

## Podiatry Fee Schedule

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.

\*\*\*For J code rates, see the Injectable Medications Fee Schedule(s), incorporated by reference, and available at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

Code	Description	Base Fee
10021	Fine Needle Aspiration; Without Imaging Guidance	81.11
10022	Fine Needle Aspiration; With Imaging Guidance	74.30
10060	Incision And Drainage Of Abscess (Eg, Carbuncle, Suppurative Hidradenitis, Cutaneous Or Subcutaneous Abscess, Cyst, Furuncle, Or Paronychia); Simple Or Single	62.13
10061	Incision And Drainage Of Abscess (Eg, Carbuncle, Suppurative Hidradenitis, Cutaneous Or Subcutaneous Abscess, Cyst, Furuncle, Or Paronychia); Complicated Or	109.58
10120	Incision And Removal Of Foreign Body, Subcutaneous Tissues; Simple	77.22
10121	Incision And Removal Of Foreign Body, Subcutaneous Tissues; Complicated	148.61
10140	Incision And Drainage Of Hematoma, Seroma Or Fluid Collection	87.55
10160	Puncture Aspiration Of Abscess, Hematoma, Bulla, Or Cyst	70.01
10180	Incision And Drainage, Complex, Postoperative Wound Infection	133.21
11000	Debridement Of Extensive Eczematous Or Infected Skin; Up To 10% Of Body Surface	29.01
11001	Debridement Of Extensive Eczematous Or Infected Skin; Each Additional 10% Of Body Surface, Or Part Thereof (List Separately In Additional To Code For Primary	11.28
11010	Debridement Including Removal Of Foreign Material Associated With Open Fracture(S) And/Or Dislocation(S); Skin And Subcutaneous Tissues	267.13
11011	Debridement Including Removal Of Foreign Material Associated With Open Fracture(S) And/Or Dislocation(S); Skin, Subcutaneous Tissue, Muscle Fascia, And	289.34
11012	Debridement Including Removal Of Foreign Material Associated With Open Fracture(S) And/Or Dislocation(S); Skin, Subcutaneous Tissue, Muscle Fascia, Muscle,	381.90
11042	Debridement; Skin, And Subcutaneous Tissue	44.30
11043	Debridement; Skin, Subcutaneous Tissue, And Muscle	123.36
11044	Debridement; Skin, Subcutaneous Tissue, Muscle, And Bone	169.73
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
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
11055	Paring Or Cutting Of Benign Hyperkeratotic Lesion (Eg, Corn Or Callus); Single Lesion	25.42
11056	Paring Or Cutting Of Benign Hyperkeratotic Lesion (Eg, Corn Or Callus); Two To Four Lesions	30.97
11057	Paring Or Cutting Of Benign Hyperkeratotic Lesion (Eg, Corn Or Callus); More Than Four Lesions	34.73
11100	Biopsy Of Skin, Subcutaneous Tissue And/Or Mucous Membrane (Including Simple Closure); Unless Otherwise Listed; Single Lesion	56.04

Code	Description	Base Fee
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
11200	Removal Of Skin Tags, Multiple Fibrocutaneous Tags, Any Area; Up To And Including 15 Lesions	47.09
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	10.03
11300	Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Trunk, Arms Or Legs; Lesion Diameter 0.5 Cm Or Less	40.75
11301	Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Trunk, Arms Or Legs; Lesion Diameter 0.6 To 1.0 Cm	54.44
11302	Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Trunk, Arms Or Legs; Lesion Diameter 1.1 To 2.0 Cm	64.90
11303	Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Trunk, Arms Or Legs; Lesion Diameter Over 2.0 Cm	76.53
11305	Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Scalp, Neck, Hands, Feet, Genitalia; Lesion Diameter 0.5 Cm Or Less	40.83
11306	Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Scalp, Neck, Hands, Feet, Genitalia; Lesion Diameter 0.6 To 1.0 Cm	55.62
11307	Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Scalp, Neck, Hands, Feet, Genitalia; Lesion Diameter 1.1 To 2.0 Cm	65.09
11308	Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Scalp, Neck, Hands, Feet, Genitalia; Lesion Diameter Over 2.0 Cm	72.20
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
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
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
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
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
11406	Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Trunk, Arms, Or Legs; Excised Diameter Over 4.0 Cm	167.05
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
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
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
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
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
11426	Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Scalp, Neck, Hands Feet, Genitalia; Excised Diameter Over 4.0	176.90
11600	Excision, Malignant Lesion Including Margins, Trunk, Arms, Or Legs; Excised Diameter 0.5 Cm Or Less	103.85
11601	Excision, Malignant Lesion Including Margins, Trunk, Arms, Or Legs; Excised Diameter 0.6 To 1.0 Cm	123.00
11602	Excision, Malignant Lesion Including Margins, Trunk, Arms, Or Legs; Excised Diameter 1.1 Ro 2.0 Cm	133.57
11603	Excision, Malignant Lesion Including Margins, Trunk, Arms, Or Legs; Excised Diameter 2.1 To 3.0 Cm	151.65
11604	Excision, Malignant Lesion Including Margins, Trunk, Arms, Or Legs; Excised Diameter 3.1 To 4.0 Cm	169.02
11606	Excision, Malignant Lesion Including Margins, Trunk, Arms, Or Legs; Excised Diameter Over 4.0 Cm	240.99
11620	Excision, Malignant Lesion Including Margins, Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 0.5 Cm Or Less	105.28

Code	Description	Base Fee
11621	Excision, Malignant Lesion Including Margins, Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 0.6 To 1.0 Cm	123.90
11622	Excision, Malignant Lesion Including Margins, Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 1.1 To 2.0 Cm	138.04
11623	Excision, Malignant Lesion Including Margins, Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 2.1 To 3.0 Cm	161.32
11624	Excision, Malignant Lesion Including Margins, Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 3.1 To 4.0 Cm	181.37
11626	Excision, Malignant Lesion Including Margins, Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter Ove 4.0 Cm	218.61
11719	Trimming Of Nondystrophic Nails, Any Number (Medicare Crossover Only)	10.65
11720	Debridement Of Nail(S) By Any Method(S); One To Five	17.19
11721	Debridement Of Nail(S) By Any Method(S); Six Or More	23.63
11730	Avulsion Of Nail Plate, Partial Or Complete, Simple; Single	52.46
11732	Avulsion Of Nail Plate, Partial Or Complete, Simple; Each Additional Nail Plate (List Separately In Addition To Code For Primary Procedure)	18.80
11740	Evacuation Of Subungual Hematoma	26.50
11750	Excision Of Nail And Nail Matrix, Partial Or Complete, (Eg, Ingrown Or Deformed Nail), For Permanent Removal;	119.24
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
11755	Biopsy Of Nail Unit (Eg, Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure)	72.15
11760	Repair Of Nail Bed	122.22
11762	Reconstruction Of Nail Bed With Graft	152.72
11765	Wedge Excision Of Skin Of Nail Fold (Eg, For Ingrown Toenail)	79.58
11900	Injection, Intralesional; Up To And Including Seven Lesions	29.90
11901	Injection, Intralesional; More Than Seven Lesions	37.24
11960	Insertion Of Tissue Expander(S) For Other Than Breast, Including Subsequent Expansion	497.38
11970	Replacement Of Tissue Expander With Permanent Prosthesis	327.83
11981	Insertion, Non-Biodegradable Drug Delivery Implant	72.87
11982	Removal, Non-Biodegradable Drug Delivery Implant	82.18
11983	Removal With Reinsertion, Non-Biodegradable Drug Delivery Implant	111.90
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
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
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
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
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
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
12031	Repair, Intermediate, Wounds Of Scalp, Axillae, Trunk And/Or Extremities (Excluding Hand And Feet); 2.5 Cm Or Less	128.55

