

9/24/2009

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm	00	00	20	3/1/1999	\$60.00		
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm	00	00	40	3/1/1999	\$116.00		
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	00	00	20	3/1/1999	\$93.00		
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	00	00	40	3/1/1999	\$116.00		
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	00	00	20	3/1/1999	\$60.00		
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	00	00	40	3/1/1999	\$116.00		
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	00	00	20	3/1/1999	\$260.50		
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	00	00	27	7/1/1999	\$776.00		
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	00	00	40	3/1/1999	\$199.50		
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	00	00	20	1/1/1998	\$172.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
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	00	00	27	7/1/1999	\$776.00	
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	00	00	40	1/1/1998	\$122.00	
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	00	00	20	1/1/1998	\$298.00	
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	00	00	27	7/1/1999	\$571.00	
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	00	00	40	1/1/1998	\$147.50	
20000	Incision of soft tissue abscess (eg, secondary to osteomyelitis); superficial	00	00	20	4/1/1989	\$25.50	
20005	Incision of soft tissue abscess (eg, secondary to osteomyelitis); deep or complicated	00	00	20	4/1/1989	\$88.50	
20005	Incision of soft tissue abscess (eg, secondary to osteomyelitis); deep or complicated	00	00	27	7/1/1999	\$776.00	
20005	Incision of soft tissue abscess (eg, secondary to osteomyelitis); deep or complicated	00	00	40	4/1/1989	\$137.50	
20200	Biopsy, muscle; superficial	00	00	25	4/1/1989	\$81.00	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
20200	Biopsy, muscle; superficial	00	00	40	4/1/1989	\$35.50	
20205	Biopsy, muscle; deep	00	00	25	4/1/1989	\$99.50	
20205	Biopsy, muscle; deep	00	00	40	4/1/1989	\$135.50	
20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	00	00	25	4/1/1989	\$63.00	
20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	00	00	40	4/1/1989	\$43.50	
20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	00	00	25	1/1/1998	\$98.00	
20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	00	00	40	4/1/1989	\$167.00	
20240	Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)	00	00	25	4/1/1989	\$95.00	
20240	Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)	00	00	40	4/1/1989	\$175.00	
20245	Biopsy, bone, open; deep (eg, humerus, ischium, femur)	00	00	25	4/1/1989	\$225.50	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
20245	Biopsy, bone, open; deep (eg, humerus, ischium, femur)	00	00	40	4/1/1989	\$156.50		
20250	Biopsy, vertebral body, open; thoracic	00	00	25	4/1/1989	\$162.00		
20250	Biopsy, vertebral body, open; thoracic	00	00	40	4/1/1989	\$248.00		
20500	Injection of sinus tract; therapeutic (separate procedure)	00	00	25	4/1/1989	\$35.00		
20500	Injection of sinus tract; therapeutic (separate procedure)	00	00	40	4/1/1989	\$19.50		
20520	Removal of foreign body in muscle or tendon sheath; simple	00	00	20	4/1/1989	\$62.50		
20520	Removal of foreign body in muscle or tendon sheath; simple	00	00	40	4/1/1989	\$113.00		
20525	Removal of foreign body in muscle or tendon sheath; deep or complicated	00	00	20	4/1/1989	\$120.00		
20525	Removal of foreign body in muscle or tendon sheath; deep or complicated	00	00	40	4/1/1989	\$144.00		
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	00	00	25	1/1/1998	\$32.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)	00	00	25	7/1/1999	\$18.00		
20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)	00	00	27	7/1/1999	\$776.00		
20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)	00	00	40	4/1/1989	\$19.50		
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	00	00	25	7/1/1999	\$21.50		
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	00	00	27	7/1/1999	\$1,094.00		
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	00	00	40	4/1/1989	\$19.50		
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	00	00	25	7/1/1999	\$23.50		
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	00	00	27	7/1/1999	\$776.00		
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	00	00	40	4/1/1989	\$19.50		
20650	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)	00	00	20	4/1/1989	\$153.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
20650	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)	00	00	40	4/1/1989	\$149.50		
20660	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	00	00	20	4/1/1989	\$225.00		
20660	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	00	00	40	4/1/1989	\$55.00		
20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	00	00	20	4/1/1989	\$93.50		
20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	00	00	40	4/1/1989	\$102.50		
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	00	00	20	4/1/1989	\$171.50		
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	00	00	40	4/1/1989	\$120.50		
20900	Bone graft, any donor area; minor or small (eg, dowel or button)	00	00	10	1/1/1998	\$66.60		
20900	Bone graft, any donor area; minor or small (eg, dowel or button)	00	00	20	4/1/1989	\$333.00		
20900	Bone graft, any donor area; minor or small (eg, dowel or button)	00	00	40	4/1/1989	\$165.50		

9/24/2009

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
20902	Bone graft, any donor area; major or large	00	00	10	1/1/1998	\$67.50	
20902	Bone graft, any donor area; major or large	00	00	20	4/1/1989	\$338.00	
20902	Bone graft, any donor area; major or large	00	00	40	4/1/1989	\$258.00	
20910	Cartilage graft; costochondral	00	00	20	4/1/1989	\$448.00	
20910	Cartilage graft; costochondral	00	00	27	7/1/1999	\$776.00	
20910	Cartilage graft; costochondral	00	00	40	4/1/1989	\$220.50	
20920	Fascia lata graft; by stripper	00	00	10	1/1/1998	\$94.70	
20920	Fascia lata graft; by stripper	00	00	20	4/1/1989	\$473.50	
20920	Fascia lata graft; by stripper	00	00	40	4/1/1989	\$232.50	
20922	Fascia lata graft; by incision and area exposure, complex or sheet	00	00	10	1/1/1998	\$94.70	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
20922	Fascia lata graft; by incision and area exposure, complex or sheet	00	00	20	4/1/1989	\$473.50		
20922	Fascia lata graft; by incision and area exposure, complex or sheet	00	00	40	4/1/1989	\$232.50		
21502	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy	00	00	20	1/1/1998	\$262.50		
21502	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy	00	00	27	7/1/1999	\$776.00		
21502	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy	00	00	40	1/1/1998	\$130.00		
21600	Excision of rib, partial	00	00	20	4/1/1989	\$262.50		
21600	Excision of rib, partial	00	00	40	4/1/1989	\$130.00		
21610	Costotransversectomy (separate procedure)	00	00	10	1/1/1998	\$122.00		
21610	Costotransversectomy (separate procedure)	00	00	20	4/1/1989	\$611.00		
21610	Costotransversectomy (separate procedure)	00	00	40	4/1/1989	\$303.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
21620	Ostectomy of sternum, partial	00	00	10	1/1/1998	\$52.50		
21620	Ostectomy of sternum, partial	00	00	20	4/1/1989	\$262.50		
21620	Ostectomy of sternum, partial	00	00	40	4/1/1989	\$130.00		
21630	Radical resection of sternum;	00	00	10	1/1/1998	\$158.00		
21630	Radical resection of sternum;	00	00	20	4/1/1989	\$790.50		
21630	Radical resection of sternum;	00	00	40	4/1/1989	\$390.00		
21700	Division of scalenus anticus; without resection of cervical rib	00	00	20	4/1/1989	\$157.00		
21700	Division of scalenus anticus; without resection of cervical rib	00	00	40	4/1/1989	\$79.00		
21705	Division of scalenus anticus; with resection of cervical rib	00	00	10	1/1/1998	\$78.50		
21705	Division of scalenus anticus; with resection of cervical rib	00	00	20	4/1/1989	\$393.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
21705	Division of scalenus anticus; with resection of cervical rib	00	00	40	4/1/1989	\$193.00		
21720	Division of sternocleidomastoid for torticollis, open operation; without cast application	00	00	20	4/1/1989	\$323.00		
21720	Division of sternocleidomastoid for torticollis, open operation; without cast application	00	00	40	4/1/1989	\$161.50		
21725	Division of sternocleidomastoid for torticollis, open operation; with cast application	00	00	20	4/1/1989	\$365.00		
21725	Division of sternocleidomastoid for torticollis, open operation; with cast application	00	00	40	4/1/1989	\$181.00		
21740	Reconstructive repair of pectus excavatum or carinatum; open	00	00	10	1/1/1998	\$200.00		
21740	Reconstructive repair of pectus excavatum or carinatum; open	00	00	20	4/1/1989	\$1,000.00		
21740	Reconstructive repair of pectus excavatum or carinatum; open	00	00	40	4/1/1989	\$516.00		
21800	Closed treatment of rib fracture, uncomplicated, each	00	00	20	4/1/1989	\$33.00		
21805	Open treatment of rib fracture without fixation, each	00	00	20	4/1/1989	\$96.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
21805	Open treatment of rib fracture without fixation, each	00	00	40	4/1/1989	\$47.50		
21810	Treatment of rib fracture requiring external fixation (flail chest)	00	00	20	4/1/1989	\$112.00		
21810	Treatment of rib fracture requiring external fixation (flail chest)	00	00	40	4/1/1989	\$55.00		
21820	Closed treatment of sternum fracture	00	00	20	4/1/1989	\$61.00		
21820	Closed treatment of sternum fracture	00	00	40	4/1/1989	\$31.50		
21825	Open treatment of sternum fracture with or without skeletal fixation	00	00	10	1/1/1998	\$22.50		
21825	Open treatment of sternum fracture with or without skeletal fixation	00	00	20	4/1/1989	\$112.00		
21825	Open treatment of sternum fracture with or without skeletal fixation	00	00	40	4/1/1989	\$55.00		
22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	00	00	10	1/1/1998	\$94.70		
22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	00	00	20	4/1/1989	\$473.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	00	00	40	4/1/1989	\$232.50		
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	00	00	10	1/1/1998	\$63.50		
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	00	00	20	4/1/1989	\$317.00		
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	00	00	40	4/1/1989	\$157.50		
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	00	00	10	1/1/1998	\$200.00		
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	00	00	20	1/1/1998	\$1,000.00		
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	00	00	40	1/1/1998	\$348.50		
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	00	00	10	1/1/1998	\$200.00		
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	00	00	20	1/1/1998	\$1,000.00		
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	00	00	40	1/1/1998	\$348.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
22305	Closed treatment of vertebral process fracture(s)	00	00	20	4/1/1989	\$116.50		
22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing	00	00	20	4/1/1989	\$197.00		
22315	Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing, with or without anesthesia, by manipulation or traction	00	00	20	4/1/1989	\$301.00		
22315	Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing, with or without anesthesia, by manipulation or traction	00	00	40	4/1/1989	\$149.50		
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar	00	00	10	1/1/1998	\$169.50		
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar	00	00	20	4/1/1989	\$848.00		
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar	00	00	40	4/1/1989	\$417.50		
22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical	00	00	10	1/1/1998	\$169.50		
22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical	00	00	20	1/1/1998	\$848.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical	00	00	40	1/1/1998	\$417.50	
22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic	00	00	10	1/1/1998	\$169.50	
22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic	00	00	20	1/1/1998	\$848.00	
22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic	00	00	40	1/1/1998	\$417.50	
22505	Manipulation of spine requiring anesthesia, any region	00	00	20	4/1/1989	\$97.00	
22505	Manipulation of spine requiring anesthesia, any region	00	00	40	4/1/1989	\$97.50	
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	00	00	10	1/1/1998	\$200.00	
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	00	00	20	1/1/1998	\$1,000.00	
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	00	00	40	1/1/1998	\$348.00	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	00	00	10	1/1/1998	\$200.00	
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	00	00	20	1/1/1998	\$1,000.00	
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	00	00	40	1/1/1998	\$348.50	
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	00	00	10	1/1/1998	\$187.20	
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	00	00	20	1/1/1998	\$936.00	
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	00	00	40	1/1/1998	\$461.00	
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	00	00	10	1/1/1998	\$150.00	
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	00	00	20	4/1/1989	\$749.00	
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	00	00	40	4/1/1989	\$370.50	
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)	00	00	10	1/1/1998	\$187.20	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)	00	00	20	1/1/1998	\$936.00	
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)	00	00	40	1/1/1998	\$492.50	
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	00	00	10	1/1/1998	\$106.09	
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	00	00	20	1/1/1998	\$530.43	
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	00	00	40	1/1/1998	\$265.22	
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	00	00	10	1/1/1998	\$200.00	
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	00	00	20	1/1/1998	\$1,000.00	
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	00	00	40	1/1/1998	\$348.50	
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	00	00	10	1/1/1998	\$180.00	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	00	00	20	4/1/1989	\$899.00		
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	00	00	40	4/1/1989	\$445.00		
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	00	00	10	1/1/1998	\$200.00		
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	00	00	20	1/1/1998	\$1,000.00		
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	00	00	40	1/1/1998	\$500.00		
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary proced	00	00	10	1/1/1998	\$200.00		
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary proced	00	00	20	4/1/1989	\$1,000.00		
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary proced	00	00	40	1/1/1998	\$561.50		
22999	Unlisted procedure, abdomen, musculoskeletal system	00	00	20	3/1/1999	\$707.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
22999	Unlisted procedure, abdomen, musculoskeletal system	00	00	40	3/1/1999	\$350.50		
23000	Removal of subdeltoid calcareous deposits, open	00	00	20	4/1/1989	\$192.00		
23000	Removal of subdeltoid calcareous deposits, open	00	00	40	4/1/1989	\$94.50		
23020	Capsular contracture release (eg, Sever type procedure)	00	00	10	1/1/1998	\$70.40		
23020	Capsular contracture release (eg, Sever type procedure)	00	00	20	4/1/1989	\$352.00		
23020	Capsular contracture release (eg, Sever type procedure)	00	00	40	4/1/1989	\$173.50		
23031	Incision and drainage, shoulder area; infected bursa	00	00	20	7/1/1999	\$39.50		
23031	Incision and drainage, shoulder area; infected bursa	00	00	40	7/1/1999	\$19.50		
23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	00	00	20	4/1/1989	\$352.00		
23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	00	00	40	4/1/1989	\$173.50		

9/24/2009

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
23100	Arthrotomy, glenohumeral joint, including biopsy	00	00	20	4/1/1989	\$352.00		
23100	Arthrotomy, glenohumeral joint, including biopsy	00	00	40	4/1/1989	\$173.50		
23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	00	00	20	4/1/1989	\$614.50		
23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	00	00	40	4/1/1989	\$303.50		
23120	Claviclectomy; partial	00	00	10	1/1/1998	\$55.00		
23120	Claviclectomy; partial	00	00	20	4/1/1989	\$275.00		
23120	Claviclectomy; partial	00	00	40	4/1/1989	\$138.00		
23125	Claviclectomy; total	00	00	10	1/1/1998	\$102.40		
23125	Claviclectomy; total	00	00	20	4/1/1989	\$512.00		
23125	Claviclectomy; total	00	00	40	4/1/1989	\$252.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	00	00	10	1/1/1998	\$54.40		
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	00	00	20	4/1/1989	\$272.00		
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	00	00	40	4/1/1989	\$134.00		
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;	00	00	20	4/1/1989	\$174.00		
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;	00	00	40	4/1/1989	\$94.50		
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)	00	00	10	1/1/1998	\$56.50		
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)	00	00	20	4/1/1989	\$281.50		
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)	00	00	40	4/1/1989	\$138.00		
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle	00	00	20	1/1/1998	\$217.00		
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle	00	00	27	7/1/1999	\$860.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle	00	00	40	1/1/1998	\$118.00		
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	00	00	20	1/1/1998	\$217.00		
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	00	00	27	7/1/1999	\$860.00		
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	00	00	40	1/1/1998	\$118.00		
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	00	00	10	1/1/1998	\$43.40		
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	00	00	20	1/1/1998	\$217.00		
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	00	00	40	1/1/1998	\$118.00		
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle	00	00	10	1/1/1998	\$31.50		
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle	00	00	20	4/1/1989	\$157.00		
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle	00	00	40	4/1/1989	\$79.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
23190	Ostectomy of scapula, partial (eg, superior medial angle)	00	00	10	1/1/1998	\$44.20		
23190	Ostectomy of scapula, partial (eg, superior medial angle)	00	00	20	4/1/1989	\$221.00		
23190	Ostectomy of scapula, partial (eg, superior medial angle)	00	00	40	4/1/1989	\$110.50		
23200	Radical resection for tumor; clavicle	00	00	10	1/1/1998	\$100.00		
23200	Radical resection for tumor; clavicle	00	00	20	4/1/1989	\$499.00		
23200	Radical resection for tumor; clavicle	00	00	40	4/1/1989	\$248.00		
23210	Radical resection for tumor; scapula	00	00	10	1/1/1998	\$199.50		
23210	Radical resection for tumor; scapula	00	00	20	4/1/1989	\$998.50		
23210	Radical resection for tumor; scapula	00	00	40	4/1/1989	\$492.50		
23331	Removal of foreign body, shoulder; deep (eg, Neer hemiarthroplasty removal)	00	00	20	1/1/1998	\$352.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
23331	Removal of foreign body, shoulder; deep (eg, Neer hemiarthroplasty removal)	00	00	27	7/1/1999	\$959.00		
23331	Removal of foreign body, shoulder; deep (eg, Neer hemiarthroplasty removal)	00	00	40	1/1/1998	\$173.50		
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)	00	00	10	1/1/1998	\$141.50		
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)	00	00	20	4/1/1989	\$707.00		
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)	00	00	40	4/1/1989	\$350.50		
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	00	00	10	1/1/1998	\$89.60		
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	00	00	20	4/1/1989	\$448.00		
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	00	00	40	4/1/1989	\$220.50		
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	00	00	10	1/1/1998	\$116.00		
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	00	00	20	4/1/1989	\$579.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	00	00	40	4/1/1989	\$287.50		
23430	Tenodesis of long tendon of biceps	00	00	10	1/1/1998	\$76.00		
23430	Tenodesis of long tendon of biceps	00	00	20	4/1/1989	\$381.00		
23430	Tenodesis of long tendon of biceps	00	00	40	4/1/1989	\$189.00		
23440	Resection or transplantation of long tendon of biceps	00	00	10	1/1/1998	\$76.20		
23440	Resection or transplantation of long tendon of biceps	00	00	20	4/1/1989	\$381.00		
23440	Resection or transplantation of long tendon of biceps	00	00	40	4/1/1989	\$189.00		
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	00	00	10	1/1/1998	\$97.50		
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	00	00	20	4/1/1989	\$487.00		
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	00	00	40	4/1/1989	\$171.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	00	00	10	1/1/1998	\$108.00		
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	00	00	20	4/1/1989	\$541.00		
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	00	00	40	4/1/1989	\$268.00		
23460	Capsulorrhaphy, anterior, any type; with bone block	00	00	10	1/1/1998	\$154.50		
23460	Capsulorrhaphy, anterior, any type; with bone block	00	00	20	4/1/1989	\$772.50		
23460	Capsulorrhaphy, anterior, any type; with bone block	00	00	40	4/1/1989	\$279.50		
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	00	00	10	1/1/1998	\$97.50		
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	00	00	20	4/1/1989	\$486.50		
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	00	00	40	4/1/1989	\$240.50		
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	00	00	10	1/1/1998	\$112.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	00	00	20	4/1/1989	\$560.00		
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	00	00	40	4/1/1989	\$276.00		
23480	Osteotomy, clavicle, with or without internal fixation;	00	00	20	4/1/1989	\$307.00		
23480	Osteotomy, clavicle, with or without internal fixation;	00	00	40	4/1/1989	\$153.50		
23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	00	00	10	1/1/1998	\$80.60		
23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	00	00	20	4/1/1989	\$403.00		
23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	00	00	40	4/1/1989	\$201.00		
23500	Closed treatment of clavicular fracture; without manipulation	00	00	20	4/1/1989	\$70.50		
23505	Closed treatment of clavicular fracture; with manipulation	00	00	20	4/1/1989	\$94.50		
23505	Closed treatment of clavicular fracture; with manipulation	00	00	40	4/1/1989	\$51.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
23515	Open treatment of clavicular fracture, includes internal fixation, when performed	00	00	20	4/1/1989	\$263.00		
23515	Open treatment of clavicular fracture, includes internal fixation, when performed	00	00	40	4/1/1989	\$110.50		
23520	Closed treatment of sternoclavicular dislocation; without manipulation	00	00	20	4/1/1989	\$67.00		
23525	Closed treatment of sternoclavicular dislocation; with manipulation	00	00	20	4/1/1989	\$93.00		
23525	Closed treatment of sternoclavicular dislocation; with manipulation	00	00	40	4/1/1989	\$47.50		
23530	Open treatment of sternoclavicular dislocation, acute or chronic;	00	00	20	4/1/1989	\$339.00		
23530	Open treatment of sternoclavicular dislocation, acute or chronic;	00	00	40	4/1/1989	\$169.50		
23540	Closed treatment of acromioclavicular dislocation; without manipulation	00	00	20	4/1/1989	\$63.00		
23545	Closed treatment of acromioclavicular dislocation; with manipulation	00	00	20	4/1/1989	\$118.00		
23545	Closed treatment of acromioclavicular dislocation; with manipulation	00	00	40	4/1/1989	\$59.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
23550	Open treatment of acromioclavicular dislocation, acute or chronic;	00	00	20	4/1/1989	\$394.50		
23550	Open treatment of acromioclavicular dislocation, acute or chronic;	00	00	40	4/1/1989	\$139.00		
23570	Closed treatment of scapular fracture; without manipulation	00	00	20	4/1/1989	\$73.00		
23575	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)	00	00	20	4/1/1989	\$112.00		
23575	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)	00	00	40	4/1/1989	\$55.00		
23585	Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed	00	00	20	4/1/1989	\$400.00		
23585	Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed	00	00	40	4/1/1989	\$197.00		
23600	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation	00	00	20	4/1/1989	\$116.50		
23605	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction	00	00	20	4/1/1989	\$185.00		
23605	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction	00	00	40	4/1/1989	\$98.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;	00	00	10	1/1/1998	\$94.50	
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;	00	00	20	4/1/1989	\$473.00	
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;	00	00	40	4/1/1989	\$177.50	
23650	Closed treatment of shoulder dislocation, with manipulation; without anesthesia	00	00	20	4/1/1989	\$99.00	
23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	00	00	20	4/1/1989	\$139.00	
23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	00	00	40	4/1/1989	\$71.00	
23660	Open treatment of acute shoulder dislocation	00	00	20	4/1/1989	\$486.50	
23660	Open treatment of acute shoulder dislocation	00	00	40	4/1/1989	\$240.50	
23665	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation	00	00	20	4/1/1989	\$157.00	
23665	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation	00	00	40	4/1/1989	\$75.00	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
23670	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed	00	00	10	1/1/1998	\$80.00		
23670	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed	00	00	20	4/1/1989	\$400.00		
23670	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed	00	00	40	4/1/1989	\$197.00		
23675	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation	00	00	20	4/1/1989	\$150.50		
23675	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation	00	00	40	4/1/1989	\$75.00		
23680	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed	00	00	10	1/1/1998	\$105.00		
23680	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed	00	00	20	4/1/1989	\$525.00		
23680	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed	00	00	40	4/1/1989	\$260.00		
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	00	00	20	4/1/1989	\$128.00		
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	00	00	40	4/1/1989	\$65.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
23800	Arthrodesis, glenohumeral joint;	00	00	10	1/1/1998	\$135.00		
23800	Arthrodesis, glenohumeral joint;	00	00	20	4/1/1989	\$675.00		
23800	Arthrodesis, glenohumeral joint;	00	00	40	4/1/1989	\$335.00		
23900	Interthoracoscapular amputation (forequarter)	00	00	10	1/1/1998	\$162.00		
23900	Interthoracoscapular amputation (forequarter)	00	00	20	4/1/1989	\$809.50		
23900	Interthoracoscapular amputation (forequarter)	00	00	40	4/1/1989	\$398.00		
23920	Disarticulation of shoulder;	00	00	10	1/1/1998	\$121.50		
23920	Disarticulation of shoulder;	00	00	20	4/1/1989	\$608.00		
