

**PODIATRY SERVICES FEE SCHEDULE  
EFFECTIVE JANUARY 1, 2007**

CODE	DESCRIPTION	00-20	21+	POSTOP	MAX UNITS	SPEC
		MAX FEE	MAX FEE			
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARVUNCLE,SUPPURATIVE HIDRADENITIS,	57.59	55.38	10	1	
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	97.42	93.68	10	1	B
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	67.40	64.81	10	1	
10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED	133.78	128.64	10	1	
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	81.70	78.56	10	1	
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	65.36	62.85	10	1	
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	120.50	115.87	10	1	
11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SU	28.58	27.49	0	1	
11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% O	11.63	11.19	0	1	
11004	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING	300.23	288.69	0	1	AS
11005	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING	396.85	381.59	0	1	
11008	REMOVAL OF PROSTHETIC MATERIAL OR MESH, ABDOMINAL WALL FOR NECROTIZING SOFT	142.56	137.08	0	1	
11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRAC	236.30	227.22	10	1	
11011	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRAC	259.80	249.81	10	1	
11012	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRAC	347.42	334.06	10	1	
11040	DEBRIDEMENT; SKIN, PARTIAL THICKNESS	25.32	24.35	0	1	
11041	DEBRIDEMENT; SKIN, FULL THICKNESS	29.20	28.08	0	1	
11042	DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE	38.60	37.12	0	1	
11043	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE	142.96	137.47	10	1	
11044	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE	193.83	186.38	10	1	
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SIN	26.55	25.53	0	1	
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO	32.06	30.83	0	1	
11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MOR	38.60	37.12	0	1	
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPL	55.75	53.61	0	1	
11101	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPL	17.35	16.69	0	6	
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBRO CUTANEOUS TAGS, ANY AREA; UP TO AND	42.07	40.46	10	1	
11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBRO CUTANEOUS TAGS, ANY AREA; EACH ADDITION	9.59	9.23	0	1	B
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	35.33	33.98	0	1	
11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	49.01	47.13	0	1	
11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	58.82	56.56	0	1	
11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	68.21	65.59	0	1	
11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS,	36.97	35.55	0	1	
11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, F	50.85	48.90	0	1	
11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, F	59.64	57.35	0	1	
11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, F	67.19	64.61	0	1	

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11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	57.39	55.19	10	1	B
11401	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	72.10	69.33	10	1	B
11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	80.47	77.38	10	1	B
11403	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	92.52	88.97	10	1	
11404	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	105.18	101.14	10	1	B
11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	148.89	143.17	10	1	B
11420	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	59.64	57.35	10	1	
11421	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	77.40	74.43	10	1	B
11422	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	86.39	83.07	10	1	B
11423	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	99.67	95.84	10	1	B
11424	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	115.80	111.35	10	1	B
11426	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	164.82	158.49	10	1	B
11600	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	90.48	87.00	10	1	
11601	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	114.37	109.98	10	1	
11602	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	126.43	121.57	10	1	
11603	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	142.77	137.28	10	1	
11604	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	156.86	150.83	10	1	
11606	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	221.00	212.50	10	1	
11620	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GEN	92.52	88.97	10	1	
11621	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GEN	115.60	111.16	10	1	
11622	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GEN	130.92	125.89	10	1	
11623	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GEN	150.93	145.13	10	1	
11624	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GEN	169.11	162.61	10	1	
11626	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GEN	203.63	195.80	10	1	
11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER MEDICARE CROSSOVER ONLY	11.63	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	23.69	22.78	0	1	
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	52.90	50.87	0	1	
11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL P	24.30	23.37	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	114.58	110.18	10	1	B
11752	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFO	162.78	156.52	10	1	B
11755	BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPOONYCHIUM, PROXIMAL AND LATE	71.28	68.54	0	1	
11760	REPAIR OF NAIL BED	107.43	103.30	10	1	B
11762	RECONSTRUCTION OF NAIL BED WITH GRAFT	143.17	137.67	10	1	B
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	71.07	68.34	10	1	B
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS	29.81	28.67	0	1	
11901	INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS	37.78	36.33	0	1	

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11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT	471.40	453.27	90	1	
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	311.67	299.69	90	1	
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	71.89	69.13	0	1	
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	81.49	78.36	0	1	
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	126.83	121.96	0	1	
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENI	73.52	70.70	10	1	
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENI	78.42	75.41	10	1	
12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENI	92.72	89.16	10	1	
12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENIT	115.80	111.35	10	1	
12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENIT	144.19	138.65	10	1	
12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENIT	162.78	156.52	10	1	
12031	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLU	127.45	122.55	10	1	
12032	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLU	160.74	154.56	10	1	
12034	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUD	158.70	152.60	10	1	
12035	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUD	185.66	178.52	10	1	
12036	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUD	203.84	196.00	10	1	
12037	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUD	230.39	221.53	10	1	
12041	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.	131.33	126.28	10	1	
12042	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6	151.54	145.72	10	1	
12044	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6	179.11	172.23	10	1	
12045	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.	186.47	179.30	10	1	
12046	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 20.	213.03	204.84	10	1	
12047	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVE	233.04	224.08	10	1	AS
13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM	167.07	160.65	10	1	
13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	231.81	222.90	10	1	
13122	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS (LI	61.06	58.72	0	3	
13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H	185.66	178.52	10	1	
13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H	301.67	290.07	10	1	
13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED	418.91	402.80	90	1	
14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT	375.20	360.77	90	1	
14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT	501.63	482.34	90	1	
14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N	394.60	379.43	90	1	
14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N	553.91	532.61	90	1	
14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE	392.36	377.27	90	1	
15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	168.70	162.22	0	1	AS
15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	37.37	35.94	0	1	AS
15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	203.63	195.80	0	1	AS
15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	63.31	60.88	0	1	AS