Code	Description	Base Fee
12032	Repair, Intermediate, Wounds Of Scalp, Axillae, Trunk And/Or Extremities (Excluding Hands And Feet); 2.6 To 7.5 Cm	164.18
12034	Repair, Intermediate, Wounds Of Scalp, Axillae, Trunk And/Or Extremities (Excluding Hands And Feet); 7.6 To 12.5 Cm	168.12
12035	Repair, Intermediate, Wounds Of Scalp, Axillae, Trunk And/Or Extremities (Excluding Hands And Feet); 12.6 To 20.0 Cm	209.30
12036	Repair, Intermediate, Wounds Of Scalp, Axillae, Trunk And/Or Extremities (Excluding Hands And Feet); 20.1 To 30.0 Cm	228.10
12037	Repair, Intermediate, Wounds Of Scalp, Axillae, Trunk And/Or Extremities (Excluding Hands And Feet); Over 30.0 Cm	250.84
12041	Repair, Intermediate, Wounds Of Neck, Hands, Feet And/Or External Genitalia; 2.5 Cm Or Less	130.52
12042	Repair, Intermediate, Wounds Of Neck, Hands, Feet And/Or External Genitalia; 2.6 Cm To 7.5 Cm	155.23
12044	Repair, Intermediate, Wounds Of Neck, Hands, Feet And/Or External Genitalia; 7.6 Cm To 12.5 Cm	194.08
12045	Repair, Intermediate, Wounds Of Neck, Hands, Feet And/Or External Genitalia; 12.6 Cm To 20.0 Cm	215.06
12046	Repair, Intermediate, Wounds Of Neck, Hands, Feet And/Or External Genitalia; 20.1 To 30.0 Cm	253.20
12047	Repair, Intermediate, Wounds Of Neck, Hands, Feet And/Or External Genitalia; Over 30.0 Cm	275.94
13120	Repair, Complex, Scalp, Arms, And/Or Legs; 1.1 Cm To 2.5 Cm	188.53
13121	Repair, Complex, Scalp, Arms, And/Or Legs; 2.6 Cm To 7.5 Cm	230.07
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
13131	Repair, Complex, Forehead, Cheeks, Chin, Mouth, Neck, Axillae, Genitalia, Hands And/Or Feet; 1.1 Cm To 2.5 Cm	207.33
13132	Repair, Complex, Forehead, Cheeks, Chin, Mouth, Neck, Axillae, Genitalia, Hands And/Or Feet; 2.6 Cm To 7.5 Cm	276.47
13160	Secondary Closure Of Surgical Wound Or Dehiscence, Extensive Or Complicated	430.96
14020	Adjacent Tissue Transfer Or Rearrangement, Scalp, Arms And/Or Legs; Defect 10 Sq Cm Or Less	375.63
14021	Adjacent Tissue Transfer Or Rearrangement, Scalp, Arms And/Or Legs; Defect 10.1 Sq Cm To 30.0 Sq Cm	467.84
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
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
14350	Filletted Finger Or Toe Flap, Including Preparation Of Recipient Site	377.07
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
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 Additional To Code For Primary Procedure)	41.00
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
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

Code	Description	Base Fee
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
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
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
15110	Epidermal Autograft, Trunk, Arms, Legs; First 100 Sq Cm Or Less, Or 1% Of Body Area Of Infants And Children	465.69
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
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
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
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
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
15130	Dermal Autograft, Trunk, Arms, Legs; First 100 Sq Cm Or Less, Or 1% Of Body Area Of Infants And Children	362.74
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
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
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
15150	Tissue Cultured Epidermal Autograft, Trunk, Arms, Legs; First 25 Sq Cm Or Less	369.73
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
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
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
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
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
15220	Full Thickness Graft, Free, Including Direct Closure Of Donor Site, Scalp, Arms, And/Or Legs; 20 Sq Cm Or Less	415.56
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
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

Code	Description	Base Fee
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
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
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
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
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
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
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
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
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
15574	Formation Of Direct Or Tubed Pedicle, With Or Without Transfer; Forehead, Cheeks, Chin, Mouth, Neck, Axillae, Genitalia, Hands Or Feet	490.04
15610	Delay Of Flap Or Sectioning Of Flap (Division And Inset); At Scalp, Arms, Or Legs	192.83
15620	Delay Of Flap Or Sectioning Of Flap (Division And Inset); At Forehead, Cheeks, Chin, Neck, Axillae, Genitalia, Hands Or Feet	238.31
15999	Unlisted Procedure, Excision Pressure Ulcer	
16020	Dressings And/Or Debridement Of Partial-Thickness Burns, Initial Or Subsequent, Small (Less Than 5% Total Body Surface Area)	43.87
16035	Escharotomy; Initial Incision	105.10
16036	Escharotomy; Each Additional Incision (List Separately In Addition To Code For Primary Procedure)	42.61
17000	Destruction (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement, Premalignant Lesions (Eg, Actinic Keratoses); First Lesion	43.87
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
17004	Destruction (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Premalignant Lesions (Eg, Actinic Keratoses); 15 Or More	90.95
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
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
17250	Chemical Cauterization Of Granulation Tissue (Proud Flesh, Sinus Or Fistula)	43.33

Code	Description	Base Fee
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
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
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
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
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
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
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
20005	Incision Of Soft Tissue Abscess (Eg, Secondary To Osteomyelitis); Deep Or Complicated	166.69
20103	Exploration Of Penetrating Wound (Separate Procedure); Extremity	315.65
20200	Biopsy, Muscle; Superficial	112.62
20205	Biopsy, Muscle; Deep	153.49
20520	Removal Of Foreign Body In Muscle Or Tendon Sheath; Simple	109.58
20525	Removal Of Foreign Body In Muscle Or Tendon Sheath; Deep Or Complicated	261.50
20550	Injection(S); Single Tendon Sheath, Or Ligament, Aponeurosis (Eg, Plantar "Fascia")	30.80
20552	Injection(S); Single Or Multiple Trigger Point(S), 1 Or 2 Muscle(S)	29.36
20600	Arthrocentesis, Aspiration And/Or Injection; Small Joint Or Bursa (Eg, Fingers, Toes)	25.82
20604	Drain/Inj Joint/Bursa W/US	36.76
20605	Arthrocentesis, Aspiration And/Or Injection; Intermediate Joint Or Bursa (Eg, Temporomandibular, Acromioclavicular, Wrist, Elbow Or Ankle, Olecranon Bursa)	33.14
20606	Drain/Inj Joint/Bursa W/US	40.70
20612	Aspiration And/Or Injection Of Ganglion Cyst(S) Any Location	32.05
20615	Aspiration And Injection For Treatment Of Bone Cyst	123.87
20650	Insertion Of Wire Or Pin With Application Of Skeletal Traction, Including Removal (Separate Procedure)	110.29
20670	Removal Of Implant; Superficial, (Eg, Buried Wire, Pin Or Rod) (Separate Procedure)	201.09
20680	Removal Of Implant; Deep (Eg, Buried Wire, Pin, Screw, Metal Band, Nail, Rod) (Separate Procedure)	336.42
20690	Application Of A Uniplane (Pins Or Wires In One Plane), Unilateral, External Fixation System	313.51