23920	Disarticulation of shoulder;	00	00	40	4/1/1989	\$299.50		
23929	Unlisted procedure, shoulder	00	00	20	3/1/1999	\$253.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
23929	Unlisted procedure, shoulder	00	00	40	3/1/1999	\$126.00		
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	00	00	20	1/1/1998	\$280.50		
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	00	00	40	4/1/1989	\$201.00		
24100	Arthrotomy, elbow; with synovial biopsy only	00	00	20	4/1/1989	\$406.50		
24100	Arthrotomy, elbow; with synovial biopsy only	00	00	40	4/1/1989	\$201.00		
24102	Arthrotomy, elbow; with synovectomy	00	00	20	4/1/1989	\$448.00		
24102	Arthrotomy, elbow; with synovectomy	00	00	40	4/1/1989	\$220.50		
24105	Excision, olecranon bursa	00	00	20	4/1/1989	\$187.50		
24105	Excision, olecranon bursa	00	00	40	4/1/1989	\$75.00		
24110	Excision or curettage of bone cyst or benign tumor, humerus;	00	00	10	1/1/1998	\$55.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
24110	Excision or curettage of bone cyst or benign tumor, humerus;	00	00	20	4/1/1989	\$277.50		
24110	Excision or curettage of bone cyst or benign tumor, humerus;	00	00	40	4/1/1989	\$193.00		
24115	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)	00	00	10	1/1/1998	\$94.00		
24115	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)	00	00	20	4/1/1989	\$470.50		
24115	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)	00	00	40	4/1/1989	\$232.50		
24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;	00	00	20	4/1/1989	\$393.50		
24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;	00	00	27	7/1/1999	\$689.00		
24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;	00	00	40	4/1/1989	\$193.00		
24125	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)	00	00	10	1/1/1998	\$81.50		
24125	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)	00	00	20	4/1/1989	\$406.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
24125	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)	00	00	40	4/1/1989	\$201.00		
24130	Excision, radial head	00	00	10	1/1/1998	\$64.00		
24130	Excision, radial head	00	00	20	4/1/1989	\$320.00		
24130	Excision, radial head	00	00	40	4/1/1989	\$181.00		
24134	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus	00	00	10	1/1/1998	\$43.40		
24134	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus	00	00	20	1/1/1998	\$217.00		
24134	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus	00	00	40	1/1/1998	\$118.00		
24136	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck	00	00	10	1/1/1998	\$43.40		
24136	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck	00	00	20	1/1/1998	\$217.00		
24136	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck	00	00	40	1/1/1998	\$118.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process	00	00	10	1/1/1998	\$43.40		
24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process	00	00	20	1/1/1998	\$217.00		
24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process	00	00	40	1/1/1998	\$118.00		
24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus	00	00	10	1/1/1998	\$55.00		
24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus	00	00	20	4/1/1989	\$275.00		
24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus	00	00	40	4/1/1989	\$138.00		
24150	Radical resection for tumor, shaft or distal humerus;	00	00	10	1/1/1998	\$150.00		
24150	Radical resection for tumor, shaft or distal humerus;	00	00	20	4/1/1989	\$749.00		
24150	Radical resection for tumor, shaft or distal humerus;	00	00	40	4/1/1989	\$370.50		
24301	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)	00	00	10	1/1/1998	\$127.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
24301	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)	00	00	20	1/1/1998	\$637.00		
24301	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)	00	00	40	1/1/1998	\$315.00		
24310	Tenotomy, open, elbow to shoulder, each tendon	00	00	10	1/1/1998	\$37.80		
24310	Tenotomy, open, elbow to shoulder, each tendon	00	00	20	4/1/1989	\$189.00		
24310	Tenotomy, open, elbow to shoulder, each tendon	00	00	40	4/1/1989	\$94.50		
24320	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)	00	00	10	1/1/1998	\$127.50		
24320	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)	00	00	20	4/1/1989	\$637.00		
24320	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)	00	00	40	4/1/1989	\$315.00		
24330	Flexor-plasty, elbow (eg, Steindler type advancement);	00	00	20	4/1/1989	\$473.50		
24330	Flexor-plasty, elbow (eg, Steindler type advancement);	00	00	40	4/1/1989	\$232.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
24340	Tenodesis of biceps tendon at elbow (separate procedure)	00	00	10	1/1/1998	\$94.70	
24340	Tenodesis of biceps tendon at elbow (separate procedure)	00	00	20	4/1/1989	\$473.50	
24340	Tenodesis of biceps tendon at elbow (separate procedure)	00	00	40	4/1/1989	\$232.50	
24350	FASCIOTOMY,LATERAL OR MEDIAL (EG,"TENNIS ELBOW" OR EPICONDYLITIS)	00	00	10	1/1/1998	\$44.80	
24350	FASCIOTOMY,LATERAL OR MEDIAL (EG,"TENNIS ELBOW" OR EPICONDYLITIS)	00	00	20	4/1/1989	\$224.00	
24350	FASCIOTOMY,LATERAL OR MEDIAL (EG,"TENNIS ELBOW" OR EPICONDYLITIS)	00	00	40	4/1/1989	\$110.50	
24360	Arthroplasty, elbow; with membrane (eg, fascial)	00	00	10	1/1/1998	\$150.00	
24360	Arthroplasty, elbow; with membrane (eg, fascial)	00	00	20	4/1/1989	\$749.00	
24360	Arthroplasty, elbow; with membrane (eg, fascial)	00	00	40	4/1/1989	\$370.50	
24400	Osteotomy, humerus, with or without internal fixation	00	00	10	1/1/1998	\$89.50	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
24400	Osteotomy, humerus, with or without internal fixation	00	00	20	4/1/1989	\$448.00		
24400	Osteotomy, humerus, with or without internal fixation	00	00	40	4/1/1989	\$220.50		
24410	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)	00	00	10	1/1/1998	\$105.00		
24410	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)	00	00	20	4/1/1989	\$525.00		
24410	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)	00	00	40	4/1/1989	\$260.00		
24420	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)	00	00	10	1/1/1998	\$89.50		
24420	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)	00	00	20	4/1/1989	\$448.00		
24420	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)	00	00	40	4/1/1989	\$220.50		
24430	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)	00	00	10	1/1/1998	\$127.50		
24430	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)	00	00	20	4/1/1989	\$637.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
24430	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)	00	00	40	4/1/1989	\$315.00		
24435	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)	00	00	10	1/1/1998	\$150.00		
24435	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)	00	00	20	4/1/1989	\$749.00		
24435	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)	00	00	40	4/1/1989	\$370.50		
24470	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)	00	00	10	1/1/1998	\$52.50		
24470	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)	00	00	20	4/1/1989	\$262.50		
24470	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)	00	00	40	4/1/1989	\$130.00		
24500	Closed treatment of humeral shaft fracture; without manipulation	00	00	20	4/1/1989	\$112.00		
24505	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction	00	00	20	4/1/1989	\$163.00		
24505	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction	00	00	40	4/1/1989	\$98.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage	00	00	10	1/1/1998	\$78.50		
24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage	00	00	20	4/1/1989	\$392.00		
24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage	00	00	40	4/1/1989	\$208.00		
24530	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation	00	00	20	4/1/1989	\$123.50		
24535	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction	00	00	20	4/1/1989	\$206.00		
24535	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction	00	00	40	4/1/1989	\$98.50		
24538	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension	00	00	20	1/1/1998	\$206.00		
24538	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension	00	00	40	1/1/1998	\$98.50		
24545	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension	00	00	10	1/1/1998	\$84.50		
24545	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension	00	00	20	4/1/1989	\$423.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
24545	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension	00	00	40	4/1/1989	\$174.00		
24560	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation	00	00	20	4/1/1989	\$111.00		
24565	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation	00	00	20	4/1/1989	\$173.50		
24565	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation	00	00	40	4/1/1989	\$75.00		
24566	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation	00	00	10	1/1/1998	\$93.27		
24566	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation	00	00	20	1/1/1998	\$466.37		
24566	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation	00	00	40	1/1/1998	\$185.00		
24575	Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed	00	00	10	1/1/1998	\$79.00		
24575	Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed	00	00	20	4/1/1989	\$396.00		
24575	Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed	00	00	40	4/1/1989	\$185.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);	00	00	10	1/1/1998	\$130.00		
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);	00	00	20	1/1/1998	\$650.00		
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);	00	00	40	1/1/1998	\$149.00		
24600	Treatment of closed elbow dislocation; without anesthesia	00	00	20	4/1/1989	\$102.50		
24605	Treatment of closed elbow dislocation; requiring anesthesia	00	00	20	4/1/1989	\$157.50		
24605	Treatment of closed elbow dislocation; requiring anesthesia	00	00	40	4/1/1989	\$82.50		
24615	Open treatment of acute or chronic elbow dislocation	00	00	10	1/1/1998	\$89.50		
24615	Open treatment of acute or chronic elbow dislocation	00	00	20	4/1/1989	\$448.00		
24615	Open treatment of acute or chronic elbow dislocation	00	00	40	4/1/1989	\$220.50		
24620	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation	00	00	20	4/1/1989	\$140.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
24620	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation	00	00	40	4/1/1989	\$90.50		
24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed	00	00	10	1/1/1998	\$89.50		
24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed	00	00	20	4/1/1989	\$448.00		
24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed	00	00	40	4/1/1989	\$220.50		
24640	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation	00	00	20	4/1/1989	\$53.00		
24650	Closed treatment of radial head or neck fracture; without manipulation	00	00	20	4/1/1989	\$103.00		
24655	Closed treatment of radial head or neck fracture; with manipulation	00	00	20	4/1/1989	\$118.50		
24655	Closed treatment of radial head or neck fracture; with manipulation	00	00	40	4/1/1989	\$67.00		
24665	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;	00	00	10	1/1/1998	\$63.00		
24665	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;	00	00	20	4/1/1989	\$314.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
24665	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;	00	00	40	4/1/1989	\$165.50		
24670	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); without manipulation	00	00	20	4/1/1989	\$100.00		
24675	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation	00	00	20	4/1/1989	\$182.50		
24675	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation	00	00	40	4/1/1989	\$75.00		
24685	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed	00	00	10	1/1/1998	\$84.00		
24685	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed	00	00	20	4/1/1989	\$419.00		
24685	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed	00	00	40	4/1/1989	\$171.00		
24800	Arthrodesis, elbow joint; local	00	00	10	1/1/1998	\$119.50		
24800	Arthrodesis, elbow joint; local	00	00	20	4/1/1989	\$598.50		
24800	Arthrodesis, elbow joint; local	00	00	40	4/1/1989	\$295.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
24900	Amputation, arm through humerus; with primary closure	00	00	10	1/1/1998	\$75.00	
24900	Amputation, arm through humerus; with primary closure	00	00	20	4/1/1989	\$374.50	
24900	Amputation, arm through humerus; with primary closure	00	00	40	4/1/1989	\$185.00	
24920	Amputation, arm through humerus; open, circular (guillotine)	00	00	10	1/1/1998	\$71.00	
24920	Amputation, arm through humerus; open, circular (guillotine)	00	00	20	4/1/1989	\$355.00	
24920	Amputation, arm through humerus; open, circular (guillotine)	00	00	40	4/1/1989	\$177.50	
24925	Amputation, arm through humerus; secondary closure or scar revision	00	00	10	1/1/1998	\$22.50	
24925	Amputation, arm through humerus; secondary closure or scar revision	00	00	20	1/1/1998	\$112.00	
24925	Amputation, arm through humerus; secondary closure or scar revision	00	00	40	1/1/1998	\$55.00	
24930	Amputation, arm through humerus; re-amputation	00	00	20	4/1/1989	\$374.50	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
24930	Amputation, arm through humerus; re-amputation	00	00	40	4/1/1989	\$185.00		
24940	Cineplasty, upper extremity, complete procedure	00	00	20	4/1/1989	\$899.00		
24940	Cineplasty, upper extremity, complete procedure	00	00	40	4/1/1989	\$445.00		
24999	Unlisted procedure, humerus or elbow	00	00	20	3/1/1999	\$38.50		
24999	Unlisted procedure, humerus or elbow	00	00	40	3/1/1999	\$19.50		
25000	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)	00	00	20	4/1/1989	\$220.50		
25000	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)	00	00	27	7/1/1999	\$550.00		
25000	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)	00	00	40	4/1/1989	\$114.50		
25040	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body	00	00	20	1/1/1998	\$389.00		
25040	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body	00	00	40	1/1/1998	\$138.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
25100	Arthrotomy, wrist joint; with biopsy	00	00	20	4/1/1989	\$278.50		
25100	Arthrotomy, wrist joint; with biopsy	00	00	40	4/1/1989	\$138.00		
25105	Arthrotomy, wrist joint; with synovectomy	00	00	20	4/1/1989	\$374.50		
25105	Arthrotomy, wrist joint; with synovectomy	00	00	40	4/1/1989	\$185.00		
25110	Excision, lesion of tendon sheath, forearm and/or wrist	00	00	20	4/1/1989	\$140.00		
25110	Excision, lesion of tendon sheath, forearm and/or wrist	00	00	40	4/1/1989	\$114.50		
25111	Excision of ganglion, wrist (dorsal or volar); primary	00	00	20	4/1/1989	\$181.50		
25111	Excision of ganglion, wrist (dorsal or volar); primary	00	00	27	7/1/1999	\$854.00		
25111	Excision of ganglion, wrist (dorsal or volar); primary	00	00	40	4/1/1989	\$105.00		
25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors	00	00	10	1/1/1998	\$68.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors	00	00	20	4/1/1989	\$339.00		
25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors	00	00	40	4/1/1989	\$169.50		
25116	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum	00	00	10	1/1/1998	\$68.00		
25116	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum	00	00	20	1/1/1998	\$339.00		
25116	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum	00	00	40	1/1/1998	\$169.50		
25118	Synovectomy, extensor tendon sheath, wrist, single compartment;	00	00	10	1/1/1998	\$66.00		
25118	Synovectomy, extensor tendon sheath, wrist, single compartment;	00	00	20	4/1/1989	\$330.50		
25118	Synovectomy, extensor tendon sheath, wrist, single compartment;	00	00	40	4/1/1989	\$141.50		
25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);	00	00	10	1/1/1998	\$78.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);	00	00	20	4/1/1989	\$393.50		
25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);	00	00	40	4/1/1989	\$193.00		
25125	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)	00	00	20	4/1/1989	\$393.50		
25125	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)	00	00	27	7/1/1999	\$776.00		
25125	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)	00	00	40	4/1/1989	\$193.00		
25130	Excision or curettage of bone cyst or benign tumor of carpal bones;	00	00	20	4/1/1989	\$355.00		
25130	Excision or curettage of bone cyst or benign tumor of carpal bones;	00	00	27	7/1/1999	\$776.00		
25130	Excision or curettage of bone cyst or benign tumor of carpal bones;	00	00	40	4/1/1989	\$177.50		
25135	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)	00	00	20	4/1/1989	\$355.00		
25135	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)	00	00	27	7/1/1999	\$695.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
25135	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)	00	00	40	4/1/1989	\$177.50		
25145	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist	00	00	20	1/1/1998	\$217.00		
25145	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist	00	00	27	7/1/1999	\$860.00		
25145	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist	00	00	40	1/1/1998	\$118.00		
25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna	00	00	10	1/1/1998	\$55.00		
25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna	00	00	20	1/1/1998	\$275.00		
25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna	00	00	40	1/1/1998	\$138.00		
25170	Radical resection for tumor, radius or ulna	00	00	10	1/1/1998	\$150.00		
25170	Radical resection for tumor, radius or ulna	00	00	20	4/1/1989	\$749.00		
25170	Radical resection for tumor, radius or ulna	00	00	40	4/1/1989	\$370.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
25210	Carpectomy; one bone	00	00	10	1/1/1998	\$47.50	
25210	Carpectomy; one bone	00	00	20	4/1/1989	\$237.00	
25210	Carpectomy; one bone	00	00	40	4/1/1989	\$118.00	
25215	Carpectomy; all bones of proximal row	00	00	10	1/1/1998	\$75.00	
25215	Carpectomy; all bones of proximal row	00	00	20	4/1/1989	\$374.50	
25215	Carpectomy; all bones of proximal row	00	00	40	4/1/1989	\$185.00	
25230	Radial styloidectomy (separate procedure)	00	00	10	1/1/1998	\$71.00	
25230	Radial styloidectomy (separate procedure)	00	00	20	4/1/1989	\$355.00	
25230	Radial styloidectomy (separate procedure)	00	00	40	4/1/1989	\$177.50	
25240	Excision distal ulna partial or complete (eg, Darrach type or matched resection)	00	00	10	1/1/1998	\$68.80	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
25240	Excision distal ulna partial or complete (eg, Darrach type or matched resection)	00	00	20	4/1/1989	\$344.00		
25240	Excision distal ulna partial or complete (eg, Darrach type or matched resection)	00	00	40	4/1/1989	\$177.50		
25300	Tenodesis at wrist; flexors of fingers	00	00	10	1/1/1998	\$60.00		
25300	Tenodesis at wrist; flexors of fingers	00	00	20	4/1/1989	\$301.00		
25300	Tenodesis at wrist; flexors of fingers	00	00	40	4/1/1989	\$149.50		
25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon	00	00	10	1/1/1998	\$89.50		
25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon	00	00	20	1/1/1998	\$448.00		
25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon	00	00	40	1/1/1998	\$220.50		
25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability	00	00	10	1/1/1998	\$75.00		
25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability	00	00	20	4/1/1989	\$374.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability	00	00	40	4/1/1989	\$185.00	
25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation	00	00	10	1/1/1998	\$71.00	
25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation	00	00	20	1/1/1998	\$355.00	
25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation	00	00	40	1/1/1998	\$177.50	
25350	Osteotomy, radius; distal third	00	00	10	1/1/1998	\$75.00	
25350	Osteotomy, radius; distal third	00	00	20	4/1/1989	\$374.50	
25350	Osteotomy, radius; distal third	00	00	40	4/1/1989	\$185.00	
25355	Osteotomy, radius; middle or proximal third	00	00	20	4/1/1989	\$448.00	
25355	Osteotomy, radius; middle or proximal third	00	00	40	4/1/1989	\$220.50	
25360	Osteotomy; ulna	00	00	10	1/1/1998	\$75.00	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
25360	Osteotomy; ulna	00	00	20	4/1/1989	\$374.50		
25360	Osteotomy; ulna	00	00	40	4/1/1989	\$185.00		
25365	Osteotomy; radius AND ulna	00	00	10	1/1/1998	\$105.00		
25365	Osteotomy; radius AND ulna	00	00	20	4/1/1989	\$525.00		
25365	Osteotomy; radius AND ulna	00	00	40	4/1/1989	\$260.00		
25370	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna	00	00	20	4/1/1989	\$448.00		
25370	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna	00	00	40	4/1/1989	\$220.50		
25375	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna	00	00	10	1/1/1998	\$135.00		
25375	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna	00	00	20	4/1/1989	\$675.00		
25375	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna	00	00	40	4/1/1989	\$335.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
25390	Osteoplasty, radius OR ulna; shortening	00	00	10	1/1/1998	\$75.00		
25390	Osteoplasty, radius OR ulna; shortening	00	00	20	1/1/1998	\$374.50		
25390	Osteoplasty, radius OR ulna; shortening	00	00	40	1/1/1998	\$185.00		
25391	Osteoplasty, radius OR ulna; lengthening with autograft	00	00	10	1/1/1998	\$75.00		
25391	Osteoplasty, radius OR ulna; lengthening with autograft	00	00	20	1/1/1998	\$374.50		
25391	Osteoplasty, radius OR ulna; lengthening with autograft	00	00	40	1/1/1998	\$185.00		
25400	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)	00	00	10	1/1/1998	\$105.00		
25400	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)	00	00	20	4/1/1989	\$525.00		
25400	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)	00	00	40	4/1/1989	\$260.00		
25405	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)	00	00	10	1/1/1998	\$126.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
25405	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)	00	00	20	4/1/1989	\$630.50		
25405	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)	00	00	40	4/1/1989	\$311.50		
25415	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)	00	00	10	1/1/1998	\$126.00		
25415	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)	00	00	20	4/1/1989	\$630.50		
25415	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)	00	00	40	4/1/1989	\$311.50		
25420	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)	00	00	10	1/1/1998	\$126.00		
25420	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)	00	00	20	4/1/1989	\$630.50		
25420	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)	00	00	40	4/1/1989	\$311.50		
25440	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)	00	00	10	1/1/1998	\$123.00		
25440	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)	00	00	20	4/1/1989	\$616.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
25440	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)	00	00	40	4/1/1989	\$311.50		
25450	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna	00	00	20	4/1/1989	\$224.00		
25450	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna	00	00	27	7/1/1999	\$776.00		
25450	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna	00	00	40	4/1/1989	\$110.50		
25455	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna	00	00	20	4/1/1989	\$301.00		
25455	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna	00	00	27	7/1/1999	\$776.00		
25455	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna	00	00	40	4/1/1989	\$149.50		
25500	Closed treatment of radial shaft fracture; without manipulation	00	00	20	4/1/1989	\$78.50		
25505	Closed treatment of radial shaft fracture; with manipulation	00	00	20	4/1/1989	\$145.00		
25505	Closed treatment of radial shaft fracture; with manipulation	00	00	40	4/1/1989	\$92.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
25515	Open treatment of radial shaft fracture, includes internal fixation, when performed	00	00	10	1/1/1998	\$72.00		
25515	Open treatment of radial shaft fracture, includes internal fixation, when performed	00	00	20	4/1/1989	\$360.00		
25515	Open treatment of radial shaft fracture, includes internal fixation, when performed	00	00	40	4/1/1989	\$145.50		
25530	Closed treatment of ulnar shaft fracture; without manipulation	00	00	20	4/1/1989	\$108.00		
25535	Closed treatment of ulnar shaft fracture; with manipulation	00	00	20	4/1/1989	\$160.50		
25535	Closed treatment of ulnar shaft fracture; with manipulation	00	00	40	4/1/1989	\$67.00		
25545	Open treatment of ulnar shaft fracture, includes internal fixation, when performed	00	00	10	1/1/1998	\$68.00		
25545	Open treatment of ulnar shaft fracture, includes internal fixation, when performed	00	00	20	4/1/1989	\$340.00		
25545	Open treatment of ulnar shaft fracture, includes internal fixation, when performed	00	00	40	4/1/1989	\$216.50		
25560	Closed treatment of radial and ulnar shaft fractures; without manipulation	00	00	20	4/1/1989	\$114.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
25565	Closed treatment of radial and ulnar shaft fractures; with manipulation	00	00	20	4/1/1989	\$200.50		
25565	Closed treatment of radial and ulnar shaft fractures; with manipulation	00	00	40	4/1/1989	\$89.50		
25574	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna	00	00	10	1/1/1998	\$113.40		
25574	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna	00	00	20	1/1/1998	\$567.00		
25574	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna	00	00	40	1/1/1998	\$258.00		
25575	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna	00	00	10	1/1/1998	\$86.00		
25575	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna	00	00	20	4/1/1989	\$431.00		
25575	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna	00	00	40	4/1/1989	\$155.50		
25600	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation	00	00	20	4/1/1989	\$114.50		
25605	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation	00	00	20	4/1/1989	\$166.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
25605	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation	00	00	40	4/1/1989	\$100.00	
25620	OPN TRT DIST RAD FX,OR EPIPH SEP,W/WO FXULNAR STYLOID,W/WO INTERNAL/EXTER FIXAT	00	00	10	1/1/1998	\$69.00	
25620	OPN TRT DIST RAD FX,OR EPIPH SEP,W/WO FXULNAR STYLOID,W/WO INTERNAL/EXTER FIXAT	00	00	20	4/1/1989	\$344.50	
25620	OPN TRT DIST RAD FX,OR EPIPH SEP,W/WO FXULNAR STYLOID,W/WO INTERNAL/EXTER FIXAT	00	00	40	4/1/1989	\$142.00	
25630	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); without manipulation, each bone	00	00	20	4/1/1989	\$103.00	
25635	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, each bone	00	00	20	4/1/1989	\$145.00	
25635	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, each bone	00	00	40	4/1/1989	\$79.00	
25645	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone	00	00	20	4/1/1989	\$237.00	
25645	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone	00	00	40	4/1/1989	\$118.00	
25660	Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation	00	00	20	4/1/1989	\$104.00	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
25660	Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation	00	00	40	4/1/1989	\$59.00		
