges, Other Than Great Toe, Includes Internal Fixation, When Performed, Each  | 310.10   | 1     | 90  |        |        |
| 28530 | Closed Treatment Of Sesamoid Fracture   | 62.13    | 1     | 90  |        | B      |
| 28540 | Closed Treatment Of Tarsal Bone Dislocation, Other Than Talotarsal; Without Anesthesia  | 104.56   | 1     | 90  |        | B      |
| 28545 | Closed Treatment Of Tarsal Bone Dislocation, Other Than Talotarsal; Requiring Anesthesia  | 150.17   | 1     | 90  |        |        |
| 28546 | Percutaneous Skeletal Fixation Of Tarsal Bone Dislocation, Other Than Talotarsal, With Manipulation   | 274.53   | 1     | 90  |        |        |
| 28555 | Open Treatment Of Tarsal Bone Dislocation, Includes Internal Fixation, When Performed   | 478.41   | 1     | 90  | AS     |        |
| 28570 | Closed Treatment Of Talotarsal Joint Dislocation; Without Anesthesia  | 87.55    | 1     | 90  |        | B      |
| 28575 | Closed Treatment Of Talotarsal Joint Dislocation; Requiring Anesthesia  | 197.31   | 1     | 90  |        |        |
| 28576 | Percutaneous Skeletal Fixation Of Talotarsal Joint Dislocation, With Manipulation   | 210.56   | 1     | 90  |        |        |
| 28585 | Open Treatment Of Talotarsal Joint Dislocation, Includes Internal Fixation, When Performed  | 473.93   | 1     | 90  | AS     |        |
| 28600 | Closed Treatment Of Tarsometatarsal Joint Dislocation; Without Anesthesia   | 101.34   | 1     | 90  |        | B      |
| 28605 | Closed Treatment Of Tarsometatarsal Joint Dislocation; Requiring Anesthesia   | 159.89   | 1     | 90  |        |        |

| Code  | Description  | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|--|----------|-------|-----|--------|--------|
| 28606 | Percutaneous Skeletal Fixation Of Tarsometatarsal Joint Dislocation, With Manipulation   | 212.35   | 1     | 90  |        |        |
| 28615 | Open Treatment Of Tarsometatarsal Joint Dislocation, Includes Internal Fixation, When Performed  | 422.19   | 1     | 90  | AS     | B      |
| 28635 | Closed Treatment Of Metatarsophalangeal Joint Dislocation; Requiring Anesthesia  | 93.64    | 1     | 10  |        |        |
| 28636 | Percutaneous Skeletal Fixation Of Metatarsophalangeal Joint Dislocation, With Manipulation   | 164.00   | 1     | 10  |        |        |
| 28645 | Open Treatment Of Metatarsophalangeal Joint Dislocation, Includes Internal Fixation, When Performed  | 357.01   | 1     | 90  |        |        |
| 28665 | Closed Treatment Of Interphalangeal Joint Dislocation; Requiring Anesthesia  | 83.79    | 1     | 10  |        |        |
| 28666 | Percutaneous Skeletal Fixation Of Interphalangeal Joint Dislocation, With Manipulation   | 103.67   | 1     | 10  |        |        |
| 28675 | Open Treatment Of Interphalangeal Joint Dislocation, Includes Internal Fixation, When Performed  | 315.48   | 1     | 90  |        |        |
| 28705 | Arthrodesis; Pantalar  | 683.95   | 1     | 90  | AS     |        |
| 28715 | Arthrodesis; Triple  | 499.00   | 1     | 90  | AS     |        |
| 28725 | Arthrodesis; Subtalar  | 413.77   | 1     | 90  | AS     |        |
| 28730 | Arthrodesis, Midtarsal Or Tarsometatarsal, Multiple Or Transverse;   | 392.11   | 1     | 90  | AS     |        |
| 28735 | Arthrodesis, Midtarsal Or Tarsometatarsal, Multiple Or Transverse; With Osteomy (Eg, Flatfoot Correction)  | 416.99   | 1     | 90  | AS     |        |
| 28737 | Arthrodesis, With Tendon Lengthening And Advancement, Midtarsal, Tarsal Navicular-Cuneiform (Eg, Miler Type Procedure)   | 367.76   | 1     | 90  | AS     |        |
| 28740 | Arthrodesis, Midtarsal Or Tarsometatarsal, Single Joint  | 461.40   | 1     | 90  | AS     |        |
| 28750 | Arthrodesis, Great Toe; Metatarsophalangeal Joint  | 447.97   | 1     | 90  |        | B      |
| 28755 | Arthrodesis, Great Toe; Interphalangeal Joint  | 277.34   | 1     | 90  |        | B      |
| 28760 | Arthrodesis, With Extensor Hallucis Longus Transfer To First Metatarsal Neck, Great Toe, Interphalangeal Joint (Eg, Jones Type Procedure)                            | 423.62   | 1     | 90  |        | B      |
| 28800 | Amputation, Foot; Midtarsal (Eg, Chopart Type Procedure)   | 293.99   | 1     | 90  |        | B      |
| 28805 | Amputation, Foot; Transmetatarsal  | 397.30   | 1     | 90  |        | B      |