Code	Description	Base Fee
20692	Application Of A Multiplane (Pins Or Wires In More Than One Plane), Unilateral, External Fixation System (Eg, Lizarov, Monticelli Type)	594.07
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
20694	Removal, Under Anesthesia, Of External Fixation System	228.46
20900	Bone Graft, Any Donor Area; Minor Or Small (Eg, Dowel Or Button)	253.49
20902	Bone Graft, Any Donor Area; Major Or Large	242.68
20924	Tendon Graft, From A Distance (Eg, Palmaris, Toe Extensor, Plantaris)	269.46
20926	Tissue Grafts, Other (Eg, Paratenon, Fat, Dermis)	235.62
20974	Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative)	40.98
20975	Electrical Stimulation To Aid Bone Healing; Invasive (Operative)	93.82
26535	Arthroplasty, Interphalangeal Joint; Each Joint	221.84
26536	Arthroplasty, Interphalangeal Joint; With Prosthetic Implant, Each Joint	378.50
27360	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone, Femur, Proximal Tibia And/Or Fibula (Eg, Osteomyelitis Or Bone Abscess)	454.59
27600	Decompression Fasciotomy, Leg; Anterior And/Or Lateral Compartments Only	223.09
27601	Decompression Fasciotomy, Leg; Posterior Compartment(S) Only	237.41
27602	Decompression Fasciotomy, Leg; Anterior And/Or Lateral, And Posterior Compartment(S)	268.39
27603	Incision And Drainage, Leg Or Ankle; Deep Abscess Or Hematoma	291.66
27604	Incision And Drainage, Leg Or Ankle; Infected Bursa	262.30
27605	Tenotomy, Percutaneous, Achilles Tendon (Separate Procedure); Local Anesthesia	186.39
27606	Tenotomy, Achilles Tendon, Subcutaneous (Separate Procedure); General Anesthesia	152.37
27607	Incision (Eg, Osteomyelitis Or Bone Abscess), Leg Or Ankle	324.25
27610	Arthrotomy, Ankle, Including Exploration, Drainage, Or Removal Of Foreign Body	346.45
27612	Arthrotomy, Posterior Capsular Release, Ankle, With Or Without Achilles Tendon Lengthening	297.57
27613	Biopsy, Soft Tissue Of Leg Or Ankle Area; Superficial	138.76
27614	Biopsy, Soft Tissue Of Leg Or Ankle Area; Deep (Subfascial Or Intramuscular)	316.55
27615	Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Leg Or Ankle Area; Less Than 5 Cm	525.59
27618	Excision, Tumor, Leg Or Ankle Area, Subcutaneous Tissue; Less Than 3 Cm	241.89
27619	Excision, Tumor, Leg Or Ankle Area, Deep (Subfascial Or Intramuscular); Less Than 5 Cm	309.67
27620	Arthrotomy, Ankle, With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Loose Or Foreign Body	242.07
27625	Arthrotomy, Ankle, With Synovectomy; Ankle;	307.96
27626	Arthrotomy, Ankle, For With Synovectomy, Ankle; Including Tenosynovectomy	331.41
27630	Excision Of Lesion Of Tendon Sheath Or Capsule (Eg, Cyst Or Ganglion), Leg And/Or Ankle	304.55



Code	Description	Base Fee
27635	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula;	314.40
27637	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula; With Autograph (Includes Obtaining Graft)	404.28
27638	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula; With Allograft	413.23
27640	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (Eg, Osteomyelitis); Tibia	444.39
27641	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Of Bone (Eg, Osteomyelitis); Fibula	353.43
27645	Radical Resection Of Tumor; Tibia	626.73
27646	Radical Resection Of Tumor; Fibula	549.76
27647	Radical Resection Of Tumor; Talus Or Calcaneus	494.32
27648	Injection Procedure For Ankle Arthrography	88.98
27650	Repair, Primary, Open Or Percutaneous, Ruptured Achilles Tendon;	355.58
27652	Repair, Primary, Open Or Percutaneous, Ruptured Achilles Tendon; With Graft (Includes Obtaining Graft)	362.74
27654	Repair, Secondary, Achilles Tendon, With Or Without Graft	375.99
27656	Repair, Fascial Defect Of Leg	313.12
27658	Repair, Flexor Tendon, Leg; Primary, Without Graft, Each Tendon	202.14
27659	Repair, Flexor Tendon, Leg; Secondary, With Or Without Graft, Each Tendon	259.79
27664	Repair, Extensor Tendon, Leg; Primary, Without Graft, Each Tendon	194.98
27665	Repair, Extensor Tendon, Leg; Secondary, With Or Without Graft, Each Tendon	222.37
27675	Repair, Dislocating Peroneal Tendons; Without Fibular Osteotomy	261.58
27676	Repair For Dislocating Peroneal Tendons; With Fibular Osteotomy	332.66
27680	Tenolysis, Flexor Or Extensor Tendon, Leg And/Or Ankle; Single, Each Tendon	231.68
27681	Tenolysis, Flexor Or Extensor Tendon, Leg And/Or Ankle; Multiple Tendons (Through Separate Incision(S))	291.13
27685	Lengthening Or Shortening Of Tendon, Leg Or Ankle; Single Tendon (Separate Procedure)	359.52
27686	Lengthening Or Shortening Of Tendon, Leg Or Ankle; Multiple Tendons (Through Separate Procure)	294.17
27687	Gastrocnemius Recession (Eg, Strayer Procedure)	244.57
27690	Transfer Or Transplant Of Single Tendon (With Muscle Redirection Or Rerouting); Superficial (Eg, Anterior Tibial Extensors Into Midfoot)	337.32
27691	Transfer Or Transplant Of Single Tendon (With Muscle Redirection Or Rerouting);Deep (Eg, Anterior Tibial Or Posterior Tibial Through Interosseous Space, Flexor Digitorum Lonqus, Flexor Hallucis Lonqus, Or Peroneal Tendon To Midfoot Or Hindfoot)	401.78
27692	Transfer Or Transplant Of Single Tendon (With Muscle Redirection Or Rerouting); Each Additional Tendon (List Separately In Addition To Code For Primary	56.22
27695	Repair, Primary, Disrupted Ligament, Ankle; Collateral	257.29
27696	Repair, Primary, Disrupted Ligament, Ankle; Both Collateral Ligaments	298.65
27698	Repair, Secondary Disrupted Ligament, Ankle, Collateral (Eg, Watson-Jones Procedure)	342.87