25670	Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones	00	00	10	1/1/1998	\$60.00		
25670	Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones	00	00	20	4/1/1989	\$301.00		
25670	Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones	00	00	40	4/1/1989	\$149.50		
25680	Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation	00	00	20	4/1/1989	\$224.00		
25680	Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation	00	00	40	4/1/1989	\$110.50		
25685	Open treatment of trans-scaphoperilunar type of fracture dislocation	00	00	10	1/1/1998	\$89.50		
25685	Open treatment of trans-scaphoperilunar type of fracture dislocation	00	00	20	4/1/1989	\$448.00		
25685	Open treatment of trans-scaphoperilunar type of fracture dislocation	00	00	40	4/1/1989	\$220.50		
25800	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)	00	00	10	1/1/1998	\$89.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
25800	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)	00	00	20	4/1/1989	\$448.00		
25800	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)	00	00	40	4/1/1989	\$220.50		
25810	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)	00	00	10	1/1/1998	\$119.50		
25810	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)	00	00	20	4/1/1989	\$598.50		
25810	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)	00	00	40	4/1/1989	\$295.50		
25900	Amputation, forearm, through radius and ulna;	00	00	10	1/1/1998	\$71.00		
25900	Amputation, forearm, through radius and ulna;	00	00	20	4/1/1989	\$355.00		
25900	Amputation, forearm, through radius and ulna;	00	00	40	4/1/1989	\$177.50		
25905	Amputation, forearm, through radius and ulna; open, circular (guillotine)	00	00	20	4/1/1989	\$355.00		
25905	Amputation, forearm, through radius and ulna; open, circular (guillotine)	00	00	40	4/1/1989	\$177.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
25907	Amputation, forearm, through radius and ulna; secondary closure or scar revision	00	00	20	1/1/1998	\$112.00		
25907	Amputation, forearm, through radius and ulna; secondary closure or scar revision	00	00	27	7/1/1999	\$776.00		
25907	Amputation, forearm, through radius and ulna; secondary closure or scar revision	00	00	40	1/1/1998	\$55.00		
25909	Amputation, forearm, through radius and ulna; re-amputation	00	00	10	1/1/1998	\$67.00		
25909	Amputation, forearm, through radius and ulna; re-amputation	00	00	20	4/1/1989	\$336.00		
25909	Amputation, forearm, through radius and ulna; re-amputation	00	00	40	4/1/1989	\$165.50		
25920	Disarticulation through wrist;	00	00	20	4/1/1989	\$355.00		
25920	Disarticulation through wrist;	00	00	40	4/1/1989	\$177.50		
25927	Transmetacarpal amputation;	00	00	20	1/1/1998	\$374.50		
25927	Transmetacarpal amputation;	00	00	27	7/1/1999	\$776.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
25927	Transmetacarpal amputation;	00	00	40	1/1/1998	\$185.00	
25999	Unlisted procedure, forearm or wrist	00	00	20	3/1/1999	\$38.50	
25999	Unlisted procedure, forearm or wrist	00	00	40	3/1/1999	\$19.50	
26010	Drainage of finger abscess; simple	00	00	20	4/1/1989	\$26.50	
26011	Drainage of finger abscess; complicated (eg, felon)	00	00	20	4/1/1989	\$80.00	
26011	Drainage of finger abscess; complicated (eg, felon)	00	00	40	4/1/1989	\$112.50	
26020	Drainage of tendon sheath, digit and/or palm, each	00	00	20	1/1/1998	\$126.50	
26020	Drainage of tendon sheath, digit and/or palm, each	00	00	40	4/1/1989	\$55.00	
26025	Drainage of palmar bursa; single, bursa	00	00	20	4/1/1989	\$189.00	
26025	Drainage of palmar bursa; single, bursa	00	00	40	4/1/1989	\$94.50	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
26030	Drainage of palmar bursa; multiple bursa	00	00	20	4/1/1989	\$448.00		
26030	Drainage of palmar bursa; multiple bursa	00	00	40	4/1/1989	\$220.50		
26040	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous	00	00	20	4/1/1989	\$224.00		
26040	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous	00	00	27	7/1/1999	\$844.00		
26040	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous	00	00	40	4/1/1989	\$110.50		
26045	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial	00	00	20	4/1/1989	\$301.00		
26045	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial	00	00	27	7/1/1999	\$776.00		
26045	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial	00	00	40	4/1/1989	\$149.50		
26055	Tendon sheath incision (eg, for trigger finger)	00	00	20	1/1/1998	\$200.00		
26055	Tendon sheath incision (eg, for trigger finger)	00	00	40	1/1/1998	\$75.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
26060	Tenotomy, percutaneous, single, each digit	00	00	20	4/1/1989	\$64.00		
26060	Tenotomy, percutaneous, single, each digit	00	00	40	4/1/1989	\$31.50		
26070	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint	00	00	20	4/1/1989	\$189.00		
26070	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint	00	00	40	4/1/1989	\$94.50		
26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each	00	00	20	4/1/1989	\$189.00		
26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each	00	00	40	4/1/1989	\$94.50		
26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	00	00	20	4/1/1989	\$157.00		
26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	00	00	40	4/1/1989	\$79.00		
26100	Arthrotomy with biopsy; carpometacarpal joint, each	00	00	20	1/1/1998	\$150.50		
26100	Arthrotomy with biopsy; carpometacarpal joint, each	00	00	40	4/1/1989	\$94.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
26105	Arthrotomy with biopsy; metacarpophalangeal joint, each	00	00	20	4/1/1989	\$189.00		
26105	Arthrotomy with biopsy; metacarpophalangeal joint, each	00	00	40	4/1/1989	\$94.50		
26110	Arthrotomy with biopsy; interphalangeal joint, each	00	00	20	4/1/1989	\$150.50		
26110	Arthrotomy with biopsy; interphalangeal joint, each	00	00	40	4/1/1989	\$75.00		
26121	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)	00	00	10	1/1/1998	\$70.40		
26121	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)	00	00	20	1/1/1998	\$352.00		
26121	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)	00	00	40	1/1/1998	\$102.50		
26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);	00	00	10	1/1/1998	\$105.00		
26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);	00	00	20	1/1/1998	\$525.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);	00	00	40	1/1/1998	\$260.00	
26125	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition	00	00	10	1/1/1998	\$131.20	
26125	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition	00	00	20	1/1/1998	\$656.00	
26125	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition	00	00	40	1/1/1998	\$335.00	
26130	Synovectomy, carpometacarpal joint	00	00	20	4/1/1989	\$224.00	
26130	Synovectomy, carpometacarpal joint	00	00	27	7/1/1999	\$834.00	
26130	Synovectomy, carpometacarpal joint	00	00	40	4/1/1989	\$110.50	
26135	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit	00	00	10	1/1/1998	\$37.80	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
26135	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit	00	00	20	4/1/1989	\$189.00		
26135	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit	00	00	40	4/1/1989	\$94.50		
26140	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint	00	00	10	1/1/1998	\$37.80		
26140	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint	00	00	20	4/1/1989	\$189.00		
26140	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint	00	00	40	4/1/1989	\$94.50		
26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon	00	00	20	4/1/1989	\$201.50		
26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon	00	00	27	7/1/1999	\$502.00		
26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon	00	00	40	4/1/1989	\$98.50		
26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger	00	00	20	4/1/1989	\$140.50		
26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger	00	00	40	4/1/1989	\$96.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
26170	Excision of tendon, palm, flexor or extensor, single, each tendon	00	00	20	4/1/1989	\$179.00		
26170	Excision of tendon, palm, flexor or extensor, single, each tendon	00	00	40	4/1/1989	\$90.50		
26180	Excision of tendon, finger, flexor or extensor, each tendon	00	00	20	4/1/1989	\$224.00		
26180	Excision of tendon, finger, flexor or extensor, each tendon	00	00	40	4/1/1989	\$110.50		
26200	Excision or curettage of bone cyst or benign tumor of metacarpal;	00	00	20	4/1/1989	\$174.00		
26200	Excision or curettage of bone cyst or benign tumor of metacarpal;	00	00	27	7/1/1999	\$765.00		
26200	Excision or curettage of bone cyst or benign tumor of metacarpal;	00	00	40	4/1/1989	\$110.50		
26205	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)	00	00	20	4/1/1989	\$262.50		
26205	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)	00	00	27	7/1/1999	\$776.00		
26205	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)	00	00	40	4/1/1989	\$130.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;	00	00	20	4/1/1989	\$174.00	
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;	00	00	27	7/1/1999	\$440.00	
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;	00	00	40	4/1/1989	\$75.00	
26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)	00	00	10	1/1/1998	\$45.00	
26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)	00	00	20	4/1/1989	\$224.00	
26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)	00	00	40	4/1/1989	\$110.50	
26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal	00	00	20	4/1/1989	\$275.00	
26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal	00	00	27	7/1/1999	\$776.00	
26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal	00	00	40	4/1/1989	\$138.00	
26235	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger	00	00	20	4/1/1989	\$275.00	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
26235	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger	00	00	27	7/1/1999	\$776.00		
26235	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger	00	00	40	4/1/1989	\$138.00		
26250	Radical resection, metacarpal (eg, tumor);	00	00	20	4/1/1989	\$448.00		
26250	Radical resection, metacarpal (eg, tumor);	00	00	27	7/1/1999	\$776.00		
26250	Radical resection, metacarpal (eg, tumor);	00	00	40	4/1/1989	\$220.50		
26260	Radical resection, proximal or middle phalanx of finger (eg, tumor);	00	00	20	4/1/1989	\$393.50		
26260	Radical resection, proximal or middle phalanx of finger (eg, tumor);	00	00	40	4/1/1989	\$193.00		
26352	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon	00	00	10	1/1/1998	\$71.50		
26352	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon	00	00	20	1/1/1998	\$358.00		
26352	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon	00	00	40	1/1/1998	\$180.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	00	00	20	1/1/1998	\$363.00		
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	00	00	27	7/1/1999	\$849.00		
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	00	00	40	1/1/1998	\$174.50		
26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon	00	00	10	1/1/1998	\$71.50		
26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon	00	00	20	1/1/1998	\$358.00		
26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon	00	00	40	1/1/1998	\$180.00		
26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	00	00	20	4/1/1989	\$221.50		
26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	00	00	27	7/1/1999	\$808.00		
26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	00	00	40	4/1/1989	\$140.50		
26412	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon	00	00	10	1/1/1998	\$24.30		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
26412	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon	00	00	20	1/1/1998	\$121.50		
26412	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon	00	00	40	1/1/1998	\$59.00		
26416	Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod	00	00	20	1/1/1998	\$421.00		
26416	Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod	00	00	40	1/1/1998	\$200.00		
26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon	00	00	20	4/1/1989	\$231.50		
26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon	00	00	27	7/1/1999	\$809.00		
26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon	00	00	40	4/1/1989	\$157.50		
26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon	00	00	20	4/1/1989	\$361.50		
26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon	00	00	27	7/1/1999	\$776.00		
26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon	00	00	40	4/1/1989	\$177.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
26440	Tenolysis, flexor tendon; palm OR finger, each tendon	00	00	20	4/1/1989	\$179.00		
26440	Tenolysis, flexor tendon; palm OR finger, each tendon	00	00	40	4/1/1989	\$90.50		
26445	Tenolysis, extensor tendon, hand OR finger, each tendon	00	00	20	4/1/1989	\$195.50		
26445	Tenolysis, extensor tendon, hand OR finger, each tendon	00	00	40	4/1/1989	\$110.50		
26450	Tenotomy, flexor, palm, open, each tendon	00	00	20	4/1/1989	\$150.50		
26450	Tenotomy, flexor, palm, open, each tendon	00	00	40	4/1/1989	\$75.00		
26455	Tenotomy, flexor, finger, open, each tendon	00	00	20	4/1/1989	\$189.00		
26455	Tenotomy, flexor, finger, open, each tendon	00	00	40	4/1/1989	\$94.50		
26460	Tenotomy, extensor, hand or finger, open, each tendon	00	00	20	4/1/1989	\$262.50		
26460	Tenotomy, extensor, hand or finger, open, each tendon	00	00	40	4/1/1989	\$130.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
26471	Tenodesis; of proximal interphalangeal joint, each joint	00	00	20	1/1/1998	\$262.50		
26471	Tenodesis; of proximal interphalangeal joint, each joint	00	00	27	7/1/1999	\$776.00		
26471	Tenodesis; of proximal interphalangeal joint, each joint	00	00	40	1/1/1998	\$130.00		
26474	Tenodesis; of distal joint, each joint	00	00	20	1/1/1998	\$262.50		
26474	Tenodesis; of distal joint, each joint	00	00	27	7/1/1999	\$776.00		
26474	Tenodesis; of distal joint, each joint	00	00	40	1/1/1998	\$130.00		
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon	00	00	10	1/1/1998	\$60.00		
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon	00	00	20	4/1/1989	\$301.00		
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon	00	00	40	4/1/1989	\$149.50		
26483	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon	00	00	10	1/1/1998	\$92.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
26483	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon	00	00	20	4/1/1989	\$461.00		
26483	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon	00	00	40	4/1/1989	\$228.50		
26485	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon	00	00	10	1/1/1998	\$75.00		
26485	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon	00	00	20	4/1/1989	\$374.50		
26485	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon	00	00	40	4/1/1989	\$185.00		
26489	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon	00	00	20	4/1/1989	\$413.00		
26489	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon	00	00	27	7/1/1999	\$776.00		
26489	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon	00	00	40	4/1/1989	\$205.00		
26490	Opponensplasty; superficialis tendon transfer type, each tendon	00	00	10	1/1/1998	\$71.50		
26490	Opponensplasty; superficialis tendon transfer type, each tendon	00	00	20	4/1/1989	\$358.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
26490	Opponensplasty; superficialis tendon transfer type, each tendon	00	00	40	4/1/1989	\$177.50		
26492	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon	00	00	10	1/1/1998	\$82.50		
26492	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon	00	00	20	4/1/1989	\$413.00		
26492	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon	00	00	40	4/1/1989	\$205.00		
26494	Opponensplasty; hypothenar muscle transfer	00	00	10	1/1/1998	\$89.50		
26494	Opponensplasty; hypothenar muscle transfer	00	00	20	4/1/1989	\$448.00		
26494	Opponensplasty; hypothenar muscle transfer	00	00	40	4/1/1989	\$220.50		
26496	Opponensplasty; other methods	00	00	10	1/1/1998	\$82.50		
26496	Opponensplasty; other methods	00	00	20	4/1/1989	\$413.00		
26496	Opponensplasty; other methods	00	00	40	4/1/1989	\$205.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)	00	00	20	4/1/1989	\$224.00		
26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)	00	00	27	7/1/1999	\$1,001.00		
26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)	00	00	40	4/1/1989	\$110.50		
26502	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)	00	00	10	1/1/1998	\$94.50		
26502	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)	00	00	20	4/1/1989	\$473.50		
26502	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)	00	00	40	4/1/1989	\$232.50		
26504	TENDON PULLEY RECONSTRUCTION;WITH TENDONPROSTHESIS (SEPARATE PROCEDURE)	00	00	20	1/1/1998	\$592.00		
26504	TENDON PULLEY RECONSTRUCTION;WITH TENDONPROSTHESIS (SEPARATE PROCEDURE)	00	00	27	7/1/1999	\$776.00		
26504	TENDON PULLEY RECONSTRUCTION;WITH TENDONPROSTHESIS (SEPARATE PROCEDURE)	00	00	40	1/1/1998	\$276.00		
26510	Cross intrinsic transfer, each tendon	00	00	10	1/1/1998	\$118.40		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
26510	Cross intrinsic transfer, each tendon	00	00	20	1/1/1998	\$592.00		
26510	Cross intrinsic transfer, each tendon	00	00	40	1/1/1998	\$189.00		
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint	00	00	10	1/1/1998	\$52.50		
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint	00	00	20	4/1/1989	\$262.50		
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint	00	00	40	4/1/1989	\$130.00		
26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint	00	00	10	1/1/1998	\$52.50		
26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint	00	00	20	4/1/1989	\$262.50		
26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint	00	00	40	4/1/1989	\$130.00		
26530	Arthroplasty, metacarpophalangeal joint; each joint	00	00	10	1/1/1998	\$50.50		
26530	Arthroplasty, metacarpophalangeal joint; each joint	00	00	20	4/1/1989	\$253.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
26530	Arthroplasty, metacarpophalangeal joint; each joint	00	00	27	7/1/1999	\$776.00		
26530	Arthroplasty, metacarpophalangeal joint; each joint	00	00	40	4/1/1989	\$126.00		
26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	00	00	10	1/1/1998	\$150.00		
26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	00	00	20	1/1/1998	\$749.00		
26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	00	00	27	7/1/1999	\$1,030.00		
26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	00	00	40	1/1/1998	\$370.50		
26535	Arthroplasty, interphalangeal joint; each joint	00	00	20	4/1/1989	\$275.00		
26535	Arthroplasty, interphalangeal joint; each joint	00	00	27	7/1/1999	\$776.00		
26535	Arthroplasty, interphalangeal joint; each joint	00	00	40	4/1/1989	\$138.00		
26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	00	00	10	1/1/1998	\$125.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	00	00	20	1/1/1998	\$624.00		
26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	00	00	40	1/1/1998	\$307.50		
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	00	00	10	1/1/1998	\$69.50		
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	00	00	20	4/1/1989	\$347.50		
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	00	00	40	4/1/1989	\$185.00		
26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	00	00	10	1/1/1998	\$60.20		
26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	00	00	20	4/1/1989	\$301.00		
26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	00	00	40	4/1/1989	\$149.50		
26550	Pollicization of a digit	00	00	20	1/1/1998	\$560.00		
26550	Pollicization of a digit	00	00	27	7/1/1999	\$776.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
26550	Pollicization of a digit	00	00	40	1/1/1998	\$276.00		
26555	Transfer, finger to another position without microvascular anastomosis	00	00	20	4/1/1989	\$560.00		
26555	Transfer, finger to another position without microvascular anastomosis	00	00	27	7/1/1999	\$776.00		
26555	Transfer, finger to another position without microvascular anastomosis	00	00	40	4/1/1989	\$276.00		
26560	Repair of syndactyly (web finger) each web space; with skin flaps	00	00	20	4/1/1989	\$448.00		
26560	Repair of syndactyly (web finger) each web space; with skin flaps	00	00	27	7/1/1999	\$776.00		
26560	Repair of syndactyly (web finger) each web space; with skin flaps	00	00	40	4/1/1989	\$220.50		
26561	Repair of syndactyly (web finger) each web space; with skin flaps and grafts	00	00	10	1/1/1998	\$138.90		
26561	Repair of syndactyly (web finger) each web space; with skin flaps and grafts	00	00	20	4/1/1989	\$694.50		
26561	Repair of syndactyly (web finger) each web space; with skin flaps and grafts	00	00	40	4/1/1989	\$220.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
26562	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)	00	00	20	4/1/1989	\$525.00		
26562	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)	00	00	27	7/1/1999	\$776.00		
26562	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)	00	00	40	4/1/1989	\$260.00		
26565	Osteotomy; metacarpal, each	00	00	10	1/1/1998	\$60.20		
26565	Osteotomy; metacarpal, each	00	00	20	4/1/1989	\$301.00		
26565	Osteotomy; metacarpal, each	00	00	40	4/1/1989	\$149.50		
26567	Osteotomy; phalanx of finger, each	00	00	10	1/1/1998	\$47.40		
26567	Osteotomy; phalanx of finger, each	00	00	20	4/1/1989	\$237.00		
26567	Osteotomy; phalanx of finger, each	00	00	40	4/1/1989	\$118.00		
26600	Closed treatment of metacarpal fracture, single; without manipulation, each bone	00	00	20	4/1/1989	\$69.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
26600	Closed treatment of metacarpal fracture, single; without manipulation, each bone	00	00	40	1/1/1998	\$30.00		
26605	Closed treatment of metacarpal fracture, single; with manipulation, each bone	00	00	20	4/1/1989	\$106.00		
26605	Closed treatment of metacarpal fracture, single; with manipulation, each bone	00	00	40	4/1/1989	\$90.00		
26608	Percutaneous skeletal fixation of metacarpal fracture, each bone	00	00	10	1/1/1998	\$34.60		
26608	Percutaneous skeletal fixation of metacarpal fracture, each bone	00	00	20	1/1/1998	\$173.00		
26608	Percutaneous skeletal fixation of metacarpal fracture, each bone	00	00	40	1/1/1998	\$85.00		
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone	00	00	20	4/1/1989	\$232.00		
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone	00	00	27	7/1/1999	\$873.00		
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone	00	00	40	4/1/1989	\$145.50		
26641	Closed treatment of carpometacarpal dislocation, thumb, with manipulation	00	00	20	1/1/1998	\$38.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
26641	Closed treatment of carpometacarpal dislocation, thumb, with manipulation	00	00	40	1/1/1998	\$19.00		
26645	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	00	00	20	4/1/1989	\$89.00		
26645	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	00	00	40	4/1/1989	\$35.50		
26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	00	00	20	4/1/1989	\$224.00		
26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	00	00	40	4/1/1989	\$110.50		
26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed	00	00	10	1/1/1998	\$75.00		
26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed	00	00	20	4/1/1989	\$374.50		
26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed	00	00	40	4/1/1989	\$185.00		
26670	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia	00	00	20	4/1/1989	\$48.50		
26675	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia	00	00	20	4/1/1989	\$73.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
26675	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia	00	00	40	4/1/1989	\$35.50		
26685	Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint	00	00	10	1/1/1998	\$45.00		
26685	Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint	00	00	20	4/1/1989	\$224.00		
26685	Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint	00	00	40	4/1/1989	\$110.50		
26700	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia	00	00	20	4/1/1989	\$39.00		
26705	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia	00	00	20	4/1/1989	\$73.50		
26705	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia	00	00	40	4/1/1989	\$35.50		
26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation	00	00	20	1/1/1998	\$221.00		
26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation	00	00	40	1/1/1998	\$149.00		
26715	Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed	00	00	20	4/1/1989	\$224.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
26715	Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed	00	00	27	7/1/1999	\$776.00	
26715	Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed	00	00	40	4/1/1989	\$110.50	
26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	00	00	20	1/1/1998	\$56.00	
26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	00	00	40	1/1/1998	\$27.50	
26725	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each	00	00	20	4/1/1989	\$77.00	
26725	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each	00	00	40	4/1/1989	\$35.50	
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each	00	00	20	1/1/1998	\$224.00	
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each	00	00	40	1/1/1998	\$147.50	
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each	00	00	20	4/1/1989	\$224.00	
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each	00	00	40	4/1/1989	\$147.50	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
26750	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each	00	00	20	1/1/1998	\$48.00		
26755	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each	00	00	20	4/1/1989	\$73.00		
26755	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each	00	00	40	4/1/1989	\$35.50		
26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each	00	00	20	1/1/1998	\$142.00		
26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each	00	00	40	1/1/1998	\$149.00		
26765	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each	00	00	20	4/1/1989	\$178.00		
26765	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each	00	00	40	4/1/1989	\$127.00		
26770	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia	00	00	20	4/1/1989	\$36.50		
26775	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia	00	00	20	4/1/1989	\$67.00		
26775	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia	00	00	40	4/1/1989	\$35.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation	00	00	20	1/1/1998	\$126.00		
26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation	00	00	40	1/1/1998	\$149.00		
26785	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single	00	00	20	4/1/1989	\$118.50		
26785	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single	00	00	40	4/1/1989	\$59.00		
26841	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;	00	00	20	1/1/1998	\$301.00		
26841	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;	00	00	40	1/1/1998	\$149.50		
26842	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)	00	00	20	4/1/1989	\$374.50		
26842	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)	00	00	40	4/1/1989	\$185.00		
