



# Appendix C (Podiatry)

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## Appendix C (Podiatry)

Updated: 10/1/2000

The codes listed in this appendix are the only codes which DMAS will cover for podiatry. (Refer to CPT-4 for complete definitions and guidelines to the use of CPT codes.)

### Multiple Source Drugs with HCFA Upper Limits

The Health Care Financing Administration (HCFA) continually revises the maximum allowed drug cost payments for multiple source drugs. A list identifying the multiple source drugs by generic name and the commonly known brand name products with the revised HCFA Upper Limits is available upon request by calling the Medicaid "HELPLINE". The revisions and additions are identified for pharmacy providers in attachments to the monthly report listing HCFA Upper Limits and Virginia/MAC Costs.

### Evaluation and Management Services

**99201** -Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making

**99202** -Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making

**99203** -Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity

**99211** - Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services

**99212** -Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making

**99213** -Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity

**99217** - Observation care discharge day management

**99218** - Initial observation care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or

comprehensive examination; and medical decision making that is straightforward or of low complexity

**99221** - Initial hospital care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity

**99222** - Initial hospital care, per day, for the evaluation and management of a patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity.

**99231** - Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; and medical decision making that is straightforward or of low complexity

**99232** - Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; and medical decision making of moderate complexity

**99238** - Hospital discharge day management; 30 minutes or less

**99241** - Office consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making

**99242** - Office consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making

**99251** - Initial inpatient consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making

**99252** - Initial inpatient consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making

**99261** - Follow-up inpatient consultation for an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity

**99262** - Follow-up inpatient consultation for an established patient which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision

making of moderate complexity

**99281** - Emergency department visit for the evaluation and management of a patient, which requires these three key components: a problem focused history; problem focused examination; and straightforward medical decision making

**99282** - Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity

**99283** - Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity

**99301** - Evaluation and management of a new or established patient involving an annual nursing facility assessment which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision making that is straightforward or of low complexity

**99302** - Evaluation and management of a new or established patient involving a nursing facility assessment which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision making of moderate to high complexity

**99311** -Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three components: a problem focused interval history; a problem focused examination; and medical decision making that is straightforward or of low complexity

**99312** -Subsequent nursing facility care, per day, for the evaluation and

management of a new or established patient, which requires at least two of these three components: an expanded problem focused interval history; an expanded problem focused examination; and medical decision making of moderate complexity

**99321** -Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: a problem focused history; a problem focused examination; and medical decision making that is straightforward or of low complexity

**99322** -Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: a expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity

**99331** -Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; and medical decision making that is straightforward or of low complexity

**99332** -Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; and medical decision making of moderate complexity

**99341** - Home visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making

**99342** - Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity

**99347** - Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; and straightforward medical decision making

**99348** - Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; and medical decision making of low complexity

## Supplies

**99070** -Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, supplies, or materials provided)\*

\* When using this code, enter "ATTACHMENT" in Locator 10-D of the HCFA-1500 claim form, and attach a description of the item and the invoice documenting the actual cost of the item. Routine supplies (e.g., gauze, tape, culture plates) are included in the office visit fee.

The 99070 code should be used in place of the 00020 code that is currently listed in the Podiatry Manual.

## Administrative Services

**99000** - Handling and/or conveyance of specimens for transfer from the physician's office to a laboratory

**36415** - Routine venipuncture or finger/heel/ear stick for the collection of specimen(s)

## Surgery (Services are limited strictly to treatment of



## **foot/ankle)**

**10060** -Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscesses, cyst, furuncle, or paronychia); simple or single