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15050	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTH	278.79	268.07	90	1	
15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR O	427.49	411.05	90	1	
15101	SPLIT GRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITION	91.30	87.79	90	20	
15110	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PER	433.00	416.35	90	1	
15111	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH	61.47	59.11	0	1	
15115	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENIT	442.19	425.19	90	1	
15116	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENIT	83.12	79.93	0	1	
15120	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	478.96	460.54	90	1	
15121	SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA	132.75	127.65	90	20	
15130	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCEN	336.39	323.46	0	1	
15131	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADD	49.43	47.53	90	4	
15135	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALI	443.21	426.17	90	1	
15136	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALI	48.81	46.94	0	4	
15150	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM OR L	362.12	348.20	90	1	
15151	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; ADDITIONAL 1 SQ CM	65.36	62.85	0	2	
15152	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100	80.47	77.38	0	4	
15155	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EAR	384.80	370.00	90	1	
15156	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EAR	88.02	84.64	0	2	
15157	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EAR	97.62	93.87	0	4	
15170	ACELLULAR DERMAL REPLACEMENT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, O	208.73	200.71	90	1	
15171	ACELLULAR DERMAL REPLACEMENT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM,	49.01	47.13	0	4	
15175	ACELLULAR DERMAL REPLACEMENT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBI	288.80	277.70	90	1	
15176	ACELLULAR DERMAL REPLACEMENT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBI	78.02	75.02	0	4	
15220	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP,	393.17	378.05	90	1	
15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP,	69.03	66.38	90	10	
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA	472.22	454.06	90	1	
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA	94.56	90.93	90	10	
15300	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, TRUNK, ARMS, LEGS; FIRST 100 SQ	174.02	167.33	90	1	
15301	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, TRUNK, ARMS, LEGS; EACH ADDITIO	33.09	31.82	0	4	
15320	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUTH, NE	198.32	190.70	90	1	
15321	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUTH, NE	49.01	47.13	0	4	
15330	ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR	156.04	150.04	90	1	
15331	ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, O	32.88	31.62	0	4	
15335	ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS	172.99	166.34	90	1	
15336	ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS	47.99	46.15	0	4	
15340	TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE; FIRST 25 SQ CM OR LESS	162.78	156.52	10	1	
15341	TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE; EACH ADDITIONAL 25 SQ CM	26.14	25.14	0	2	
15360	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE; TRUNK, ARMS, LEGS; FIRST 100	180.14	173.22	90	1	

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15361	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE; EACH ADDITIONAL 100 SQ CM, OR	38.19	36.73	0	4	
15365	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE, FACE, SCALP, EYELIDS, MOUTH,	184.43	177.34	90	1	
15366	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE, FACE, SCALP, EYELIDS, MOUTH,	47.18	45.37	0	4	
15400	XENOGRAFT, SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE; TRUNK, ARMS, LEGS; F	200.57	192.86	90	1	
15401	XENOGRAFT, SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE; EACH ADDITIONAL 100	44.11	42.42	0	10	
15420	XENOGRAFT SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS,	214.86	206.60	90	1	
15421	XENOGRAFT SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS,	59.43	57.15	0	4	
15430	ACELLULAR XENOGRAFT IMPLANT; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BOD	279.82	269.06	90	1	
15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD, C	453.83	436.38	90	1	
15610	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, ARMS, O	171.56	164.97	90	1	
15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEE	211.80	203.66	90	1	
15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDO	612.33	588.78	90	1	AS
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDO	306.16	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	40.64	39.08	0	1	
16035	ESCHAROTOMY; INITIAL INCISION	112.13	107.82	90	1	
16036	ESCHAROTOMY; EACH ADDITIONAL INCISION (LIST SEPARATELY IN ADDITION TO CODE	44.73	43.01	0	6	
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	42.27	40.65	10	1	
17003	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETT	3.68	3.54	0	13	
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	89.05	85.63	10	1	
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	50.64	48.70	10	1	
17111	DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; 1	66.99	64.42	10	1	
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH,SINUS OR FISTUL	38.39	36.92	0	1	
17270	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGE	78.63	75.61	10	1	
17271	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITA	87.00	83.66	10	1	
17272	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITA	99.26	95.45	10	1	
17273	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITA	110.29	106.05	10	1	
17274	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITA	130.10	125.10	10	1	
17276	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITA	149.70	143.95	10	1	
17314	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	195.87	188.34	0	1	AS
20000	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFIC	105.59	101.53	10	1	
20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR C	157.47	151.42	10	1	
20103	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY	280.63	269.84	10	1	
20200	BIOPSY, MUSCLE; SUPERFICIAL	98.44	94.66	0	1	
20205	BIOPSY, MUSCLE; DEEP	132.55	127.46	0	1	
20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS P	40.02	38.49	0	1	
20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR)	62.90	60.49	0	1	
20240	BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS,	118.05	113.51	10	1	