| 28810 | Amputation, Metatarsal, With Toe, Single   | 235.26   | 1     | 90  |        |        |
| 28820 | Amputation, Toe; Metatarsophalangeal Joint   | 307.21   | 1     | 90  |        |        |
| 28825 | Amputation, Toe; Interphalangeal Joint   | 269.40   | 1     | 90  |        |        |
| 28890 | Extracorporeal Shock Wave, High Energy, Performed By A Physician, Requiring Anesthesia Other Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia | 177.25   | 1     | 90  |        |        |
| 28899 | Unlisted Procedure, Foot Or Toes   |          | 1     | 90  |        | PA     |
| 29345 | Application Of Long Leg Cast (Thigh To Toes);  | 73.95    | 1     | 0   |        | B      |
| 29355 | Application Of Long Leg Cast (Thigh To Toes); Walker Or Ambulatory Type  | 76.81    | 1     | 0   |        | B      |
| 29358 | Application Of Long Leg Cast Brace   | 87.19    | 1     | 0   |        | B      |
| 29365 | Application Of Cylinder Cast (Thigh To Ankle)  | 66.96    | 1     | 0   |        | B      |

| Code  | Description  | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|--|----------|-------|-----|--------|--------|
| 29405 | Application Of Short Leg Cast (Below Knee To Toes);  | 44.22    | 1     | 0   |        | B      |
| 29425 | Application Of Short Leg Cast (Below Knee To Toes); Walking Or Ambulatory Type   | 42.43    | 1     | 0   |        | B      |
| 29435 | Application Of Patellar Tendon Bearing (Ptb) Cast  | 64.99    | 1     | 0   |        | B      |
| 29440 | Adding Walker To Previously Applied Cast   | 24.81    | 1     | 0   |        | B      |
| 29445 | Application Of Rigid Total Contact Leg Cast  | 73.41    | 1     | 0   |        | B      |
| 29450 | Application Of Clubfoot Cast With Molding Or Manipulation, Long Or Short Leg   | 77.35    | 1     | 0   |        | B      |
| 29505 | Application Of Long Leg Splint (Thigh To Ankle Or Toes)  | 43.12    | 1     | 0   |        | B      |
| 29515 | Application Of Short Leg Splint (Calf To Foot)   | 39.03    | 1     | 0   |        | B      |
| 29540 | Strapping; Ankle And/Or Foot   | 19.87    | 1     | 0   |        | B      |
| 29550 | Strapping; Toes  | 17.01    | 1     | 0   |        |        |
| 29580 | Strapping; Unna Boot   | 28.47    | 1     | 0   |        | B      |
| 29799 | Unlisted Procedure, Casting Or Strapping   |          | 1     |     |        | PA     |
| 29888 | Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation Or Reconstruction  | 526.39   | 1     | 90  | AS     | B      |
| 29889 | Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation Or Reconstruction   | 649.57   | 1     | 90  | AS     | B      |
| 29891 | Arthroscopy, Ankle, Surgical; Excision Of Osteochondral Defect Of Talus And/Or Tibia, Including Drilling Of The Defect   | 362.92   | 1     | 90  | AS     | B      |
| 29892 | Arthroscopically Aided Repair Of Large Osteochondritis Dissecans Lesion, Talar Dome Fracture, Or Tibial Plafond Fracture, With Or Without Internal Fixation (Includes Arthroscopy) | 328.19   | 1     | 90  | AS     | B      |
| 29893 | Endoscopic Plantar Fasciotomy  | 331.77   | 1     | 90  | AS     | B      |
| 29894 | Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; With Removal Of Loose Body Or Foreign Body   | 277.16   | 1     | 90  | AS     | B      |
| 29895 | Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; Synovectomy, Partial   | 257.11   | 1     | 90  | AS     | B      |
| 29897 | Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; Debridement, Limited   | 274.47   | 1     | 90  | AS     | B      |
| 29898 | Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; Debridement, Extensive   | 302.05   | 1     | 90  | AS     | B      |
| 29899 | Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; With Ankle Arthrodesis   | 559.51   | 1     | 90  | AS     | B      |
| 64450 | Injection, Anesthetic Agent; Other Peripheral Nerve Or Branch  | 51.00    | 1     | 0   |        |        |
| 64455 | Injection(s), Anesthetic Agent And/Or Steroid, Plantar Common Digital Nerve(s) (eg, Morton's Neuroma)  | 95.84    | 1     | 0   |        |        |
| 64640 | Destruction By Neurolytic Agent; Other Peripheral Nerve Or Branch  | 103.93   | 1     | 10  |        |        |
| 64702 | Neuroplasty; Digital, One Or Both, Same Digit  | 267.31   | 1     | 90  |        |        |
| 64704 | Neuroplasty; Nerve Of Hand Or Foot   | 168.66   | 1     | 90  | AS     |        |
