

PODIATRY FEE SCHEDULE
EFFECTIVE JANUARY 1, 2008

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	FUD	MAX UNITS	SPEC
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARVUNCLE,SUPPURATIVE HIDRADENITIS,	57.58	55.37	10	1	
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	96.99	93.26	10	1	B
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	67.38	64.79	10	1	
10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED	133.74	128.60	10	1	
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	81.67	78.53	10	1	
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	65.54	63.02	10	1	
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	119.86	115.25	10	1	
11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SU	28.38	27.29	0	1	
11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% O	11.64	11.19	0	5	
11004	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING	299.75	288.22	0	1	AS
11005	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING	387.55	372.64	0	1	
11008	REMOVAL OF PROSTHETIC MATERIAL OR MESH, ABDOMINAL WALL FOR INFECTION (EG, F	140.89	135.47	0	1	
11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRAC	238.08	228.92	10	1	
11011	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRAC	259.72	249.73	10	1	
11012	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRAC	347.93	334.55	10	1	
11040	DEBRIDEMENT; SKIN, PARTIAL THICKNESS	25.32	24.35	0	1	
11041	DEBRIDEMENT; SKIN, FULL THICKNESS	29.00	27.88	0	1	
11042	DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE	38.39	36.91	0	1	
11043	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE	140.28	134.88	10	1	
11044	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE	191.53	184.16	10	1	
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SIN	26.34	25.33	0	1	
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO	31.86	30.63	0	1	
11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MOR	38.39	36.91	0	1	
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPL	55.54	53.40	0	1	
11101	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPL	17.15	16.49	0	6	
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AND	42.06	40.44	10	1	
11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; EACH ADDITION	9.60	9.23	0	1	B
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	35.33	33.97	0	1	
11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	49.00	47.12	0	1	
11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	58.40	56.15	0	1	
11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	68.19	65.57	0	1	
11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS,	36.96	35.54	0	1	
11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, F	50.85	48.89	0	1	
11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, F	59.42	57.13	0	1	
11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, F	66.36	63.81	0	1	
11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	57.38	55.17	10	1	B
11401	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	72.28	69.50	10	1	B
11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	80.65	77.55	10	1	B
11403	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	92.70	89.13	10	1	
11404	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	105.15	101.11	10	1	B
11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	149.67	143.91	10	1	B
11420	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	59.62	57.33	10	1	

11421	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	77.39	74.41	10	1	B
11422	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	86.78	83.44	10	1	B
11423	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	100.05	96.20	10	1	B
11424	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	115.77	111.32	10	1	B
11426	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	164.78	158.44	10	1	B
11600	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	90.25	86.78	10	1	
11601	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	113.93	109.55	10	1	
11602	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	126.39	121.53	10	1	
11603	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	142.52	137.04	10	1	
11604	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	156.41	150.39	10	1	
11606	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	221.14	212.63	10	1	
11620	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GEN	92.50	88.94	10	1	
11621	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GEN	115.56	111.12	10	1	
11622	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GEN	130.68	125.65	10	1	
11623	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GEN	150.69	144.89	10	1	
11624	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GEN	168.86	162.37	10	1	
11626	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GEN	203.57	195.74	10	1	
11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER MEDICARE CROSSOVER ONLY	11.64	11.19	90	1	
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE	16.95	16.30	0	1	
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE	23.68	22.77	0	1	
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	52.48	50.46	0	1	
11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL P	24.29	23.36	0	4	
11740	EVACUATION OF SUBUNGUAL HEMATOMA	24.71	23.76	30	1	
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFO	113.93	109.55	10	1	B
11752	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFO	161.11	154.91	10	1	B
11755	BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIIUM, PROXIMAL AND LATE	71.05	68.32	0	1	
11760	REPAIR OF NAIL BED	106.38	102.29	10	1	B
11762	RECONSTRUCTION OF NAIL BED WITH GRAFT	142.31	136.84	10	1	B
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	70.65	67.93	10	1	B
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS	29.81	28.66	0	1	
11901	INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS	37.58	36.13	0	1	
11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT	467.58	449.60	90	1	
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	307.91	296.07	90	1	
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	71.47	68.72	0	1	
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	81.06	77.94	0	1	
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	125.99	121.14	0	1	
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENI	73.51	70.68	10	1	
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENI	78.61	75.59	10	1	
12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENI	92.90	89.33	10	1	
12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENIT	115.77	111.32	10	1	
12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENIT	144.77	139.20	10	1	
12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENIT	162.13	155.89	10	1	
12031	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLU	127.41	122.51	10	1	
12032	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLU	160.69	154.51	10	1	
12034	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUD	159.27	153.14	10	1	
12035	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUD	186.42	179.25	10	1	
12036	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUD	204.59	196.72	10	1	
12037	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUD	231.34	222.44	10	1	
12041	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.	131.70	126.63	10	1	
12042	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6	151.70	145.87	10	1	
12044	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6	180.50	173.56	10	1	