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20245	BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)	324.75	312.26	10	1	
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	95.18	91.52	10	1	
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	226.09	217.40	10	1	
20550	INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLANTAR '	30.02	28.87	0	1	
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FING	28.79	27.69	0	1	B
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (E	30.63	29.46	0	1	B
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, SHO	40.02	38.49	0	1	B
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	30.63	29.46	0	1	
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	106.20	102.12	10	1	
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING	103.55	99.57	10	1	
20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P	177.48	170.66	10	1	
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, RO	298.60	287.12	90	1	B
20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNA	133.78	128.64	0	1	
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE	219.56	211.12	0	1	AS
20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG	234.67	225.65	90	1	
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	209.56	201.50	90	1	
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	326.99	314.42	90	1	AS
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	309.43	297.53	90	1	AS
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	258.78	248.83	90	1	AS
20926	TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)	224.87	216.23	90	1	
20974	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NONOPERATIVE)	35.13	33.78	0	1	
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	93.95	90.34	0	1	AS
25520	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE AND CLOSED TREATMENT OF DISLOCATI	274.30	263.75	90	1	B
26535	ARTHROPLASTY, INTERPHALANGEAL JOINT; EACH JOINT	206.49	198.55	90	1	
26536	ARTHROPLASTY, INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	338.22	325.22	90	1	
27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEM	435.65	418.90	90	1	B AS
27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY	217.31	208.96	90	1	B
27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY	224.67	216.03	90	1	B
27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPA	269.19	258.84	90	1	B AS
27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA	262.87	252.76	90	1	B
27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA	238.14	228.99	90	1	B
27605	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); LOCAL ANESTHE	175.04	168.31	10	1	B
27606	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANEST	153.59	147.69	10	1	B
27607	INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	318.83	306.57	90	1	B
27610	ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN B	339.25	326.21	90	1	B
27612	ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TEN	296.77	285.36	90	1	B AS
27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL	127.64	122.74	10	1	B
27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR	293.30	282.02	90	1	B

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27615	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR	467.52	449.54	90	1	B
27618	EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS TISSUE	249.99	240.38	90	1	B
27619	EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	403.80	388.27	90	1	B
27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR	237.53	228.40	90	1	B AS
27625	ARTHROTOMY, ANKLE, WITH SYNOVECTOMY;	312.09	300.09	90	1	B AS
27626	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY	335.98	323.06	90	1	B AS
27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG	276.34	265.72	90	1	B
27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;	304.74	293.02	90	1	B
27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH A	388.48	373.54	90	1	B AS
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH A	402.97	387.48	90	1	B AS
27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	454.04	436.58	90	1	B
27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (	367.84	353.70	90	1	B
27645	RADICAL RESECTION OF TUMOR, BONE; TIBIA	546.15	525.15	90	1	B AS
27646	RESECTION FOR TUMOR, RADICAL; FIBULA	484.47	465.84	90	1	B AS
27647	RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS	435.25	418.51	90	1	B AS
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	74.75	71.88	0	1	B
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	364.98	350.95	90	1	B AS
27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT	385.41	370.59	90	1	B
27654	REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	366.21	352.13	90	1	B AS
27656	REPAIR, FASCIAL DEFECT OF LEG	273.07	262.57	90	1	B AS
27658	REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	198.93	191.28	90	1	AS
27659	REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	265.31	255.11	90	1	AS
27664	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	190.97	183.63	90	1	
27665	REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	221.60	213.08	90	1	AS
27675	REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	268.17	257.86	90	1	B AS
27676	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	322.30	309.91	90	1	B AS
27680	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH TENDON	227.12	218.39	90	1	
27681	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULTIPLE TENDONS (T	263.06	252.95	90	1	
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE	334.55	321.69	90	1	B AS
27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS (THROUG	291.86	280.64	90	1	
27687	GASTROCNEMIUS RECESSON (EG, STRAYER PROCEDURE)	242.23	232.92	90	1	B AS
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI	323.11	310.69	90	1	B AS
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI	381.53	366.86	90	1	B AS
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI	59.64	57.35	90	5	B AS
27695	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL	258.57	248.63	90	1	B
27696	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; BOTH COLLATERAL	310.65	298.71	90	1	B
27698	REPAIR, SECONDARY DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES P	345.78	332.49	90	1	B AS
27700	ARTHROPLASTY, ANKLE;	327.81	315.21	90	1	B AS