| 64708 | Neuroplasty, Major Peripheral Nerve, Arm Or Leg; Other Than Specified  | 266.24   | 1     | 90  | AS     |        |
| 64722 | Decompression; Unspecified Nerve(S) (Specify)  | 194.44   | 1     | 90  | AS     |        |
| 64726 | Decompression; Plantar Digital Nerve   | 145.20   | 1     | 90  |        |        |

| Code  | Description   | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|---|----------|-------|-----|--------|--------|
| 64727 | Internal Neurolysis, Requiring Use Of Operating Microscope (List Separately in Addition To Code For Neuroplasty) (Neuroplasty Includes External Neurolysis) | 96.68    | 1     |     |        |        |
| 64774 | Excision Of Neuroma; Cutaneous Nerve, Surgically Identifiable   | 224.16   | 1     | 90  |        |        |
| 64776 | Excision Of Neuroma; Digital Nerve, One Or Both, Same Digit   | 206.26   | 1     | 90  |        |        |
| 64778 | Excision Of Neuroma; Digital Nerve, Each Additional Digit (List Separately In Addition To Code For Primary Procedure)                                       | 87.64    | 1     |     |        |        |
| 64782 | Excision Of Neuroma; Hand Or Foot, Except Digital Nerve   | 239.38   | 1     | 90  |        |        |
| 64783 | Excision Of Neuroma; Hand Or Foot, Each Additional Nerve, Except Same Digit (List Separately In Addition To Code For Primary Procedure)                     | 113.69   | 1     |     |        |        |
| 64787 | Implantation Of Nerve End Into Bone Or Muscle (List Separately In Addition To Neuroma Excision)   | 128.20   | 1     |     |        |        |
| 64788 | Excision Of Neurofibroma Or Neurolemmoma; Cutaneous Nerve   | 214.85   | 1     | 90  |        |        |
| 64790 | Excision Of Neurofibroma Or Neurolemmoma; Major Peripheral Nerve  | 439.20   | 1     | 90  |        |        |
| 64792 | Excision Of Neurofibroma Or Neurolemmoma; Extensive (Including Malignant Type)  | 634.89   | 1     | 90  | AS     |        |
| 64795 | Biopsy Of Nerve   | 103.31   | 1     | 0   |        |        |
| 64831 | Suture Of Digital Nerve, Hand Or Foot; One Nerve  | 364.71   | 1     | 90  |        |        |
| 64832 | Suture Of Digital Nerve, Hand Or Foot; Each Additional Digital Nerve (List Separately In Addition To Code For Primary Procedure)                            | 177.97   | 4     |     |        |        |
| 64834 | Suture Of One Nerve; Hand Or Foot; Common Sensory Nerve   | 394.43   | 1     | 90  |        |        |
| 64837 | Suture Of Each Additional Nerve, Hand Or Foot (List Separately In Addition To Code For Primary Procedure)   | 196.23   | 3     |     | AS     |        |
| 64840 | Suture Of Posterior Tibial Nerve  | 492.19   | 1     | 90  | AS     |        |
| 64856 | Suture Of Major Peripheral Nerve, Arm Or Leg, Except Sciatic; Including Transposition   | 538.39   | 1     | 90  |        |        |
| 64857 | Suture Of Major Peripheral Nerve, Arm Or Leg, Except Sciatic; Without Transposition   | 558.98   | 1     | 90  | AS     |        |
| 73590 | Radiologic Examination; Tibia And Fibula, Two Views   | 15.04    | 1     | 0   |        |        |
| 73592 | Radiologic Examination; Lower Extremity, Infant, Minimum Of Two Views   | 15.22    | 2     | 0   |        |        |
| 73600 | Radiologic Examination, Ankle; Two Views  | 15.76    | 1     | 0   |        | B      |
| 73610 | Radiologic Examination, Ankle; Complete, Minimum Of Three Views   | 18.26    | 1     | 0   |        |        |
| 73615 | Radiologic Examination, Ankle, Arthrography, Radiological Supervision And Interpretation  | 57.29    | 1     | 0   |        |        |
| 73620 | Radiologic Examination, Foot; Two Views   | 15.04    | 1     | 0   |        | B      |
| 73630 | Radiologic Examination, Foot; Complete, Minimum Of Three Views  | 17.19    | 1     | 0   |        |        |
| 73650 | Radiologic Examination; Calcaneus, Minimum Of Two Views   | 15.58    | 1     | 0   |        |        |
| 73660 | Radiologic Examination; Toe(S), Minimum Of Two Views  | 16.65    | 1     | 0   |        |        |
| 73700 | Computed Tomography, Lower Extremity; Without Contrast Material   | 122.72   | 1     | 0   |        |        |
| 73718 | Magnetic Resonance (Eg, Proton) Imaging, Lower Extremity Other Than Joint; Without Contrast Material(S)   | 252.10   | 1     | 0   |        |        |