26850	Arthrodesis, metacarpophalangeal joint, with or without internal fixation;	00	00	20	4/1/1989	\$262.50		
26850	Arthrodesis, metacarpophalangeal joint, with or without internal fixation;	00	00	40	4/1/1989	\$130.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
26852	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	00	00	10	1/1/1998	\$60.20		
26852	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	00	00	20	4/1/1989	\$301.00		
26852	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	00	00	40	4/1/1989	\$149.50		
26860	Arthrodesis, interphalangeal joint, with or without internal fixation;	00	00	20	4/1/1989	\$301.00		
26860	Arthrodesis, interphalangeal joint, with or without internal fixation;	00	00	40	4/1/1989	\$94.50		
26862	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	00	00	20	4/1/1989	\$224.00		
26862	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	00	00	40	4/1/1989	\$110.50		
26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer	00	00	20	4/1/1989	\$251.50		
26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer	00	00	27	7/1/1999	\$776.00		
26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer	00	00	40	4/1/1989	\$130.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	00	00	20	1/1/1998	\$182.50		
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	00	00	40	1/1/1998	\$134.00		
26989	Unlisted procedure, hands or fingers	00	00	20	7/1/1999	\$374.50		
26989	Unlisted procedure, hands or fingers	00	00	40	7/1/1999	\$185.00		
27000	Tenotomy, adductor of hip, percutaneous (separate procedure)	00	00	20	4/1/1989	\$118.50		
27000	Tenotomy, adductor of hip, percutaneous (separate procedure)	00	00	40	4/1/1989	\$59.00		
27001	Tenotomy, adductor of hip, open	00	00	10	1/1/1998	\$37.80		
27001	Tenotomy, adductor of hip, open	00	00	20	4/1/1989	\$189.00		
27001	Tenotomy, adductor of hip, open	00	00	40	4/1/1989	\$59.00		
27005	Tenotomy, hip flexor(s), open (separate procedure)	00	00	10	1/1/1998	\$84.10		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27005	Tenotomy, hip flexor(s), open (separate procedure)	00	00	20	4/1/1989	\$420.50		
27005	Tenotomy, hip flexor(s), open (separate procedure)	00	00	40	4/1/1989	\$110.50		
27025	Fasciotomy, hip or thigh, any type	00	00	20	4/1/1989	\$374.50		
27025	Fasciotomy, hip or thigh, any type	00	00	40	4/1/1989	\$185.00		
27030	Arthrotomy, hip, with drainage (eg, infection)	00	00	20	4/1/1989	\$448.00		
27030	Arthrotomy, hip, with drainage (eg, infection)	00	00	40	4/1/1989	\$220.50		
27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves	00	00	20	1/1/1998	\$825.50		
27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves	00	00	40	1/1/1998	\$406.00		
27050	Arthrotomy, with biopsy; sacroiliac joint	00	00	20	4/1/1989	\$224.00		
27050	Arthrotomy, with biopsy; sacroiliac joint	00	00	40	4/1/1989	\$110.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27052	Arthrotomy, with biopsy; hip joint	00	00	20	4/1/1989	\$525.00		
27052	Arthrotomy, with biopsy; hip joint	00	00	40	4/1/1989	\$260.00		
27054	Arthrotomy with synovectomy, hip joint	00	00	20	4/1/1989	\$749.00		
27054	Arthrotomy with synovectomy, hip joint	00	00	40	4/1/1989	\$370.50		
27060	Excision; ischial bursa	00	00	20	4/1/1989	\$189.00		
27060	Excision; ischial bursa	00	00	40	4/1/1989	\$94.50		
27062	Excision; trochanteric bursa or calcification	00	00	20	4/1/1989	\$157.00		
27062	Excision; trochanteric bursa or calcification	00	00	40	4/1/1989	\$79.00		
27065	Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis, or greater trochanter of femur) with or without autograft	00	00	20	4/1/1989	\$355.00		
27065	Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis, or greater trochanter of femur) with or without autograft	00	00	40	4/1/1989	\$177.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27066	Excision of bone cyst or benign tumor; deep, with or without autograft	00	00	10	1/1/1998	\$86.50		
27066	Excision of bone cyst or benign tumor; deep, with or without autograft	00	00	20	4/1/1989	\$432.00		
27066	Excision of bone cyst or benign tumor; deep, with or without autograft	00	00	40	4/1/1989	\$213.00		
27070	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial (eg, wing of ilium, symphysis pubis, or greater trochanter of femur)	00	00	20	4/1/1989	\$275.00		
27070	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial (eg, wing of ilium, symphysis pubis, or greater trochanter of femur)	00	00	40	4/1/1989	\$138.00		
27071	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)	00	00	10	1/1/1998	\$200.00		
27071	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)	00	00	20	4/1/1989	\$1,000.00		
27071	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)	00	00	40	4/1/1989	\$220.50		
27075	Radical resection of tumor or infection; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	00	00	10	1/1/1998	\$150.00		
27075	Radical resection of tumor or infection; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	00	00	20	4/1/1989	\$749.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27075	Radical resection of tumor or infection; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	00	00	40	4/1/1989	\$370.50		
27080	Coccygectomy, primary	00	00	20	4/1/1989	\$258.00		
27080	Coccygectomy, primary	00	00	40	4/1/1989	\$110.50		
27090	Removal of hip prosthesis; (separate procedure)	00	00	10	1/1/1998	\$105.00		
27090	Removal of hip prosthesis; (separate procedure)	00	00	20	4/1/1989	\$525.00		
27090	Removal of hip prosthesis; (separate procedure)	00	00	40	4/1/1989	\$260.00		
27093	Injection procedure for hip arthrography; without anesthesia	00	00	25	7/1/1999	\$48.00		
27095	Injection procedure for hip arthrography; with anesthesia	00	00	25	7/1/1999	\$48.00		
27095	Injection procedure for hip arthrography; with anesthesia	00	00	27	7/1/1999	\$776.00		
27095	Injection procedure for hip arthrography; with anesthesia	00	00	40	4/1/1989	\$23.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)	00	00	10	1/1/1998	\$112.00		
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)	00	00	20	4/1/1989	\$560.00		
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)	00	00	40	4/1/1989	\$276.00		
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)	00	00	10	1/1/1998	\$119.70		
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)	00	00	20	4/1/1989	\$598.50		
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)	00	00	40	4/1/1989	\$295.50		
27110	Transfer iliopsoas; to greater trochanter of femur	00	00	10	1/1/1998	\$135.00		
27110	Transfer iliopsoas; to greater trochanter of femur	00	00	20	4/1/1989	\$675.00		
27110	Transfer iliopsoas; to greater trochanter of femur	00	00	40	4/1/1989	\$335.00		
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	00	00	10	1/1/1998	\$180.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	00	00	20	4/1/1989	\$899.00		
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	00	00	40	4/1/1989	\$445.00		
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	00	00	10	1/1/1998	\$153.00		
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	00	00	20	4/1/1989	\$764.00		
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	00	00	40	4/1/1989	\$370.50		
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	00	00	10	1/1/1998	\$194.50		
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	00	00	20	1/1/1998	\$972.00		
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	00	00	40	1/1/1998	\$236.00		
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	00	00	10	1/1/1998	\$200.00		
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	00	00	20	4/1/1989	\$1,000.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	00	00	40	1/1/1998	\$234.50		
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	00	00	10	1/1/1998	\$200.00		
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	00	00	20	4/1/1989	\$1,000.00		
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	00	00	40	1/1/1998	\$376.50		
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	00	00	10	1/1/1998	\$200.00		
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	00	00	20	1/1/1998	\$1,000.00		
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	00	00	40	1/1/1998	\$398.50		
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	00	00	10	1/1/1998	\$200.00		
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	00	00	20	4/1/1989	\$1,000.00		
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	00	00	40	1/1/1998	\$398.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	00	00	10	1/1/1998	\$67.00		
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	00	00	20	1/1/1998	\$336.00		
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	00	00	40	4/1/1989	\$165.50		
27146	Osteotomy, iliac, acetabular or innominate bone;	00	00	10	1/1/1998	\$135.00		
27146	Osteotomy, iliac, acetabular or innominate bone;	00	00	20	4/1/1989	\$675.00		
27146	Osteotomy, iliac, acetabular or innominate bone;	00	00	40	4/1/1989	\$335.00		
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	00	00	10	1/1/1998	\$151.50		
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	00	00	20	1/1/1998	\$758.50		
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	00	00	40	4/1/1989	\$374.50		
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip	00	00	10	1/1/1998	\$168.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip	00	00	20	4/1/1989	\$841.50		
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip	00	00	40	4/1/1989	\$413.50		
27161	Osteotomy, femoral neck (separate procedure)	00	00	10	1/1/1998	\$112.00		
27161	Osteotomy, femoral neck (separate procedure)	00	00	20	4/1/1989	\$560.00		
27161	Osteotomy, femoral neck (separate procedure)	00	00	40	4/1/1989	\$276.00		
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	00	00	10	1/1/1998	\$173.50		
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	00	00	20	4/1/1989	\$868.00		
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	00	00	40	4/1/1989	\$335.00		
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	00	00	10	1/1/1998	\$180.00		
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	00	00	20	4/1/1989	\$899.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	00	00	40	4/1/1989	\$445.00		
27175	Treatment of slipped femoral epiphysis; by traction, without reduction	00	00	20	4/1/1989	\$301.00		
27175	Treatment of slipped femoral epiphysis; by traction, without reduction	00	00	40	4/1/1989	\$149.50		
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)	00	00	10	1/1/1998	\$164.50		
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)	00	00	20	4/1/1989	\$822.00		
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)	00	00	40	4/1/1989	\$238.00		
27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)	00	00	10	1/1/1998	\$119.70		
27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)	00	00	20	4/1/1989	\$598.50		
27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)	00	00	40	4/1/1989	\$295.50		
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation	00	00	10	1/1/1998	\$180.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation	00	00	20	4/1/1989	\$899.00		
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation	00	00	40	4/1/1989	\$445.00		
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	00	00	10	1/1/1998	\$37.80		
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	00	00	20	4/1/1989	\$189.00		
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	00	00	40	4/1/1989	\$94.50		
27193	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation	00	00	10	1/1/1998	\$29.20		
27193	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation	00	00	20	1/1/1998	\$146.00		
27193	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation	00	00	40	1/1/1998	\$71.00		
27200	Closed treatment of coccygeal fracture	00	00	20	4/1/1989	\$46.50		
27202	Open treatment of coccygeal fracture	00	00	20	1/1/1998	\$46.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27202	Open treatment of coccygeal fracture	00	00	40	1/1/1998	\$19.00		
27215	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture patterns that do not disrupt the pelvic ring, includes internal fixation, when performed	00	00	10	1/1/1998	\$100.80		
27215	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture patterns that do not disrupt the pelvic ring, includes internal fixation, when performed	00	00	20	1/1/1998	\$504.00		
27215	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture patterns that do not disrupt the pelvic ring, includes internal fixation, when performed	00	00	40	1/1/1998	\$250.00		
27218	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum)	00	00	10	1/1/1998	\$150.00		
27218	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum)	00	00	20	1/1/1998	\$750.00		
27218	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum)	00	00	40	1/1/1998	\$346.50		
27220	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation	00	00	20	4/1/1989	\$285.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27222	Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction	00	00	20	4/1/1989	\$301.00		
27222	Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction	00	00	40	4/1/1989	\$149.50		
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (1) column, or a fracture running transversely across the acetabulum, with internal fixation	00	00	10	1/1/1998	\$163.80		
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (1) column, or a fracture running transversely across the acetabulum, with internal fixation	00	00	20	1/1/1998	\$819.00		
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (1) column, or a fracture running transversely across the acetabulum, with internal fixation	00	00	40	1/1/1998	\$346.50		
27230	Closed treatment of femoral fracture, proximal end, neck; without manipulation	00	00	20	4/1/1989	\$262.50		
27232	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction	00	00	20	4/1/1989	\$343.50		
27232	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction	00	00	40	4/1/1989	\$185.00		
27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck	00	00	10	1/1/1998	\$94.70		
27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck	00	00	20	1/1/1998	\$473.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck	00	00	40	1/1/1998	\$232.50		
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	00	00	10	1/1/1998	\$151.00		
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	00	00	20	4/1/1989	\$754.00		
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	00	00	40	4/1/1989	\$273.50		
27238	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation	00	00	20	4/1/1989	\$243.00		
27238	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation	00	00	40	1/1/1998	\$126.00		
27240	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction	00	00	20	4/1/1989	\$291.00		
27240	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction	00	00	40	4/1/1989	\$146.00		
27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	00	00	10	1/1/1998	\$158.50		
27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	00	00	20	4/1/1989	\$793.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	00	00	40	4/1/1989	\$263.00		
27246	Closed treatment of greater trochanteric fracture, without manipulation	00	00	20	4/1/1989	\$112.00		
27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed	00	00	10	1/1/1998	\$52.50		
27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed	00	00	20	4/1/1989	\$262.50		
27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed	00	00	40	4/1/1989	\$130.00		
27250	Closed treatment of hip dislocation, traumatic; without anesthesia	00	00	20	4/1/1989	\$237.00		
27252	Closed treatment of hip dislocation, traumatic; requiring anesthesia	00	00	20	4/1/1989	\$281.50		
27252	Closed treatment of hip dislocation, traumatic; requiring anesthesia	00	00	40	4/1/1989	\$149.50		
27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation	00	00	10	1/1/1998	\$127.50		
27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation	00	00	20	4/1/1989	\$637.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation	00	00	40	4/1/1989	\$315.00		
27256	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation	00	00	20	4/1/1989	\$237.00		
27256	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation	00	00	40	4/1/1989	\$118.00		
27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);	00	00	10	1/1/1998	\$127.50		
27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);	00	00	20	4/1/1989	\$637.00		
27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);	00	00	40	4/1/1989	\$315.00		
27275	Manipulation, hip joint, requiring general anesthesia	00	00	20	4/1/1989	\$54.50		
27275	Manipulation, hip joint, requiring general anesthesia	00	00	40	4/1/1989	\$27.50		
27280	Arthrodesis, sacroiliac joint (including obtaining graft)	00	00	10	1/1/1998	\$105.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27280	Arthrodesis, sacroiliac joint (including obtaining graft)	00	00	20	4/1/1989	\$525.00		
27280	Arthrodesis, sacroiliac joint (including obtaining graft)	00	00	40	4/1/1989	\$260.00		
27282	Arthrodesis, symphysis pubis (including obtaining graft)	00	00	10	1/1/1998	\$127.40		
27282	Arthrodesis, symphysis pubis (including obtaining graft)	00	00	20	4/1/1989	\$637.00		
27282	Arthrodesis, symphysis pubis (including obtaining graft)	00	00	40	4/1/1989	\$315.00		
27284	Arthrodesis, hip joint (including obtaining graft);	00	00	10	1/1/1998	\$180.00		
27284	Arthrodesis, hip joint (including obtaining graft);	00	00	20	4/1/1989	\$899.00		
27284	Arthrodesis, hip joint (including obtaining graft);	00	00	40	4/1/1989	\$445.00		
27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy	00	00	10	1/1/1998	\$195.00		
27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy	00	00	20	4/1/1989	\$976.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy	00	00	40	4/1/1989	\$480.50		
27290	Interpelviabdominal amputation (hindquarter amputation)	00	00	10	1/1/1998	\$200.00		
27290	Interpelviabdominal amputation (hindquarter amputation)	00	00	20	4/1/1989	\$1,000.00		
27290	Interpelviabdominal amputation (hindquarter amputation)	00	00	40	4/1/1989	\$536.00		
27295	Disarticulation of hip	00	00	10	1/1/1998	\$180.00		
27295	Disarticulation of hip	00	00	20	4/1/1989	\$899.00		
27295	Disarticulation of hip	00	00	40	4/1/1989	\$445.00		
27299	Unlisted procedure, pelvis or hip joint	00	00	20	3/1/1999	\$525.00		
27299	Unlisted procedure, pelvis or hip joint	00	00	40	3/1/1999	\$260.00		
27305	Fasciotomy, iliotibial (tenotomy), open	00	00	10	1/1/1998	\$44.80		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27305	Fasciotomy, iliotibial (tenotomy), open	00	00	20	4/1/1989	\$224.00		
27305	Fasciotomy, iliotibial (tenotomy), open	00	00	40	4/1/1989	\$110.50		
27306	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)	00	00	20	1/1/1998	\$118.50		
27306	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)	00	00	40	1/1/1998	\$59.00		
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	00	00	20	4/1/1989	\$381.00		
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	00	00	40	4/1/1989	\$128.50		
27315	NEURECTOMY, HAMSTRING MUSCLE	00	00	20	1/1/1998	\$374.50		
27315	NEURECTOMY, HAMSTRING MUSCLE	00	00	27	7/1/1999	\$776.00		
27315	NEURECTOMY, HAMSTRING MUSCLE	00	00	40	4/1/1989	\$185.00		
27320	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	00	00	10	1/1/1998	\$74.90		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27320	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	00	00	20	4/1/1989	\$374.50		
27320	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	00	00	40	4/1/1989	\$185.00		
27330	Arthrotomy, knee; with synovial biopsy only	00	00	20	4/1/1989	\$320.00		
27330	Arthrotomy, knee; with synovial biopsy only	00	00	40	4/1/1989	\$185.00		
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	00	00	20	4/1/1989	\$456.00		
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	00	00	40	4/1/1989	\$160.00		
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	00	00	20	4/1/1989	\$1,000.00		
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	00	00	40	4/1/1989	\$151.00		
27340	Excision, prepatellar bursa	00	00	20	4/1/1989	\$189.00		
27340	Excision, prepatellar bursa	00	00	40	4/1/1989	\$94.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	00	00	20	4/1/1989	\$287.00		
27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	00	00	40	4/1/1989	\$130.00		
27350	Patellectomy or hemipatellectomy	00	00	10	1/1/1998	\$100.20		
27350	Patellectomy or hemipatellectomy	00	00	20	4/1/1989	\$501.00		
27350	Patellectomy or hemipatellectomy	00	00	40	4/1/1989	\$185.00		
27355	Excision or curettage of bone cyst or benign tumor of femur;	00	00	20	4/1/1989	\$356.50		
27355	Excision or curettage of bone cyst or benign tumor of femur;	00	00	40	4/1/1989	\$127.50		
27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)	00	00	10	1/1/1998	\$96.00		
27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)	00	00	20	1/1/1998	\$480.00		
27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)	00	00	40	4/1/1989	\$236.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	00	00	10	1/1/1998	\$71.00	
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	00	00	20	4/1/1989	\$354.50	
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	00	00	40	4/1/1989	\$165.50	
27365	Radical resection of tumor, bone, femur or knee	00	00	10	1/1/1998	\$102.00	
27365	Radical resection of tumor, bone, femur or knee	00	00	20	4/1/1989	\$509.00	
27365	Radical resection of tumor, bone, femur or knee	00	00	40	4/1/1989	\$252.00	
27370	Injection procedure for knee arthrography	00	00	25	7/1/1999	\$33.00	
27380	Suture of infrapatellar tendon; primary	00	00	20	4/1/1989	\$428.50	
27380	Suture of infrapatellar tendon; primary	00	00	40	4/1/1989	\$205.00	
27385	Suture of quadriceps or hamstring muscle rupture; primary	00	00	20	4/1/1989	\$486.50	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27385	Suture of quadriceps or hamstring muscle rupture; primary	00	00	40	4/1/1989	\$240.50		
27390	Tenotomy, open, hamstring, knee to hip; single tendon	00	00	10	1/1/1998	\$66.10		
27390	Tenotomy, open, hamstring, knee to hip; single tendon	00	00	20	4/1/1989	\$330.50		
27390	Tenotomy, open, hamstring, knee to hip; single tendon	00	00	40	4/1/1989	\$110.50		
27392	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral	00	00	10	1/1/1998	\$44.80		
27392	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral	00	00	20	4/1/1989	\$224.00		
27392	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral	00	00	40	4/1/1989	\$110.50		
27395	Lengthening of hamstring tendon; multiple tendons, bilateral	00	00	10	1/1/1998	\$44.80		
27395	Lengthening of hamstring tendon; multiple tendons, bilateral	00	00	20	1/1/1998	\$224.00		
27395	Lengthening of hamstring tendon; multiple tendons, bilateral	00	00	40	1/1/1998	\$110.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27400	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)	00	00	10	1/1/1998	\$119.70		
27400	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)	00	00	20	4/1/1989	\$598.50		
27400	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)	00	00	40	4/1/1989	\$295.50		
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	00	00	10	1/1/1998	\$88.90		
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	00	00	20	4/1/1989	\$444.50		
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	00	00	40	4/1/1989	\$220.50		
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	00	00	10	1/1/1998	\$79.00		
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	00	00	20	4/1/1989	\$395.00		
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	00	00	40	4/1/1989	\$207.00		
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	00	00	10	1/1/1998	\$137.60		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	00	00	20	4/1/1989	\$688.00		
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	00	00	40	4/1/1989	\$268.00		
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	00	00	10	1/1/1998	\$78.00		
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	00	00	20	4/1/1989	\$390.00		
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	00	00	40	4/1/1989	\$220.50		
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	00	00	10	1/1/1998	\$88.10		
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	00	00	20	4/1/1989	\$440.50		
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	00	00	40	4/1/1989	\$141.50		
27424	Reconstruction of dislocating patella; with patellectomy	00	00	10	1/1/1998	\$101.80		
27424	Reconstruction of dislocating patella; with patellectomy	00	00	20	4/1/1989	\$509.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27424	Reconstruction of dislocating patella; with patellectomy	00	00	40	4/1/1989	\$252.00		
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	00	00	10	1/1/1998	\$142.00		
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	00	00	20	1/1/1998	\$712.00		
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	00	00	40	1/1/1998	\$198.00		
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	00	00	10	1/1/1998	\$142.00		
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	00	00	20	1/1/1998	\$712.00		
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	00	00	40	1/1/1998	\$198.00		
27430	Quadricepsplasty (eg, Bennett or Thompson type)	00	00	10	1/1/1998	\$112.00		
27430	Quadricepsplasty (eg, Bennett or Thompson type)	00	00	20	4/1/1989	\$560.00		
27430	Quadricepsplasty (eg, Bennett or Thompson type)	00	00	40	4/1/1989	\$276.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27435	Capsulotomy, posterior capsular release, knee	00	00	10	1/1/1998	\$105.00		
27435	Capsulotomy, posterior capsular release, knee	00	00	20	4/1/1989	\$525.00		
27435	Capsulotomy, posterior capsular release, knee	00	00	40	4/1/1989	\$260.00		
27440	Arthroplasty, knee, tibial plateau;	00	00	10	1/1/1998	\$113.90		
27440	Arthroplasty, knee, tibial plateau;	00	00	20	4/1/1989	\$569.50		
27440	Arthroplasty, knee, tibial plateau;	00	00	40	4/1/1989	\$279.50		
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	00	00	10	1/1/1998	\$136.30		
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	00	00	20	4/1/1989	\$681.50		
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	00	00	40	4/1/1989	\$335.00		
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	00	00	10	1/1/1998	\$200.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	00	00	20	4/1/1989	\$1,000.00		
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	00	00	40	4/1/1989	\$259.00		
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	00	00	10	1/1/1998	\$185.00		
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	00	00	20	4/1/1989	\$925.00		
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	00	00	40	4/1/1989	\$457.00		
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	00	00	10	1/1/1998	\$200.00		
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	00	00	20	4/1/1989	\$1,000.00		
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	00	00	40	4/1/1989	\$291.50		
27448	Osteotomy, femur, shaft or supracondylar; without fixation	00	00	10	1/1/1998	\$142.00		
27448	Osteotomy, femur, shaft or supracondylar; without fixation	00	00	20	1/1/1998	\$710.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27448	Osteotomy, femur, shaft or supracondylar; without fixation	00	00	40	1/1/1998	\$350.50		