**10061** - complicated or multiple

**10120** - Incision and removal of foreign body, subcutaneous tissues; simple

**10121** - complicated

**10140** - Incision and drainage of hematoma, seroma or fluid collection

**10160** - Puncture aspiration of abscess, hematoma, bulla, or cyst

**10180** - Incision and drainage , complex, postoperative wound infection

**11000** - Debridement of extensive eczematous or infected skin; up to 10% of body surface

**11040** - Debridement; skin, partial thickness

**11041** - skin, full thickness

**11042** - skin, and subcutaneous tissue

**11043** - skin, subcutaneous tissue, and muscle

**11044** - skin, subcutaneous tissue, muscle, and bone

**11055** - Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus ); single lesion.

**11056** - two to four lesions

**11057** - more than four lesions

**11100** - Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed (separate procedure); single lesion

**11101** - each separate/additional lesion

**11305** - Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less

**11306** - lesion diameter 0.6 to 1.0 cm

**11307** - lesion diameter 1.1 to 2.0 cm

**11308** - lesion diameter over 2.0 cm

**11420** -Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less

**11421** - lesion diameter 0.6 to 1.0 cm

**11422** - lesion diameter 1.1 to 2.0 cm

**11423** - lesion diameter 2.1 to 3.0 cm

**11424** - lesion diameter 3.1 to 4.0 cm

**11426** - lesion diameter over 4.0 cm

**11620** - Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less

**11621** - lesion diameter 0.6 to 1.0 cm

**11622** - lesion diameter 1.1 to 2.0 cm

**11623** - lesion diameter 2.1 to 3.0 cm

**11624** - lesion diameter 3.1 to 4.0 cm

**11626** - lesion diameter over 4.0 cm

**11719** - Trimming of nondystrophic nails, any number

**11720** - Debridement of nail(s) by any method(s); one to five

**11721** - six or more

**11730** - Avulsion of nail plate, partial or complete, simple; single

**11731** - second nail plate

**11732** - each additional nail plate

**11750** -Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail) for permanent removal;

**11752** - with amputation of tuft of distal phalanx

**11755** - Biopsy of nail unit, any method (eg, plate , bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)

**11760** - Repair of nail bed

**11762** - Reconstruction of nail bed with graft

**11765** - Wedge resection of skin of nail fold (eg, for ingrown toenail)

**11900** - Injection, intralesional: up to and including seven lesions

**11901** - more than seven lesions

**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

**12002** - 2.6 cm to 7.5 cm

**12004** - 7.6 cm to 12.5 cm

**12005** - 12.6 cm to 20.0 cm

**12006** - 20.1 cm to 30.0 cm

**12007** - over 30.0 cm

**12020** - Treatment of superficial wound dehiscence; simple closure

**12021** - with packing

**12041** - Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less

**12042** - 2.6 cm to 7.5 cm

**12044** - 7.6 cm to 12.5 cm

**12045** - 12.6 cm to 20.0 cm

**12046** - 20.1 cm to 30.0 cm

**12047** - over 30.0 cm

**13131** - Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet;

1.1 cm to 2.5 cm

**13132** - 2.6 cm to 7.5 cm

**13160** - Secondary closure of surgical wound or dehiscence, extensive or complicated

**13300** - Repair, unusual, complicated, over 7.5 cm, any area

**14040** - Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq. cm or less

**14041** - defect 10.1 sq. cm to 30 sq. cm

**14300** - Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area

**14350** - Filleted finger or toe flap, including preparation of recipient site

**15000** -Excisional preparation or creation of recipient site by excision of essentially intact skin (including subcutaneous tissues), scar, or other lesion prior to repair with free skin graft (list as a separate service in addition to the skin graft)

**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

**15100** - Split graft, trunk, scalp, arms, legs, hands, and/or feet (except multiple digits); 100 sq. cm or less, or each one percent of body area of infants and children (except 15050)

**15120** - Split graft, face, eyelids, mouth, neck, ears, orbits, genitalia, and/or multiple digits; 100 sq cm or less, or each one percent of body area of infants and children (except 15050)

**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

**15241** - each additional 20 sq  
cm

**15350** - Application of allograft, skin

**15400** - Application of xenograft, skin

**15574** -Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet

**15620** - Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands (except 15625), or feet

**15738** - Muscle, myocutaneous, or fasciocutaneous flap; lower extremity

**15740** - Flap; island pedicle

**15750** - neurovascular pedicle

**15770** - Graft; derma-fat-fascia

**15839** - Excision, excessive skin and subcutaneous tissue (including lipectomy); other area

**15850** - Removal of sutures under anesthesia (other than local), same surgeon

**15851** - Removal of sutures under anesthesia (other than local), other surgeon

**15852** - Dressing change (for other than burns) under anesthesia (other than local)

**16000** - Initial treatment, first degree burn, when no more than local treatment is required

**16010** - Dressings and/or debridement, initial or subsequent; under anesthesia, small

**16015** - under anesthesia, medium or large, or with major debridement

**16020** - without anesthesia, office or hospital, small

**16025** - without anesthesia, medium (eg, whole face or whole extremity)

**16030** - without anesthesia, large (eg, more than one extremity)

**17000** - Destruction by any method, including laser, with or without surgical curettement, all benign or premalignant lesions (eg, actinic keratoses) other

than skin tags or cutaneous vascular proliferative lesions, including local anesthesia; first lesion