| Code  | Description   | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|---|----------|-------|-----|--------|--------|
| 73720 | Magnetic Resonance (Eg, Proton) Imaging, Lower Extremity Other Than Joint; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences   | 346.61   | 1     | 0   |        |        |
| 73721 | Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Lower Extremity; Without Contrast Material  | 245.61   | 1     | 0   |        |        |
| 73723 | Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Lower Extremity; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences   | 324.10   | 1     | 0   |        |        |
| 76882 | Ultrasound, Extremity, Nonvascular, Real-Time With Image Documentation; Limited, Anatomic Specific  | 18.62    |       | 0   |        |        |
| 76942 | Ultrasonic Guidance For Needle Placement (Eg, Biopsy, Aspiration, Injection, Localization Device), Imaging Supervision And Interpretation   | 109.75   | 1     | 0   |        |        |
| 87101 | Culture, Fungi (Mold Or Yeast) Isolation, With Presumptive Identification Of Isolates: Skin, Hair Or Nail   | 8.00     | 1     | 0   |        |        |
| 93922 | Noninvasive Physiologic Studies Of Upper Or Lower Extremity Arteries, Single Level, Bilateral (Eg, Ankle/Brachial Indices, Doppler Waveform Analysis, Volume Plethysmography, Transcutaneous Oxygen Tension Measurement)  | 54.06    | 1     | 0   |        |        |
| 93923 | Noninvasive Physiologic Studies Of Upper Or Lower Extremity Arteries, Multiple Level Or With Provocative Functional Maneuvers, Complete Bilateral Study (Eg, Segmental Blood Pressure Measurements, Segmental Doppler Waveform Analysis, Segmental Volume Plethysmography, Segmental Transcutaneous Oxygen Tension Measurements, Measurements With Postural Provocative Tests, Measurements With Reactive Hyperemia)            | 83.87    | 1     | 0   |        |        |
| 93924 | Noninvasive Physiologic Studies Of Lower Extremity Arteries, At Rest And Following Treadmill Stress Testing, Complete Bilateral Study   | 104.34   | 1     | 0   |        |        |
| 93925 | Duplex Scan Of Lower Extremity Arteries Or Arterial Bypass Grafts; Complete Bilateral Study   | 147.19   | 1     | 0   |        |        |
| 93965 | Non-Invasive Physiologic Studies Of Extremity Veins, Complete Bilateral Study (Eg, Doppler Waveform Analysis, With Responses To Compression And Other Maneuvers, Phleborheography, Impedance Plethysmography)   | 66.25    | 1     | 0   |        |        |
| 93970 | Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study   | 121.85   | 1     | 0   |        |        |
| 95851 | Range Of Motion Measurements And Report (Separate Procedure); Each Extremity (Excluding Hand) Or Each Trunk Section (Spine)   | 9.67     | 3     | 0   |        |        |
| 95999 | Unlisted Neurological Or Neuromuscular Diagnostic Procedure   |          | 1     | 0   |        | PA     |
| 97018 | Application Of A Modality To One Or More Areas; Paraffin Bath   | 5.45     | 1     | 0   |        |        |
| 97597 | Removal Of Devitalized From Wound(S), Selective Debridement, With Or Without Anesthesia (Eg, High Pressure Waterjet With/Without Suction, Sharp Selective Debridement With Scissors, Scalpel And Forceps), With Or Without Topical Application(S), Wound Assessment, And Instruction(S) For Ongoing Care, May Include Use Of A Whirlpool, Per Session; Total Wound(S) Surface Area Less Than Or Equal To 20 Square Centimeters. | 33.18    | 1     | 0   |        |        |
| 97598 | Total Wound(S) Surface Area Greater Than 20 Square Centimeters  | 22.20    | 1     |     |        |        |
| 97602 | Removal Of Devitalized Tissue From Wound; Non-Selective Debridement, Without Anesthesia (Eg, Wet-To-Moist Dressings, Enzymatic, Abrasion), Including Topical Application(S), Wound Assessment, And Instruction(S) For Ongoing Care, Per Session   | 20.66    | 1     | 0   |        |        |

| Code  | Description  | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|--|----------|-------|-----|--------|--------|
| 99050 | Services Provided In The Office At Times Other Than Regularly Scheduled Office Hours, Or Days When He Office Is Normally Closed (Eg, Holidays, Saturday Or Sunday), In Addition To Basic Service   | 7.28     | 1     | 0   |        |        |