12045	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.	185.61	178.47	10	1	
12046	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 20.	213.57	205.36	10	1	
12047	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVE	239.71	230.49	10	1	AS
13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM	166.62	160.21	10	1	
13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	231.34	222.44	10	1	
13122	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS (LI	60.43	58.11	0	3	
13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H	185.19	178.07	10	1	
13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H	299.95	288.41	10	1	
13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED	416.54	400.52	90	1	
14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT	374.47	360.07	90	1	
14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT	499.44	480.23	90	1	
14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N	393.27	378.14	90	1	
14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N	550.89	529.70	90	1	
14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE	389.18	374.21	90	1	
15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	170.70	164.13	0	1	AS
15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	36.96	35.54	0	20	AS
15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	205.82	197.90	0	1	AS
15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	62.48	60.08	0	20	AS
15050	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTH	277.08	266.42	90	1	
15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR O	424.50	408.17	90	1	
15101	SPLIT GRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITION	90.46	86.98	90	20	
15110	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PER	427.56	411.12	90	1	
15111	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH	60.85	58.51	0	20	
15115	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENIT	440.43	423.49	90	1	
15116	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENIT	82.09	78.93	0	1	
15120	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	479.22	460.79	90	1	
15121	SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA	132.11	127.03	90	20	
15130	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCEN	333.64	320.81	0	1	
15131	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADD	48.39	46.53	90	4	
15135	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALI	441.66	424.67	90	1	
15136	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALI	48.18	46.33	0	4	
15150	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM OR L	357.12	343.38	90	1	
15151	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; ADDITIONAL 1 SQ CM	64.52	62.04	0	2	
15152	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100	79.63	76.57	0	4	
15155	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EAR	383.05	368.32	90	1	
15156	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EAR	86.99	83.64	0	2	
15157	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EAR	96.58	92.87	0	4	
15170	ACELLULAR DERMAL REPLACEMENT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, O	215.42	207.13	90	1	
15171	ACELLULAR DERMAL REPLACEMENT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM,	47.78	45.94	0	4	
15175	ACELLULAR DERMAL REPLACEMENT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBI	271.16	260.73	90	1	
15176	ACELLULAR DERMAL REPLACEMENT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBI	77.18	74.21	0	4	
15220	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP,	393.27	378.14	90	1	
15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP,	68.40	65.77	90	10	
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA	471.87	453.72	90	1	
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA	94.54	90.90	90	10	
15300	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, TRUNK, ARMS, LEGS; FIRST 100 SQ	175.19	168.45	90	1	
15301	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, TRUNK, ARMS, LEGS; EACH ADDITIO	32.67	31.41	0	20	
15320	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUTH, NE	198.46	190.83	90	1	
15321	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUTH, NE	49.00	47.12	0	4	
15330	ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR	162.94	156.67	90	1	
15331	ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, O	33.28	32.00	0	4	

15335	ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS	170.90	164.33	90	1	
15336	ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS	48.39	46.53	0	4	
15340	TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE; FIRST 25 SQ CM OR LESS	160.49	154.32	10	1	
15341	TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE; EACH ADDITIONAL 25 SQ CM	24.50	23.56	0	2	
15360	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE; TRUNK, ARMS, LEGS; FIRST 100	188.05	180.82	90	1	
15361	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE; EACH ADDITIONAL 100 SQ CM, OR	36.55	35.14	0	4	
15365	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE, FACE, SCALP, EYELIDS, MOUTH,	181.52	174.54	90	1	
15366	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE, FACE, SCALP, EYELIDS, MOUTH,	46.76	44.96	0	4	
15400	XENOGRAFT, SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE; TRUNK, ARMS, LEGS; F	201.13	193.39	90	1	
15401	XENOGRAFT, SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE; EACH ADDITIONAL 100	43.90	42.21	0	10	
15420	XENOGRAFT SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS,	221.33	212.82	90	1	
15421	XENOGRAFT SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS,	58.60	56.35	0	4	
15430	ACELLULAR XENOGRAFT IMPLANT; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BOD	269.53	259.16	90	1	
15431	ACELLULAR XENOGRAFT IMPLANT; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL	59.44	57.15	0	20	
15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD, C	454.72	437.23	90	1	
15610	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, ARMS, O	171.11	164.53	90	1	
15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEE	213.17	204.97	90	1	
15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDO	605.40	582.12	90	1	AS
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDO	306.17	294.39	90	1	AS
15999	UNLISTED PROCEDURE, EXCISION PRESSURE ULCER	0.00	0.00	90	1	R
16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQU	40.63	39.07	0	1	
16035	ESCHAROTOMY; INITIAL INCISION	110.67	106.41	90	1	
16036	ESCHAROTOMY; EACH ADDITIONAL INCISION (LIST SEPARATELY IN ADDITION TO CODE	44.11	42.41	0	6	
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	42.06	40.44	10	1	
17003	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETT	3.67	3.53	0	13	
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	89.23	85.80	10	1	
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	51.25	49.28	10	1	
17111	DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; 1	66.15	63.61	10	1	
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR FISTUL	38.39	36.91	0	1	
17270	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGE	78.21	75.20	10	1	
17271	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITA	86.37	83.05	10	1	
17272	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITA	98.62	94.83	10	1	
17273	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITA	109.44	105.23	10	1	
17274	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITA	129.04	124.08	10	1	
17276	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITA	148.44	142.73	10	1	
17314	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	195.00	187.50	0	1	AS
20000	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFIC	105.56	101.50	10	1	
20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR C	156.81	150.78	10	1	
20103	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY	283.20	272.31	10	1	
20200	BIOPSY, MUSCLE; SUPERFICIAL	97.60	93.85	0	1	
20205	BIOPSY, MUSCLE; DEEP	132.92	127.81	0	1	
20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS P	41.45	39.86	0	1	
20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR)	63.50	61.06	0	1	
20240	BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS,	116.59	112.11	10	1	
20245	BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)	323.22	310.79	10	1	
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	95.76	92.08	10	1	
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	227.26	218.52	10	1	
20550	INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLANTAR '	30.01	28.86	0	1	
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FING	28.59	27.49	0	1	B
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (E	30.63	29.45	0	1	B
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, SHO	40.23	38.68	0	1	B