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27702	ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")	519.39	499.42	90	1	B AS
27704	REMOVAL OF ANKLE IMPLANT	299.83	288.30	90	1	B
27705	OSTEOTOMY; TIBIA	398.27	382.96	90	1	B AS
27707	OSTEOTOMY; FIBULA	203.01	195.21	90	1	B
27709	OSTEOTOMY; TIBIA AND FIBULA	593.34	570.52	90	1	B AS
27712	OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIELD TY	559.22	537.72	90	1	B AS
27715	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING	549.82	528.68	90	1	B AS
27720	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION TECH	454.85	437.36	90	1	B AS
27722	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT	458.94	441.29	90	1	B AS
27724	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT (INCLU	668.50	642.79	90	1	B AS
27725	REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY METH	622.94	598.99	90	1	B AS
27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	526.55	506.30	90	1	B AS
27730	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA	299.02	287.52	90	1	B
27732	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FIBULA	221.19	212.69	90	1	B
27734	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA AND FIBULA	332.71	319.92	90	1	B
27740	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DIS	363.14	349.18	90	1	B AS
27742	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DIS	372.13	357.82	90	1	B AS
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	391.53	376.48	90	1	B AS
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE	166.05	159.67	90	1	B
27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE	268.38	258.06	90	1	B
27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FI	291.66	280.45	90	1	B AS
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE)	460.16	442.47	90	1	B AS
27759	TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY IN	520.01	500.01	90	1	B AS
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION	160.53	154.36	90	1	B
27762	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR W	240.19	230.96	90	1	B
27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, WITH OR WITHOUT INTERNAL OR EX	336.59	323.65	90	1	B
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	143.38	137.87	90	1	B
27781	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION	207.71	199.73	90	1	B
27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, WITH OR WITHOUT INTERN	291.46	280.25	90	1	B
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT MA	151.75	145.92	90	1	B
27788	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH MANIP	209.56	201.50	90	1	B
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), WITH OR WITH	310.45	298.51	90	1	B
27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITHOUT	158.49	152.40	90	1	B
27810	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITH MAN	234.47	225.46	90	1	B
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR E	414.00	398.08	90	1	B AS
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	151.35	145.53	90	1	B
27818	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION	241.62	232.33	90	1	B
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR	468.33	450.32	90	1	B AS



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27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR	532.26	511.79	90	1	B AS
27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL	150.93	145.13	90	1	B
27825	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL	275.73	265.13	90	1	B
27826	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF	356.82	343.10	90	1	B AS
27827	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF	593.13	570.32	90	1	B AS
27828	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF	682.18	655.95	90	1	B AS
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, WITH	248.36	238.81	90	1	B AS
27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTH	177.69	170.86	90	1	B
27831	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING ANES	191.17	183.82	90	1	B
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, WITH OR WITHOUT	254.69	244.90	90	1	B AS
27840	CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA	178.71	171.84	90	1	B
27842	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOU	250.41	240.78	90	1	B
27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	383.37	368.63	90	1	B AS
27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	434.23	417.53	90	1	B AS
27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TR	90.88	87.39	10	1	
27870	ARTHRODESIS, ANKLE, OPEN	547.78	526.72	90	1	B AS
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	358.65	344.86	90	1	B AS
27899	UNLISTED PROCEDURE, LEG OR ANKLE	0.00	0.00	90	1	R B
28001	INCISION AND DRAINAGE, BURSA, FOOT	145.63	140.03	10	1	
28002	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEME	268.99	258.65	10	1	
28003	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT T	366.62	352.52	90	1	
28005	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), FOOT	326.99	314.42	90	1	
28008	FASCIOTOMY, FOOT AND/OR TOE	231.00	222.12	90	1	
28010	TENOTOMY, PERCUTANEOUS, TOE; SINGLE TENDON	125.61	120.78	90	1	
28011	TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TENDONS	176.46	169.68	90	1	
28020	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN	272.66	262.18	90	1	
28022	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY;	251.01	241.36	90	1	
28024	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY;	239.37	230.17	90	1	
28035	RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION)	272.66	262.18	90	1	
28043	EXCISION, TUMOR, FOOT; SUBCUTANEOUS TISSUE	181.57	174.59	90	1	B
28045	EXCISION, TUMOR, FOOT; DEEP, SUBFASCIAL, INTRAMUSCULAR	255.92	246.08	90	1	B
28046	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT	458.13	440.51	90	1	B
28050	ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	241.41	232.13	90	1	B
28052	ARTHROTOMY FOR SYNOVIAL BIOPSY; METATARSOPHALANGEAL JOINT	224.26	215.64	90	1	B
28054	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT	208.33	200.32	90	1	B
28060	FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	269.40	259.04	90	1	B
28062	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)	313.51	301.46	90	1	
28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH	268.78	258.45	90	1	

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		MAX FEE	MAX FEE			
28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	264.50	254.33	90	1	
28080	EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	262.66	252.56	90	1	
28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	274.10	263.56	90	1	B AS
28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR	235.09	226.05	90	1	B
28090	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	242.85	233.51	90	1	B
28092	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	219.15	210.73	90	1	
28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	302.07	290.46	90	1	B AS
28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WIT	238.76	229.58	90	1	B AS
28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL, E	268.99	258.65	90	1	AS
28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BO	259.80	249.81	90	1	AS
28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BO	291.25	280.05	90	1	AS
28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT	228.14	219.37	90	1	
28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE P	238.76	229.58	90	1	B
28111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD	267.56	257.27	90	1	B
28112	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURT	254.29	244.51	90	1	B
28113	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	306.57	294.78	90	1	B
28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL P	540.43	519.65	90	1	B AS
28116	OSTECTOMY, EXCISION OF TARSAL COALITION	399.71	384.34	90	1	B
28118	OSTECTOMY, CALCANEUS;	303.51	291.84	90	1	B AS
28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE	274.71	264.15	90	1	B
28120	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSE	297.18	285.75	90	1	B
28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSE	350.07	336.61	90	1	B AS
28124	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSE	251.83	242.15	90	1	B
28126	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE	204.65	196.78	90	1	
28130	TALECTOMY (ASTRAGALECTOMY)	337.41	324.44	90	1	B AS
28140	METATARSECTOMY	323.93	311.48	90	1	
28150	PHALANGECTOMY, TOE, EACH TOE	227.53	218.78	90	1	
28153	RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE	212.82	204.64	90	1	
28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END OF P	218.54	210.14	90	1	
28171	RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CALCANEUS)	339.25	326.21	90	1	AS
28173	RADICAL RESECTION OF TUMOR, BONE; METATARSAL	389.29	374.32	90	1	
28175	RADICAL RESECTION OF TUMOR, BONE; PHALANX OF TOE	288.39	277.30	90	1	
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	127.24	122.35	10	1	B
28192	REMOVAL OF FOREIGN BODY, FOOT; DEEP	247.13	237.63	90	1	B
28193	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED	284.31	273.38	90	1	B
28200	REPAIR, TENDON, FLEXOR, FOOT; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EAC	249.38	239.79	90	1	
28202	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY WITH FREE GRAFT	325.15	312.65	90	1	AS
28208	REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH TENDON	239.58	230.37	90	1	