| 99201 | Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires A Problem Focused History And Examination, And Straightforward Medical Decision Making   | 31.20    | 1     | 0   |        |        |
| 99202 | Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires An Expanded Problem Focused History And Examination, And Straightforward Medical Decision Making   | 32.71    | 1     | 0   |        |        |
| 99203 | Office And Outpatient Visit For A New Patient Must Include A Detailed History And Examination, And Medical Decision Making Of Low Complexity   | 48.68    | 1     | 0   |        |        |
| 99204 | Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires A Comprehensive History And Examination, And Medical Decision Making Of Moderate Complexity  | 68.84    | 1     | 0   |        |        |
| 99205 | Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires A Comprehensive History And Examination, And Medical Decision Making Of High Complexity  | 87.48    | 1     | 0   |        |        |
| 99211 | Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, That May Or May Not Require The Presence Of A Physician. Usually, The Presenting Problem(S) Are Minimal. Typically Five Minutes Are Spent Performing Or Supervising These Services | 12.48    | 1     | 0   |        |        |
| 99212 | Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least Two Of These Three Components: A Problem Focused History; A Problem Focused Examination; Straightforward Medical Decision Making                           | 21.84    | 1     | 0   |        |        |
| 99213 | Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least Two Of These Three Components: An Expanded Problem Focused History; An Expanded Problem Focused Examination; Medical Decision Making Of Low Complexity     | 26.61    | 1     | 0   |        |        |
| 99214 | Office Or Outpatient Visit For The Eval And Management Of An Established Patient, Which Requires At Least Two Of These Three Components: A Detailed History; A Detailed Examination; Medical Decision Making Of Moderate Complexity  | 41.46    | 1     | 0   |        |        |
| 99215 | Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least Two Of These Three Components: A Comprehensive Hisotry; A Comprehensive Examination; Medical Decision Making Of High Complexity                            | 60.28    | 1     | 0   |        |        |
| 99221 | Initial Hospital Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires A Detailed Or Comprehensive History And Examination, And Medical Decision Making That Is Straightforward Or Of Low Complexity   | 52.28    | 1     | 0   |        |        |
| 99222 | Initial Hospital Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires A Comprehensive History And Examination, And Medical Decision Making Of Moderate Complexity   | 70.90    | 1     | 0   |        |        |
| 99223 | Initial Hospital Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires A Comprehensive History And Examination, And Medical Decision Making Of High Complexity   | 104.20   | 1     | 0   |        |        |

| Code  | Description   | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|---|----------|-------|-----|--------|--------|
| 99231 | Subsequent Hospital Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires At Least Two Of These Three Components: A Problem Focused Interval History; A Problem Focused Examination; Medical Decision Making That Is Straightforward Or Of Low Complexity | 20.05    | 1     | 0   |        |        |
| 99232 | Subsequent Hospital Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires At Least Two Of These Three Components: An Expanded Problem Focused Interval History; An Expanded Problem Focused Examination; Medical Decision Making Of Moderate Complexity   | 36.88    | 1     | 0   |        |        |
| 99233 | Subsequent Hospital Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires At Least Two Of These Three Components: A Detailed Interval History; A Detailed Examination; Medical Decision Making Of High Complexity   | 53.18    | 1     | 0   |        |        |
| 99238 | Hospital Discharge Day Management, 30 Minutes Or Less   | 37.24    | 1     | 0   |        |        |
| 99239 | Hospital Discharge Day Management, More Than 30 Minutes   | 55.15    | 1     | 0   |        |        |