27450	Osteotomy, femur, shaft or supracondylar; with fixation	00	00	10	1/1/1998	\$185.00		
27450	Osteotomy, femur, shaft or supracondylar; with fixation	00	00	20	1/1/1998	\$925.00		
27450	Osteotomy, femur, shaft or supracondylar; with fixation	00	00	40	1/1/1998	\$457.00		
27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)	00	00	10	1/1/1998	\$150.00		
27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)	00	00	20	1/1/1998	\$749.00		
27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)	00	00	40	1/1/1998	\$370.50		
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure	00	00	10	1/1/1998	\$157.00		
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure	00	00	20	1/1/1998	\$787.00		
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure	00	00	40	1/1/1998	\$390.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure	00	00	10	1/1/1998	\$89.50	
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure	00	00	20	1/1/1998	\$448.00	
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure	00	00	40	1/1/1998	\$173.00	
27465	Osteoplasty, femur; shortening (excluding 64876)	00	00	10	1/1/1998	\$150.00	
27465	Osteoplasty, femur; shortening (excluding 64876)	00	00	20	4/1/1989	\$749.00	
27465	Osteoplasty, femur; shortening (excluding 64876)	00	00	40	4/1/1989	\$370.50	
27466	Osteoplasty, femur; lengthening	00	00	10	1/1/1998	\$195.00	
27466	Osteoplasty, femur; lengthening	00	00	20	4/1/1989	\$976.00	
27466	Osteoplasty, femur; lengthening	00	00	40	4/1/1989	\$480.50	
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	00	00	10	1/1/1998	\$200.00	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	00	00	20	4/1/1989	\$1,000.00		
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	00	00	40	4/1/1989	\$740.50		
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	00	00	10	1/1/1998	\$150.00		
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	00	00	20	4/1/1989	\$749.00		
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	00	00	40	4/1/1989	\$370.50		
27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	00	00	10	1/1/1998	\$156.50		
27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	00	00	20	4/1/1989	\$782.00		
27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	00	00	40	4/1/1989	\$425.50		
27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur	00	00	10	1/1/1998	\$105.00		
27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur	00	00	20	4/1/1989	\$525.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur	00	00	40	4/1/1989	\$260.00		
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal	00	00	10	1/1/1998	\$119.50		
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal	00	00	20	4/1/1989	\$598.50		
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal	00	00	40	4/1/1989	\$295.50		
27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula	00	00	10	1/1/1998	\$150.00		
27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula	00	00	20	4/1/1989	\$749.00		
27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula	00	00	40	4/1/1989	\$370.50		
27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)	00	00	10	1/1/1998	\$82.50		
27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)	00	00	20	4/1/1989	\$413.00		
27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)	00	00	40	4/1/1989	\$205.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	00	00	10	1/1/1998	\$174.00		
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	00	00	20	1/1/1998	\$870.50		
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	00	00	40	1/1/1998	\$429.50		
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	00	00	10	1/1/1998	\$144.00		
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	00	00	20	1/1/1998	\$720.00		
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	00	00	40	1/1/1998	\$354.50		
27500	Closed treatment of femoral shaft fracture, without manipulation	00	00	20	4/1/1989	\$233.50		
27502	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction	00	00	20	4/1/1989	\$395.00		
27502	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction	00	00	40	4/1/1989	\$110.50		
27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws	00	00	10	1/1/1998	\$132.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws	00	00	20	4/1/1989	\$660.00	
27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws	00	00	40	4/1/1989	\$272.50	
27508	Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation	00	00	20	4/1/1989	\$244.50	
27509	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation	00	00	10	1/1/1998	\$75.60	
27509	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation	00	00	20	1/1/1998	\$378.00	
27509	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation	00	00	40	1/1/1998	\$220.50	
27510	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation	00	00	20	4/1/1989	\$317.00	
27510	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation	00	00	40	4/1/1989	\$149.50	
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	00	00	10	1/1/1998	\$101.00	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	00	00	20	4/1/1989	\$505.00		
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	00	00	40	4/1/1989	\$287.50		
27520	Closed treatment of patellar fracture, without manipulation	00	00	20	4/1/1989	\$131.00		
27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair	00	00	10	1/1/1998	\$81.20		
27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair	00	00	20	4/1/1989	\$406.00		
27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair	00	00	40	4/1/1989	\$159.00		
27530	Closed treatment of tibial fracture, proximal (plateau); without manipulation	00	00	20	4/1/1989	\$128.50		
27532	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction	00	00	20	4/1/1989	\$227.50		
27532	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction	00	00	40	4/1/1989	\$106.50		
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed	00	00	10	1/1/1998	\$131.20		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed	00	00	20	1/1/1998	\$656.00		
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed	00	00	40	1/1/1998	\$272.50		
27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation	00	00	10	1/1/1998	\$108.80		
27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation	00	00	20	4/1/1989	\$544.00		
27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation	00	00	40	4/1/1989	\$178.50		
27538	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation	00	00	20	4/1/1989	\$112.00		
27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed	00	00	10	1/1/1998	\$105.00		
27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed	00	00	20	4/1/1989	\$525.00		
27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed	00	00	40	4/1/1989	\$260.00		
27550	Closed treatment of knee dislocation; without anesthesia	00	00	20	4/1/1989	\$157.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27552	Closed treatment of knee dislocation; requiring anesthesia	00	00	20	4/1/1989	\$157.00		
27552	Closed treatment of knee dislocation; requiring anesthesia	00	00	40	4/1/1989	\$79.00		
27556	Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction	00	00	10	1/1/1998	\$112.00		
27556	Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction	00	00	20	4/1/1989	\$560.00		
27556	Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction	00	00	40	4/1/1989	\$276.00		
27560	Closed treatment of patellar dislocation; without anesthesia	00	00	20	4/1/1989	\$102.00		
27562	Closed treatment of patellar dislocation; requiring anesthesia	00	00	20	4/1/1989	\$134.50		
27562	Closed treatment of patellar dislocation; requiring anesthesia	00	00	40	4/1/1989	\$67.00		
27566	Open treatment of patellar dislocation, with or without partial or total patellectomy	00	00	10	1/1/1998	\$89.60		
27566	Open treatment of patellar dislocation, with or without partial or total patellectomy	00	00	20	4/1/1989	\$448.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27566	Open treatment of patellar dislocation, with or without partial or total patellectomy	00	00	40	4/1/1989	\$220.50		
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	00	00	20	4/1/1989	\$99.50		
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	00	00	40	4/1/1989	\$86.00		
27580	Arthrodesis, knee, any technique	00	00	10	1/1/1998	\$150.00		
27580	Arthrodesis, knee, any technique	00	00	20	4/1/1989	\$749.00		
27580	Arthrodesis, knee, any technique	00	00	40	4/1/1989	\$370.50		
27590	Amputation, thigh, through femur, any level;	00	00	10	1/1/1998	\$96.50		
27590	Amputation, thigh, through femur, any level;	00	00	20	4/1/1989	\$481.50		
27590	Amputation, thigh, through femur, any level;	00	00	40	4/1/1989	\$190.00		
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	00	00	10	1/1/1998	\$88.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	00	00	20	4/1/1989	\$440.50	
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	00	00	40	4/1/1989	\$196.00	
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision	00	00	20	4/1/1989	\$317.00	
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision	00	00	27	7/1/1999	\$776.00	
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision	00	00	40	4/1/1989	\$157.50	
27596	Amputation, thigh, through femur, any level; re-amputation	00	00	10	1/1/1998	\$87.00	
27596	Amputation, thigh, through femur, any level; re-amputation	00	00	20	4/1/1989	\$435.00	
27596	Amputation, thigh, through femur, any level; re-amputation	00	00	40	4/1/1989	\$216.50	
27598	Disarticulation at knee	00	00	10	1/1/1998	\$87.00	
27598	Disarticulation at knee	00	00	20	4/1/1989	\$435.00	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27598	Disarticulation at knee	00	00	40	4/1/1989	\$216.50		
27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only	00	00	10	1/1/1998	\$47.40		
27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only	00	00	20	4/1/1989	\$237.00		
27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only	00	00	40	4/1/1989	\$118.00		
27602	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)	00	00	10	1/1/1998	\$55.00		
27602	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)	00	00	20	4/1/1989	\$275.00		
27602	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)	00	00	40	4/1/1989	\$138.00		
27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia	00	00	20	4/1/1989	\$239.00		
27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia	00	00	27	7/1/1999	\$878.00		
27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia	00	00	40	4/1/1989	\$107.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body	00	00	20	4/1/1989	\$344.50		
27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body	00	00	40	4/1/1989	\$89.00		
27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening	00	00	10	1/1/1998	\$81.60		
27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening	00	00	20	4/1/1989	\$408.00		
27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening	00	00	40	4/1/1989	\$185.00		
27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body	00	00	20	4/1/1989	\$336.00		
27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body	00	00	40	4/1/1989	\$165.50		
27625	Arthrotomy, with synovectomy, ankle;	00	00	20	4/1/1989	\$448.00		
27625	Arthrotomy, with synovectomy, ankle;	00	00	40	4/1/1989	\$220.50		
27630	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle	00	00	20	4/1/1989	\$171.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
27630	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle	00	00	40	4/1/1989	\$119.50	
27635	Excision or curettage of bone cyst or benign tumor, tibia or fibula;	00	00	20	4/1/1989	\$350.50	
27635	Excision or curettage of bone cyst or benign tumor, tibia or fibula;	00	00	40	4/1/1989	\$193.00	
27637	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)	00	00	10	1/1/1998	\$97.50	
27637	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)	00	00	20	4/1/1989	\$486.50	
27637	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)	00	00	40	4/1/1989	\$240.50	
27640	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); tibia	00	00	10	1/1/1998	\$76.60	
27640	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); tibia	00	00	20	4/1/1989	\$383.00	
27640	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); tibia	00	00	40	4/1/1989	\$220.50	
27645	Radical resection of tumor, bone; tibia	00	00	10	1/1/1998	\$112.00	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
27645	Radical resection of tumor, bone; tibia	00	00	20	4/1/1989	\$560.00	
27645	Radical resection of tumor, bone; tibia	00	00	40	4/1/1989	\$276.00	
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon;	00	00	10	1/1/1998	\$83.80	
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon;	00	00	20	4/1/1989	\$419.00	
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon;	00	00	40	4/1/1989	\$185.00	
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)	00	00	10	1/1/1998	\$95.40	
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)	00	00	20	4/1/1989	\$477.00	
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)	00	00	40	4/1/1989	\$236.50	
27656	Repair, fascial defect of leg	00	00	10	1/1/1998	\$48.80	
27656	Repair, fascial defect of leg	00	00	20	1/1/1998	\$244.00	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27656	Repair, fascial defect of leg	00	00	40	1/1/1998	\$110.50		
27658	Repair, flexor tendon, leg; primary, without graft, each tendon	00	00	10	1/1/1998	\$48.80		
27658	Repair, flexor tendon, leg; primary, without graft, each tendon	00	00	20	1/1/1998	\$244.00		
27658	Repair, flexor tendon, leg; primary, without graft, each tendon	00	00	40	1/1/1998	\$110.50		
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon	00	00	10	1/1/1998	\$60.20		
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon	00	00	20	1/1/1998	\$301.00		
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon	00	00	40	1/1/1998	\$149.50		
27664	Repair, extensor tendon, leg; primary, without graft, each tendon	00	00	10	1/1/1998	\$30.10		
27664	Repair, extensor tendon, leg; primary, without graft, each tendon	00	00	20	1/1/1998	\$150.50		
27664	Repair, extensor tendon, leg; primary, without graft, each tendon	00	00	40	1/1/1998	\$75.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon	00	00	10	1/1/1998	\$47.40	
27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon	00	00	20	1/1/1998	\$237.00	
27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon	00	00	40	1/1/1998	\$118.00	
27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon	00	00	10	1/1/1998	\$37.80	
27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon	00	00	20	4/1/1989	\$189.00	
27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon	00	00	40	4/1/1989	\$94.50	
27681	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision(s))	00	00	10	1/1/1998	\$18.60	
27681	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision(s))	00	00	20	4/1/1989	\$93.00	
27681	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision(s))	00	00	40	4/1/1989	\$47.50	
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)	00	00	10	1/1/1998	\$65.10	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)	00	00	20	4/1/1989	\$325.50		
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)	00	00	40	4/1/1989	\$149.00		
27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)	00	00	10	1/1/1998	\$76.70		
27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)	00	00	20	4/1/1989	\$383.50		
27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)	00	00	40	4/1/1989	\$149.50		
27691	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)	00	00	10	1/1/1998	\$102.50		
27691	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)	00	00	20	1/1/1998	\$512.50		
27691	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)	00	00	40	1/1/1998	\$185.00		
27695	Repair, primary, disrupted ligament, ankle; collateral	00	00	10	1/1/1998	\$84.60		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27695	Repair, primary, disrupted ligament, ankle; collateral	00	00	20	4/1/1989	\$423.00		
27695	Repair, primary, disrupted ligament, ankle; collateral	00	00	40	4/1/1989	\$185.00		
27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments	00	00	10	1/1/1998	\$105.00		
27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments	00	00	20	4/1/1989	\$525.00		
27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments	00	00	40	4/1/1989	\$260.00		
27698	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)	00	00	10	1/1/1998	\$85.50		
27698	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)	00	00	20	4/1/1989	\$427.50		
27698	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)	00	00	40	4/1/1989	\$260.00		
27700	Arthroplasty, ankle;	00	00	10	1/1/1998	\$119.70		
27700	Arthroplasty, ankle;	00	00	20	4/1/1989	\$598.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27700	Arthroplasty, ankle;	00	00	40	4/1/1989	\$295.50		
27702	Arthroplasty, ankle; with implant (total ankle)	00	00	10	1/1/1998	\$174.50		
27702	Arthroplasty, ankle; with implant (total ankle)	00	00	20	4/1/1989	\$873.50		
27702	Arthroplasty, ankle; with implant (total ankle)	00	00	40	4/1/1989	\$429.50		
27705	Osteotomy; tibia	00	00	10	1/1/1998	\$96.50		
27705	Osteotomy; tibia	00	00	20	4/1/1989	\$482.50		
27705	Osteotomy; tibia	00	00	40	4/1/1989	\$260.00		
27707	Osteotomy; fibula	00	00	10	1/1/1998	\$52.50		
27707	Osteotomy; fibula	00	00	20	4/1/1989	\$262.50		
27707	Osteotomy; fibula	00	00	40	4/1/1989	\$130.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
27709	Osteotomy; tibia and fibula	00	00	10	1/1/1998	\$105.00	
27709	Osteotomy; tibia and fibula	00	00	20	4/1/1989	\$525.00	
27709	Osteotomy; tibia and fibula	00	00	40	4/1/1989	\$260.00	
27712	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)	00	00	10	1/1/1998	\$135.00	
27712	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)	00	00	20	4/1/1989	\$675.00	
27712	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)	00	00	40	4/1/1989	\$335.00	
27715	Osteoplasty, tibia and fibula, lengthening or shortening	00	00	20	4/1/1989	\$899.00	
27715	Osteoplasty, tibia and fibula, lengthening or shortening	00	00	40	4/1/1989	\$445.00	
27720	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)	00	00	10	1/1/1998	\$135.00	
27720	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)	00	00	20	4/1/1989	\$675.00	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27720	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)	00	00	40	4/1/1989	\$335.00		
27722	Repair of nonunion or malunion, tibia; with sliding graft	00	00	10	1/1/1998	\$150.00		
27722	Repair of nonunion or malunion, tibia; with sliding graft	00	00	20	4/1/1989	\$749.00		
27722	Repair of nonunion or malunion, tibia; with sliding graft	00	00	40	4/1/1989	\$370.50		
27724	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)	00	00	10	1/1/1998	\$180.50		
27724	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)	00	00	20	4/1/1989	\$903.00		
27724	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)	00	00	40	4/1/1989	\$406.00		
27730	Arrest, epiphyseal (epiphysiodesis), open; distal tibia	00	00	10	1/1/1998	\$89.60		
27730	Arrest, epiphyseal (epiphysiodesis), open; distal tibia	00	00	20	4/1/1989	\$448.00		
27730	Arrest, epiphyseal (epiphysiodesis), open; distal tibia	00	00	40	4/1/1989	\$220.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27732	Arrest, epiphyseal (epiphysiodesis), open; distal fibula	00	00	20	4/1/1989	\$224.00		
27732	Arrest, epiphyseal (epiphysiodesis), open; distal fibula	00	00	40	4/1/1989	\$110.50		
27734	Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula	00	00	20	4/1/1989	\$525.00		
27734	Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula	00	00	27	7/1/1999	\$776.00		
27734	Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula	00	00	40	4/1/1989	\$260.00		
27740	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;	00	00	10	1/1/1998	\$135.00		
27740	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;	00	00	20	4/1/1989	\$675.00		
27740	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;	00	00	40	4/1/1989	\$335.00		
27742	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur	00	00	10	1/1/1998	\$165.10		
27742	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur	00	00	20	4/1/1989	\$825.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
27742	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur	00	00	40	4/1/1989	\$406.00	
27750	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation	00	00	20	4/1/1989	\$142.50	
27750	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation	00	00	40	1/1/1998	\$72.00	
27752	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction	00	00	20	4/1/1989	\$233.50	
27752	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction	00	00	40	4/1/1989	\$111.50	
27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)	00	00	10	1/1/1998	\$101.00	
27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)	00	00	20	4/1/1989	\$505.50	
27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)	00	00	40	4/1/1989	\$209.00	
27760	Closed treatment of medial malleolus fracture; without manipulation	00	00	20	4/1/1989	\$117.50	
27760	Closed treatment of medial malleolus fracture; without manipulation	00	00	40	1/1/1998	\$59.00	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27762	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction	00	00	20	4/1/1989	\$165.50		
27762	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction	00	00	40	4/1/1989	\$108.50		
27766	Open treatment of medial malleolus fracture, includes internal fixation, when performed	00	00	10	1/1/1998	\$69.80		
27766	Open treatment of medial malleolus fracture, includes internal fixation, when performed	00	00	20	4/1/1989	\$349.00		
27766	Open treatment of medial malleolus fracture, includes internal fixation, when performed	00	00	40	4/1/1989	\$165.50		
27780	Closed treatment of proximal fibula or shaft fracture; without manipulation	00	00	20	4/1/1989	\$115.50		
27780	Closed treatment of proximal fibula or shaft fracture; without manipulation	00	00	40	1/1/1998	\$59.00		
27784	Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed	00	00	10	1/1/1998	\$51.20		
27784	Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed	00	00	20	4/1/1989	\$256.00		
27784	Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed	00	00	40	4/1/1989	\$126.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27786	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation	00	00	00	4/1/1989	\$118.50		
27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation	00	00	20	4/1/1989	\$159.00		
27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation	00	00	40	4/1/1989	\$75.00		
27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed	00	00	10	1/1/1998	\$73.00		
27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed	00	00	20	4/1/1989	\$365.00		
27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed	00	00	40	4/1/1989	\$149.50		
27808	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation	00	00	00	4/1/1989	\$120.50		
27810	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation	00	00	20	4/1/1989	\$197.50		
27810	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation	00	00	40	4/1/1989	\$110.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
27814	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed	00	00	10	1/1/1998	\$90.00	
27814	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed	00	00	20	4/1/1989	\$450.00	
27814	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed	00	00	40	4/1/1989	\$154.00	
27816	Closed treatment of trimalleolar ankle fracture; without manipulation	00	00	20	4/1/1989	\$157.00	
27816	Closed treatment of trimalleolar ankle fracture; without manipulation	00	00	40	1/1/1998	\$78.00	
27818	Closed treatment of trimalleolar ankle fracture; with manipulation	00	00	20	4/1/1989	\$239.00	
27818	Closed treatment of trimalleolar ankle fracture; with manipulation	00	00	40	4/1/1989	\$118.00	
27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip	00	00	10	1/1/1998	\$99.50	
27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip	00	00	20	4/1/1989	\$497.50	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip	00	00	40	4/1/1989	\$139.50		
27830	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia	00	00	20	4/1/1989	\$112.00		
27832	Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula	00	00	10	1/1/1998	\$60.20		
27832	Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula	00	00	20	4/1/1989	\$301.00		
27832	Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula	00	00	40	4/1/1989	\$149.50		
27840	Closed treatment of ankle dislocation; without anesthesia	00	00	20	4/1/1989	\$89.50		
27842	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation	00	00	20	4/1/1989	\$118.50		
27842	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation	00	00	40	4/1/1989	\$59.00		
27846	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation	00	00	10	1/1/1998	\$67.00		
27846	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation	00	00	20	4/1/1989	\$336.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27846	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation	00	00	40	4/1/1989	\$165.50		
27848	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation	00	00	10	1/1/1998	\$67.00		
27848	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation	00	00	20	4/1/1989	\$336.00		
27848	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation	00	00	40	4/1/1989	\$165.50		
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	00	00	20	4/1/1989	\$148.50		
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	00	00	40	4/1/1989	\$19.50		
27870	Arthrodesis, ankle, open	00	00	10	1/1/1998	\$116.00		
27870	Arthrodesis, ankle, open	00	00	20	4/1/1989	\$580.50		
27870	Arthrodesis, ankle, open	00	00	40	4/1/1989	\$268.00		
27880	Amputation, leg, through tibia and fibula;	00	00	10	1/1/1998	\$89.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27880	Amputation, leg, through tibia and fibula;	00	00	20	4/1/1989	\$446.50		
27880	Amputation, leg, through tibia and fibula;	00	00	40	4/1/1989	\$189.50		
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	00	00	10	1/1/1998	\$78.50		
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	00	00	20	4/1/1989	\$392.50		
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	00	00	40	4/1/1989	\$192.50		
27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision	00	00	20	4/1/1989	\$131.00		
27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision	00	00	27	7/1/1999	\$776.00		
27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision	00	00	40	4/1/1989	\$67.00		
27886	Amputation, leg, through tibia and fibula; re-amputation	00	00	10	1/1/1998	\$74.50		
27886	Amputation, leg, through tibia and fibula; re-amputation	00	00	20	4/1/1989	\$373.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
27886	Amputation, leg, through tibia and fibula; re-amputation	00	00	40	4/1/1989	\$113.50		
27888	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves	00	00	10	1/1/1998	\$75.00		
27888	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves	00	00	20	4/1/1989	\$374.50		
27888	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves	00	00	40	4/1/1989	\$185.00		
28008	Fasciotomy, foot and/or toe	00	00	20	1/1/1998	\$136.50		
28008	Fasciotomy, foot and/or toe	00	00	40	1/1/1998	\$82.50		