Code	Description	Base Fee
27700	Arthroplasty, Ankle;	314.58
27702	Arthroplasty, Ankle; With Implant (Total Ankle)	517.62
27704	Removal Of Ankle Implant	312.79
27705	Osteotomy; Tibia	404.28
27707	Osteotomy; Fibula	217.00
27709	Osteotomy; Tibia And Fibula	621.46
27712	Osteotomy; Multiple, With Realignment On Intramedullary Rod (Eg, Sofield Type Procedure	586.73
27715	Osteoplasty, Tibia And Fibula, Lengthening Or Shortening	564.71
27720	Repair Of Nonunion Or Malunion, Tibia; Without Graft, (Eg, Compression Technique)	467.48
27722	Repair Of Nonunion Or Malunion, Tibia; With Sliding Graft	472.50
27724	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autograft (Includes Obtaining Graft)	672.85
27725	Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method	647.96
27726	Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation	518.51
27727	Repair Of Congenital Pseudarthrosis, Tibia	550.02
27730	Arrest, Epiphyseal (Epiphysiodesis), Open; Distal Tibia	311.72
27732	Arrest, Epiphyseal (Epiphysiodesis), Open; Distal Fibula	220.14
27734	Arrest, Epiphyseal (Epiphysiodesis), Open; Distal Tibia And Fibula	328.73
27740	Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula;	327.29
27745	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate, Tibia	403.57
27750	Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); Without Manipulation	187.10
27752	Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); With Manipulation, With Or Without Skeletal Traction	288.44
27756	Percutaneous Skeletal Fixation Of Tibial Shaft Fracture (With Or Without Fibular Fracture) (Eg, Pins Or Screws)	309.03
27758	Open Treatment Of Tibial Shaft Fracture, (With Or Without Fibular Fracture), With Plate/Screws, With Or Without Cerclage	474.29
27759	Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture) By Intramedullary Implant, With Or Without Interlocking Screws And/Or Cerclage	530.69
27760	Closed Treatment Of Medial Malleolus Fracture; Without Manipulation	181.37
27762	Closed Treatment Of Medial Malleolus Fracture; With Manipulation, With Or Without Skin Or Skeletal Traction	256.39
27766	Open Treatment Of Medial Malleolus Fracture, Includes Internal Fixation, When Performed	326.04
27767	Closed Treatment Of Posterior Malleolus Fracture; Without Manipulation	148.27
27768	Closed Treatment Of Posterior Malleolus Fracture; With Manipulation	235.62
27769	Open Treatment Of Posterior Malleolus Fracture, Includes Internal Fixation, When Performed	390.67
27780	Closed Treatment Of Proximal Fibula Or Shaft Fracture; Without Manipulation	165.57

Code	Description	Base Fee
27781	Closed Treatment Of Proximal Fibula Or Shaft Fracture; With Manipulation	224.70
27784	Open Treatment Of Proximal Fibula Or Shaft Fracture, Includes Internal Fixation, When Performed	381.90
27786	Closed Treatment Of Distal Fibular Fracture (Lateral Malleolus); Without Manipulation	171.70
27788	Closed Treatment Of Distal Fibular Fracture (Lateral Malleolus); With Manipulation	227.57
27792	Open Treatment Of Distal Fibular Fracture (Lateral Malleolus), Includes Internal Fixation, When Performed	349.85
27808	Closed Treatment Of Bimalleolar Ankle Fracture (Eg, Lateral And Medial Malleoli, Or Lateral And Posterior Malleoli Or Medial And Posterior Malleoli); Without	181.55
27810	Closed Treatment Of Bimalleolar Ankle Fracture (Eg, Lateral And Medial Malleoli, Or Lateral And Posterior Malleoli Or Medial And Posterior Malleoli); With	253.53
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
27816	Closed Treatment Of Trimalleolar Ankle Fracture; Without Manipulation	172.42
27818	Closed Treatment Of Trimalleolar Ankle Fracture; With Manipulation	261.05
27822	Open Treatment Of Trimalleolar Ankle Fracture, Includes Internal Fixation, When Performed, Medial And/Or Lateral Malleolus; Without Fixation Of Posterior Lip	449.76
27823	Open Treatment Of Trimalleolar Ankle Fracture, Includes Internal Fixation, When Performed, Medial And/Or Lateral Malleolus; With Fixation Of Posterior Lip	509.20
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
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
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	447.61
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	578.85
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
27829	Open Treatment Of Distal Tibiofibular Joint (Syndesmosis) Disruption, Includes Internal Fixation, When Performed	366.86
27830	Closed Treatment Of Proximal Tibiofibular Joint Dislocation; Without Anesthesia	204.29
27831	Closed Treatment Of Proximal Tibiofibular Joint Dislocation; Requiring Anesthesia	213.42
27832	Open Treatment Of Proximal Tibiofibular Joint Dislocation, Includes Internal Fixation, When Performed, Or With Excision Of Proximal Fibula	402.13
27840	Closed Treatment Of Ankle Dislocation; Without Anesthesia	200.89
27842	Closed Treatment Of Ankle Dislocation; Requiring Anesthesia, With Or Without Percutaneous Skeletal Fixation	264.99
27846	Open Treatment Of Ankle Dislocation, With Or Without Percutaneous Skeletal Fixation; Without Repair Or Internal Fixation	390.32
27848	Open Treatment Of Ankle Dislocation, With Or Without Percutaneous Skeletal Fixation; With Repair Or Internal Or External Fixation	430.78
27860	Manipulation Of Ankle Under General Anesthesia (Includes Application Of Traction Or Other Fixation Apparatus)	95.61
27870	Arthrodesis, Ankle, Open	551.46
27871	Arthrodesis, Tibiofibular Joint, Proximal Or Distal	367.04
27888	Amputation Of Foot At Ankle	363.10