| 99241 | Office Consultation For A New Or Established Patient, Which Requires A Problem Focused History And Examination, And Straightforward Medical Decision Making   | 24.53    | 1     | 0   |        |        |
| 99242 | Office Consultation For A New Or Established Patient, Which Requires An Expanded Problem Focused History And Examination, And Straightforward Medical Decision Making   | 46.19    | 1     | 0   |        |        |
| 99243 | Office Consultation For A New Or Established Patient, Which Requires A Detailed History And Examination, And Medical Decision Making Of Low Complexity  | 63.02    | 1     | 0   |        |        |
| 99244 | Office Consultation For A New Or Established Patient, Which Requires A Comprehensive History And Examination, And Medical Decision Making Of Moderate Complexity  | 93.10    | 1     | 0   |        |        |
| 99251 | Inpatient Consultation For A New Or Established Patient, Which Requires A Problem Focused History And Examination, And Straightforward Medical Decision Making  | 24.89    | 1     | 0   |        |        |
| 99252 | Inpatient Consultation For A New Or Established Patient, Which Requires An Expanded Problem Focused History And Examination, And Straightforward Medical Decision Making  | 38.32    | 1     | 0   |        |        |
| 99253 | Inpatient Consultation For A New Or Established Patient, Which Requires These Three Components: A Detailed History; A Detailed Examination; Medical Decision Making Of Low Complexity   | 58.37    | 1     | 0   |        |        |
| 99254 | Inpatient Consultation For A New Or Established Patient, Which Requires These Three Components: A Comprehensive History; A Comprehensive Examination; Medical Decision Making Of Moderate Complexity  | 84.15    | 1     | 0   |        |        |
| 99281 | Emergency Department Visit For The Evaluation And Management Of A Patient, Which Requires A Problem Focused History And Examination, And Straightforward Medical Decision Making  | 14.23    | 1     | 0   |        |        |
| 99282 | Emergency Department Visit For The Evaluation And Management Of A Patient, Which Requires An Expanded Problem Focused History And Examination, And Medical Decision Making Of Low Complexity  | 22.04    | 1     | 0   |        |        |
| 99283 | Emergency Department Visit For The Evaluation And Management Of A Patient, Which Requires An Expanded Problem Focused History And Examination, And Medical Decision Making Of Moderate Complexity   | 40.62    | 1     | 0   |        |        |



| Code  | Description   | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|---|----------|-------|-----|--------|--------|
| 99284 | Emergency Department Visit For The Evaluation And Management Of A Patient, Which Requires A Detailed History And Examination, And Medical Decision Making Of Moderate Complexity  | 62.20    | 1     | 0   |        |        |
| 99307 | Subsequent Nursing Facility Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires At Least Two Of These Three Components: A Problem Focused Interval History; A Problem Focused Examination; Straightforward Medical Decision Making                        | 22.92    | 1     | 0   |        |        |
| 99308 | Subsequent Nursing Facility Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires At Least Two Of These Three Components: An Expanded Problem Focused Interval History; An Expanded Problem Focused Examination; Medical Decision Making Of Low Complexity  | 35.63    | 1     | 0   |        |        |
| 99309 | Subsequent Nursing Facility Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires At Least Two Of These Three Components: A Detailed Interval History; An Detailed Examination; Medical Decision Making Of Moderate Complexity                              | 46.73    | 1     | 0   |        |        |
| 99324 | Domiciliary Or Rest Home Visit For The Evaluation And Management Of A New Patient, Which Requires A Problem Focused History And Examination, And Straightforward Medical Decision Making  | 28.65    | 1     | 0   |        |        |
| 99325 | Domiciliary Or Rest Home Visit For The Evaluation And Management Of A New Patient, Which Requires An Expanded Problem Focused History And Examination, And Medical Decision Making Of Low Complexity  | 41.36    | 1     | 0   |        |        |