28010	Tenotomy, percutaneous, toe; single tendon	00	00	20	4/1/1989	\$131.00		
28010	Tenotomy, percutaneous, toe; single tendon	00	00	40	4/1/1989	\$31.50		
28011	Tenotomy, percutaneous, toe; multiple tendons	00	00	20	1/1/1998	\$35.00		
28011	Tenotomy, percutaneous, toe; multiple tendons	00	00	40	1/1/1998	\$19.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint	00	00	20	4/1/1989	\$166.50		
28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint	00	00	40	4/1/1989	\$82.50		
28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	00	00	20	4/1/1989	\$137.50		
28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	00	00	40	4/1/1989	\$67.00		
28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	00	00	20	4/1/1989	\$137.50		
28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	00	00	40	4/1/1989	\$67.00		
28030	NEURECTOMY INTRINSIC MUSCULATURE OF FOOT	00	00	20	4/1/1989	\$137.50		
28030	NEURECTOMY INTRINSIC MUSCULATURE OF FOOT	00	00	40	4/1/1989	\$67.00		
28050	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint	00	00	20	4/1/1989	\$166.50		
28050	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint	00	00	40	4/1/1989	\$82.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28052	Arthrotomy with biopsy; metatarsophalangeal joint	00	00	20	4/1/1989	\$141.00		
28052	Arthrotomy with biopsy; metatarsophalangeal joint	00	00	40	4/1/1989	\$71.00		
28054	Arthrotomy with biopsy; interphalangeal joint	00	00	20	4/1/1989	\$141.00		
28054	Arthrotomy with biopsy; interphalangeal joint	00	00	40	4/1/1989	\$71.00		
28060	Fasciectomy, plantar fascia; partial (separate procedure)	00	00	20	4/1/1989	\$195.50		
28060	Fasciectomy, plantar fascia; partial (separate procedure)	00	00	40	4/1/1989	\$98.50		
28062	Fasciectomy, plantar fascia; radical (separate procedure)	00	00	20	4/1/1989	\$278.50		
28062	Fasciectomy, plantar fascia; radical (separate procedure)	00	00	40	4/1/1989	\$138.00		
28070	Synovectomy; intertarsal or tarsometatarsal joint, each	00	00	20	4/1/1989	\$237.00		
28070	Synovectomy; intertarsal or tarsometatarsal joint, each	00	00	40	4/1/1989	\$118.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28072	Synovectomy; metatarsophalangeal joint, each	00	00	20	4/1/1989	\$237.00		
28072	Synovectomy; metatarsophalangeal joint, each	00	00	40	4/1/1989	\$118.00		
28080	Excision, interdigital (Morton) neuroma, single, each	00	00	20	4/1/1989	\$175.50		
28080	Excision, interdigital (Morton) neuroma, single, each	00	00	40	4/1/1989	\$104.50		
28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot	00	00	20	4/1/1989	\$154.50		
28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot	00	00	40	4/1/1989	\$111.50		
28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each	00	00	20	4/1/1989	\$96.50		
28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each	00	00	40	4/1/1989	\$55.00		
28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;	00	00	20	4/1/1989	\$198.00		
28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;	00	00	40	4/1/1989	\$103.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)	00	00	20	4/1/1989	\$195.00		
28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)	00	00	27	7/1/1999	\$776.00		
28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)	00	00	40	4/1/1989	\$98.50		
28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;	00	00	10	1/1/1998	\$41.30		
28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;	00	00	20	4/1/1989	\$206.50		
28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;	00	00	40	4/1/1989	\$130.00		
28106	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)	00	00	10	1/1/1998	\$41.50		
28106	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)	00	00	20	4/1/1989	\$208.00		
28106	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)	00	00	40	4/1/1989	\$102.50		
28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot	00	00	20	4/1/1989	\$133.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot	00	00	40	4/1/1989	\$55.00		
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	00	00	20	4/1/1989	\$323.50		
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	00	00	40	4/1/1989	\$132.50		
28111	Ostectomy, complete excision; first metatarsal head	00	00	20	1/1/1998	\$229.00		
28111	Ostectomy, complete excision; first metatarsal head	00	00	40	1/1/1998	\$110.50		
28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)	00	00	20	1/1/1998	\$229.00		
28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)	00	00	40	1/1/1998	\$110.50		
28113	Ostectomy, complete excision; fifth metatarsal head	00	00	20	4/1/1989	\$229.00		
28113	Ostectomy, complete excision; fifth metatarsal head	00	00	40	4/1/1989	\$110.50		
28114	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)	00	00	20	4/1/1989	\$445.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28114	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)	00	00	40	4/1/1989	\$220.50		
28116	Ostectomy, excision of tarsal coalition	00	00	20	4/1/1989	\$278.50		
28116	Ostectomy, excision of tarsal coalition	00	00	40	4/1/1989	\$138.00		
28118	Ostectomy, calcaneus;	00	00	20	4/1/1989	\$289.00		
28118	Ostectomy, calcaneus;	00	00	27	7/1/1999	\$832.00		
28118	Ostectomy, calcaneus;	00	00	40	4/1/1989	\$197.00		
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus	00	00	20	4/1/1989	\$221.50		
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus	00	00	40	4/1/1989	\$110.50		
28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus	00	00	20	4/1/1989	\$262.50		
28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus	00	00	40	4/1/1989	\$110.50		

9/24/2009

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe	00	00	20	1/1/1998	\$195.00		
28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe	00	00	40	1/1/1998	\$98.50		
28126	Resection, partial or complete, phalangeal base, each toe	00	00	20	1/1/1998	\$190.00		
28126	Resection, partial or complete, phalangeal base, each toe	00	00	40	1/1/1998	\$67.00		
28130	Talectomy (astragalectomy)	00	00	20	4/1/1989	\$333.00		
28130	Talectomy (astragalectomy)	00	00	40	4/1/1989	\$165.50		
28140	Metatarsectomy	00	00	20	4/1/1989	\$278.50		
28140	Metatarsectomy	00	00	40	4/1/1989	\$138.00		
28150	Phalangectomy, toe, each toe	00	00	20	4/1/1989	\$166.50		
28150	Phalangectomy, toe, each toe	00	00	40	4/1/1989	\$82.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28160	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each	00	00	20	1/1/1998	\$350.00		
28160	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each	00	00	40	1/1/1998	\$47.50		
28171	Radical resection of tumor, bone; tarsal (except talus or calcaneus)	00	00	10	1/1/1998	\$89.00		
28171	Radical resection of tumor, bone; tarsal (except talus or calcaneus)	00	00	20	1/1/1998	\$445.00		
28171	Radical resection of tumor, bone; tarsal (except talus or calcaneus)	00	00	40	1/1/1998	\$220.50		
28190	Removal of foreign body, foot; subcutaneous	00	00	20	1/1/1998	\$30.50		
28190	Removal of foreign body, foot; subcutaneous	00	00	27	7/1/1999	\$777.00		
28190	Removal of foreign body, foot; subcutaneous	00	00	40	1/1/1998	\$110.50		
28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon	00	00	20	4/1/1989	\$237.00		
28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon	00	00	40	4/1/1989	\$118.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28202	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)	00	00	10	1/1/1998	\$60.20		
28202	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)	00	00	20	4/1/1989	\$301.00		
28202	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)	00	00	40	4/1/1989	\$149.50		
28208	Repair, tendon, extensor, foot; primary or secondary, each tendon	00	00	20	4/1/1989	\$238.00		
28208	Repair, tendon, extensor, foot; primary or secondary, each tendon	00	00	40	4/1/1989	\$118.00		
28210	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)	00	00	10	1/1/1998	\$60.20		
28210	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)	00	00	20	4/1/1989	\$301.00		
28210	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)	00	00	40	4/1/1989	\$149.50		
28220	Tenolysis, flexor, foot; single tendon	00	00	20	4/1/1989	\$93.00		
28220	Tenolysis, flexor, foot; single tendon	00	00	40	4/1/1989	\$47.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28222	Tenolysis, flexor, foot; multiple tendons	00	00	20	4/1/1989	\$70.50		
28222	Tenolysis, flexor, foot; multiple tendons	00	00	40	4/1/1989	\$35.50		
28225	Tenolysis, extensor, foot; single tendon	00	00	20	4/1/1989	\$105.50		
28225	Tenolysis, extensor, foot; single tendon	00	00	40	4/1/1989	\$51.00		
28226	Tenolysis, extensor, foot; multiple tendons	00	00	20	1/1/1998	\$105.50		
28226	Tenolysis, extensor, foot; multiple tendons	00	00	40	1/1/1998	\$51.00		
28230	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)	00	00	20	4/1/1989	\$112.00		
28230	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)	00	00	40	4/1/1989	\$55.00		
28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)	00	00	20	4/1/1989	\$83.00		
28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)	00	00	40	4/1/1989	\$43.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28234	Tenotomy, open, extensor, foot or toe, each tendon	00	00	20	4/1/1989	\$112.50		
28234	Tenotomy, open, extensor, foot or toe, each tendon	00	00	40	4/1/1989	\$43.50		
28238	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)	00	00	20	1/1/1998	\$438.00		
28238	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)	00	00	40	1/1/1998	\$149.00		
28240	Tenotomy, lengthening, or release, abductor hallucis muscle	00	00	20	4/1/1989	\$112.00		
28240	Tenotomy, lengthening, or release, abductor hallucis muscle	00	00	40	4/1/1989	\$55.00		
28250	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)	00	00	20	4/1/1989	\$221.00		
28250	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)	00	00	40	4/1/1989	\$110.50		
28260	Capsulotomy, midfoot; medial release only (separate procedure)	00	00	20	4/1/1989	\$221.00		
28260	Capsulotomy, midfoot; medial release only (separate procedure)	00	00	40	4/1/1989	\$110.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28262	Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)	00	00	20	4/1/1989	\$569.50		
28262	Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)	00	00	40	4/1/1989	\$220.50		
28264	Capsulotomy, midtarsal (eg, Heyman type procedure)	00	00	20	4/1/1989	\$387.00		
28264	Capsulotomy, midtarsal (eg, Heyman type procedure)	00	00	40	4/1/1989	\$193.00		
28270	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)	00	00	20	4/1/1989	\$129.00		
28270	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)	00	00	40	4/1/1989	\$82.50		
28272	Capsulotomy; interphalangeal joint, each joint (separate procedure)	00	00	20	4/1/1989	\$106.00		
28272	Capsulotomy; interphalangeal joint, each joint (separate procedure)	00	00	40	4/1/1989	\$82.50		
28280	Syndactylization, toes (eg, webbing or Kelikian type procedure)	00	00	20	1/1/1998	\$262.50		
28280	Syndactylization, toes (eg, webbing or Kelikian type procedure)	00	00	40	1/1/1998	\$130.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	00	00	20	4/1/1989	\$231.50		
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	00	00	40	4/1/1989	\$98.50		
28290	Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)	00	00	20	1/1/1998	\$288.50		
28290	Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)	00	00	40	4/1/1989	\$141.50		
28292	Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure	00	00	20	4/1/1989	\$299.50		
28292	Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure	00	00	40	4/1/1989	\$160.00		
28293	Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant	00	00	20	4/1/1989	\$418.50		
28293	Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant	00	00	40	4/1/1989	\$161.50		
28294	Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)	00	00	20	4/1/1989	\$333.00		
28294	Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)	00	00	40	4/1/1989	\$165.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28296	Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)	00	00	20	4/1/1989	\$415.00		
28296	Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)	00	00	40	4/1/1989	\$158.00		
28300	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation	00	00	20	4/1/1989	\$324.00		
28300	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation	00	00	40	4/1/1989	\$171.50		
28302	Osteotomy; talus	00	00	20	1/1/1998	\$93.00		
28302	Osteotomy; talus	00	00	40	1/1/1998	\$47.50		
28304	Osteotomy, tarsal bones, other than calcaneus or talus;	00	00	20	1/1/1998	\$93.00		
28304	Osteotomy, tarsal bones, other than calcaneus or talus;	00	00	40	1/1/1998	\$47.50		
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	00	00	20	4/1/1989	\$307.50		
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	00	00	40	4/1/1989	\$150.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	00	00	20	4/1/1989	\$261.00		
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	00	00	40	4/1/1989	\$126.00		
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	00	00	20	1/1/1998	\$249.50		
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	00	00	40	4/1/1989	\$122.00		
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe	00	00	20	1/1/1998	\$249.50		
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe	00	00	40	4/1/1989	\$122.00		
28315	Sesamoidectomy, first toe (separate procedure)	00	00	20	1/1/1998	\$200.50		
28315	Sesamoidectomy, first toe (separate procedure)	00	00	40	1/1/1998	\$125.00		
28320	Repair, nonunion or malunion; tarsal bones	00	00	20	4/1/1989	\$278.50		
28320	Repair, nonunion or malunion; tarsal bones	00	00	40	4/1/1989	\$138.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28322	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)	00	00	10	1/1/1998	\$55.50		
28322	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)	00	00	20	4/1/1989	\$278.50		
28322	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)	00	00	40	4/1/1989	\$138.00		
28341	Reconstruction, toe, macrodactyly; requiring bone resection	00	00	20	1/1/1998	\$445.00		
28341	Reconstruction, toe, macrodactyly; requiring bone resection	00	00	27	7/1/1999	\$776.00		
28341	Reconstruction, toe, macrodactyly; requiring bone resection	00	00	40	1/1/1998	\$220.50		
28345	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web	00	00	20	1/1/1998	\$445.00		
28345	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web	00	00	27	7/1/1999	\$776.00		
28345	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web	00	00	40	1/1/1998	\$200.50		
28360	Reconstruction, cleft foot	00	00	20	1/1/1998	\$445.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
28360	Reconstruction, cleft foot	00	00	40	1/1/1998	\$320.50	
28400	Closed treatment of calcaneal fracture; without manipulation	00	00	20	4/1/1989	\$140.00	
28400	Closed treatment of calcaneal fracture; without manipulation	00	00	40	1/1/1998	\$72.00	
28405	Closed treatment of calcaneal fracture; with manipulation	00	00	20	4/1/1989	\$216.50	
28405	Closed treatment of calcaneal fracture; with manipulation	00	00	40	4/1/1989	\$98.50	
28415	Open treatment of calcaneal fracture, includes internal fixation, when performed;	00	00	10	1/1/1998	\$60.50	
28415	Open treatment of calcaneal fracture, includes internal fixation, when performed;	00	00	20	4/1/1989	\$301.50	
28415	Open treatment of calcaneal fracture, includes internal fixation, when performed;	00	00	40	4/1/1989	\$232.50	
28420	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)	00	00	10	1/1/1998	\$130.50	
28420	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)	00	00	20	4/1/1989	\$653.00	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
28420	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)	00	00	40	4/1/1989	\$323.00	
28430	Closed treatment of talus fracture; without manipulation	00	00	20	4/1/1989	\$111.00	
28430	Closed treatment of talus fracture; without manipulation	00	00	40	1/1/1998	\$56.00	
28435	Closed treatment of talus fracture; with manipulation	00	00	20	4/1/1989	\$145.00	
28435	Closed treatment of talus fracture; with manipulation	00	00	40	4/1/1989	\$67.00	
28436	Percutaneous skeletal fixation of talus fracture, with manipulation	00	00	20	1/1/1998	\$347.00	
28436	Percutaneous skeletal fixation of talus fracture, with manipulation	00	00	40	1/1/1998	\$149.00	
28445	Open treatment of talus fracture, includes internal fixation, when performed	00	00	10	1/1/1998	\$54.00	
28445	Open treatment of talus fracture, includes internal fixation, when performed	00	00	20	4/1/1989	\$269.00	
28445	Open treatment of talus fracture, includes internal fixation, when performed	00	00	40	4/1/1989	\$134.00	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28450	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each	00	00	20	4/1/1989	\$114.00		
28450	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each	00	00	40	1/1/1998	\$57.00		
28455	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each	00	00	20	4/1/1989	\$127.00		
28455	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each	00	00	40	4/1/1989	\$82.50		
28456	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each	00	00	20	1/1/1998	\$347.00		
28456	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each	00	00	40	1/1/1998	\$149.00		
28465	Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each	00	00	10	1/1/1998	\$55.70		
28465	Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each	00	00	20	4/1/1989	\$278.50		
28465	Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each	00	00	40	4/1/1989	\$138.00		
28470	Closed treatment of metatarsal fracture; without manipulation, each	00	00	00	4/1/1989	\$90.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28475	Closed treatment of metatarsal fracture; with manipulation, each	00	00	20	1/1/1998	\$118.00		
28475	Closed treatment of metatarsal fracture; with manipulation, each	00	00	40	1/1/1998	\$59.00		
28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each	00	00	20	1/1/1998	\$277.00		
28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each	00	00	40	1/1/1998	\$149.00		
28485	Open treatment of metatarsal fracture, includes internal fixation, when performed, each	00	00	10	1/1/1998	\$30.70		
28485	Open treatment of metatarsal fracture, includes internal fixation, when performed, each	00	00	20	1/1/1998	\$153.50		
28485	Open treatment of metatarsal fracture, includes internal fixation, when performed, each	00	00	40	1/1/1998	\$75.00		
28490	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation	00	00	20	4/1/1989	\$55.00		
28490	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation	00	00	40	1/1/1998	\$19.50		
28495	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation	00	00	20	4/1/1989	\$75.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28495	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation	00	00	40	4/1/1989	\$55.00		
28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation	00	00	20	1/1/1998	\$208.00		
28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation	00	00	40	1/1/1998	\$149.00		
28505	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed	00	00	20	4/1/1989	\$166.50		
28505	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed	00	00	27	7/1/1999	\$1,287.00		
28505	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed	00	00	40	4/1/1989	\$82.50		
28510	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each	00	00	20	4/1/1989	\$49.00		
28510	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each	00	00	27	7/1/1999	\$776.00		
28510	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each	00	00	40	1/1/1998	\$19.50		
28515	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each	00	00	20	4/1/1989	\$66.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28515	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each	00	00	27	7/1/1999	\$776.00		
28515	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each	00	00	40	4/1/1989	\$27.50		
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each	00	00	20	4/1/1989	\$137.50		
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each	00	00	27	7/1/1999	\$776.00		
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each	00	00	40	4/1/1989	\$67.00		
28530	Closed treatment of sesamoid fracture	00	00	20	1/1/1998	\$118.50		
28530	Closed treatment of sesamoid fracture	00	00	40	1/1/1998	\$59.00		
28531	Open treatment of sesamoid fracture, with or without internal fixation	00	00	20	1/1/1998	\$146.41		
28531	Open treatment of sesamoid fracture, with or without internal fixation	00	00	40	1/1/1998	\$59.00		
28540	Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia	00	00	20	4/1/1989	\$118.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28545	Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia	00	00	20	4/1/1989	\$118.50		
28545	Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia	00	00	40	4/1/1989	\$59.00		
28546	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation	00	00	20	1/1/1998	\$118.50		
28546	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation	00	00	40	1/1/1998	\$59.00		
28555	Open treatment of tarsal bone dislocation, includes internal fixation, when performed	00	00	10	1/1/1998	\$44.80		
28555	Open treatment of tarsal bone dislocation, includes internal fixation, when performed	00	00	20	4/1/1989	\$224.00		
28555	Open treatment of tarsal bone dislocation, includes internal fixation, when performed	00	00	40	4/1/1989	\$110.50		
28570	Closed treatment of talotarsal joint dislocation; without anesthesia	00	00	20	4/1/1989	\$112.00		
28575	Closed treatment of talotarsal joint dislocation; requiring anesthesia	00	00	20	4/1/1989	\$112.00		
28575	Closed treatment of talotarsal joint dislocation; requiring anesthesia	00	00	40	4/1/1989	\$55.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28576	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation	00	00	10	1/1/1998	\$41.60		
28576	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation	00	00	20	1/1/1998	\$208.00		
28576	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation	00	00	40	1/1/1998	\$102.50		
28585	Open treatment of talotarsal joint dislocation, includes internal fixation, when performed	00	00	10	1/1/1998	\$75.00		
28585	Open treatment of talotarsal joint dislocation, includes internal fixation, when performed	00	00	20	4/1/1989	\$374.50		
28585	Open treatment of talotarsal joint dislocation, includes internal fixation, when performed	00	00	40	4/1/1989	\$185.00		
28600	Closed treatment of tarsometatarsal joint dislocation; without anesthesia	00	00	20	4/1/1989	\$54.50		
28605	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia	00	00	20	4/1/1989	\$73.50		
28605	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia	00	00	40	4/1/1989	\$35.50		
28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation	00	00	20	1/1/1998	\$281.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation	00	00	40	1/1/1998	\$116.00		
28615	Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed	00	00	10	1/1/1998	\$44.80		
28615	Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed	00	00	20	4/1/1989	\$224.00		
28615	Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed	00	00	40	4/1/1989	\$110.50		
28630	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia	00	00	20	4/1/1989	\$54.50		
28635	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia	00	00	20	4/1/1989	\$83.00		
28635	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia	00	00	40	4/1/1989	\$43.50		
28636	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation	00	00	20	1/1/1998	\$139.00		
28636	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation	00	00	40	1/1/1998	\$69.00		
28645	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed	00	00	20	4/1/1989	\$166.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28645	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed	00	00	40	4/1/1989	\$82.50		
28660	Closed treatment of interphalangeal joint dislocation; without anesthesia	00	00	20	4/1/1989	\$48.50		
28665	Closed treatment of interphalangeal joint dislocation; requiring anesthesia	00	00	20	4/1/1989	\$83.00		
28665	Closed treatment of interphalangeal joint dislocation; requiring anesthesia	00	00	40	4/1/1989	\$43.50		
28666	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation	00	00	20	1/1/1998	\$139.00		
28666	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation	00	00	40	1/1/1998	\$69.00		
28675	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed	00	00	20	4/1/1989	\$137.50		
28675	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed	00	00	40	4/1/1989	\$67.00		
28705	Arthrodesis; pantalar	00	00	10	1/1/1998	\$89.00		
28705	Arthrodesis; pantalar	00	00	20	4/1/1989	\$445.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28705	Arthrodesis; pantalar	00	00	40	4/1/1989	\$220.50		
28715	Arthrodesis; triple	00	00	10	1/1/1998	\$122.00		
28715	Arthrodesis; triple	00	00	20	4/1/1989	\$609.00		
28715	Arthrodesis; triple	00	00	40	4/1/1989	\$220.50		
28725	Arthrodesis; subtalar	00	00	10	1/1/1998	\$189.00		
28725	Arthrodesis; subtalar	00	00	20	1/1/1998	\$945.50		
28725	Arthrodesis; subtalar	00	00	40	1/1/1998	\$165.50		
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;	00	00	10	1/1/1998	\$66.50		
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;	00	00	20	4/1/1989	\$333.00		
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;	00	00	40	4/1/1989	\$165.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)	00	00	10	1/1/1998	\$77.50		
28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)	00	00	20	4/1/1989	\$387.00		
28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)	00	00	40	4/1/1989	\$193.00		
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	00	00	20	4/1/1989	\$221.00		
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	00	00	40	4/1/1989	\$110.50		
28750	Arthrodesis, great toe; metatarsophalangeal joint	00	00	20	4/1/1989	\$278.50		
28750	Arthrodesis, great toe; metatarsophalangeal joint	00	00	40	4/1/1989	\$138.00		
28755	Arthrodesis, great toe; interphalangeal joint	00	00	20	4/1/1989	\$213.50		
28755	Arthrodesis, great toe; interphalangeal joint	00	00	40	4/1/1989	\$82.50		
28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)	00	00	20	4/1/1989	\$408.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)	00	00	40	4/1/1989	\$138.00		
28800	Amputation, foot; midtarsal (eg, Chopart type procedure)	00	00	20	4/1/1989	\$387.00		
28800	Amputation, foot; midtarsal (eg, Chopart type procedure)	00	00	40	4/1/1989	\$193.00		
28805	Amputation, foot; transmetatarsal	00	00	20	4/1/1989	\$425.00		
28805	Amputation, foot; transmetatarsal	00	00	40	4/1/1989	\$172.50		
28810	Amputation, metatarsal, with toe, single	00	00	20	4/1/1989	\$229.50		
28810	Amputation, metatarsal, with toe, single	00	00	40	4/1/1989	\$124.00		
28820	Amputation, toe; metatarsophalangeal joint	00	00	20	4/1/1989	\$227.50		
28820	Amputation, toe; metatarsophalangeal joint	00	00	40	4/1/1989	\$118.00		
28825	Amputation, toe; interphalangeal joint	00	00	20	4/1/1989	\$136.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
28825	Amputation, toe; interphalangeal joint	00	00	40	4/1/1989	\$137.50		
28899	Unlisted procedure, foot or toes	00	00	20	3/1/1999	\$200.50		
28899	Unlisted procedure, foot or toes	00	00	40	3/1/1999	\$125.00		