Code	Description	Base Fee
28001	Incision And Drainage, Bursa, Foot	148.79
28002	Incision And Drainage Below Fascia, With Or Without Tendon Sheath Involvement, Foot; Single Bursal Space	242.07
28003	Deep Dissection Below Fascia, For Deep Infection Of Foot, With Or Without Tendon Sheath Involvement, Foot; Multiple Areas	394.26
28005	Incision, Bone Cortex (Eg, Osteomyelitis Or Bone Abscess), Foot	308.31
28008	Fasciotomy, Foot And/Or Toe	233.83
28010	Tenotomy, Percutaneous, Toe; Single Tendon	124.97
28011	Tenotomy, Percutaneous, Toe; Multiple Tendons	175.11
28020	Arthrotomy, Including Exploration, Drainage, Or Removal Of Loose Or Foreign Body; Intertarsal Or Tarsometatarsal Joint	295.24
28022	Arthrotomy, With Exploration, Drainage Or Removal Of Loose Or Foreign Body; Metatarsophalangeal Joint	267.49
28024	Arthrotomy, With Exploration, Drainage Or Removal Of Loose Or Foreign Body; Interphalangeal Joint	251.02
28035	Release, Tarsal Tunnel (Posterior Tibial Nerve Decompression)	287.01
28043	Excision, Tumor, Soft Tissue Of Foot Or Toe, Subcutaneous; Less Than 1.5 Cm	205.84
28045	Excision, Tumor, Soft Tissue Of Foot Or Toe, Subfascial, (Eg, Intramuscular); Less Than 1.5 Cm	270.36
28046	Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Foot Or Toe; Less Than 3 Cm	390.50
28050	Arthrotomy With Biopsy; Intertarsal Or Tarsometatarsal Joint	231.68
28052	Arthrotomy With Biopsy; Metatarsophalangeal Joint	241.89
28054	Arthrotomy With Biopsy; Interphalangeal Joint	204.47
28060	Fasciectomy, Plantar Fascia; Partial (Separate Procedure)	281.99
28062	Fasciectomy, Plantar Fascia; Radical (Separate Procedure)	317.27
28070	Synovectomy; Intertarsal Or Tarsometatarsal Joint, Each	290.77
28072	Synovectomy; Metatarsophalangeal Joint, Each	278.41
28080	Excision, Interdigital (Morton) Neuroma, Single, Each	287.72
28086	Synovectomy, Tendon Sheath, Foot; Flexor	299.54
28088	Synovectomy, Tendon Sheath, Foot; Extensor	266.42
28090	Excision Of Lesion, Tendon, Tendon Sheath, Or Capsule (Including Synovectomy) (Eg, Cyst Or Ganglion); Foot	257.29
28092	Excision Of Lesion, Tendon, Tendon Sheath, Or Capsule (Including Synovectomy) (Eg, Cyst Or Ganglion); Toe(S), Each	233.47
28100	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus;	334.28
28103	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; With Allograft	207.51
28104	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal, Except Talus Or Calcaneus	282.89
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
28107	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal, Except Talus Or Calcaneus; With Allograft	279.49

Code	Description	Base Fee
28108	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges Of Foot	239.38
28110	Ostectomy, Partial Excision, Fifth Metatarsal Head (Bunionette) (Separate Procedure)	253.53
28111	Ostectomy, Complete Excision; First Metatarsal Head	275.37
28112	Ostectomy, Complete Excision; Other Metatarsal Head (Second, Third Or Fourth)	270.00
28113	Ostectomy, Complete Excision; Fifth Metatarsal Head	323.35
28114	Ostectomy, Complete Excision; All Metatarsal Heads, With Partial Proximal Phalangectomy, Excluding First Metatarsal (Eg, Clayton Type Procedure)	582.61
28116	Ostectomy, Excision Of Tarsal Coalition	415.74
28118	Ostectomy, Calcaneus;	324.43
28119	Ostectomy, Calcaneus; For Spur, With Or Without Plantar Fascial Release	286.29
28120	Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg, Osteomyelitis Or Bossing); Talus Or Calcaneus	338.70
28122	Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg, Osteomyelitis Or Bossing); Tarsal Or Metatarsal Bone, Except Talus Or Calcaneus	326.40
28124	Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg, Osteomyelitis Or Bossing); Phalanx Of Toe	258.90
28126	Resection, Partial Or Complete, Phalangeal Base, Each Toe	216.46
28130	Talectomy (Astragalectomy)	387.02
28140	Metatarsectomy	325.86
28150	Phalangectomy, Toe, Each Toe	233.83
28153	Resection, Condyle(S), Distal End Of Phalanx, Each Toe	227.21
28160	Hemiphalangectomy Or Interphalangeal Joint Excision, Toe, Proximal End Of Phalanx, Each	229.71
28171	Radical Resection Of Tumor; Tarsal (Except Talus Or Calcaneus)	386.32
28173	Radical Resection Of Tumor; Metatarsal	410.19
28175	Radical Resection Of Tumor; Phalanx Of Toe	260.51
28190	Removal Of Foreign Body, Foot; Subcutaneous	140.91
28192	Removal Of Foreign Body, Foot; Deep	258.36
28193	Removal Of Foreign Body, Foot; Complicated	290.95
28200	Repair, Tendon, Flexor, Foot; Primary Or Secondary, Without Free Graft, Each Tendon	264.27
28202	Repair Or Suture Of Tendon, Foot, Flexor, Single; Secondary With Free Graft, Each Tendon (Includes Obtaining Graft)	321.56
28208	Repair, Tendon, Extensor, Foot; Primary Or Secondary, Each Tendon	255.68
28210	Repair, Tendon, Extensor, Foot; Secondary With Free Graft, Each Tendon (Includes Obtaining Graft)	314.40
28220	Tenolysis, Flexor, Foot; Single Tendon	243.68
28222	Tenolysis, Flexor, Foot; Multiple Tendons	277.16

Code	Description	Base Fee
28225	Tenolysis, Extensor, Foot; Single Tendon	225.06
28226	Tenolysis, Extensor, Foot; Multiple Tendons	276.75
28230	Tenotomy, Open, Tendon Flexor; Foot, Single Or Multiple Tendon(S) (Separate Procedure)	234.73
28232	Tenotomy, Open, Tendon Flexor; Toe, Single Tendon (Separate Procedure)	213.60
28234	Tenotomy, Open, Extensor, Foot Or Toe, Each Tendon	225.06
28238	Reconstruction (Advancement), Posterior Tibial Tendon With Excision Of Accessory Tarsal Navicular Bone (Eg, Kidner Type Procedure)	361.13
28240	Tenotomy, Lengthening, Or Release, Abductor Hallucis Muscle	237.59
28250	Division Of Plantar Fascia And Muscle (Eg, Steindler Stripping) (Separate Procedure)	314.94
28260	Capsulotomy, Midfoot; Medial Release Only (Separate Procedure)	365.79
28261	Capsulotomy, Midfoot; With Tendon Lengthening	518.15
28262	Capsulotomy, Midfoot; Extensive, Including Posterior Talotibial Capsulotomy And Tendon(S) Lengthening (Eg, Resistant Clubfoot Deformity)	785.11
28264	Capsulotomy, Midtarsal (Eg, Heyman Type Procedure)	523.17
28270	Capsulotomy; Metatarsophalangeal Joint, With Or Without Tenorrhaphy, Each Joint (Separate Procedure)	268.92
28272	Capsulotomy; Interphalangeal Joint, Each Joint (Separate Procedure)	214.14
28280	Syndactylization, Toes (Eg, Webbing Or Kelikian Type Procedure)	284.50
28285	Correction, Hammertoe (Eg, Interphalangeal Fusion, Partial Or Total Phalangectomy)	279.01
28286	Correction, Cock-Up Fifth Toe, With Plastic Skin Closure (Eg, Ruiz-Mora Type Procedure)	246.54
28288	Ostectomy, Partial, Exostectomy Or Condylectomy, Metatarsal Head, Each Metatarsal Head	329.62
28289	Hallux Rigidus Correction With Cheilectomy, Debridement And Capsular Release Of The First Metatarsophalangeal Joint	400.52
28290	Correction, Hallux Valgus (Bunion), With Or Without Sesamoidectomy; Simple Exostectomy (Eg, Silver Type Procedure)	320.85
28292	Corection, Hallux Valgus (Bunion), With Or Without Sesamoidectomy; Keller, Mcbride, Or Mayo Type Procedure	427.74
28293	Correction, Hallux Valgus (Bunion), With Or Without Sesamoidectomy; Resection Of Joint With Implant	565.42
28294	Correction, Hallux Valgus (Bunion), With Or Without Sesamoidectomy; With Tendon Transplants (Eg, Joplin Type Procedure)	404.64
28296	Correction, Hallux Valgus (Bunion), With Or Without Sesamoidectomy; With Metatarsal Osteotomy (Eg, Mitchell, Chevron Or Concentric Type Procedures)	385.30
28297	Correction, Hallux Valgus (Bunion), With Or Without Sesamoidectomy; Lapidus-Type Procedure	444.03
28298	Correction, Hallux Valgus (Bunion), With Or Without Sesamoidectomy; By Phalanx Osteotomy	391.75
28299	Correction, Hallux Valgus (Bunion), With Or Without Sesamoidectomy; By Double Osteotomy	481.09
28300	Osteotomy; Calcaneus (Eg, Dwyer Or Chambers Type Procedure), With Or Without Internal Fixation	350.93
28302	Osteotomy; Talus	380.29
28304	Osteotomy, Tarsal Bones, Other Than Calcaneus Or Talus;	439.73
28305	Osteotomy, Tarsal Bones, Other Than Calcaneus Or Talus; With Autograft (Includes Obtaining Graft) (Eg, Fowler Type)	346.09