| 99326 | Domiciliary Or Rest Home Visit For The Evaluation And Management Of A New Patient, Which Requires A Detailed History And Examination, And Medical Decision Making Of Moderate Complexity  | 71.62    | 1     | 0   |        |        |
| 99327 | Domiciliary Or Rest Home Visit For The Evaluation And Management Of A New Patient, Which Requires A Comprehensive History And Examination, And Medical Decision Making Of Moderate Complexity   | 95.61    | 1     | 0   |        |        |
| 99328 | Domiciliary Or Rest Home Visit For The Evaluation And Management Of A New Patient, Which Requires A Comprehensive History And Examination, And Medical Decision Making Of High Complexity   | 111.01   | 1     | 0   |        |        |
| 99334 | Domiciliary Or Rest Home Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least Two Of These Three Components: A Problem Focused Interval History; A Problem Focused Examination; Straightforward Medical Decision Making                       | 31.15    | 1     | 0   |        |        |
| 99335 | Domiciliary Or Rest Home Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least Two Of These Three Components: An Expanded Problem Focused Interval History; An Expanded Problem Focused Examination; Medical Decision Making Of Low Complexity | 48.70    | 1     | 0   |        |        |
| 99336 | Domiciliary Or Rest Home Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least Two Of These Three Components: A Detailed Interval History; A Detailed Examination; Medical Decision Making Of Moderate Complexity                              | 69.11    | 1     | 0   |        |        |
| 99337 | Domiciliary Or Rest Home Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least Two Of These Three Components: A Comprehensive Interval History; A Comprehensive Examination; Medical Decision Making Of Moderate To High Complexity            | 99.01    | 1     | 0   |        |        |

| Code  | Description   | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|---|----------|-------|-----|--------|--------|
| 99339 | Individual Physician Supervision Of A Patient (Patient Not Present) In Home, Domiciliary Or Rest Home (Eg, Assisted Living Facility) Requiring Complex And Multidisciplinary Care Modalities, (Refer To Current Cpt Handbook For Complete Code Description), Within A Calendar Month; 15-29 Minutes | 40.28    | 1     | 0   |        |        |
| 99341 | Home Visit For The Evaluation And Management Of A New Patient, Which Requires A Problem Focused History And Examination, And Straightforward Medical Decision Making  | 28.47    | 1     | 0   |        |        |
| 99342 | Home Visit For The Evaluation And Management Of A New Patient, Which Requires An Expanded Problem Focused History And Examination, And Medical Decision Making Of Low Complexity  | 41.00    | 1     | 0   |        |        |
| 99347 | Home Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least Two Of These Three Components: A Problem Focused Interval History; A Problem Focused Examination; Straightforward Medical Decision Making   | 28.65    | 1     | 0   |        |        |
| 99348 | Home Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least Two Of These Three Components: An Expanded Problem Focused Interval History; An Expanded Problem Focused Examination; Medical Decision Making Of Low Complexity                                     | 43.33    | 1     | 0   |        |        |
| 99349 | Home Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least Two Of These Three Components: A Detailed Interval History; A Detailed Examination; Medical Decision Making Of Moderate Complexity  | 65.71    | 1     | 0   |        |        |
| G0127 | Trimming Of Dystrophic Nails, Any Number  | 12.35    | 1     | 0   |        |        |
| G0245 | Initial Physician Evaluation And Management Of A Diabetic Patient With Diabetic Sensory Neuropathy Resulting In A Loss Of Protective Sensation (Lops), Which Must Include...(Refer To Current Hcpcs Handbook For Complete Code Description)   | 34.20    | 1     | 0   |        |        |
| G0246 | Follow-Up Physician Evaluation And Management Of A Diabetic Patient With Diabetic Sensory Neuropathy Resulting In A Loss Of Protective Sensation (Lops), Which Must Include.. (Refer To Current Hcpcs Handbook For Complete Code Description)   | 20.05    | 1     | 0   |        |        |