**17003** - second through 14 lesions, each

**17004** - 15 or more lesions

**17110** - Destruction by any method of flat warts, molluscum contagiosum, or milia; up to 14 lesions

**17111** - 15 or more lesions

**17250** - Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)

**17270** - Destruction, malignant lesion, any method, scalp, neck, hands, feet, genitalia; lesion diameter

0.5 cm or less

**17271** - lesion diameter 0.6 to 1.0 cm

**17272** - lesion diameter 1.1 to 2.0 cm

**17273** - lesion diameter 2.1 to 3.0 cm

**17274** - lesion diameter 3.1 to 4.0 cm

**17276** - lesion diameter over 4.0 cm

**20000** - Incision of soft tissue abscess (eg, secondary to osteomyelitis); superficial

**20005** - deep or



complicated

**20200** - Biopsy, muscle;  
superficial

**20205** - deep

**20206** - Biopsy, muscle, percutaneous needle

**20520** - Removal of foreign body in muscle or tendon sheath; simple

**20525** - deep or complicated

**20550** - Injection, tendon sheath, ligament, trigger points or ganglion cyst

**20600** - Arthrocentesis, aspiration, and/or injection; small joint, bursa or ganglion  
cyst (eg, fingers, toes)

**20605** - intermediate joint, bursa or ganglion  
cyst (eg, temporomandibular, acromioclavicular, wrist, elbow  
or ankle, olecranon bursa)

**20615** - Aspiration and injection for treatment of bone cyst

**20650** - Insertion of wire or pin with application of skeletal traction, including  
removal (separate procedure)

**20670** - Removal of implant; superficial (eg, buried wire, pin, or rod)

**20680** - deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)

**20690** - Application of a uniplane (pins or wires in one plane), unilateral, external fixation system

**20900** - Bone graft, any donor area; minor or small (eg, dowel or button)

**20922** - Fascia lata graft; by incision and area exposure, complex or sheet

**20924** - Tendon graft, from a distance (eg, palmiris, toe extensor, plantaris)

**20926** - Tissue grafts, other (eg, paraton, fat, dermis)

**20950** -Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome

**20962** - Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal

**20972** - Free osteocutaneous flap with microvascular anastomosis; metatarsal

**20973** - great toe with web space

**20974** - Electrical stimulation to aid bone healing; noninvasive (nonoperative)

**27602** - Decompression fasciotomy, leg; anterior and/or lateral, and posteior compartment(s)

**27603** - Incision and drainage, leg or ankle, deep abscess or hematoma

**27604** - infected bursa

**27605** - Tenotomy, Achilles tendon, subcutaneous; local anesthesia

**27606** - general anesthesia

**27607** - Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), leg or ankle

**27610** - Arthrotomy, ankle, for infection, with exploration, drainage or removal of foreign body

**27612** - Arthrotomy, ankle, posterior capsular release, with or without Achilles tendon lengthening

**27613** - Biopsy, soft tissue of leg or ankle area; superficial

**27614** - deep

**27615** - Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area

**27618** - Excision, tumor, leg or ankle area; subcutaneous

**27619** - deep, subfascial or intramuscular

**27620** - Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body

**27625** - Arthrotomy, ankle, with synovectomy

**27640** - Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis or exostosis); tibia

**27641** - fibula

**27645** - Radical resection of tumor, bone; tibia

**27647** - Radical resection of tumor, talus or calcaneus

**27650** - Repair, primary, open or percutaneous, ruptured Achilles tendon;

**27652** - with graft (including obtaining graft)

**27654** - Repair, secondary, ruptured Achilles tendon, with or without graft

**27658** - Repair or suture of flexor tendon of leg; primary, without graft, single, each

**27659** - secondary with or without graft, single tendon, each

**27664** - Repair or suture of extensor tendon of leg; primary, without graft, single, each

**27665** - secondary with or without graft, single tendon, each  
**27675** - Repair for dislocating peroneal tendons; without fibular osteotomy  
**27676** - with fibular osteotomy