Code	Description	Base Fee
28306	Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, Metatarsal; First Metatarsal	336.96
28307	Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, Metatarsal; First Metatarsal With Autograft (Other Than First Toe)	384.95
28308	Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, Metatarsal; Other Than First Metatarsal, Each	307.06
28309	Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, Metatarsal; Multiple (Eg, Swanson Type Cavus Foot Procedure)	474.83
28310	Osteotomy, Shortening, Angular Or Rotational Correction; Proximal Phalanx, First Toe (Separate Procedure)	296.32
28312	Osteotomy For Shortening, Angular Or Rotational Correction; Other Phalanges, Any Toe	279.31
28313	Reconstruction, Angular Deformity Of Toe, Soft Tissue Procedures Only (Eg, Overlapping Second Toe, Fifth Toe, Curly Toes)	286.47
28315	Sesamoidectomy, First Toe (Separate Procedure)	262.12
28320	Repair, Nonunion Or Malunion; Tarsal Bones	327.29
28322	Repair Of Nonunion Or Malunion; Metatarsal, With Or Without Bone Graft (Includes Obtaining Graft)	428.81
28340	Reconstruction, Toe, Macrodactyly; Soft Tissue Resection	312.79
28341	Reconstruction, Toe, Macrodactyly; Requiring Bone Resection	362.21
28344	Reconstruction, Toe(S); Polydactyly	232.58
28345	Reconstruction, Toe(S); Syndactyly, With Or Without Skin Graft(S), Each Web	282.71
28360	Reconstruction, Cleft Foot	581.18
28400	Closed Treatment Of Calcaneal Fracture; Without Manipulation	136.43
28405	Closed Treatment Of Calcaneal Fracture; With Manipulation	203.93
28406	Percutaneous Skeletal Fixation Of Calcaneal Fracture, With Manipulation	282.17
28415	Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed	592.28
28420	Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; With Primary Iliac Or Other Autogenous Bone Grafts (Includes Obtaining Graft)	666.94
28430	Closed Treatment Of Talus Fracture; Without Manipulation	128.20
28435	Closed Treatment Of Talus Fracture; With Manipulation	161.35
28445	Open Treatment Of Talus Fracture, Includes Internal Fixation, When Performed	567.39
28450	Treatment Of Tarsal Bone Fracture (Except Talus And Calcaneus); Without Manipulation, Each	117.63
28455	Treatment Of Tarsal Bone Fracture (Except Talus And Calcaneus); With Manipulation, Each	140.37
28456	Percutaneous Skeletal Fixation Of Tarsal Bone Fracture (Except Talus And Calcaneus), With Manipulation, Each	159.16
28465	Open Treatment Of Tarsal Bone Fracture (Except Talus And Calcaneus), Includes Internal Fixation, When Performed, Each	324.07
28470	Closed Treatment Of Metatarsal Fracture; Without Manipulation, Each	119.62
28475	Closed Treatment Of Metatarsal Fracture; With Manipulation, Each	137.15
28476	Percutaneous Skeletal Fixation Of Metatarsal Fracture, With Manipulation, Each	186.74
28485	Open Treatment Of Metatarsal Fracture, Includes Internal Fixation, When Performed, Each	281.46

Code	Description	Base Fee
28490	Closed Treatment Of Fracture Great Toe, Phalanx Or Phalanges; Without Manipulation	78.17
28495	Closed Treatment Of Fracture Great Toe, Phalanx Or Phalanges; With Manipulation	96.86
28496	Percutaneous Skeletal Fixation Of Fracture Great Toe, Phalanx Or Phalanges, With Manipulation	231.89
28505	Open Treatment Of Fracture Great Toe, Phalanx Or Phalanges, Includes Internal Fixation, When Performed	362.03
28510	Closed Treatment Of Fracture, Phalanx Or Phalanges, Other Than Great Toe; Without Manipulation, Each	67.14
28515	Closed Treatment Of Fracture, Phalanx Or Phalanges, Other Than Great Toe; With Manipulation	87.73
28525	Open Treatment Of Fracture, Phalanx Or Phalanges, Other Than Great Toe, Includes Internal Fixation, When Performed, Each	310.10
28530	Closed Treatment Of Sesamoid Fracture	62.13
28540	Closed Treatment Of Tarsal Bone Dislocation, Other Than Talotarsal; Without Anesthesia	104.56
28545	Closed Treatment Of Tarsal Bone Dislocation, Other Than Talotarsal; Requiring Anesthesia	150.17
28546	Percutaneous Skeletal Fixation Of Tarsal Bone Dislocation, Other Than Talotarsal, With Manipulation	274.53
28555	Open Treatment Of Tarsal Bone Dislocation, Includes Internal Fixation, When Performed	478.41
28570	Closed Treatment Of Talotarsal Joint Dislocation; Without Anesthesia	87.55
28575	Closed Treatment Of Talotarsal Joint Dislocation; Requiring Anesthesia	197.31
28576	Percutaneous Skeletal Fixation Of Talotarsal Joint Dislocation, With Manipulation	210.56
28585	Open Treatment Of Talotarsal Joint Dislocation, Includes Internal Fixation, When Performed	473.93
28600	Closed Treatment Of Tarsometatarsal Joint Dislocation; Without Anesthesia	101.34
28605	Closed Treatment Of Tarsometatarsal Joint Dislocation; Requiring Anesthesia	159.89
28606	Percutaneous Skeletal Fixation Of Tarsometatarsal Joint Dislocation, With Manipulation	212.35
28615	Open Treatment Of Tarsometatarsal Joint Dislocation, Includes Internal Fixation, When Performed	422.19
28635	Closed Treatment Of Metatarsophalangeal Joint Dislocation; Requiring Anesthesia	93.64
28636	Percutaneous Skeletal Fixation Of Metatarsophalangeal Joint Dislocation, With Manipulation	164.00
28645	Open Treatment Of Metatarsophalangeal Joint Dislocation, Includes Internal Fixation, When Performed	357.01
28665	Closed Treatment Of Interphalangeal Joint Dislocation; Requiring Anesthesia	83.79
28666	Percutaneous Skeletal Fixation Of Interphalangeal Joint Dislocation, With Manipulation	103.67
28675	Open Treatment Of Interphalangeal Joint Dislocation, Includes Internal Fixation, When Performed	315.48
28705	Arthrodesis; Pantalar	683.95
28715	Arthrodesis; Triple	499.00
28725	Arthrodesis; Subtalar	413.77
28730	Arthrodesis, Midtarsal Or Tarsometatarsal, Multiple Or Transverse;	392.11
28735	Arthrodesis, Midtarsal Or Tarsometatarsal, Multiple Or Transverse; With Osteomy (Eg, Flatfoot Correction)	416.99