20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	30.63	29.45	0	1	
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	106.38	102.29	10	1	
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING	102.50	98.56	10	1	
20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P	177.03	170.22	10	1	
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, RO	298.11	286.64	90	1	B
20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNA	288.92	277.81	0	1	
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE	548.44	527.35	0	1	AS
20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG	233.58	224.60	90	1	
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	208.68	200.65	90	1	
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	325.47	312.95	90	1	AS
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	311.58	299.60	90	1	AS
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	257.28	247.38	90	1	AS
20926	TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)	226.03	217.34	90	1	
20974	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NONOPERATIVE)	34.91	33.57	0	1	
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	93.31	89.72	0	1	AS
25520	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE AND CLOSED TREATMENT OF DISLOCATI	268.09	257.78	90	1	B
26535	ARTHROPLASTY, INTERPHALANGEAL JOINT; EACH JOINT	206.23	198.30	90	1	
26536	ARTHROPLASTY, INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	339.97	326.89	90	1	
27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEM	433.48	416.81	90	1	B AS
27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY	216.43	208.11	90	1	B
27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY	222.97	214.39	90	1	B
27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPA	267.48	257.19	90	1	B AS
27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA	263.60	253.46	90	1	B
27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA	238.69	229.51	90	1	B
27605	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); LOCAL ANESTHE	172.74	166.10	10	1	B
27606	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANEST	152.53	146.66	10	1	B
27607	INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	316.90	304.71	90	1	B
27610	ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN B	337.31	324.34	90	1	B
27612	ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TEN	292.40	281.15	90	1	B AS
27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL	128.64	123.69	10	1	B
27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR	290.96	279.77	90	1	B
27615	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR	450.23	432.91	90	1	B
27618	EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS TISSUE	251.15	241.49	90	1	B
27619	EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	402.66	387.17	90	1	B
27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR	236.44	227.35	90	1	B AS
27625	ARTHROTOMY, ANKLE, WITH SYNOVECTOMY;	309.34	297.44	90	1	B AS
27626	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY	331.59	318.84	90	1	B AS
27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG	277.28	266.62	90	1	B
27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;	303.21	291.55	90	1	B
27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH A	382.65	367.93	90	1	B AS
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH A	403.68	388.15	90	1	B AS
27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	438.18	421.33	90	1	B
27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (352.83	339.26	90	1	B
27645	RADICAL RESECTION OF TUMOR, BONE; TIBIA	529.66	509.29	90	1	B AS
27646	RESECTION FOR TUMOR, RADICAL; FIBULA	467.79	449.80	90	1	B AS
27647	RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS	431.85	415.24	90	1	B AS
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	80.04	76.96	0	1	B
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	361.20	347.31	90	1	B AS
27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT	383.86	369.10	90	1	B
27654	REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	365.29	351.24	90	1	B AS
27656	REPAIR, FASCIAL DEFECT OF LEG	270.95	260.53	90	1	B AS

27658	REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	198.27	190.64	90	1	AS
27659	REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	260.54	250.52	90	1	AS
27664	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	189.49	182.20	90	1	
27665	REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	218.07	209.68	90	1	AS
27675	REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOATOMY	265.84	255.62	90	1	B AS
27676	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOATOMY	320.78	308.44	90	1	B AS
27680	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH TENDON	222.15	213.61	90	1	
27681	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULTIPLE TENDONS (T	269.12	258.77	90	1	
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE	333.23	320.41	90	1	B AS
27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS (THROUG	289.33	278.20	90	1	
27687	GASTROCNEMIUS RECESSIO (EG, STRAYER PROCEDURE)	240.32	231.08	90	1	B AS
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI	319.76	307.46	90	1	B AS
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI	379.37	364.78	90	1	B AS
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI	59.22	56.94	90	5	B AS
27695	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL	255.43	245.61	90	1	B
27696	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; BOTH COLLATERAL	306.28	294.50	90	1	B
27698	REPAIR, SECONDARY DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES P	343.65	330.43	90	1	B AS
27700	ARTHROPLASTY, ANKLE;	327.71	315.11	90	1	B AS
27702	ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")	516.80	496.92	90	1	B AS
27704	REMOVAL OF ANKLE IMPLANT	297.70	286.25	90	1	B
27705	OSTEOTOMY; TIBIA	398.36	383.04	90	1	B AS
27707	OSTEOTOMY; FIBULA	202.55	194.76	90	1	B
27709	OSTEOTOMY; TIBIA AND FIBULA	592.55	569.76	90	1	B AS
27712	OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIELD TY	563.56	541.88	90	1	B AS
27715	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING	549.26	528.13	90	1	B AS
27720	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION TECH	453.29	435.86	90	1	B AS
27722	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT	454.52	437.04	90	1	B AS
27724	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT (INCLU	666.46	640.83	90	1	B AS
27725	REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY METH	621.95	598.03	90	1	B AS
27726	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION	475.96	457.65	90	1	B
27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	534.97	514.39	90	1	B AS
27730	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA	298.72	287.23	90	1	B
27732	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FIBULA	210.52	202.42	90	1	B
27734	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA AND FIBULA	331.59	318.84	90	1	B
27740	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DIS	361.82	347.90	90	1	B AS
27742	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DIS	344.86	331.60	90	1	B AS
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	390.60	375.58	90	1	B AS
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE	166.00	159.62	90	1	B
27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE	267.69	257.39	90	1	B
27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FI	291.17	279.97	90	1	B AS
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE)	458.81	441.16	90	1	B AS
27759	TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY IN	518.01	498.09	90	1	B AS
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION	160.28	154.12	90	1	B
27762	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR W	238.08	228.92	90	1	B
27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WH	312.41	300.39	90	1	B
27767	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	131.09	126.05	90	1	B AS
27768	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION	206.02	198.10	90	1	B AS
27769	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION,	357.94	344.17	90	1	B AS
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	142.93	137.43	90	1	B
27781	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION	205.82	197.90	90	1	B
27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, INCLUDES INTERNAL FIXA	359.16	345.35	90	1	B