**27680** - Tenolysis, including tibia, fibula, and ankle flexor; single

**27681** - multiple (through same incision), each

**27685** - Lengthening or shortening of tendon, leg or ankle; single (separate procedure)

**27686** - Multiple (through same incision), each

**27690** - Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)

**27691** - deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallicus longus, or peroneal tendon to midfoot or hindfoot)

**28001** - Incision and drainage, infected bursa, foot

**28002** -Deep dissection below fascia, for deep infection of foot, with or without tendon sheath involvement; single bursal space, specify

**28003** - multiple areas.

**28005** - Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), foot

**28008** - Fasciotomy, foot and/or toe

**28010** - Tenotomy, subcutaneous, toe; single

**28011** - multiple

**28020** -Arthrotomy, with exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint

**28022** - metatarsophalangeal joint

**28024** - interphalangeal joint

**28030** - Neurectomy of intrinsic musculature of foot

**28035** - Tarsal tunnel release (posterior tibial nerve decompression)

**28043** - Excision, tumor, foot; subcutaneous

**28045** - deep, subfascial, intramuscular

**28046** - Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot

**28050** - Arthrotomy for synovial biopsy; intertarsal or tarsometatarsal joint

**28052** - metatarsophalangeal joint

**28054** - interphalangeal joint

**28060** - Fasciectomy, excision of plantar fascia, partial (separate procedure)

**28062** - radical (separate procedure)

**28070** - Synovectomy; intertarsal or tarsometatarsal joint, each

**28072** - metatarsophalangeal joint, each

**28080** - Excision of interdigital (Morton) neuroma, single, each

**28086** - Synovectomy, tendon sheath, foot; flexor

**28088** - extensor

**28090** - Excision of lesion of tendon or fibrous sheath or capsule (including synovectomy) (cyst or ganglion); foot

**28092** - toes

**28100** - Excision or curettage of bone cyst or benign tumor, talus or calcaneus

**28103** - with allograft

**28104** - Excision or curettage or bone cyst of benign tumor, tarsal or metatarsal bones, except talus or calcaneus

**28107** - with allograft

**28108** - Excision or curettage of bone cyst or benign tumor, phalanges of foot

**28110** - Osteotomy, partial excision, fifth metatarsal head (bunionette)

**28111** - Ostectomy; complete excision; first metatarsal head

**28112** - other metatarsal head (second, third, or fourth)

**28113** - fifth metatarsal head

**28114** - all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (Clayton type procedure)

**28116** - Ostectomy, excision of tarsal coalition

**28118** - Ostectomy, calcaneus

**28119** - for spur, with or without plantar fascial release

**28120** - Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) of bone (eg, for osteomyelitis or tarsal bossing), talus or calcaneus

**28122** - Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis or tarsal bossing), tarsal or metatarsal bone, except talus or calcaneus

**28124** - Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis or dorsal bossing) phalanx of toe

**28126** - Resection, partial or complete, phalangeal base, single toe, each

**28130** - Talectomy (astragalectomy)



**28140** - Metatarsectomy

**28150** - Phalangectomy of toe, single, each

**28153** - Resection, head of phalanx, toe

**28160** - Hemiphalangectomy or interphalangeal joint excision, toe, single, each

**28171** - Radical resection of tumor, bone; tarsal (except talus or calcaneus)

**28173** - metatarsal

**28175** - phalanx of toe

**28190** - Removal of foreign body, foot; subcutaneous

**28192** - deep

**28193** - complicated

**28200** - Repair or suture of tendon, foot, flexor, single; primary or secondary, without free graft, each tendon

**28202** - secondary with free graft, each tendon (includes obtaining graft)

**28208** - Repair or suture of tendon, foot, extensor, single; primary or secondary, each tendon

- 28210** - secondary with free graft, each tendon (includes obtaining graft)
- 28220** - Tenolysis, flexor, foot; single
- 28222** - multiple (through same incision)
- 28225** - Tenolysis, extensor, foot; single
- 28226** - multiple (through same incision)
- 28230** - Tenotomy, open, flexor; foot, single or multiple (separate procedure)
- 28232** - toe, single (separate procedure)
- 28234** - Tenotomy, open, extensor, foot or toe
- 28238** - Advancement of posterior tibial tendon with excision of accessory navicular bone (Kidner type procedure)
- 28240** - Tenotomy, lengthening, or release, abductor hallucis muscle
- 28250** - Division of plantar fascia and muscle ("Steindler stripping") (separate procedure)
- 28260** - Capsulotomy, midfoot; medial release only (separate procedure)