29000	Application of halo type body cast (see 20661-20663 for insertion)	00	00	20	4/1/1989	\$189.00		
29000	Application of halo type body cast (see 20661-20663 for insertion)	00	00	40	4/1/1989	\$94.50		
29010	Application of Risser jacket, localizer, body; only	00	00	20	4/1/1989	\$157.00		
29010	Application of Risser jacket, localizer, body; only	00	00	40	4/1/1989	\$79.00		
29015	Application of Risser jacket, localizer, body; including head	00	00	20	4/1/1989	\$157.00		
29015	Application of Risser jacket, localizer, body; including head	00	00	40	4/1/1989	\$79.00		
29020	Application of turnbuckle jacket, body; only	00	00	20	4/1/1989	\$157.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
29020	Application of turnbuckle jacket, body; only	00	00	40	4/1/1989	\$79.00		
29025	Application of turnbuckle jacket, body; including head	00	00	20	4/1/1989	\$157.00		
29025	Application of turnbuckle jacket, body; including head	00	00	40	4/1/1989	\$79.00		
29035	Application of body cast, shoulder to hips;	00	00	20	4/1/1989	\$129.00		
29035	Application of body cast, shoulder to hips;	00	00	40	4/1/1989	\$75.00		
29040	Application of body cast, shoulder to hips; including head, Minerva type	00	00	20	4/1/1989	\$118.50		
29040	Application of body cast, shoulder to hips; including head, Minerva type	00	00	40	4/1/1989	\$59.00		
29044	Application of body cast, shoulder to hips; including 1 thigh	00	00	20	4/1/1989	\$118.50		
29044	Application of body cast, shoulder to hips; including 1 thigh	00	00	40	4/1/1989	\$59.00		
29046	Application of body cast, shoulder to hips; including both thighs	00	00	20	4/1/1989	\$118.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
29046	Application of body cast, shoulder to hips; including both thighs	00	00	40	4/1/1989	\$59.00		
29055	Application, cast; shoulder spica	00	00	20	4/1/1989	\$118.50		
29055	Application, cast; shoulder spica	00	00	40	4/1/1989	\$59.00		
29065	Application, cast; shoulder to hand (long arm)	00	00	20	4/1/1989	\$42.50		
29065	Application, cast; shoulder to hand (long arm)	00	00	40	4/1/1989	\$27.50		
29075	Application, cast; elbow to finger (short arm)	00	00	20	4/1/1989	\$45.50		
29075	Application, cast; elbow to finger (short arm)	00	00	40	4/1/1989	\$23.50		
29085	Application, cast; hand and lower forearm (gauntlet)	00	00	20	4/1/1989	\$27.50		
29085	Application, cast; hand and lower forearm (gauntlet)	00	00	40	4/1/1989	\$23.50		
29305	Application of hip spica cast; one leg	00	00	20	4/1/1989	\$134.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
29305	Application of hip spica cast; one leg	00	00	40	4/1/1989	\$67.00		
29325	Application of hip spica cast; 1 and 1/2 spica or both legs	00	00	20	1/1/1998	\$270.50		
29325	Application of hip spica cast; 1 and 1/2 spica or both legs	00	00	40	1/1/1998	\$59.00		
29345	Application of long leg cast (thigh to toes);	00	00	20	4/1/1989	\$61.50		
29355	Application of long leg cast (thigh to toes); walker or ambulatory type	00	00	20	4/1/1989	\$57.50		
29365	Application of cylinder cast (thigh to ankle)	00	00	20	1/1/1998	\$60.00		
29405	Application of short leg cast (below knee to toes);	00	00	20	4/1/1989	\$50.50		
29425	Application of short leg cast (below knee to toes); walking or ambulatory type	00	00	20	4/1/1989	\$52.50		
29450	Application of clubfoot cast with molding or manipulation, long or short leg	00	00	20	1/1/1998	\$41.00		
29450	Application of clubfoot cast with molding or manipulation, long or short leg	00	00	40	1/1/1998	\$19.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
29700	Removal or bivalving; gauntlet, boot or body cast	00	00	00	4/1/1989	\$4.00		
29705	Removal or bivalving; full arm or full leg cast	00	00	00	1/1/1998	\$49.83		
29710	Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc.	00	00	00	4/1/1989	\$6.00		
29715	Removal or bivalving; turnbuckle jacket	00	00	00	4/1/1989	\$5.00		
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)	00	00	25	7/1/1999	\$186.00		
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)	00	00	27	7/1/1999	\$970.00		
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)	00	00	40	7/1/1999	\$128.00		
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body	00	00	10	7/1/1999	\$108.70		
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body	00	00	20	7/1/1999	\$543.50		
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body	00	00	27	7/1/1999	\$932.00		

9/24/2009

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body	00	00	40	7/1/1999	\$122.00		
29835	Arthroscopy, elbow, surgical; synovectomy, partial	00	00	10	7/1/1999	\$108.70		
29835	Arthroscopy, elbow, surgical; synovectomy, partial	00	00	20	7/1/1999	\$543.50		
29835	Arthroscopy, elbow, surgical; synovectomy, partial	00	00	27	7/1/1999	\$932.00		
29835	Arthroscopy, elbow, surgical; synovectomy, partial	00	00	40	7/1/1999	\$122.00		
29836	Arthroscopy, elbow, surgical; synovectomy, complete	00	00	10	7/1/1999	\$108.70		
29836	Arthroscopy, elbow, surgical; synovectomy, complete	00	00	20	7/1/1999	\$543.50		
29836	Arthroscopy, elbow, surgical; synovectomy, complete	00	00	27	7/1/1999	\$932.00		
29836	Arthroscopy, elbow, surgical; synovectomy, complete	00	00	40	7/1/1999	\$122.00		
29837	Arthroscopy, elbow, surgical; debridement, limited	00	00	10	7/1/1999	\$108.70		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
29837	Arthroscopy, elbow, surgical; debridement, limited	00	00	20	7/1/1999	\$543.50		
29837	Arthroscopy, elbow, surgical; debridement, limited	00	00	27	7/1/1999	\$932.00		
29837	Arthroscopy, elbow, surgical; debridement, limited	00	00	40	7/1/1999	\$122.00		
29838	Arthroscopy, elbow, surgical; debridement, extensive	00	00	10	7/1/1999	\$108.70		
29838	Arthroscopy, elbow, surgical; debridement, extensive	00	00	20	7/1/1999	\$543.50		
29838	Arthroscopy, elbow, surgical; debridement, extensive	00	00	27	7/1/1999	\$932.00		
29838	Arthroscopy, elbow, surgical; debridement, extensive	00	00	40	7/1/1999	\$122.00		
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	00	00	25	7/1/1999	\$349.00		
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	00	00	27	7/1/1999	\$776.00		
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	00	00	40	7/1/1999	\$122.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage	00	00	10	7/1/1999	\$93.80		
29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage	00	00	20	7/1/1999	\$469.00		
29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage	00	00	27	7/1/1999	\$776.00		
29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage	00	00	40	7/1/1999	\$122.00		
29844	Arthroscopy, wrist, surgical; synovectomy, partial	00	00	10	7/1/1999	\$93.80		
29844	Arthroscopy, wrist, surgical; synovectomy, partial	00	00	20	7/1/1999	\$469.00		
29844	Arthroscopy, wrist, surgical; synovectomy, partial	00	00	27	7/1/1999	\$776.00		
29844	Arthroscopy, wrist, surgical; synovectomy, partial	00	00	40	7/1/1999	\$122.00		
29845	Arthroscopy, wrist, surgical; synovectomy, complete	00	00	10	7/1/1999	\$93.80		
29845	Arthroscopy, wrist, surgical; synovectomy, complete	00	00	20	7/1/1999	\$469.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
29845	Arthroscopy, wrist, surgical; synovectomy, complete	00	00	40	7/1/1999	\$122.00		
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement	00	00	10	7/1/1999	\$93.80		
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement	00	00	20	7/1/1999	\$469.00		
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement	00	00	27	7/1/1999	\$776.00		
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement	00	00	40	7/1/1999	\$122.00		
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability	00	00	20	7/1/1999	\$469.00		
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability	00	00	27	7/1/1999	\$776.00		
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability	00	00	40	7/1/1999	\$122.00		
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament	00	00	10	7/1/1999	\$58.54		
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament	00	00	20	7/1/1999	\$292.67		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament	00	00	27	7/1/1999	\$776.00		
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament	00	00	40	7/1/1999	\$100.00		
61055	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment (eg, C1-C2)	00	00	25	1/1/1998	\$105.50		
61055	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment (eg, C1-C2)	00	00	40	1/1/1998	\$51.00		
61210	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)	00	00	20	1/1/1998	\$1,000.00		
61210	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)	00	00	27	7/1/1999	\$776.00		
61210	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)	00	00	40	1/1/1998	\$364.50		
61550	Craniectomy for craniosynostosis; single cranial suture	00	00	10	1/1/1998	\$180.00		
61550	Craniectomy for craniosynostosis; single cranial suture	00	00	20	1/1/1998	\$899.00		
61550	Craniectomy for craniosynostosis; single cranial suture	00	00	40	1/1/1998	\$445.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
61552	Craniectomy for craniostyostosis; multiple cranial sutures	00	00	10	1/1/1998	\$200.00		
61552	Craniectomy for craniostyostosis; multiple cranial sutures	00	00	20	1/1/1998	\$1,000.00		
61552	Craniectomy for craniostyostosis; multiple cranial sutures	00	00	40	1/1/1998	\$555.50		
62000	Elevation of depressed skull fracture; simple, extradural	00	00	10	1/1/1998	\$135.00		
62000	Elevation of depressed skull fracture; simple, extradural	00	00	20	4/1/1989	\$675.00		
62000	Elevation of depressed skull fracture; simple, extradural	00	00	40	4/1/1989	\$335.00		
62005	Elevation of depressed skull fracture; compound or comminuted, extradural	00	00	10	1/1/1998	\$200.00		
62005	Elevation of depressed skull fracture; compound or comminuted, extradural	00	00	20	4/1/1989	\$1,000.00		
62005	Elevation of depressed skull fracture; compound or comminuted, extradural	00	00	40	4/1/1989	\$445.00		
62010	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain	00	00	10	1/1/1998	\$200.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
62010	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain	00	00	20	1/1/1998	\$1,000.00		
62010	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain	00	00	40	1/1/1998	\$516.00		
62100	Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea	00	00	10	1/1/1998	\$200.00		
62100	Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea	00	00	20	4/1/1989	\$1,000.00		
62100	Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea	00	00	40	4/1/1989	\$555.50		
62120	Repair of encephalocele, skull vault, including cranioplasty	00	00	10	1/1/1998	\$150.00		
62120	Repair of encephalocele, skull vault, including cranioplasty	00	00	20	4/1/1989	\$749.00		
62120	Repair of encephalocele, skull vault, including cranioplasty	00	00	40	4/1/1989	\$370.50		
62140	Cranioplasty for skull defect; up to 5 cm diameter	00	00	10	1/1/1998	\$200.00		
62140	Cranioplasty for skull defect; up to 5 cm diameter	00	00	20	4/1/1989	\$1,000.00		

9/24/2009

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
62140	Cranioplasty for skull defect; up to 5 cm diameter	00	00	40	4/1/1989	\$392.00		
62145	Cranioplasty for skull defect with reparative brain surgery	00	00	10	1/1/1998	\$200.00		
62145	Cranioplasty for skull defect with reparative brain surgery	00	00	20	4/1/1989	\$1,000.00		
62145	Cranioplasty for skull defect with reparative brain surgery	00	00	40	1/1/1998	\$555.50		
62180	Ventriculocisternostomy (Torkildsen type operation)	00	00	10	1/1/1998	\$200.00		
62180	Ventriculocisternostomy (Torkildsen type operation)	00	00	20	4/1/1989	\$1,000.00		
62180	Ventriculocisternostomy (Torkildsen type operation)	00	00	40	4/1/1989	\$263.00		
62200	Ventriculocisternostomy, third ventricle;	00	00	10	1/1/1998	\$200.00		
62200	Ventriculocisternostomy, third ventricle;	00	00	20	4/1/1989	\$1,000.00		
62200	Ventriculocisternostomy, third ventricle;	00	00	40	4/1/1989	\$591.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
62220	Creation of shunt; ventriculo-atrial, -jugular, -auricular	00	00	10	1/1/1998	\$119.50		
62220	Creation of shunt; ventriculo-atrial, -jugular, -auricular	00	00	20	4/1/1989	\$598.50		
62220	Creation of shunt; ventriculo-atrial, -jugular, -auricular	00	00	40	4/1/1989	\$295.50		
62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus	00	00	10	1/1/1998	\$166.50		
62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus	00	00	20	1/1/1998	\$832.00		
62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus	00	00	40	1/1/1998	\$306.50		
62225	Replacement or irrigation, ventricular catheter	00	00	20	4/1/1989	\$374.50		
62225	Replacement or irrigation, ventricular catheter	00	00	27	7/1/1999	\$776.00		
62225	Replacement or irrigation, ventricular catheter	00	00	40	4/1/1989	\$185.00		
62230	Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system	00	00	10	1/1/1998	\$135.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
62230	Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system	00	00	20	1/1/1998	\$675.00		
62230	Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system	00	00	40	1/1/1998	\$335.00		
62256	Removal of complete cerebrospinal fluid shunt system; without replacement	00	00	10	1/1/1998	\$75.00		
62256	Removal of complete cerebrospinal fluid shunt system; without replacement	00	00	20	1/1/1998	\$374.50		
62256	Removal of complete cerebrospinal fluid shunt system; without replacement	00	00	40	1/1/1998	\$185.00		
62258	Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation	00	00	10	1/1/1998	\$168.80		
62258	Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation	00	00	20	1/1/1998	\$844.00		
62258	Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation	00	00	40	1/1/1998	\$314.00		
62270	Spinal puncture, lumbar, diagnostic	00	00	25	1/1/1998	\$42.00		
62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)	00	00	20	1/1/1998	\$37.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)	00	00	40	1/1/1998	\$198.00		
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	00	00	25	1/1/1998	\$60.00		
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	00	00	25	1/1/1998	\$129.32		
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	00	00	25	1/1/1998	\$118.50		
62284	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)	00	00	25	1/1/1998	\$99.00		
62290	Injection procedure for discography, each level; lumbar	00	00	25	1/1/1998	\$172.00		
62291	Injection procedure for discography, each level; cervical or thoracic	00	00	25	1/1/1998	\$80.00		
62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar	00	00	25	1/1/1998	\$400.00		
62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar	00	00	27	7/1/1999	\$381.00		
62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar	00	00	40	1/1/1998	\$60.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
62298	INJ SUBST OTHER THAN ANES,CONTRST,NEUROLSOL,EPIDURAL,CER\ PROC	00	00	25	1/1/1998	\$73.50		
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	00	00	10	1/1/1998	\$199.00		
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	00	00	20	1/1/1998	\$994.00		
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	00	00	40	1/1/1998	\$451.00		
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	00	00	10	1/1/1998	\$182.00		
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	00	00	20	4/1/1989	\$909.50		
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	00	00	40	4/1/1989	\$317.50		
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	00	00	10	1/1/1998	\$149.80		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	00	00	20	1/1/1998	\$749.00		
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	00	00	40	1/1/1998	\$370.50		
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	00	00	10	1/1/1998	\$200.00		
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	00	00	20	4/1/1989	\$1,000.00		
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	00	00	40	4/1/1989	\$390.00		
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	00	00	10	1/1/1998	\$200.00		
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	00	00	20	1/1/1998	\$1,000.00		
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	00	00	40	1/1/1998	\$457.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	00	00	10	1/1/1998	\$200.00		
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	00	00	20	1/1/1998	\$1,000.00		
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	00	00	40	1/1/1998	\$457.50		
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	00	00	10	1/1/1998	\$200.00		
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	00	00	20	1/1/1998	\$1,000.00		
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	00	00	40	1/1/1998	\$370.50		
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lu	00	00	10	1/1/1998	\$191.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lu	00	00	20	1/1/1998	\$956.50		
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lu	00	00	40	1/1/1998	\$213.00		
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	00	00	10	1/1/1998	\$198.50		
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	00	00	20	1/1/1998	\$993.50		
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	00	00	40	1/1/1998	\$314.00		
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	00	00	10	1/1/1998	\$198.50		
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	00	00	20	1/1/1998	\$993.50		
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	00	00	40	1/1/1998	\$314.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
63180	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments	00	00	10	1/1/1998	\$195.00		
63180	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments	00	00	20	1/1/1998	\$976.00		
63180	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments	00	00	40	1/1/1998	\$480.50		
63185	Laminectomy with rhizotomy; 1 or 2 segments	00	00	10	1/1/1998	\$135.00		
63185	Laminectomy with rhizotomy; 1 or 2 segments	00	00	20	1/1/1998	\$675.00		
63185	Laminectomy with rhizotomy; 1 or 2 segments	00	00	40	1/1/1998	\$335.00		
63190	Laminectomy with rhizotomy; more than 2 segments	00	00	10	1/1/1998	\$150.00		
63190	Laminectomy with rhizotomy; more than 2 segments	00	00	20	1/1/1998	\$749.00		
63190	Laminectomy with rhizotomy; more than 2 segments	00	00	40	1/1/1998	\$370.50		
63196	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical	00	00	10	1/1/1998	\$171.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
63196	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical	00	00	20	1/1/1998	\$854.50		
63196	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical	00	00	40	1/1/1998	\$421.50		
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic	00	00	10	1/1/1998	\$171.00		
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic	00	00	20	1/1/1998	\$854.50		
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic	00	00	40	1/1/1998	\$421.50		
63198	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical	00	00	10	1/1/1998	\$200.00		
63198	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical	00	00	20	1/1/1998	\$1,000.00		
63198	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical	00	00	40	1/1/1998	\$524.00		
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	00	00	10	1/1/1998	\$199.00		
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	00	00	20	1/1/1998	\$944.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	00	00	40	1/1/1998	\$451.00		
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	00	00	10	1/1/1998	\$199.00		
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	00	00	20	1/1/1998	\$994.00		
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	00	00	40	1/1/1998	\$451.00		
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	00	00	10	1/1/1998	\$199.00		
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	00	00	20	1/1/1998	\$994.00		
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	00	00	40	1/1/1998	\$451.00		
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	00	00	10	1/1/1998	\$199.00		
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	00	00	20	1/1/1998	\$994.00		
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	00	00	40	1/1/1998	\$451.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	00	00	10	1/1/1998	\$199.00		
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	00	00	20	1/1/1998	\$944.00		
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	00	00	40	1/1/1998	\$451.00		
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	00	00	10	1/1/1998	\$199.00		
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	00	00	20	1/1/1998	\$944.00		
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	00	00	40	1/1/1998	\$451.00		
63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)	00	00	20	1/1/1998	\$749.00		
63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)	00	00	27	7/1/1999	\$776.00		
63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)	00	00	40	1/1/1998	\$370.50		
63700	Repair of meningocele; less than 5 cm diameter	00	00	10	1/1/1998	\$150.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
63700	Repair of meningocele; less than 5 cm diameter	00	00	20	4/1/1989	\$749.00		
63700	Repair of meningocele; less than 5 cm diameter	00	00	40	4/1/1989	\$370.50		
63706	Repair of myelomeningocele; larger than 5 cm diameter	00	00	10	1/1/1998	\$180.00		
63706	Repair of myelomeningocele; larger than 5 cm diameter	00	00	20	1/1/1998	\$899.00		
63706	Repair of myelomeningocele; larger than 5 cm diameter	00	00	40	1/1/1998	\$445.00		
63740	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy	00	00	10	1/1/1998	\$195.00		
63740	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy	00	00	20	4/1/1989	\$976.00		
63740	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy	00	00	40	4/1/1989	\$480.50		
64766	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy	00	00	10	1/1/1998	\$74.90		
64766	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy	00	00	20	1/1/1998	\$374.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
64766	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy	00	00	40	1/1/1998	\$185.00		
70010	Myelography, posterior fossa, radiological supervision and interpretation	00	00	54	1/1/1998	\$65.00		
70010	Myelography, posterior fossa, radiological supervision and interpretation	00	00	57	1/1/1998	\$26.00		
70010	Myelography, posterior fossa, radiological supervision and interpretation	00	00	RD	4/1/1989	\$39.00		
70100	Radiologic examination, mandible; partial, less than 4 views	00	00	54	1/1/1998	\$27.50		
70100	Radiologic examination, mandible; partial, less than 4 views	00	00	57	1/1/1998	\$11.00		
70100	Radiologic examination, mandible; partial, less than 4 views	00	00	RD	4/1/1989	\$16.50		
70110	Radiologic examination, mandible; complete, minimum of 4 views	00	00	54	1/1/1998	\$27.50		
70110	Radiologic examination, mandible; complete, minimum of 4 views	00	00	57	1/1/1998	\$11.00		
70110	Radiologic examination, mandible; complete, minimum of 4 views	00	00	RD	4/1/1989	\$16.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
70250	Radiologic examination, skull; less than 4 views	00	00	54	1/1/1998	\$35.00	
70250	Radiologic examination, skull; less than 4 views	00	00	57	4/1/1989	\$14.00	
70250	Radiologic examination, skull; less than 4 views	00	00	RD	1/1/1998	\$21.00	
70260	Radiologic examination, skull; complete, minimum of 4 views	00	00	54	4/1/1989	\$46.50	
70260	Radiologic examination, skull; complete, minimum of 4 views	00	00	57	4/1/1989	\$19.00	
70260	Radiologic examination, skull; complete, minimum of 4 views	00	00	RD	4/1/1989	\$27.50	
71010	Radiologic examination, chest; single view, frontal	00	00	54	4/1/1989	\$19.00	
71010	Radiologic examination, chest; single view, frontal	00	00	57	4/1/1989	\$7.50	
71010	Radiologic examination, chest; single view, frontal	00	00	RD	4/1/1989	\$11.50	
71020	Radiologic examination, chest, 2 views, frontal and lateral;	00	00	54	4/1/1989	\$30.00	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
71020	Radiologic examination, chest, 2 views, frontal and lateral;	00	00	57	4/1/1989	\$15.00		
71020	Radiologic examination, chest, 2 views, frontal and lateral;	00	00	RD	4/1/1989	\$15.00		
71030	Radiologic examination, chest, complete, minimum of 4 views;	00	00	54	4/1/1989	\$37.50		
71030	Radiologic examination, chest, complete, minimum of 4 views;	00	00	57	4/1/1989	\$15.00		
71030	Radiologic examination, chest, complete, minimum of 4 views;	00	00	RD	4/1/1989	\$22.50		
72010	Radiologic examination, spine, entire, survey study, anteroposterior and lateral	00	00	54	4/1/1989	\$64.00		
72010	Radiologic examination, spine, entire, survey study, anteroposterior and lateral	00	00	57	4/1/1989	\$26.50		
72010	Radiologic examination, spine, entire, survey study, anteroposterior and lateral	00	00	RD	4/1/1989	\$37.50		
72040	Radiologic examination, spine, cervical; 2 or 3 views	00	00	54	4/1/1989	\$26.50		
72040	Radiologic examination, spine, cervical; 2 or 3 views	00	00	57	4/1/1989	\$10.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
72040	Radiologic examination, spine, cervical; 2 or 3 views	00	00	RD	4/1/1989	\$16.50		
72050	Radiologic examination, spine, cervical; minimum of 4 views	00	00	54	4/1/1989	\$44.00		
72050	Radiologic examination, spine, cervical; minimum of 4 views	00	00	57	4/1/1989	\$17.50		
72050	Radiologic examination, spine, cervical; minimum of 4 views	00	00	RD	4/1/1989	\$26.50		
72052	Radiologic examination, spine, cervical; complete, including oblique and flexion and/or extension studies	00	00	54	4/1/1989	\$54.00		
72052	Radiologic examination, spine, cervical; complete, including oblique and flexion and/or extension studies	00	00	57	4/1/1989	\$21.50		
72052	Radiologic examination, spine, cervical; complete, including oblique and flexion and/or extension studies	00	00	RD	4/1/1989	\$32.50		
72069	Radiologic examination, spine, thoracolumbar, standing (scoliosis)	00	00	54	1/1/1998	\$35.00		
72069	Radiologic examination, spine, thoracolumbar, standing (scoliosis)	00	00	57	1/1/1998	\$14.00		
72069	Radiologic examination, spine, thoracolumbar, standing (scoliosis)	00	00	RD	1/1/1998	\$21.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
72070	Radiologic examination, spine; thoracic, 2 views	00	00	54	1/1/1998	\$35.00	
72070	Radiologic examination, spine; thoracic, 2 views	00	00	57	4/1/1989	\$14.00	
72070	Radiologic examination, spine; thoracic, 2 views	00	00	RD	1/1/1998	\$21.00	
72074	Radiologic examination, spine; thoracic, minimum of 4 views	00	00	54	1/1/1998	\$36.50	
72074	Radiologic examination, spine; thoracic, minimum of 4 views	00	00	57	1/1/1998	\$15.00	
72074	Radiologic examination, spine; thoracic, minimum of 4 views	00	00	RD	1/1/1998	\$21.50	
72080	Radiologic examination, spine; thoracolumbar, 2 views	00	00	54	4/1/1989	\$26.50	
72080	Radiologic examination, spine; thoracolumbar, 2 views	00	00	57	4/1/1989	\$10.00	
72080	Radiologic examination, spine; thoracolumbar, 2 views	00	00	RD	4/1/1989	\$16.50	
72090	Radiologic examination, spine; scoliosis study, including supine and erect studies	00	00	54	1/1/1998	\$35.00	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
72090	Radiologic examination, spine; scoliosis study, including supine and erect studies	00	00	57	1/1/1998	\$14.00		