27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT MA	151.51	145.68	90	1	B
27788	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH MANIP	208.88	200.85	90	1	B
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), INCLUDES INT	360.99	347.11	90	1	B
27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALL	158.65	152.55	90	1	B
27810	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALL	233.39	224.41	90	1	B
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEO	399.39	384.03	90	1	B AS
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	150.69	144.89	90	1	B
27818	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION	240.94	231.67	90	1	B
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION,	432.06	415.44	90	1	B AS
27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION,	493.72	474.73	90	1	B AS
27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL	149.05	143.32	90	1	B
27825	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL	273.60	263.08	90	1	B
27826	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORTION OF D	420.62	404.44	90	1	B AS
27827	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORTION OF D	555.18	533.83	90	1	B AS
27828	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORTION OF D	665.64	640.04	90	1	B AS
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, INCLU	338.14	325.13	90	1	B AS
27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTH	173.15	166.49	90	1	B
27831	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING ANES	192.14	184.75	90	1	B
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, INCLUDES INTERNA	364.88	350.85	90	1	B AS
27840	CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA	178.87	171.99	90	1	B
27842	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOU	248.90	239.33	90	1	B
27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	380.60	365.96	90	1	B AS
27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	425.32	408.96	90	1	B AS
27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TR	90.66	87.17	10	1	
27870	ARTHRODESIS, ANKLE, OPEN	544.36	523.42	90	1	B AS
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	358.34	344.56	90	1	B AS
27899	UNLISTED PROCEDURE, LEG OR ANKLE	0.00	0.00	90	1	R B
28001	INCISION AND DRAINAGE, BURSA, FOOT	144.56	139.00	10	1	
28002	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEME	266.87	256.61	10	1	
28003	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT T	364.47	350.45	90	1	
28005	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), FOOT	326.49	313.93	90	1	
28008	FASCIOTOMY, FOOT AND/OR TOE	229.51	220.68	90	1	
28010	TENOTOMY, PERCUTANEOUS, TOE; SINGLE TENDON	124.76	119.96	90	1	
28011	TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TENDONS	175.19	168.45	90	1	
28020	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN	268.51	258.18	90	1	
28022	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY;	250.54	240.90	90	1	
28024	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY;	236.25	227.16	90	1	
28035	RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION)	267.89	257.59	90	1	
28043	EXCISION, TUMOR, FOOT; SUBCUTANEOUS TISSUE	180.09	173.16	90	1	B
28045	EXCISION, TUMOR, FOOT; DEEP, SUBFASCIAL, INTRAMUSCULAR	253.80	244.04	90	1	B
28046	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT	454.93	437.43	90	1	B
28050	ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	241.96	232.65	90	1	B
28052	ARTHROTOMY FOR SYNOVIAL BIOPSY; METATARSOPHALANGEAL JOINT	220.72	212.23	90	1	B
28054	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT	208.27	200.26	90	1	B
28060	FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	266.87	256.61	90	1	B
28062	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)	311.18	299.21	90	1	
28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH	270.55	260.14	90	1	
28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	263.00	252.88	90	1	
28080	EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	261.15	251.11	90	1	
28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	274.83	264.26	90	1	B AS
28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR	235.02	225.98	90	1	B