**28261** - with tendon lengthening

**28262** - extensive, including posterior talotibial capsulotomy and tendon(s) lengthening as for resistant clubfoot deformity

**28264** - Capsulotomy, midtarsal (Heyman type procedure)

**28270** - Capsulotomy, for contracture; metatarsophalangeal joint, with or without tenorrhaphy, single, each joint

**28272** - interphalangeal joint, single, each joint

**28280** - Webbing operation (create syndactylism of toes) for soft corn (Kelikian type procedure)

**28285** - Hammertoe operation; one toe (eg, interphalangeal fusion, filleting, phalangectomy)

**28286** - cock-up fifth toe with plastic skin closure (Ruiz-Mora type procedure)

**28288** - Osteotomy, partial, exostectomy or condylectomy, single, metatarsal head, first through fifth, each metatarsal head

**28290** - Hallux valgus (bunion) correction, with or without sesamoidectomy; simple exostectomy (Silver type procedure)

**28292** - Keller, McBride, or Mayo type procedure

**28293** - resection of joint with implant

**28294** - with tendon transplants (Joplin type procedure)

**28296** - with metatarsal osteotomy (eg, Mitchell, Chevron or concentric procedures)

**28297** - Lapidus type procedure

**28298** - by phalanx osteotomy

**28299** - by other methods (eg, double osteotomy)

**28300** - Osteotomy; calcaneus (Dwyer or Chambers type procedure), with or without internal fixation

**28302** - talus

**28304** - Osteotomy, midtarsal bones, other than calcaneus or talus

**28305** - with autograft (includes obtaining graft) (Fowler type)

**28306** -Osteotomy, metatarsal, base or shaft, single, with or without lengthening, for shortening or angular correction; first metatarsal

**28307** - first metatarsal with autograft

**28308** - other than first metatarsal

**28309** - Osteotomy, metatarsals, multiple, for cavus foot (Swanson type procedure)

**28310** - Osteotomy for shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)

**28312** - other phalanges, any toe

**28213** -Reconstruction, angular deformity of toe (overlapping second toe, fifth toe,

curly toes), soft tissue procedures only

**28315** - Sesamoidectomy, first toe

**28320** - Repair of nonunion or malunion; tarsal bones (eg, calcaneus, talus)

**28322** - metatarsal, with or without bone graft (includes obtaining graft)

**28340** - Reconstruction, toe, macrodactyly; soft tissue resection

**28341** - requiring bone resection

**28344** - Reconstruction, toe(s); polydactyl

**28360** - Reconstruction, cleft foot

**28400** - Closed treatment of calcaneal fracture; without manipulation

**28405** - with manipulation

**28406** - Percutaneous skeletal fixation of calcaneal fracture; with manipulation

**28415** - Open treatment of calcaneal fracture; with or without internal or external fixation

**28420** - with primary iliac or other autogenous bone graft (includes obtaining graft)

**28430** - Closed treatment of talus fracture; without manipulation

**28435** - with manipulation

**28436** - Percutaneous skeletal fixation of talus fracture, with manipulation

**28445** - Open treatment of talus fracture, with or without internal or external fixation

**28450** - Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each

**28455** - with manipulation, each

**28456** - Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus); with manipulation, each

**28465** - Open treatment of tarsal bone fracture (except talus and calcaneus); with or without internal or external skeletal fixation, each

**28470** - Closed treatment of metatarsal fracture; without manipulation, each

**28475** - with manipulation, each

**28476** - Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each

**28485** - Open treatment of metatarsal fracture; with or without internal or external fixation, each

**28490** - Closed treatment of fracture great toe, phalanx or phalanges; without manipulation

**28495** - with manipulation

**28496** - Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation

**28505** - Open treatment of fracture great toe, phalanx or phalanges; with or without internal or external fixation

**28510** - Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each

**28515** - with manipulation, each

**28525** - Open treatment of fracture, phalanx or phalanges, other than great toe; with or without internal or external fixation, each