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28210	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GRA	302.90	291.25	90	1	AS
28220	TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON	237.33	228.21	90	1	
28222	TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS	272.26	261.79	90	1	
28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON	209.35	201.30	90	1	
28226	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TENDONS	248.97	239.40	90	1	
28230	TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SINGLE OR MULTIPLE TENDON(S) (SEPARATE	228.35	219.57	90	1	
28232	TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE PROCEDURE)	201.38	193.64	90	1	
28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON	208.33	200.32	90	1	
28238	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCE	354.16	340.54	90	1	B AS
28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	234.06	225.06	90	1	B
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE P	291.86	280.64	90	1	B AS
28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	365.60	351.54	90	1	B AS
28261	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING	517.35	497.46	90	1	B
28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY	719.35	691.69	90	1	B AS
28264	CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)	460.78	443.06	90	1	B AS
28270	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, EACH J	253.87	244.11	90	1	B
28272	CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE)	208.12	200.12	90	1	B
28280	SYNDACTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDURE)	273.28	262.77	90	1	B
28285	CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL PHALANG	245.50	236.06	90	1	
28286	CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-MORA TYP	239.78	230.56	90	1	
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH META	309.63	297.73	90	1	
28289	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEAS	381.12	366.47	90	1	B AS
28290	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; SIMPLE	301.88	290.27	90	1	B
28292	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; KELLER,	410.33	394.55	90	1	B AS
28293	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; RESECTIO	549.01	527.90	90	1	B AS
28294	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WITH TE	386.83	371.96	90	1	B AS
28296	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH MET	412.78	396.91	90	1	B AS
28297	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS	431.98	415.37	90	1	B AS
28298	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY PHALA	375.40	360.97	90	1	B AS
28299	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY DOUB	478.75	460.34	90	1	B AS
28300	OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOU	353.35	339.76	90	1	B AS
28302	OSTEOTOMY; TALUS	344.15	330.92	90	1	B AS
28304	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	411.96	396.12	90	1	B AS
28305	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INC	359.47	345.65	90	1	AS
28306	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, M	309.23	297.34	90	1	B AS
28307	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, M	343.94	330.72	90	1	
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, M	286.35	275.34	90	1	AS
28309	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, M	487.33	468.59	90	1	

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28310	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX,	280.84	270.04	90	1	
28312	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES	258.36	248.43	90	1	
28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY (EG,	269.19	258.84	90	1	
28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	251.22	241.56	90	1	B
28320	REPAIR, NONUNION OR MALUNION; TARSAL BONES	337.20	324.24	90	1	AS
28322	REPAIR OF NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INC	402.57	387.09	90	1	AS
28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	326.99	314.42	90	1	
28341	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION	374.99	360.57	90	1	
28344	RECONSTRUCTION, TOE(S); POLYDACTYLY	237.33	228.21	90	1	
28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB	298.40	286.93	90	1	
28360	RECONSTRUCTION, CLEFT FOOT	475.48	457.20	90	1	AS
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	121.73	117.05	90	1	B
28405	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION	202.40	194.62	90	1	B
28406	PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATION	270.62	260.22	90	1	B
28415	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL	637.04	612.54	90	1	B AS
28420	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL	615.59	591.92	90	1	B AS
28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	114.17	109.78	90	1	B
28435	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION	158.90	152.79	90	1	B
28445	OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXA	601.71	578.57	90	1	B AS
28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT MAN	105.59	101.53	90	1	B
28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH MANIPU	148.89	143.17	90	1	
28456	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CA	139.29	133.94	90	1	
28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH O	272.26	261.79	90	1	
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	104.37	100.36	90	1	B
28475	CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH	134.59	129.42	90	1	
28476	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATION, E	170.74	164.18	90	1	
28485	OPEN TREATMENT OF METATARSAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL	228.75	219.96	90	1	
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT MANIP	68.82	66.18	90	1	B
28495	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULA	88.02	84.64	90	1	
28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES,	203.01	195.21	90	1	
28505	OPEN TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH OR WITHOUT	243.66	234.29	90	1	
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; W	60.25	57.94	90	1	B
28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; W	80.47	77.38	90	1	
28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, WIT	219.56	211.12	90	1	
28530	CLOSED TREATMENT OF SESAMOID FRACTURE	58.61	56.36	90	1	B
28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WITHOUT	105.39	101.34	90	1	B
28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRI	126.83	121.96	90	1	
28546	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN TALOT	234.27	225.26	90	1	