Code	Description	Base Fee
28737	Arthrodesis, With Tendon Lengthening And Advancement, Midtarsal, Tarsal Navicular-Cuneiform (Eg, Miler Type Procedure)	367.76
28740	Arthrodesis, Midtarsal Or Tarsometatarsal, Single Joint	461.40
28750	Arthrodesis, Great Toe; Metatarsophalangeal Joint	447.97
28755	Arthrodesis, Great Toe; Interphalangeal Joint	277.34
28760	Arthrodesis, With Extensor Hallucis Longus Transfer To First Metatarsal Neck, Great Toe, Interphalangeal Joint (Eg, Jones Type Procedure)	423.62
28800	Amputation, Foot; Midtarsal (Eg, Chopart Type Procedure)	293.99
28805	Amputation, Foot; Transmetatarsal	397.30
28810	Amputation, Metatarsal, With Toe, Single	235.26
28820	Amputation, Toe; Metatarsophalangeal Joint	307.21
28825	Amputation, Toe; Interphalangeal Joint	269.40
28890	Extracorporeal Shock Wave, High Energy, Performed By A Physician, Requiring Anesthesia Other Than Local, Including Ultrasound Guidance, Involving The Plantar	177.25
28899	Unlisted Procedure, Foot Or Toes	
29345	Application Of Long Leg Cast (Thigh To Toes);	73.95
29355	Application Of Long Leg Cast (Thigh To Toes); Walker Or Ambulatory Type	76.81
29358	Application Of Long Leg Cast Brace	87.19
29365	Application Of Cylinder Cast (Thigh To Ankle)	66.96
29405	Application Of Short Leg Cast (Below Knee To Toes);	44.22
29425	Application Of Short Leg Cast (Below Knee To Toes); Walking Or Ambulatory Type	42.43
29435	Application Of Patellar Tendon Bearing (Ptb) Cast	64.99
29440	Adding Walker To Previously Applied Cast	24.81
29445	Application Of Rigid Total Contact Leg Cast	73.41
29450	Application Of Clubfoot Cast With Molding Or Manipulation, Long Or Short Leg	77.35
29505	Application Of Long Leg Splint (Thigh To Ankle Or Toes)	43.12
29515	Application Of Short Leg Splint (Calf To Foot)	39.03
29540	Strapping; Ankle And/Or Foot	19.87
29550	Strapping; Toes	17.01
29580	Strapping; Unna Boot	28.47
29799	Unlisted Procedure, Casting Or Strapping	
29888	Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation Or Reconstruction	526.39
29889	Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation Or Reconstruction	649.57
29891	Arthroscopy, Ankle, Surgical; Excision Of Osteochondral Defect Of Talus And/Or Tibia, Including Drilling Of The Defect	362.92

Code	Description	Base Fee
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
29893	Endoscopic Plantar Fasciotomy	331.77
29894	Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; With Removal Of Loose Body Or Foreign Body	277.16
29895	Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; Synovectomy, Partial	257.11
29897	Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; Debridement, Limited	274.47
29898	Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; Debridement, Extensive	302.05
29899	Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; With Ankle Arthrodesis	559.51
64450	Injection, Anesthetic Agent; Other Peripheral Nerve Or Branch	51.00
64455	Injection(s), Anesthetic Agent And/Or Steroid, Plantar Common Digital Nerve(s) (eg, Morton's Neuroma)	95.84
64640	Destruction By Neurolytic Agent; Other Peripheral Nerve Or Branch	103.93
64702	Neuroplasty; Digital, One Or Both, Same Digit	267.31
64704	Neuroplasty; Nerve Of Hand Or Foot	168.66
64708	Neuroplasty, Major Peripheral Nerve, Arm Or Leg; Other Than Specified	266.24
64722	Decompression; Unspecified Nerve(S) (Specify)	194.44
64726	Decompression; Plantar Digital Nerve	145.20
64727	Internal Neurolysis, Requiring Use Of Operating Microscope (List Separately In Addition To Code For Neuroplasty) (Neuroplasty Includes External Neurolysis)	96.68
64774	Excision Of Neuroma; Cutaneous Nerve, Surgically Identifiable	224.16
64776	Excision Of Neuroma; Digital Nerve, One Or Both, Same Digit	206.26
64778	Excision Of Neuroma; Digital Nerve, Each Additional Digit (List Separately In Addition To Code For Primary Procedure)	87.64
64782	Excision Of Neuroma; Hand Or Foot, Except Digital Nerve	239.38
64783	Excision Of Neuroma; Hand Or Foot, Each Additional Nerve, Except Same Digit (List Separately In Addition To Code For Primary Procedure)	113.69
64787	Implantation Of Nerve End Into Bone Or Muscle (List Separately In Addition To Neuroma Excision)	128.20
64788	Excision Of Neurofibroma Or Neurolemmoma; Cutaneous Nerve	214.85
64790	Excision Of Neurofibroma Or Neurolemmoma; Major Peripheral Nerve	439.20
64792	Excision Of Neurofibroma Or Neurolemmoma; Extensive (Including Malignant Type)	634.89
64795	Biopsy Of Nerve	103.31
64831	Suture Of Digital Nerve, Hand Or Foot; One Nerve	364.71
64832	Suture Of Digital Nerve, Hand Or Foot; Each Additional Digital Nerve (List Separately In Addition To Code For Primary Procedure)	177.97
64834	Suture Of One Nerve; Hand Or Foot; Common Sensory Nerve	394.43
64837	Suture Of Each Additional Nerve, Hand Or Foot (List Separately In Addition To Code For Primary Procedure)	196.23