**28540** - Closed treatment of tarsal bone dislocation; other than talotarsal, without anesthesia

**28545** - requiring anesthesia

**28546** - Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation

**28555** - Open treatment of tarsal bone dislocation, with or without internal or external fixation

**28570** - Closed treatment of talotarsal joint dislocation; without anesthesia

**28575** - requiring anesthesia

**28576** - Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation

**28585** - Open treatment of talotarsal joint dislocation, with or without internal or external

fixation

**28600** - Closed treatment of tarsometatarsal joint dislocation; without anesthesia

**28605** - requiring anesthesia

**28606** - Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation

**28615** - Open treatment of tarsometatarsal joint dislocation, with or without internal or external fixation

**28630** - Closed treatment of metatarsophalangeal joint dislocation; without anesthesia

**28635** - requiring anesthesia

**28636** - Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation

**28645** -Open treatment of metatarsophalangeal joint dislocation, with or without internal or external fixation

**28660** - Closed treatment of interphalangeal joint dislocation; without anesthesia

**28665** - requiring anesthesia

**28666** - Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation



**28675** - Open treatment of interphalangeal joint dislocation, with or without internal or external fixation

**28705** - Pantalar  
arthrodesis **28715** - Triple  
arthrodesis **28725** -  
Subtalar arthrodesis

**28730** - Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;

**28735** - with osteotomy as for flatfoot correction

**28737** - Arthrodesis, midtarsal navicular-cuneiform, with tendon lengthening and advancement (Miller type procedure)

**28740** - Arthrodesis, midtarsal or tarsometatarsal,  
single joint **28750** - Arthrodesis, great toe;  
metatarsophalangeal joint **28755** -  
interphalangeal joint

**28760** - Arthrodesis, great toe, interphalangeal joint, with extensor hallucis longus transfer to first metatarsal neck (Jones type procedure)

**28820** - Amputation, toe; metatarsophalangeal joint

**28825** - interphalangeal joint

**28899** - Unlisted procedure, foot or toes (requires description of medical necessity)

**The listed procedures apply when the cast application or strapping is a replacement procedure used during or after the period of follow-up care. Additional visits are reportable only if significant identifiable further services are provided at the time of the cast application or strapping.**

**If cast application or strapping is provided as an initial procedure in which no surgery is performed (eg, casting of a sprained ankle or knee), use the appropriate office evaluation and management code in addition to 99070 for supplies.**

Listed procedures include removal of cast or strapping.

**29345** - Application of long leg cast (thigh to toes);

**29355** - walker or ambulatory type

**29405** - Application of short leg cast (below knee to toes);

**29425** - walking or ambulatory type

**29435** - Application of patellar tendon bearing (PTB) cast

**29440** - Adding walker to previously applied cast

**29450** - Application of clubfoot cast with molding or manipulation, long or short leg

**29505** - Application of long leg splint (thigh to ankle to toes)

**29515** - Application of short leg splint (calf to foot)

**29540** - Strapping; ankle

**29550** - toes

**29580** - Unna boot

**29590** - Denis-Browne splint strapping

**Codes for cast removals should be employed only for casts applied by another provider**

**29705** - Removal or bivalving; full arm or full leg cast

**29730** - Windowing of cast

**29740** - Wedging of cast (except clubfoot casts)

**29750** - Wedging of clubfoot cast

**Endoscopy/Arthroscopy**

**29894** - Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body

**29895** - synovectomy, partial

**29897** - debridement, limited

**29898** - debridement, extensive

**29909** - Unlisted procedure, arthroscopy (requires description of medical necessity)

**Other Procedure(s):**

**64450** - Injection, anesthetic agent; other peripheral nerve or branch  
**64640** - Destruction by neurolytic agent; other peripheral nerve or branch  
**64787** - Implantation of nerve end into bone or muscle

**64830** - Microdissection and/or microrepair of nerve  
**64831** - Suture of digital nerve, hand or foot; one nerve  
**64832** - each additional digital nerve