| G0247 | Routine Foot Care By A Physician Of A Diabetic Patient With Diabetic Sensory Neuropathy Resulting In A Loss Of Protective Sensation (Lops)...(Refer To Current Hcpcs Handbook For Complete Code Description)  | 27.95    | 1     |     |        |        |
| J0690 | Injection, Cefazolin Sodium, 500 Mg   |          |       | 0   |        |        |
| J0694 | Injection, Cefoxitin Sodium, 1 Gm   |          |       | 0   |        |        |
| J0697 | Injection, Sterile Cefuroxime Sodium, Per 750 Mg  |          |       | 0   |        |        |
| J0698 | Injection, Cefotaxime Sodium, Per Gm  |          |       | 0   |        |        |
| J0702 | Injection, Betamethasone Acetate 3 Mg And Betamethasone Sodium Phosphate 3 Mg   |          |       | 0   |        |        |
| J0720 | Injection, Chloramphenicol Sodium Succinate, Up To 1 Gm   |          |       | 0   |        |        |
| J1020 | Injection, Methylprednisolone Acetate, 20 Mg  |          |       | 0   |        |        |
| J1030 | Injection, Methylprednisolone Acetate, 40 Mg  |          |       | 0   |        |        |
| J1040 | Injection, Methylprednisolone Acetate, 80 Mg  |          |       | 0   |        |        |
| J1100 | Injection, Dexamethasone Sodium Phosphate, 1Mg  |          |       | 0   |        |        |
| J1580 | Injection, Garamycin, Gentamicin, Up To 80 Mg   |          |       | 0   |        |        |

| Code  | Description   | Base Fee | Units | FUD | Spec 1 | Spec 2 |
|-------|---|----------|-------|-----|--------|--------|
| J1670 | Injection, Tetanus Immune Globulin, Human, Up To 250 Units  |          |       | 0   |        |        |
| J1720 | Injection, Hydrocortisone Sodium Succinate, Up To 100 Mg  |          |       | 0   |        |        |
| J1840 | Injection, Kanamycin Sulfate, Up To 500 Mg  |          |       | 0   |        |        |
| J1850 | Injection, Kanamycin Sulfate, Up To 75 Mg   |          |       | 0   |        |        |
| J2010 | Injection, Lincomycin Hcl, Up To 300 Mg   |          |       | 0   |        |        |
| J2510 | Injection, Penicillin G Procaine, Aqueous, Up To 600,000 Units  |          |       | 0   |        |        |
| J2540 | Injection, Penicillin G Potassium, Up To 600,000 Units  |          |       | 0   |        |        |
| J2700 | Injection, Oxacillin Sodium, Up To 250 Mg   |          |       | 0   |        |        |
| J3000 | Injection, Streptomycin, Up To 1 Gm   |          |       | 0   |        |        |
| J3260 | Injection, Tobramycin Sulfate, Up To 80 Mg  |          |       | 0   |        |        |
| J3301 | Injection Triamcinolone Acetonide, Per 10Mg   |          |       | 0   |        |        |
| J3360 | Injection, Diazepam, Up To 5 Mg   |          |       | 0   |        |        |
| J3370 | Injection, Vancomycin Hcl, 500 Mg   |          |       | 0   |        |        |
| Q4037 | Cast Supplies, Short Leg Cast, Adult (11 Years +), Plaster  | 8.44     | 1     | 0   |        |        |
| Q4038 | Cast Supplies, Short Leg Cast, Adult (11 Years +), Fiberglass   | 21.15    | 1     | 0   |        |        |
| Q4039 | Cast Supplies, Short Leg Cast, Pediatric (0-10 Years), Plaster  | 4.23     | 1     | 0   |        |        |
| Q4040 | Cast Supplies, Short Leg Cast, Pediatric (0-10 Years), Fiberglass   | 10.58    | 1     | 0   |        |        |
| Q4045 | Cast Supplies, Short Leg Splint, Adult (11 Years +), Plaster  | 5.96     | 1     | 0   |        |        |
| Q4046 | Cast Supplies, Short Leg Splint, Adult (11 Years +), Fiberglass   | 9.58     | 1     | 0   |        |        |
| Q4047 | Cast Supplies, Short Leg Splint, Pediatric (0-10 Years), Plaster  | 2.98     | 1     | 0   |        |        |
| Q4048 | Cast Supplies, Short Leg Splint, Pediatric (0-10 Years), Fiberglass                                       | 4.80     | 1     | 0   |        |        |
| Q4051 | Splint Supplies, Miscellaneous (Includes Thermoplastics, Strapping, Fastners, Padding And Other Supplies) |          | 1     | 0   |        | PA     |
| Q4101 | Skin Substitute Apligraf, Per Sq Cm   | 26.21    | 44    | 0   |        |        |
| Q4104 | Skin Substitute, Integra Bilayer Matrix Wound Dressing (BMWD), Per Sq Cm                                  | 9.60     | 44    | 0   |        |        |
| Q4106 | Skin Substitute, Dermagraft, Per Sq Cm  | 35.67    | 38    | 0   |        |        |
| Q4112 | Allograft Cymetra Injectable, 1Cc   |          | 1     | 0   |        | PA     |