Code	Description	Base Fee
64840	Suture Of Posterior Tibial Nerve	492.19
64856	Suture Of Major Peripheral Nerve, Arm Or Leg, Except Sciatic; Including Transposition	538.39
64857	Suture Of Major Peripheral Nerve, Arm Or Leg, Except Sciatic; Without Transposition	558.98
73590	Radiologic Examination; Tibia And Fibula, Two Views	15.04
73592	Radiologic Examination; Lower Extremity, Infant, Minimum Of Two Views	15.22
73600	Radiologic Examination, Ankle; Two Views	15.76
73610	Radiologic Examination, Ankle; Complete, Minimum Of Three Views	18.26
73615	Radiologic Examination, Ankle, Arthrography, Radiological Supervision And Interpretation	57.29
73620	Radiologic Examination, Foot; Two Views	15.04
73630	Radiologic Examination, Foot; Complete, Minimum Of Three Views	17.19
73650	Radiologic Examination; Calcaneus, Minimum Of Two Views	15.58
73660	Radiologic Examination; Toe(S), Minimum Of Two Views	16.65
73700	Computed Tomography, Lower Extremity; Without Contrast Material	122.72
73718	Magnetic Resonance (Eg, Proton) Imaging, Lower Extremity Other Than Joint; Without Contrast Material(S)	252.10
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
73721	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Lower Extremity; Without Contrast Material	245.61
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
76882	Ultrasound, Extremity, Nonvascular, Real-Time With Image Documentation; Limited, Anatomic Specific	18.62
76942	Ultrasonic Guidance For Needle Placement (Eg, Biopsy, Aspiration, Injection, Localization Device), Imaging Supervision And Interpretation	109.75
87101	Culture, Fungi (Mold Or Yeast) Isolation, With Presumptive Identification Of Isolates: Skin, Hair Or Nail	8.00
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
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
93924	Noninvasive Physiologic Studies Of Lower Extremity Arteries, At Rest And Following Treadmill Stress Testing, Complete Bilateral Study	104.34
93925	Duplex Scan Of Lower Extremity Arteries Or Arterial Bypass Grafts; Complete Bilateral Study	147.19
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
93970	Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study	121.85
95851	Range Of Motion Measurements And Report (Separate Procedure); Each Extremity (Excluding Hand) Or Each Trunk Section (Spine)	9.67
95999	Unlisted Neurological Or Neuromuscular Diagnostic Procedure	

Code	Description	Base Fee
97018	Application Of A Modality To One Or More Areas; Paraffin Bath	5.45
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, Scapel 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
97598	Total Wound(S) Surface Area Greater Than 20 Square Centimeters	22.20
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
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
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
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
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
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
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
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
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
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
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 History; A Comprehensive Examination; Medical Decision Making Of High Complexity	60.28
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
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
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
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
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

Code	Description	Base Fee
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
99238	Hospital Discharge Day Management, 30 Minutes Or Less	37.24
99239	Hospital Discharge Day Management, More Than 30 Minutes	55.15
99241	Office Consultation For A New Or Established Patient, Which Requires A Problem Focused History And Examination, And Straightforward Medical Decision Making	24.53
99242	Office Consultation For A New Or Established Patient, Which Requires An Expanded Problem Focused History And Examination, And Straightforward Medical	46.19
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
99244	Office Consultation For A New Or Established Patient, Which Requires A Comprehensive History And Examination, And Medical Decision Making Of Moderate	93.10
99251	Inpatient Consultation For A New Or Established Patient, Which Requires A Problem Focused History And Examination, And Straightforward Medical Decision Making	24.89
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
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
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
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
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
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
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
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
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
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
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
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
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

Code	Description	Base Fee
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
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
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
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
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
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
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
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
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
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
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
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
G0127	Trimming Of Dystrophic Nails, Any Number	12.35
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
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
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
J0690	Injection, Cefazolin Sodium, 500 Mg	
J0694	Injection, Cefoxitin Sodium, 1 Gm	
J0697	Injection, Sterile Cefuroxime Sodium, Per 750 Mg	
J0698	Injection, Cefotaxime Sodium, Per Gm	

Code	Description	Base Fee
J0702	Injection, Betamethasone Acetate 3 Mg And Betamethasone Sodium Phosphate 3 Mg	
J1020	Injection, Methylprednisolone Acetate, 20 Mg	
J1030	Injection, Methylprednisolone Acetate, 40 Mg	
J1040	Injection, Methylprednisolone Acetate, 80 Mg	
J1100	Injection, Dexamethasone Sodium Phosphate, 1Mg	
J1580	Injection, Garamycin, Gentamicin, Up To 80 Mg	
J1670	Injection, Tetanus Immune Globulin, Human, Up To 250 Units	
J1720	Injection, Hydrocortisone Sodium Succinate, Up To 100 Mg	
J1840	Injection, Kanamycin Sulfate, Up To 500 Mg	
J1850	Injection, Kanamycin Sulfate, Up To 75 Mg	
J2010	Injection, Lincomycin Hcl, Up To 300 Mg	
J2510	Injection, Penicillin G Procaine, Aqueous, Up To 600,000 Units	
J2540	Injection, Penicillin G Potassium, Up To 600,000 Units	
J2700	Injection, Oxacillin Sodium, Up To 250 Mg	
J3000	Injection, Streptomycin, Up To 1 Gm	
J3260	Injection, Tobramycin Sulfate, Up To 80 Mg	
J3301	Injection Triamcinolone Acetonide, Per 10Mg	
J3360	Injection, Diazepam, Up To 5 Mg	
J3370	Injection, Vancomycin Hcl, 500 Mg	
Q4037	Cast Supplies, Short Leg Cast, Adult (11 Years +), Plaster	8.44
Q4038	Cast Supplies, Short Leg Cast, Adult (11 Years +), Fiberglass	21.15
Q4039	Cast Supplies, Short Leg Cast, Pediatric (0-10 Years), Plaster	4.23
Q4040	Cast Supplies, Short Leg Cast, Pediatric (0-10 Years), Fiberglass	10.58
Q4045	Cast Supplies, Short Leg Splint, Adult (11 Years +), Plaster	5.96
Q4046	Cast Supplies, Short Leg Splint, Adult (11 Years +), Fiberglass	9.58
Q4047	Cast Supplies, Short Leg Splint, Pediatric (0-10 Years), Plaster	2.98
Q4048	Cast Supplies, Short Leg Splint, Pediatric (0-10 Years), Fiberglass	4.80
Q4051	Splint Supplies, Miscellaneous (Includes Thermoplastics, Strapping, Fastners, Padding And Other Supplies)	
Q4101	Skin Substitute Apligraf, Per Sq Cm	26.21
Q4104	Skin Substitute, Integra Bilayer Matrix Wound Dressing (BMWD), Per Sq Cm	9.60
Q4106	Skin Substitute, Dermagraft, Per Sq Cm	35.67

Code	Description	Base Fee
Q4112	Allograft Cymetra Injectable, 1Cc	