28090	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOM	241.34	232.06	90	1	B	
28092	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOM	217.45	209.09	90	1		
28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	298.93	287.43	90	1	B	AS
28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WIT	234.81	225.78	90	1	B	AS
28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL, E	267.48	257.19	90	1		AS
28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BO	253.80	244.04	90	1		AS
28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BO	287.08	276.04	90	1		AS
28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT	226.44	217.73	90	1		
28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE P	236.86	227.75	90	1	B	
28111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD	261.97	251.89	90	1	B	
28112	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURT	251.96	242.27	90	1	B	
28113	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	303.83	292.14	90	1	B	
28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL P	539.67	518.91	90	1	B	AS
28116	OSTECTOMY, EXCISION OF TARSAL COALITION	396.53	381.28	90	1	B	
28118	OSTECTOMY, CALCANEUS;	302.00	290.38	90	1	B	AS
28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE	273.00	262.50	90	1	B	
28120	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSE	296.07	284.68	90	1	B	
28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSE	347.32	333.96	90	1	B	AS
28124	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSE	250.33	240.70	90	1	B	
28126	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE	203.57	195.74	90	1		
28130	TALECTOMY (ASTRAGALECTOMY)	341.40	328.27	90	1	B	AS
28140	METATARSECTOMY	322.00	309.62	90	1		
28150	PHALANGECTOMY, TOE, EACH TOE	225.21	216.55	90	1		
28153	RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE	212.15	203.99	90	1		
28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END OF P	216.24	207.92	90	1		
28171	RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CALCANEUS)	335.68	322.77	90	1		AS
28173	RADICAL RESECTION OF TUMOR, BONE; METATARSAL	386.11	371.26	90	1		
28175	RADICAL RESECTION OF TUMOR, BONE; PHALANX OF TOE	286.68	275.65	90	1		
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	126.80	121.92	10	1	B	
28192	REMOVAL OF FOREIGN BODY, FOOT; DEEP	245.43	235.99	90	1	B	
28193	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED	283.00	272.12	90	1	B	
28200	REPAIR, TENDON, FLEXOR, FOOT; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EAC	247.88	238.35	90	1		
28202	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY WITH FREE GRAFT	319.34	307.06	90	1		AS
28208	REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH TENDON	238.90	229.71	90	1		
28210	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GRA	303.21	291.55	90	1		AS
28220	TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON	236.25	227.16	90	1		
28222	TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS	271.37	260.93	90	1		
28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON	207.86	199.87	90	1		
28226	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TENDONS	246.04	236.58	90	1		
28230	TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SINGLE OR MULTIPLE TENDON(S) (SEPARATE	226.65	217.93	90	1		
28232	TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE PROCEDURE)	200.30	192.60	90	1		
28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON	207.66	199.67	90	1		
28238	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCE	353.24	339.65	90	1	B	AS
28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	231.55	222.64	90	1	B	
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE P	293.01	281.74	90	1	B	AS
28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	360.80	346.92	90	1	B	AS
28261	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING	513.73	493.97	90	1	B	
28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY	717.71	690.11	90	1	B	AS
28264	CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)	457.17	439.59	90	1	B	AS
28270	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, EACH J	252.38	242.67	90	1	B	
28272	CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE)	207.04	199.08	90	1	B	

28280	SYNDACTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDURE)	270.75	260.34	90	1	B
28285	CORRECTION, HAMMERTOES (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL PHALANG	244.00	234.62	90	1	
28286	CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-MORA TYP	239.10	229.90	90	1	
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH META	307.51	295.68	90	1	
28289	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEAS	378.97	364.39	90	1	B AS
28290	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; SIMPLE	300.77	289.20	90	1	B
28292	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; KELLER,	407.96	392.27	90	1	B AS
28293	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; RESECTIO	545.38	524.40	90	1	B AS
28294	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WITH TE	391.62	376.56	90	1	B AS
28296	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH MET	410.00	394.23	90	1	B AS
28297	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS	430.83	414.26	90	1	B AS
28298	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY PHALA	374.89	360.47	90	1	B AS
28299	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY DOUB	475.96	457.65	90	1	B AS
28300	OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOU	350.99	337.49	90	1	B AS
28302	OSTEOTOMY; TALUS	352.22	338.67	90	1	B AS
28304	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	410.82	395.02	90	1	B AS
28305	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INC	361.20	347.31	90	1	AS
28306	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, M	309.75	297.84	90	1	B AS
28307	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, M	338.33	325.32	90	1	
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, M	285.45	274.47	90	1	AS
28309	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, M	483.92	465.31	90	1	
28310	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX,	280.34	269.56	90	1	
28312	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES	257.47	247.57	90	1	
28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY (EG,	266.67	256.41	90	1	
28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	249.52	239.92	90	1	B
28320	REPAIR, NONUNION OR MALUNION; TARSAL BONES	334.26	321.40	90	1	AS
28322	REPAIR OF NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INC	396.73	381.47	90	1	AS
28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	326.29	313.74	90	1	
28341	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION	371.82	357.52	90	1	
28344	RECONSTRUCTION, TOE(S); POLYDACTYLY	229.51	220.68	90	1	
28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB	294.03	282.72	90	1	
28360	RECONSTRUCTION, CLEFT FOOT	475.96	457.65	90	1	AS
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	121.28	116.62	90	1	B
28405	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION	199.90	192.21	90	1	B
28406	PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATION	267.69	257.39	90	1	B
28415	OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERF	589.69	567.01	90	1	B AS
28420	OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERF	620.32	596.46	90	1	B AS
28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	113.73	109.36	90	1	B
28435	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION	163.14	156.87	90	1	B
28445	OPEN TREATMENT OF TALUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORME	563.75	542.07	90	1	B AS
28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT MAN	105.15	101.11	90	1	B
28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH MANIPU	149.67	143.91	90	1	
28456	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CA	141.29	135.86	90	1	
28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), INCLUD	322.82	310.40	90	1	
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	103.93	99.93	90	1	B
28475	CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH	133.54	128.40	90	1	
28476	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATION, E	170.08	163.54	90	1	
28485	OPEN TREATMENT OF METATARSAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PER	279.13	268.39	90	1	
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT MANIP	68.40	65.77	90	1	B
28495	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULA	87.39	84.03	90	1	
28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES,	207.66	199.67	90	1	