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28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTE	352.93	339.36	90	1	AS
28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	92.52	88.97	90	1	B
28575	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	169.93	163.40	90	1	
28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH MANIPU	187.90	180.68	90	1	
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR	395.83	380.61	90	1	AS
28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	107.64	103.50	90	1	B
28605	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	141.94	136.49	90	1	
28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, WITH M	206.70	198.75	90	1	
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERN	352.93	339.36	90	1	B AS
28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANEST	91.30	87.79	10	1	
28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WI	154.21	148.28	10	1	
28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT IN	239.58	230.37	90	1	
28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESI	82.91	79.73	10	1	
28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH M	102.53	98.59	10	1	
28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERN	206.70	198.75	90	1	
28705	ARTHRODESIS; PANTALAR	695.66	668.91	90	1	AS
28715	ARTHRODESIS; TRIPLE	513.67	493.92	90	1	AS
28725	ARTHRODESIS; SUBTALAR	425.65	409.28	90	1	AS
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	444.64	427.54	90	1	AS
28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OST	424.01	407.71	90	1	AS
28737	ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL NAV	377.44	362.93	90	1	AS
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	434.63	417.92	90	1	AS
28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	416.24	400.24	90	1	B
28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	260.41	250.40	90	1	B
28760	ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NEC	408.89	393.17	90	1	B AS
28800	AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART TYPE PROCEDURE)	304.53	292.82	90	1	B AS
28805	AMPUTATION, FOOT; TRANSMETATARSAL	403.80	388.27	90	1	B
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE	235.09	226.05	90	1	
28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	270.22	259.83	90	1	
28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT	233.04	224.08	90	1	
28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING	174.83	168.11	0	1	
28899	UNLISTED PROCEDURE, FOOT OR TOES	0.00	0.00	90	1	R
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	67.40	64.81	0	1	B
29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYPE	69.85	67.17	0	1	B
29358	APPLICATION OF LONG LEG CAST BRACE	75.98	73.06	0	1	B
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	60.25	57.94	0	1	B
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	44.93	43.21	0	1	B
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY T	49.01	47.13	0	1	B

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29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	59.43	57.15	0	1	B
29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST	25.93	24.94	0	1	B
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	74.96	72.08	0	1	B
29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHORT LE	79.45	76.40	0	1	B
29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	37.37	35.94	0	1	B
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	36.35	34.96	0	1	B
29540	STRAPPING; ANKLE AND/OR FOOT	22.88	22.00	0	1	B
29550	STRAPPING; TOES	22.46	21.60	0	1	
29580	STRAPPING; UNNA BOOT	27.37	26.32	0	1	B
29590	DENIS-BROWNE SPLINT STRAPPING	29.81	28.67	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	509.39	489.80	90	1	B AS
29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR R	627.44	603.31	90	1	B AS
29891	ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND	359.07	345.26	90	1	B AS
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TA	369.68	355.47	90	1	B AS
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	318.83	306.57	90	1	B AS
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMO	268.58	258.25	90	1	B AS
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTO	260.01	250.01	90	1	B AS
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEME	273.48	262.97	90	1	B AS
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEME	306.16	294.39	90	1	B AS
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKL	550.64	529.47	90	1	B AS
33261	OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULMONARY	889.69	855.48	90	1	AS
50382	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL	153.38	147.49	0	1	B
50384	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA PERCU	139.50	134.14	0	1	B
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	54.94	52.83	0	1	
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	112.94	108.60	10	1	
64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT	245.90	236.45	90	1	
64704	NEUROPLASTY; NERVE OF HAND OR FOOT	172.58	165.95	90	1	AS
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED	234.88	225.85	90	1	AS
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	164.41	158.09	90	1	AS
64726	DECOMPRESSION; PLANTAR DIGITAL NERVE	153.38	147.49	90	1	
64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY	98.65	94.86	90	1	
64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE	213.23	205.03	90	1	
64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT	205.26	197.37	90	1	
64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY	97.83	94.07	90	1	
64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE	240.19	230.96	90	1	
64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT	115.60	111.16	90	1	
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION	132.96	127.85	90	1	