**64834** - Suture of one nerve, hand or foot; common sensory nerve

**64840** - Suture of posterior tibial nerve

**93922** - Non-invasive physiologic studies of upper or lower extremity arteries, single level, bilateral

**93923** - Non-invasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study

**93965** -Non-invasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborthography, impedance plethysmography)

## **Radiology Procedures**

**73600** - Radiologic examination, ankle; anteroposterior and lateral views

**73610** - complete, minimum of three views

**73615** - Radiologic examination, ankle, arthrography, radiological supervision and interpretation

**73620** - Radiologic examination, foot; anteroposterior and lateral views

**73630** - complete, minimum of three views

**73650** - Radiologic examination; calcaneus, minimum of two views

**73660** - toe(s), minimum of two views

## Laboratory Procedures

**80049** - Basic metabolic panel. This panel must include the following: Carbon dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (845201)

**80050** -General health panel. This panel must include the following: Comprehensive metabolic panel (80054). Hemogram, automated, and manual differential WBC count (CBC) (85022) OR Hemogram and platelet count, automated, and automated complete differential WBC count (CBC) (85025) Thyroid stimulating hormone (TSH) (84443)

**80051** -Electrolyte panel. This panel must include the following: Carbon dioxide (82374) Chloride (82435) Potassium (84132) Sodium (84295)

**80054** -Comprehensive metabolic panel. This panel must include the following: Albumin (82040) Bilirubin, Total OR direct (82250) Calcium (82310) Chloride (82435) Creatinine (82565)

Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, aspartate amino (AST) (SGOT) (84450) Urea Nitrogen (BUN) (84520)

**80072** -Arthritis panel. This panel must include the following: Uric acid, blood,

chemical (84550) Sedimentation rate, erythrocyte, non-automated (85651)  
Fluorescent antibody, screen, each antibody (86255) Rheumatoid factor,  
qualitative (86430)

**81000** - Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin,  
ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any  
number of constituents; with microscopy

**81002** - non-automated, without microscopy

**82310** - Calcium; total

**82435** - Chloride; blood

**82465** - Cholesterol, serum, total

**82540** - Creatine

**82565** - Creatinine; blood

**82947** - Glucose; quantitative

**82948** - blood, reagent strip

**84075** - Phosphatase, alkaline

**84100** - Phosphorus inorganic (phosphate)

**84132** - Potassium; serum

**84155** - Protein; total, except refractometry

**84295** - Sodium; serum

**84450** - Transferase; aspartate amino (AST)(SGOT)

**84460** - alanine amino (ALT)(SGPT)

**84478** - Triglycerides

**84525** - Urea nitrogen; semiquantitative (eg, reagent strip test)

**84550** - Uric acid; blood

**85002** - Bleeding time

**85007** -Blood count; manual differential WBC count (includes RBC morphology and platelet estimation)

**85009** - differential WBC count, buffy coat

**85014** - other than spun hematocrit

**85018** - hemoglobin

**85021** - hemogram, automated (RBC, WBC, Hgb, Hct and indices only)

**85022** - hemogram, automated, and manual differential WBC count (CBC)

**85031** -Blood count; hemogram, manual, complete CBC (RBC, WBC, Hgb, Hct, differential and indices)

**85041** - red blood cell (RBC) only

**85044** - reticulocyte count, manual

**85048** - white blood cell (WBC)

**85610** - Prothrombin time

**85651** - Sedimentation rate, erythrocyte, non-automated

**85730** - Thromboplastin time, partial, (PTT); plasma or whole blood

**86060** - Antistreptolysin O; titer

**86063** - screen

**86215** - Deoxyribonuclease, antibody

**87040** - Culture, bacterial, definitive; blood (includes anaerobic screen)

**87075** - Culture, bacterial, any source; anaerobic (isolation)



**87081** - Culture, bacterial, screening only, for single organisms

**87101** - Culture, fungi, isolation (with or without presumptive identification); skin

**87184** - Sensitivity studies, antibiotic disk method, per plate (12 or fewer disks)

**87205** - Smear, primary source, with interpretation; routine stain for bacteria, fungi, or cell types

**87210** - Smear, primary source with interpretation; wet mount with simple stain,  
for bacteria, fungi, ova and/or parasites