28505	OPEN TREATMENT OF FRACTURE, GREAT TOE, PHALANX OR PHALANGES, INCLUDES INTER	332.82	320.02	90	1	
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; W	60.24	57.92	90	1	B
28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; W	79.63	76.57	90	1	
28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, INC	287.29	276.24	90	1	
28530	CLOSED TREATMENT OF SESAMOID FRACTURE	57.99	55.76	90	1	B
28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WITHOUT	104.34	100.33	90	1	B
28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRI	128.85	123.89	90	1	
28546	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN TALOT	242.16	232.85	90	1	
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN	435.73	418.97	90	1	AS
28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	90.25	86.78	90	1	B
28575	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	170.70	164.13	90	1	
28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH MANIPU	188.46	181.21	90	1	
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	484.73	466.09	90	1	AS
28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	107.00	102.88	90	1	B
28605	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	144.36	138.81	90	1	
28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, WITH M	202.35	194.57	90	1	
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXA	406.33	390.70	90	1	B AS
28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANEST	91.06	87.56	10	1	
28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WI	154.98	149.02	10	1	
28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL	330.57	317.86	90	1	
28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESI	82.09	78.93	10	1	
28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH M	100.46	96.60	10	1	
28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXA	288.92	277.81	90	1	
28705	ARTHRODESIS; PANTALAR	691.58	664.98	90	1	AS
28715	ARTHRODESIS; TRIPLE	511.69	492.01	90	1	AS
28725	ARTHRODESIS; SUBTALAR	421.84	405.62	90	1	AS
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	442.68	425.65	90	1	AS
28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OST	422.46	406.21	90	1	AS
28737	ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL NAV	375.09	360.66	90	1	AS
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	432.46	415.83	90	1	AS
28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	413.88	397.96	90	1	B
28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	259.31	249.34	90	1	B
28760	ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NEC	405.52	389.92	90	1	B AS
28800	AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART TYPE PROCEDURE)	302.40	290.77	90	1	B AS
28805	AMPUTATION, FOOT; TRANSMETATARSAL	400.82	385.40	90	1	B
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE	233.58	224.60	90	1	
28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	268.51	258.18	90	1	
28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT	231.55	222.64	90	1	
28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING	170.29	163.74	0	1	
28899	UNLISTED PROCEDURE, FOOT OR TOES	0.00	0.00	90	1	R
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	67.38	64.79	0	1	B
29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYPE	69.63	66.95	0	1	B
29358	APPLICATION OF LONG LEG CAST BRACE	75.35	72.45	0	1	B
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	60.43	58.11	0	1	B
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	44.92	43.19	0	1	B
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY T	48.60	46.73	0	1	B
29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	59.42	57.13	0	1	B
29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST	26.34	25.33	0	1	B
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	73.72	70.88	0	1	B
29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHORT LE	80.44	77.35	0	1	B
29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	37.58	36.13	0	1	B

29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	36.35	34.95	0	1	B
29540	STRAPPING; ANKLE AND/OR FOOT	22.87	21.99	0	1	B
29550	STRAPPING; TOES	22.26	21.40	0	1	
29580	STRAPPING; UNNA BOOT	27.15	26.11	0	1	B
29590	DENIS-BROWNE SPLINT STRAPPING	29.40	28.27	0	1	
29799	UNLISTED PROCEDURE, CASTING OR STRAPPING	0.00	0.00	0	1	R
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RE	506.99	487.49	90	1	B AS
29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR R	623.99	599.99	90	1	B AS
29891	ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND	357.53	343.78	90	1	B AS
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDROITIS DISSECANS LESION, TA	364.88	350.85	90	1	B AS
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	317.51	305.30	90	1	B AS
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMO	268.09	257.78	90	1	B AS
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTO	258.70	248.75	90	1	B AS
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEME	269.93	259.55	90	1	B AS
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEME	304.23	292.53	90	1	B AS
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKL	547.83	526.76	90	1	B AS
33261	OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULMONARY	897.40	862.88	90	1	AS
50382	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL	161.11	154.91	0	1	B
50384	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA PERCU	146.40	140.77	0	1	B
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	54.72	52.62	0	1	
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	112.10	107.79	10	1	
64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT	242.99	233.64	90	1	
64704	NEUROPLASTY; NERVE OF HAND OR FOOT	173.56	166.88	90	1	AS
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED	232.37	223.43	90	1	AS
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	167.84	161.38	90	1	AS
64726	DECOMPRESSION; PLANTAR DIGITAL NERVE	154.16	148.23	90	1	
64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY	97.40	93.65	90	1	
64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE	213.78	205.56	90	1	
64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT	204.39	196.53	90	1	
64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY	97.60	93.85	90	1	
64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE	241.76	232.46	90	1	
64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT	114.14	109.75	90	1	
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION	132.92	127.81	90	1	
64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE	202.76	194.96	90	1	
64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE	430.02	413.48	90	1	
64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TY	541.09	520.28	90	1	AS
64795	BIOPSY OF NERVE	101.28	97.38	0	1	
64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE	372.84	358.50	90	1	
64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE (LIST	180.09	173.16	90	4	
64834	SUTURE OF ONE NERVE; HAND OR FOOT, COMMON SENSORY NERVE	381.83	367.14	90	1	
64835	SUTURE OF ONE NERVE; MEDIAN MOTOR THENAR	413.47	397.57	90	1	AS
64836	SUTURE OF ONE NERVE; ULNAR MOTOR	415.52	399.54	90	1	AS
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDITION	199.90	192.21	90	4	AS
64840	SUTURE OF POSTERIOR TIBIAL NERVE	464.72	446.85	90	1	AS
64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING TRA	521.70	501.63	90	1	
64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANS	544.56	523.62	90	1	AS
73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	15.92	15.31	0	1	
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	15.11	14.53	0	1	
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	15.72	15.12	0	2	
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	15.31	14.72	0	1	B
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	17.97	17.28	0	1	