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	POSTOP	MAX UNITS	SPEC
64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE	199.75	192.07	90	1	
64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE	428.30	411.83	90	1	
64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TY	545.33	524.36	90	1	AS
64795	BIOPSY OF NERVE	101.71	97.80	0	1	
64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE	376.02	361.56	90	1	
64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE (LIST	181.97	174.98	90	4	
64834	SUTURE OF ONE NERVE, HAND OR FOOT; COMMON SENSORY NERVE	386.43	371.57	90	1	
64835	SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR	424.01	407.71	90	1	AS
64836	SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR	417.27	401.23	90	1	AS
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDITION	203.43	195.61	90	4	AS
64840	SUTURE OF POSTERIOR TIBIAL NERVE	416.66	400.64	90	1	AS
64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING TRA	527.16	506.89	90	1	
64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANS	551.26	530.06	90	1	AS
73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	15.52	14.93	0	1	
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	14.49	13.94	0	1	
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	15.52	14.93	0	2	
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	15.11	14.53	0	1	B
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	17.16	16.50	0	1	
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND I	51.46	49.49	0	1	
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	14.49	13.94	0	1	B
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	16.95	16.30	0	1	
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	14.91	14.34	0	1	
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	15.93	15.32	0	1	
73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	151.75	145.92	0	1	
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN	59.03	56.76	0	1	
76880	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL TIME WITH IMAGE DOCUMENTATION	76.59	73.65	0	1	
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOB	3.12	3.00	0	4	
81007	URINALYSIS; BACTERIURIA SCREEN, EXCEPT BY CULTURE OR DIPSTICK	1.56	1.50	0	1	
81099	UNLISTED URINALYSIS PROCEDURE	0.00	0.00	0	1	R
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	3.64	3.50	0	10	
82948	GLUCOSE; BLOOD, REAGENT STRIP	3.12	3.00	0	10	
82951	GLUCOSE; TOLERANCE TEST (GTT), THREE SPECIMENS (INCLUDES GLUCOSE)	13.52	13.00	0	1	
83051	HEMOGLOBIN; PLASMA	6.24	6.00	0	1	
84478	TRIGLYCERIDES	6.24	6.00	0	1	
84520	UREA NITROGEN; QUANTITATIVE	3.64	3.50	0	1	
84525	UREA NITROGEN; SEMIQUANTITATIVE (EG, REAGENT STRIP TEST)	2.08	2.00	0	1	
84550	URIC ACID; BLOOD	4.16	4.00	0	1	
84999	UNLISTED CHEMISTRY PROCEDURE	0.00	0.00	0	1	R

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	POSTOP	MAX UNITS	SPEC
85014	BLOOD COUNT; HEMATOCRIT (HCT)	2.08	2.00	0	10	
85018	BLOOD COUNT; HEMOGLOBIN (HGB)	2.08	2.00	0	10	
85041	BLOOD COUNT; RED BLOOD CELL (RBC), AUTOMATED	2.08	2.00	0	1	
85045	BLOOD COUNT; RETICULOCYTE, AUTOMATED	4.16	4.00	0	1	
85048	BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED	2.08	2.00	0	1	
85170	CLOT RETRACTION	3.64	3.50	0	1	
85345	COAGULATION TIME; LEE AND WHITE	4.16	4.00	0	2	
85610	PROTHROMBIN TIME;	3.64	3.50	0	1	
85999	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE	0.00	0.00	0	1	R
86687	ANTIBODY; HTLV I	9.36	9.00	0	1	
86689	ANTIBODY; HTLV OR HIV ANTIBODY, CONFIRMATORY TEST (EG, WESTERN BLOT)	15.08	14.50	0	1	
87040	CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH ISOLATION AND PRESUMPTIVE IDENTIFI	10.92	10.50	0	3	
87070	CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOOD OR STOOL, AEROBIC,	8.84	8.50	0	3	
87075	CULTURE, BACTERIAL; ANY SOURCE, EXCEPT BLOOD, ANAEROBIC WITH ISOLATION AND	9.88	9.50	0	1	
87081	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY;	5.72	5.50	0	1	
87084	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY, BY COMMERCIAL K	8.84	8.50	0	1	
87101	CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICATION O	8.32	8.00	0	1	
87181	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; AGAR DILUTION METHOD, PER AGEN	0.52	0.50	0	1	
87184	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; DISK METHOD, PER PLATE (12 OR	7.28	7.00	0	1	
87220	TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR NAILS FOR FU	4.16	4.00	0	1	
87999	UNLISTED MICROBIOLOGY PROCEDURE	0.00	0.00	0	1	R
88329	PATHOLOGY CONSULTATION DURING SURGERY;	26.91	25.88	0	1	
88347	IMMUNOFLUORESCENT STUDY, EACH ANTIBODY; INDIRECT METHOD	43.99	42.30	0	1	
93922	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, SINGL	70.87	68.15	0	1	
93923	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, MULTI	108.45	104.28	0	1	
93924	NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST AND FO	135.00	129.81	0	1	
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE	179.53	172.63	0	1	
93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE BILATERAL STU	70.05	67.36	0	1	
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER	145.82	140.22	0	1	
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXTREMIT	8.77	8.44	0	3	
95903	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE, ANY/ALL	34.11	32.80	0	4	B
95904	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; SENSORY	25.32	24.35	0	6	B
95934	H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD GASTROCNEMIUS/SOLEUS MUSCLE	29.20	28.08	0	1	
95999	UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC PROCEDURE	0.00	0.00	0	1	R
97018	PHYSICAL MEDICINE TREATMENT TO ONE AREA; PARAFFIN BATH	4.89	4.71	0	4	
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND; NON-SELECTIVE DEBRIDEMENT, WITHOU	21.52	20.70	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



CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	POSTOP	MAX UNITS	SPEC
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	32.44	31.20	0	1	
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	34.01	32.71	0	1	
99203	OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED	50.62	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	90.97	87.48	0	1	
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	12.97	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,	43.11	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	51.26	49.29	0	1	
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	69.24	66.58	0	1	
99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	102.53	98.59	0	1	
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	21.03	20.23	0	1	
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	38.19	36.73	0	1	
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	54.53	52.44	0	1	
99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	37.37	35.94	0	1	
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	54.32	52.24	0	1	
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	27.57	26.51	0	1	
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	51.67	49.69	0	1	
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	70.66	67.95	0	1	
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	104.97	100.94	0	1	
99251	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	27.98	26.91	0	1	
99252	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	42.88	41.24	0	1	
99253	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	65.36	62.85	0	1	
99254	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	94.77	91.13	0	1	
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	14.79	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,	64.68	62.20	0	1	
99307	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	18.38	17.68	0	1	
99308	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	30.23	29.07	0	1	
99309	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	42.27	40.65	0	1	
99324	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	30.63	29.46	0	1	
99325	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	44.32	42.62	0	1	
99326	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	63.52	61.08	0	1	
99327	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	83.74	80.52	0	1	
99328	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	103.55	99.57	0	1	

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	POSTOP	MAX UNITS	SPEC
99334	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	23.69	22.78	0	1	
99335	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	36.76	35.35	0	1	
99336	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	56.78	54.60	0	1	
99337	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	83.33	80.13	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	30.63	29.46	0	1	
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	44.32	42.62	0	1	
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	23.89	22.98	0	1	
99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	36.97	35.55	0	1	
99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	56.78	54.60	0	1	
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	11.44	11.00	0	1	
G0245	INITIAL PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIAB	35.94	34.56	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	24.51	23.57	0	1	
J0120	INJECTION, TETRACYCLINE, UP TO 250 MG	5.08	5.08	0	4	
J0170	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	2.21	2.21	0	1	
J0530	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 600,000	5.19	5.19	0	1	
J0540	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,0	15.74	15.74	0	1	
J0550	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 2,400,0	9.96	9.96	0	14	
J0560	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	24.85	24.85	0	1	
J0570	INJECTION, PENICILLIN G BENZATHINE, UP TO 1,200,000 UNITS	43.04	43.04	0	1	
J0580	INJECTION, PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS	88.19	88.19	0	1	
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	1.84	1.84	0	4	
J0694	INJECTION, CEFOTAXIME SODIUM, 1 GM	12.94	12.94	0	2	
J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	10.40	10.40	0	2	
J0698	CEFOTAXIME SODIUM, PER GM	5.06	5.06	0	2	
J0702	INJECTION, BETAMETHASONE ACETATE AND BETAMETHASONE SODIUM PHOSPHATE, PER 3	5.56	5.56	0	3	
J0704	INJECTION, BETAMETHASONE SODIUM PHOSPHATE, PER 4 MG	2.88	2.88	0	3	
J0710	INJECTION, CEPHAPIRIN SODIUM, UP TO 1 GM	1.39	1.39	0	2	
J0720	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	6.43	6.43	0	1	
J0745	INJECTION, CODEINE PHOSPHATE, PER 30 MG	1.00	1.00	0	2	
J0760	INJECTION, COLCHICINE, PER 1MG	6.56	6.56	0	1	
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	1.02	1.02	0	2	
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	2.03	2.03	0	2	
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	3.25	3.25	0	2	
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	1.00	1.00	0	20	
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	5.60	5.60	0	3	
J1670	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	101.52	101.52	0	1	

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J1700	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	1.00	1.00	0	2	
J1710	INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG	4.95	4.95	0	5	
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	3.17	3.17	0	5	
J1840	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	2.84	2.84	0	1	
J1850	INJECTION, KANAMYCIN SULFATE, UP TO 75 MG	2.57	2.57	0	4	
J1890	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM	9.14	9.14	0	2	
J2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	1.00	1.00	0	2	
J2460	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	1.00	1.00	0	2	
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	2.79	2.79	0	2	
J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	1.57	1.57	0	1	
J2650	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	1.00	1.00	0	2	
J2700	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	1.00	1.00	0	4	
J3000	INJECTION, STREPTOMYCIN, UP TO 1 GM	8.25	8.25	0	1	
J3260	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	4.60	4.60	0	3	
J3301	INJECTION TRIAMCINOLONE ACETONIDE, PER 10MG	1.00	1.00	0	8	
J3360	INJECTION, DIAZEPAM, UP TO 5 MG	1.27	1.27	0	2	
J3370	INJECTION, VANCOMYCIN HCL, 500 MG	3.97	3.97	0	2	
J7340	DERMAL AND EPIDERMAL, (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT	27.25	27.25	0	44	
J7342	DERMAL (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINE	566.82	566.82	0	1	
J7345	DERMAL (SUBSTITUTE) TISSUE OF NON-HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOEN	0.00	0.00	0	1	R
J7346	DERMAL (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, INJECTABLE, WITH OR WITHOUT OTH	0.00	0.00	0	1	R
Q4037	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), PLASTER	8.44	8.44	0	1	AS
Q4038	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), FIBERGLASS	21.15	21.15	0	1	AS
Q4039	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	4.23	4.23	0	1	AS
Q4040	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	10.58	10.58	0	1	AS
Q4045	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), PLASTER	5.96	5.96	0	1	AS
Q4046	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	9.58	9.58	0	1	AS
Q4047	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	2.98	2.98	0	1	AS
Q4048	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	4.80	4.80	0	1	AS
Q4049	FINGER SPLINT, STATIC	1.09	1.09	0	1	AS
Q4050	CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIALS OF CASTS	0.00	0.00	0	1	R AS
Q4051	SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STRAPPING, FASTENE	0.00	0.00	0	1	R AS