73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND I	54.92	52.81	0	1	
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	14.50	13.94	0	1	B
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	17.36	16.69	0	1	
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	15.11	14.53	0	1	
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	16.34	15.71	0	1	
73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	159.27	153.14	0	1	
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT;	328.13	315.51	0	1	
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT;	451.05	433.70	0	1	
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH	320.16	307.85	0	1	
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH	421.65	405.43	0	1	
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN	61.66	59.29	0	1	
76880	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL TIME WITH IMAGE DOCUMENTATION	79.42	76.37	0	1	
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOB	NA	3.00	0	4	
81007	URINALYSIS; BACTERIURIA SCREEN, EXCEPT BY CULTURE OR DIPSTICK	NA	1.50	0	1	
81099	UNLISTED URINALYSIS PROCEDURE	NA	0.00	0	1	R
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	NA	3.00	0	10	
82948	GLUCOSE; BLOOD, REAGENT STRIP	NA	3.00	0	10	
82951	GLUCOSE; TOLERANCE TEST (GTT), THREE SPECIMENS (INCLUDES GLUCOSE)	NA	13.00	0	1	
83051	HEMOGLOBIN; PLASMA	NA	6.00	0	1	
84478	TRIGLYCERIDES	NA	6.00	0	1	
84520	UREA NITROGEN; QUANTITATIVE	NA	3.50	0	1	
84525	UREA NITROGEN; SEMIQUANTITATIVE (EG, REAGENT STRIP TEST)	NA	2.00	0	1	
84550	URIC ACID; BLOOD	NA	4.00	0	1	
84999	UNLISTED CHEMISTRY PROCEDURE	NA	0.00	0	1	R
85014	BLOOD COUNT; HEMATOCRIT (HCT)	NA	2.00	0	10	
85018	BLOOD COUNT; HEMOGLOBIN (HGB)	NA	2.00	0	10	
85041	BLOOD COUNT; RED BLOOD CELL (RBC), AUTOMATED	NA	2.00	0	1	
85045	BLOOD COUNT; RETICULOCYTE, AUTOMATED	NA	4.00	0	1	
85048	BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED	NA	2.00	0	1	
85170	CLOT RETRACTION	NA	3.50	0	1	
85345	COAGULATION TIME; LEE AND WHITE	NA	4.00	0	2	
85610	PROTHROMBIN TIME;	NA	3.50	0	1	
85999	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE	NA	0.00	0	1	R
86687	ANTIBODY; HTLV I	NA	9.00	0	1	
86689	ANTIBODY; HTLV OR HIV ANTIBODY, CONFIRMATORY TEST (EG, WESTERN BLOT)	NA	14.50	0	1	
87040	CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH ISOLATION AND PRESUMPTIVE IDENTIFI	NA	10.50	0	3	
87070	CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOOD OR STOOL, AEROBIC,	NA	8.50	0	3	
87075	CULTURE, BACTERIAL; ANY SOURCE, EXCEPT BLOOD, ANAEROBIC WITH ISOLATION AND	NA	9.50	0	1	
87081	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY;	NA	5.00	0	1	
87084	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY, BY COMMERCIAL K	NA	8.50	0	1	
87101	CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICATION O	NA	8.00	0	1	
87181	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; AGAR DILUTION METHOD, PER AGEN	NA	0.50	0	1	
87184	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; DISK METHOD, PER PLATE (12 OR	NA	7.00	0	1	
87220	TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR NAILS FOR FU	NA	4.00	0	1	
87999	UNLISTED MICROBIOLOGY PROCEDURE	NA	0.00	0	1	R
88329	PATHOLOGY CONSULTATION DURING SURGERY;	27.56	26.50	0	1	
88347	IMMUNOFLUORESCENT STUDY, EACH ANTIBODY; INDIRECT METHOD	45.33	43.59	0	1	
93922	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, SINGL	71.67	68.91	0	1	
93923	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, MULTI	110.05	105.82	0	1	
93924	NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST AND FO	137.62	132.33	0	1	
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE	183.56	176.50	0	1	

93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE BILATERAL STU	71.47	68.72	0	1	
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER	149.87	144.11	0	1	
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXTREMIT	8.78	8.44	0	3	
95903	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE, ANY/ALL	33.69	32.39	0	4	B
95904	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; SENSORY	24.91	23.95	0	6	B
95934	H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD GASTROCNEMIUS/SOLEUS MUSCLE	28.59	27.49	0	1	B
95999	UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC PROCEDURE	0.00	0.00	0	1	R
97018	PHYSICAL MEDICINE TREATMENT TO ONE AREA; PARAFFIN BATH	4.90	4.71	0	4	
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND; NON-SELECTIVE DEBRIDEMENT, WITHOU	21.53	20.70	0	1	
97605	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION),	19.80	19.04	0	1	
97606	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION),	21.24	20.42	0	1	
99050	SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFF	7.57	7.28	0	1	
99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER	0.00	0.00	0	0	R
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	32.45	31.20	0	1	
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	34.02	32.71	0	1	
99203	OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED	50.63	48.68	0	1	
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	71.59	68.84	0	1	
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	90.98	87.48	0	1	
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	12.98	12.48	0	1	
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	22.71	21.84	0	1	
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	27.67	26.61	0	1	
99214	OFFICE OR OUTPATIENT VISIT FOR THE EVAL AND MANAGEMENT OF AN EST. PATIENT,	43.12	41.46	0	1	
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	62.69	60.28	0	1	
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	50.85	48.89	0	1	
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	68.81	66.16	0	1	
99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	101.68	97.77	0	1	
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	21.03	20.22	0	1	
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	37.77	36.32	0	1	
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	54.11	52.03	0	1	
99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	37.16	35.73	0	1	
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	53.90	51.83	0	1	
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	27.56	26.50	0	1	
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	51.46	49.48	0	1	
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	70.65	67.93	0	1	
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	104.34	100.33	0	1	
99251	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	27.77	26.70	0	1	
99252	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	42.47	40.84	0	1	
99253	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	64.93	62.43	0	1	
99254	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	94.13	90.51	0	1	
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	14.80	14.23	0	1	
99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	22.92	22.04	0	1	
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	42.24	40.62	0	1	
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	64.69	62.20	0	1	
99307	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	22.46	21.60	0	1	
99308	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	34.10	32.79	0	1	
99309	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	45.33	43.59	0	1	
99324	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	30.42	29.25	0	1	
99325	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	43.70	42.02	0	1	
99326	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	72.49	69.70	0	1	
99327	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	94.13	90.51	0	1	
99328	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	110.47	106.22	0	1	

99334	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	31.45	30.24	0	1
99335	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	48.39	46.53	0	1
99336	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	67.79	65.18	0	1
99337	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	96.78	93.06	0	1
99339	INDIVIDUAL PHYSICIAN SUPERVISION OF A PATIENT (PATIENT NOT PRESENT) IN HOME	0.00	0.00	0	1
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	30.42	29.25	0	1
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	43.90	42.21	0	1
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	29.81	28.66	0	1
99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	44.51	42.80	0	1
99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	64.31	61.84	0	1
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	11.43	10.99	0	1
G0245	INITIAL PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIAB	35.93	34.55	0	1
G0246	FOLLOW-UP PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DI	20.83	20.03	0	1
G0247	ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSOR	24.50	23.56	0	1
J0120	INJECTION, TETRACYCLINE, UP TO 250 MG	NA	5.58	0	4
J0170	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	NA	2.21	0	1
J0530	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 600,000	NA	5.19	0	1
J0540	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,0	NA	15.74	0	1
J0550	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 2,400,0	NA	9.96	0	14
J0560	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	NA	24.85	0	1
J0570	INJECTION, PENICILLIN G BENZATHINE, UP TO 1,200,000 UNITS	NA	43.04	0	1
J0580	INJECTION, PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS	NA	88.19	0	1
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	NA	1.84	0	4
J0694	INJECTION, CEFOXITIN SODIUM, 1 GM	NA	12.94	0	2
J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	NA	10.40	0	2
J0698	CEFOTAXIME SODIUM, PER GM	NA	5.16	0	2
J0702	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	NA	6.33	0	3
J0704	INJECTION, BETAMETHASONE SODIUM PHOSPHATE, PER 4 MG	NA	2.88	0	3
J0710	INJECTION, CEPHAPIRIN SODIUM, UP TO 1 GM	NA	1.39	0	2
J0720	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	NA	6.43	0	1
J0745	INJECTION, CODEINE PHOSPHATE, PER 30 MG	NA	1.00	0	2
J0760	INJECTION, COLCHICINE, PER 1MG	NA	6.56	0	1
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	NA	1.02	0	2
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	NA	2.03	0	2
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	NA	3.25	0	2
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	NA	1.00	0	20
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	NA	5.60	0	3
J1670	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	NA	101.52	0	1
J1700	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	NA	1.00	0	2
J1710	INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG	NA	4.95	0	5
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	NA	3.17	0	5
J1840	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	NA	2.84	0	1
J1850	INJECTION, KANAMYCIN SULFATE, UP TO 75 MG	NA	2.57	0	4
J1890	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM	NA	9.14	0	2
J2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	NA	1.00	0	2
J2460	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	NA	1.00	0	2
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	NA	2.79	0	2
J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	NA	1.57	0	1
J2650	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	NA	1.00	0	2
J2700	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NA	1.00	0	4
J3000	INJECTION, STREPTOMYCIN, UP TO 1 GM	NA	8.25	0	1

J3260	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	NA	4.60	0	3		
J3301	INJECTION TRIAMCINOLONE ACETONIDE, PER 10MG	NA	1.00	0	8		
J3360	INJECTION, DIAZEPAM, UP TO 5 MG	NA	1.27	0	2		
J3370	INJECTION, VANCOMYCIN HCL, 500 MG	NA	3.97	0	2		
J7340	DERMAL AND EPIDERMAL, (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT	NA	34.85	0	44		
J7342	DERMAL (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINE	NA	36.10	0	38		
J7346	DERMAL (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, INJECTABLE, WITH OR WITHOUT OTH	NA	0.00	0	1	R	
J7347	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENG	NA	0.00	0	1	R	
J7348	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENG	NA	0.00	0	1	R	
J7349	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENG	NA	50.00	0	1		
Q4037	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), PLASTER	NA	8.44	0	1		AS
Q4038	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), FIBERGLASS	NA	21.15	0	1		AS
Q4039	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	NA	4.23	0	1		AS
Q4040	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	NA	10.58	0	1		AS
Q4045	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), PLASTER	NA	5.96	0	1		AS
Q4046	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	NA	9.58	0	1		AS
Q4047	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	NA	2.98	0	1		AS
Q4048	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	NA	4.80	0	1		AS
Q4049	FINGER SPLINT, STATIC	NA	1.09	0	1		AS
Q4050	CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIALS OF CASTS	NA	0.00	0	1	R	AS
Q4051	SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STRAPPING, FASTENE	NA	0.00	0	1	R	AS