72090	Radiologic examination, spine; scoliosis study, including supine and erect studies	00	00	RD	1/1/1998	\$21.00		
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	00	00	54	4/1/1989	\$37.50		
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	00	00	57	4/1/1989	\$15.00		
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	00	00	RD	4/1/1989	\$22.50		
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	00	00	54	4/1/1989	\$37.50		
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	00	00	57	4/1/1989	\$15.00		
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	00	00	RD	4/1/1989	\$22.50		
72120	Radiologic examination, spine, lumbosacral, bending views only, minimum of 4 views	00	00	54	1/1/1998	\$35.00		
72120	Radiologic examination, spine, lumbosacral, bending views only, minimum of 4 views	00	00	57	4/1/1989	\$14.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
72120	Radiologic examination, spine, lumbosacral, bending views only, minimum of 4 views	00	00	RD	1/1/1998	\$21.00		
72170	Radiologic examination, pelvis; 1 or 2 views	00	00	54	4/1/1989	\$17.50		
72170	Radiologic examination, pelvis; 1 or 2 views	00	00	57	4/1/1989	\$7.50		
72170	Radiologic examination, pelvis; 1 or 2 views	00	00	RD	4/1/1989	\$10.00		
72190	Radiologic examination, pelvis; complete, minimum of 3 views	00	00	54	1/1/1998	\$35.00		
72190	Radiologic examination, pelvis; complete, minimum of 3 views	00	00	57	1/1/1998	\$14.00		
72190	Radiologic examination, pelvis; complete, minimum of 3 views	00	00	RD	1/1/1998	\$21.00		
72192	Computed tomography, pelvis; without contrast material	00	00	54	1/1/1998	\$112.50		
72192	Computed tomography, pelvis; without contrast material	00	00	57	1/1/1998	\$45.00		
72192	Computed tomography, pelvis; without contrast material	00	00	RD	1/1/1998	\$67.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
72200	Radiologic examination, sacroiliac joints; less than 3 views	00	00	54	4/1/1989	\$26.50	
72200	Radiologic examination, sacroiliac joints; less than 3 views	00	00	57	4/1/1989	\$10.00	
72200	Radiologic examination, sacroiliac joints; less than 3 views	00	00	RD	4/1/1989	\$16.50	
72202	Radiologic examination, sacroiliac joints; 3 or more views	00	00	54	1/1/1998	\$27.50	
72202	Radiologic examination, sacroiliac joints; 3 or more views	00	00	57	1/1/1998	\$11.00	
72202	Radiologic examination, sacroiliac joints; 3 or more views	00	00	RD	4/1/1989	\$16.50	
72240	Myelography, cervical, radiological supervision and interpretation	00	00	54	1/1/1998	\$52.50	
72240	Myelography, cervical, radiological supervision and interpretation	00	00	57	1/1/1998	\$15.75	
72240	Myelography, cervical, radiological supervision and interpretation	00	00	RD	1/1/1998	\$36.75	
72265	Myelography, lumbosacral, radiological supervision and interpretation	00	00	54	1/1/1998	\$55.00	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
72265	Myelography, lumbosacral, radiological supervision and interpretation	00	00	57	1/1/1998	\$22.00		
72265	Myelography, lumbosacral, radiological supervision and interpretation	00	00	RD	1/1/1998	\$33.00		
72270	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	00	00	54	1/1/1998	\$65.00		
72270	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	00	00	57	1/1/1998	\$26.00		
72270	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	00	00	RD	1/1/1998	\$39.00		
72285	Discography, cervical or thoracic, radiological supervision and interpretation	00	00	54	1/1/1998	\$60.00		
72285	Discography, cervical or thoracic, radiological supervision and interpretation	00	00	57	1/1/1998	\$24.00		
72285	Discography, cervical or thoracic, radiological supervision and interpretation	00	00	RD	1/1/1998	\$36.00		
72295	Discography, lumbar, radiological supervision and interpretation	00	00	54	1/1/1998	\$60.00		
72295	Discography, lumbar, radiological supervision and interpretation	00	00	57	1/1/1998	\$24.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
72295	Discography, lumbar, radiological supervision and interpretation	00	00	RD	1/1/1998	\$36.00		
73000	Radiologic examination; clavicle, complete	00	00	54	4/1/1989	\$19.00		
73000	Radiologic examination; clavicle, complete	00	00	57	4/1/1989	\$7.50		
73000	Radiologic examination; clavicle, complete	00	00	RD	4/1/1989	\$11.50		
73010	Radiologic examination; scapula, complete	00	00	54	4/1/1989	\$24.00		
73010	Radiologic examination; scapula, complete	00	00	57	4/1/1989	\$7.50		
73010	Radiologic examination; scapula, complete	00	00	RD	4/1/1989	\$16.50		
73020	Radiologic examination, shoulder; 1 view	00	00	54	1/1/1998	\$26.50		
73020	Radiologic examination, shoulder; 1 view	00	00	57	1/1/1998	\$10.00		
73020	Radiologic examination, shoulder; 1 view	00	00	RD	1/1/1998	\$16.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
73030	Radiologic examination, shoulder; complete, minimum of 2 views	00	00	54	1/1/1998	\$27.50		
73030	Radiologic examination, shoulder; complete, minimum of 2 views	00	00	57	1/1/1998	\$11.00		
73030	Radiologic examination, shoulder; complete, minimum of 2 views	00	00	RD	4/1/1989	\$16.50		
73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation	00	00	54	1/1/1998	\$27.50		
73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation	00	00	57	1/1/1998	\$11.00		
73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation	00	00	RD	4/1/1989	\$16.50		
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	00	00	54	4/1/1989	\$31.50		
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	00	00	57	4/1/1989	\$12.50		
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	00	00	RD	4/1/1989	\$19.00		
73060	Radiologic examination; humerus, minimum of 2 views	00	00	54	4/1/1989	\$19.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
73060	Radiologic examination; humerus, minimum of 2 views	00	00	57	4/1/1989	\$7.50		
73060	Radiologic examination; humerus, minimum of 2 views	00	00	RD	4/1/1989	\$11.50		
73070	Radiologic examination, elbow; 2 views	00	00	54	4/1/1989	\$19.00		
73070	Radiologic examination, elbow; 2 views	00	00	57	4/1/1989	\$7.50		
73070	Radiologic examination, elbow; 2 views	00	00	RD	4/1/1989	\$11.50		
73080	Radiologic examination, elbow; complete, minimum of 3 views	00	00	54	1/1/1998	\$19.00		
73080	Radiologic examination, elbow; complete, minimum of 3 views	00	00	57	1/1/1998	\$7.50		
73080	Radiologic examination, elbow; complete, minimum of 3 views	00	00	RD	1/1/1998	\$11.50		
73090	Radiologic examination; forearm, 2 views	00	00	54	4/1/1989	\$19.00		
73090	Radiologic examination; forearm, 2 views	00	00	57	4/1/1989	\$7.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
73090	Radiologic examination; forearm, 2 views	00	00	RD	4/1/1989	\$11.50		
73100	Radiologic examination, wrist; 2 views	00	00	54	4/1/1989	\$19.00		
73100	Radiologic examination, wrist; 2 views	00	00	57	4/1/1989	\$7.50		
73100	Radiologic examination, wrist; 2 views	00	00	RD	4/1/1989	\$11.50		
73110	Radiologic examination, wrist; complete, minimum of 3 views	00	00	54	4/1/1989	\$19.00		
73110	Radiologic examination, wrist; complete, minimum of 3 views	00	00	57	4/1/1989	\$7.50		
73110	Radiologic examination, wrist; complete, minimum of 3 views	00	00	RD	4/1/1989	\$11.50		
73120	Radiologic examination, hand; 2 views	00	00	54	4/1/1989	\$17.50		
73120	Radiologic examination, hand; 2 views	00	00	57	4/1/1989	\$7.50		
73120	Radiologic examination, hand; 2 views	00	00	RD	4/1/1989	\$10.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
73130	Radiologic examination, hand; minimum of 3 views	00	00	54	4/1/1989	\$19.00	
73130	Radiologic examination, hand; minimum of 3 views	00	00	57	4/1/1989	\$7.50	
73130	Radiologic examination, hand; minimum of 3 views	00	00	RD	4/1/1989	\$11.50	
73140	Radiologic examination, finger(s), minimum of 2 views	00	00	54	4/1/1989	\$14.00	
73140	Radiologic examination, finger(s), minimum of 2 views	00	00	57	4/1/1989	\$5.00	
73140	Radiologic examination, finger(s), minimum of 2 views	00	00	RD	4/1/1989	\$9.00	
73500	Radiologic examination, hip, unilateral; 1 view	00	00	54	4/1/1989	\$17.50	
73500	Radiologic examination, hip, unilateral; 1 view	00	00	57	4/1/1989	\$7.50	
73500	Radiologic examination, hip, unilateral; 1 view	00	00	RD	4/1/1989	\$10.00	
73510	Radiologic examination, hip, unilateral; complete, minimum of 2 views	00	00	54	1/1/1998	\$27.50	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
73510	Radiologic examination, hip, unilateral; complete, minimum of 2 views	00	00	57	1/1/1998	\$11.00		
73510	Radiologic examination, hip, unilateral; complete, minimum of 2 views	00	00	RD	4/1/1989	\$16.50		
73520	Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis	00	00	54	1/1/1998	\$27.50		
73520	Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis	00	00	57	1/1/1998	\$11.00		
73520	Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis	00	00	RD	4/1/1989	\$16.50		
73530	Radiologic examination, hip, during operative procedure	00	00	54	4/1/1989	\$46.50		
73530	Radiologic examination, hip, during operative procedure	00	00	57	4/1/1989	\$19.00		
73530	Radiologic examination, hip, during operative procedure	00	00	RD	4/1/1989	\$27.50		
73540	Radiologic examination, pelvis and hips, infant or child, minimum of 2 views	00	00	54	4/1/1989	\$26.50		
73540	Radiologic examination, pelvis and hips, infant or child, minimum of 2 views	00	00	57	4/1/1989	\$10.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
73540	Radiologic examination, pelvis and hips, infant or child, minimum of 2 views	00	00	RD	4/1/1989	\$16.50		
73550	Radiologic examination, femur, 2 views	00	00	54	1/1/1998	\$27.50		
73550	Radiologic examination, femur, 2 views	00	00	57	1/1/1998	\$11.00		
73550	Radiologic examination, femur, 2 views	00	00	RD	4/1/1989	\$16.50		
73560	Radiologic examination, knee; 1 or 2 views	00	00	54	4/1/1989	\$26.50		
73560	Radiologic examination, knee; 1 or 2 views	00	00	57	4/1/1989	\$10.00		
73560	Radiologic examination, knee; 1 or 2 views	00	00	RD	4/1/1989	\$16.50		
73562	Radiologic examination, knee; 3 views	00	00	54	1/1/1998	\$27.50		
73562	Radiologic examination, knee; 3 views	00	00	57	1/1/1998	\$11.00		
73562	Radiologic examination, knee; 3 views	00	00	RD	1/1/1998	\$16.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
73564	Radiologic examination, knee; complete, 4 or more views	00	00	54	1/1/1998	\$44.00		
73564	Radiologic examination, knee; complete, 4 or more views	00	00	57	1/1/1998	\$17.50		
73564	Radiologic examination, knee; complete, 4 or more views	00	00	RD	1/1/1998	\$26.50		
73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation	00	00	54	1/1/1998	\$27.50		
73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation	00	00	57	1/1/1998	\$11.00		
73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation	00	00	RD	4/1/1989	\$16.50		
73590	Radiologic examination; tibia and fibula, 2 views	00	00	54	4/1/1989	\$26.50		
73590	Radiologic examination; tibia and fibula, 2 views	00	00	57	4/1/1989	\$10.00		
73590	Radiologic examination; tibia and fibula, 2 views	00	00	RD	4/1/1989	\$16.50		
73600	Radiologic examination, ankle; 2 views	00	00	54	1/1/1998	\$19.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
73600	Radiologic examination, ankle; 2 views	00	00	57	4/1/1989	\$7.50		
73600	Radiologic examination, ankle; 2 views	00	00	RD	1/1/1998	\$11.50		
73610	Radiologic examination, ankle; complete, minimum of 3 views	00	00	54	1/1/1998	\$35.00		
73610	Radiologic examination, ankle; complete, minimum of 3 views	00	00	57	1/1/1998	\$14.00		
73610	Radiologic examination, ankle; complete, minimum of 3 views	00	00	RD	1/1/1998	\$21.00		
73620	Radiologic examination, foot; 2 views	00	00	54	4/1/1989	\$17.50		
73620	Radiologic examination, foot; 2 views	00	00	57	4/1/1989	\$7.50		
73620	Radiologic examination, foot; 2 views	00	00	RD	4/1/1989	\$10.00		
73630	Radiologic examination, foot; complete, minimum of 3 views	00	00	54	4/1/1989	\$19.00		
73630	Radiologic examination, foot; complete, minimum of 3 views	00	00	57	4/1/1989	\$7.50		

9/24/2009

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
73630	Radiologic examination, foot; complete, minimum of 3 views	00	00	RD	4/1/1989	\$11.50		
73650	Radiologic examination; calcaneus, minimum of 2 views	00	00	54	4/1/1989	\$19.00		
73650	Radiologic examination; calcaneus, minimum of 2 views	00	00	57	4/1/1989	\$7.50		
73650	Radiologic examination; calcaneus, minimum of 2 views	00	00	RD	4/1/1989	\$11.50		
73660	Radiologic examination; toe(s), minimum of 2 views	00	00	54	4/1/1989	\$14.00		
73660	Radiologic examination; toe(s), minimum of 2 views	00	00	57	4/1/1989	\$5.00		
73660	Radiologic examination; toe(s), minimum of 2 views	00	00	RD	4/1/1989	\$9.00		
76020	BONE AGE STUDIES	00	00	54	1/1/1998	\$35.00		
76020	BONE AGE STUDIES	00	00	57	4/1/1989	\$14.00		
76020	BONE AGE STUDIES	00	00	RD	1/1/1998	\$21.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
76040	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM,SCANOGRAM)	00	00	54	4/1/1989	\$46.50		
76040	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM,SCANOGRAM)	00	00	57	4/1/1989	\$19.00		
76040	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM,SCANOGRAM)	00	00	RD	4/1/1989	\$27.50		
76061	RADIOLOGIC EXAM,OSSEOUS SURVEY;LIMITED (EG,FOR METASTASES) (76061 EFFECTIVE 4/1/89-CROSS REFERENCE CODE 76062)	00	00	54	1/1/1998	\$67.50		
76061	RADIOLOGIC EXAM,OSSEOUS SURVEY;LIMITED (EG,FOR METASTASES) (76061 EFFECTIVE 4/1/89-CROSS REFERENCE CODE 76062)	00	00	57	1/1/1998	\$30.00		
76061	RADIOLOGIC EXAM,OSSEOUS SURVEY;LIMITED (EG,FOR METASTASES) (76061 EFFECTIVE 4/1/89-CROSS REFERENCE CODE 76062)	00	00	RD	1/1/1998	\$37.50		
76062	RADIOLOGIC EXAM,OSSEOUS SURVEY;COMPLETE (AXIAL AND APPENDICULAR SKELETON)	00	00	54	1/1/1998	\$75.00		
76062	RADIOLOGIC EXAM,OSSEOUS SURVEY;COMPLETE (AXIAL AND APPENDICULAR SKELETON)	00	00	57	1/1/1998	\$30.00		
76062	RADIOLOGIC EXAM,OSSEOUS SURVEY;COMPLETE (AXIAL AND APPENDICULAR SKELETON)	00	00	RD	1/1/1998	\$45.00		
76065	RADIOLOGIC EXAM,OSSEOUS SURVEY;INFANT	00	00	54	1/1/1998	\$35.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
76065	RADIOLOGIC EXAM, OSSEOUS SURVEY; INFANT	00	00	57	4/1/1989	\$14.00	
76065	RADIOLOGIC EXAM, OSSEOUS SURVEY; INFANT	00	00	RD	1/1/1998	\$21.00	
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	00	00	86	1/1/1998	\$4.37	
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	00	00	86	1/1/1998	\$6.00	
85102	BONE MARROW BIOPSY, NEEDLE OR TROCAR	00	00	25	1/1/1998	\$53.00	
85651	Sedimentation rate, erythrocyte; non-automated	00	00	86	1/1/1998	\$3.00	
86430	Rheumatoid factor; qualitative	00	00	86	1/1/1998	\$7.00	
86431	Rheumatoid factor; quantitative	00	00	86	1/1/1998	\$7.73	
86850	Antibody screen, RBC, each serum technique	00	00	86	1/1/1998	\$8.45	
92265	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report	00	00	80	1/1/1998	\$48.00	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
92265	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report	00	00	AY	1/1/1998	\$19.20		
92265	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report	00	00	AZ	1/1/1998	\$28.80		
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	00	00	80	4/1/1989	\$21.50		
95819	Electroencephalogram (EEG); including recording awake and asleep	00	00	80	1/1/1998	\$22.50		
95819	Electroencephalogram (EEG); including recording awake and asleep	00	00	AY	1/1/1998	\$9.00		
95819	Electroencephalogram (EEG); including recording awake and asleep	00	00	AZ	1/1/1998	\$13.50		
95860	Needle electromyography; 1 extremity with or without related paraspinal areas	00	00	80	4/1/1989	\$30.00		
95860	Needle electromyography; 1 extremity with or without related paraspinal areas	00	00	AY	4/1/1989	\$12.50		
95860	Needle electromyography; 1 extremity with or without related paraspinal areas	00	00	AZ	4/1/1989	\$17.50		
95861	Needle electromyography; 2 extremities with or without related paraspinal areas	00	00	80	4/1/1989	\$37.50		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
95861	Needle electromyography; 2 extremities with or without related paraspinal areas	00	00	AY	4/1/1989	\$15.00		
95861	Needle electromyography; 2 extremities with or without related paraspinal areas	00	00	AZ	4/1/1989	\$22.50		
95863	Needle electromyography; 3 extremities with or without related paraspinal areas	00	00	80	4/1/1989	\$42.50		
95863	Needle electromyography; 3 extremities with or without related paraspinal areas	00	00	AY	4/1/1989	\$17.50		
95863	Needle electromyography; 3 extremities with or without related paraspinal areas	00	00	AZ	4/1/1989	\$25.00		
95864	Needle electromyography; 4 extremities with or without related paraspinal areas	00	00	80	4/1/1989	\$49.00		
95864	Needle electromyography; 4 extremities with or without related paraspinal areas	00	00	AY	4/1/1989	\$20.00		
95864	Needle electromyography; 4 extremities with or without related paraspinal areas	00	00	AZ	4/1/1989	\$29.00		
97002	Physical therapy re-evaluation	00	00	60	7/1/1999	\$17.18		
97002	Physical therapy re-evaluation	00	00	PT	7/1/1999	\$17.18		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
97200	PULMONARY THERAPY TREATMENT, PER SESSION (CROSS REF CODE 94667)	00	00	00	4/1/1989	\$20.00	
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling a	00	00	60	1/1/1998	\$20.00	
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling	00	00	60	7/1/1999	\$20.00	
99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of	00	00	60	1/1/1998	\$29.50	
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of	00	00	60	1/1/1998	\$42.00	
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or o	00	00	60	1/1/1998	\$17.00	
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers	00	00	90	1/1/1998	\$30.00	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care	00	00	90	1/1/1998	\$30.00		
99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies	00	00	90	1/1/1998	\$30.00		
99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers	00	00	90	1/1/1998	\$49.00		
99251	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other provid	00	00	90	1/1/1998	\$30.00		
99272	CONFIRM CONSULT FOR NEW OR ESTAB PT. PROBLEM OF LOW SEVERITY	00	00	90	1/1/1998	\$30.00		
99274	CONFIRMATORY CONSULT FOR PT. PROBLEM OF MODERATE TO HIGH SEVERITY	00	00	90	1/1/1998	\$49.00		
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling	00	00	60	1/1/1998	\$35.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
99341	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other	00	00	00	4/1/1989	\$1,630.00		
ADJ	ADJUSTMENT FOR PRIOR CLAIM (FOR DEPT OF HEALTH USE ONLY)	00	00	00	4/1/1989	\$1,000.00		
DRG	INPATIENT HOSPITAL COSTS (FOR DEPT OF HEALTH USE ONLY)	00	00	00	10/1/1997	50,000.00		
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip	00	00	9P	3/1/1999	\$14.00		
E0105	Cane, quad or 3-prong, includes canes of all materials, adjustable or fixed, with tips	00	00	9P	3/1/1999	\$35.00		
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	00	00	9P	3/1/1999	\$75.00		
E0111	Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	00	00	9P	3/1/1999	\$26.50		
E0111	Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	00	00	9R	3/1/1999	\$7.50		
E0112	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips, and handgrips	00	00	9P	3/1/1999	\$35.00		
E0113	Crutch, underarm, wood, adjustable or fixed, each, with pad, tip, and handgrip	00	00	9P	3/1/1999	\$10.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
E0114	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, and handgrips	00	00	9P	3/1/1999	\$36.00		
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	00	00	9P	3/1/1999	\$18.00		
E0945	Extremity belt/harness	00	00	9P	7/1/1999	\$35.60		
L0120	Cervical, flexible, nonadjustable (foam collar)	00	00	AM	3/1/1999	\$15.00		
L0130	Cervical, flexible, thermoplastic collar, molded to patient	00	00	AM	3/1/1999	\$220.00		
L0140	Cervical, semi-rigid, adjustable (plastic collar)	00	00	AM	3/1/1999	\$34.00		
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	00	00	AM	3/1/1999	\$110.00		
L0180	Cervical, multiple post collar, occipital/mandibular supports, adjustable	00	00	AM	3/1/1999	\$110.00		
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (SOMI, Guilford, Taylor types)	00	00	AM	3/1/1999	\$220.00		
L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	00	00	AM	3/1/1999	\$269.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
L0210	Thoracic, rib belt	00	00	AM	3/1/1999	\$18.00		
L0300	THORACIC-LUMBAR-SACRAL-ORTHOISIS (TLSO), FLEXIBLE (DORSO-LUMBAR SURGICAL SUPPORT)	00	00	AM	3/1/1999	\$90.00		
L0310	TLSO, FLEXIBLE, DORSO-LUMBAR SURGICAL SUPPORT, CUSTOM FABRICATED	00	00	AM	3/1/1999	\$185.00		
L0315	TLSO, FLEXIBLE DORSO-LUMBAR SURGICAL SUPPORT, ELASTIC TYPE, WITH RIGID POSTERIOR PANEL	00	00	AM	3/1/1999	\$150.00		
L0320	TLSO, ANTERIOR-POSTERIOR CONTROL (TAYLOR TYPE), WITH APRON FRONT	00	00	AM	3/1/1999	\$209.00		
L0330	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL (KNIGHT-TAYLOR TYPE), WITH APRON FRONT	00	00	AM	3/1/1999	\$309.00		
L0360	TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL, FLEXION COMPRESSION JACKET, MOLDED TO PATIENT MODEL	00	00	AM	3/1/1999	\$707.00		
L0370	TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL, HYPEREXTENSION (JEWETT, LENNOX, BAKER, CASH TYPES)	00	00	AM	3/1/1999	\$231.00		
L0500	LUMBAR-SACRAL-ORTHOISIS (LSO), FLEXIBLE, (LUMBO-SACRAL SURGICAL SUPPORT)	00	00	AM	3/1/1999	\$77.00		
L0510	LSO, FLEXIBLE (LUMBO-SACRAL SURGICAL SUPPORT), CUSTOM FABRICATED	00	00	AM	3/1/1999	\$120.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
L0520	LSO, ANTERIOR-POSTERIOR-LATERAL CONTROL (KNIGHT, WILCOX TYPES), WITH APRON FRONT	00	00	AM	3/1/1999	\$231.00	
L0540	LSO, LUMBAR FLEXION, (WILLIAMS FLEXION TYPE)	00	00	AM	3/1/1999	\$650.00	
L0560	LSO, ANTERIOR-POSTERIOR LATERAL CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL	00	00	AM	3/1/1999	\$680.00	
L0600	SACROILIAC, FLEXIBLE (SACROILIAC SURGICAL SUPPORT)	00	00	AM	3/1/1999	\$45.40	
L0920	TORSO SUPPORT, PENDULOUS ABDOMEN SUPPORT	00	00	AM	3/1/1999	\$65.00	
L0930	TORSO SUPPORT, PENDULOUS ABDOMEN SUPPORT, CUSTOM FABRICATED	00	00	AM	3/1/1999	\$65.00	
L1000	Cervical-thoracic-lumbar-sacral orthotic (CTLSO) (Milwaukee), inclusive of furnishing initial orthotic, including model	00	00	AM	3/1/1999	\$950.00	
L1200	Thoracic-lumbar-sacral orthotic (TLSO), inclusive of furnishing initial orthotic only	00	00	AM	3/1/1999	\$485.62	
L1220	Addition to thoracic-lumbar-sacral orthotic (TLSO), (low profile), anterior thoracic extension	00	00	AM	3/1/1999	\$150.00	
L1230	Addition to thoracic-lumbar-sacral orthotic (TLSO), (low profile), Milwaukee type superstructure	00	00	AM	3/1/1999	\$400.00	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
L1510	Thoracic-hip-knee-ankle orthotic (THKAO), standing frame, with or without tray and accessories	00	00	AM	3/1/1999	\$508.50		
L1680	Hip orthotic (HO), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	00	00	AM	1/1/1998	\$616.00		
L1700	Legg Perthes orthotic, (Toronto type), custom fabricated	00	00	AM	3/1/1999	\$701.00		
L1710	Legg Perthes orthotic, (Newington type), custom fabricated	00	00	AM	3/1/1999	\$924.00		
L1720	Legg Perthes orthotic, trilateral, (Tachdijan type), custom fabricated	00	00	AM	3/1/1999	\$701.00		
L1730	Legg Perthes orthotic, (Scottish Rite type), custom fabricated	00	00	AM	1/1/1998	\$495.00		
L1750	LEGG PERTHES ORTHOSIS,LEGG PERTHES SLING(SAM BROWN TYPE)	00	00	AM	1/1/1998	\$65.00		
L1755	Legg Perthes orthotic, (Patten bottom type), custom fabricated	00	00	AM	3/1/1999	\$1,067.85		
L1800	Knee orthotic (KO), elastic with stays, prefabricated, includes fitting and adjustment	00	00	AM	1/1/1998	\$28.00		
L1810	Knee orthotic (KO), elastic with joints, prefabricated, includes fitting and adjustment	00	00	AM	1/1/1998	\$50.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
L1825	Knee orthotic (KO), elastic knee cap, prefabricated, includes fitting and adjustment	00	00	AM	1/1/1998	\$28.00		
L1900	Ankle-foot orthotic (AFO), spring wire, dorsiflexion assist calf band, custom fabricated	00	00	AM	3/1/1999	\$95.00		
L1910	Ankle-foot orthotic (AFO), posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	00	00	AM	3/1/1999	\$132.00		
L1940	Ankle-foot orthotic (AFO), plastic or other material, custom fabricated	00	00	AM	3/1/1999	\$250.00		
L1950	Ankle-foot orthotic (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	00	00	AM	3/1/1999	\$413.00		
L1960	Ankle-foot orthotic (AFO), posterior solid ankle, plastic, custom fabricated	00	00	AM	3/1/1999	\$424.00		
L2000	Knee-ankle-foot orthotic (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthotic), custom fabricated	00	00	AM	7/1/1999	\$650.00		
L2020	Knee-ankle-foot orthotic (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthotic), custom fabricated	00	00	AM	3/1/1999	\$650.00		
L2036	Knee-ankle-foot orthotic (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	00	00	AM	3/1/1999	\$864.99		
L2040	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	00	00	AM	3/1/1999	\$140.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
L2050	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	00	00	AM	3/1/1999	\$185.00		
L2060	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated	00	00	AM	3/1/1999	\$260.00		
L2070	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	00	00	AM	3/1/1999	\$85.00		
L2080	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	00	00	AM	3/1/1999	\$185.00		
L2090	Hip-knee-ankle-foot orthotic (HKAFO), torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom fabricated	00	00	AM	3/1/1999	\$190.00		
L2106	Ankle-foot orthotic (AFO), fracture orthotic, tibial fracture cast orthotic, thermoplastic type casting material, custom fabricated	00	00	AM	3/1/1999	\$332.68		
L2108	Ankle-foot orthotic (AFO), fracture orthotic, tibial fracture cast orthotic, custom fabricated	00	00	AM	3/1/1999	\$711.90		
L2114	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	00	00	AM	3/1/1999	\$401.72		
L2116	Ankle-foot orthotic (AFO), fracture orthotic, tibial fracture orthotic, rigid, prefabricated, includes fitting and adjustment	00	00	AM	3/1/1999	\$457.65		
L2192	Addition to lower extremity fracture orthotic, hip joint, pelvic band, thigh flange, and pelvic belt	00	00	AM	3/1/1999	\$254.25		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
L2200	Addition to lower extremity, limited ankle motion, each joint	00	00	AM	3/1/1999	\$30.00		
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	00	00	AM	3/1/1999	\$30.00		
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	00	00	AM	3/1/1999	\$30.00		
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	00	00	AM	3/1/1999	\$34.00		
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	00	00	AM	3/1/1999	\$225.00		
L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	00	00	AM	3/1/1999	\$142.38		
L2265	Addition to lower extremity, long tongue stirrup	00	00	AM	3/1/1999	\$34.00		
L2270	Addition to lower extremity, varus/valgus correction (T) strap, padded/lined or malleolus pad	00	00	AM	3/1/1999	\$26.00		
L2340	Addition to lower extremity, pretibial shell, molded to patient model	00	00	AM	3/1/1999	\$610.00		
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for PTB, AFO orthoses)	00	00	AM	3/1/1999	\$675.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
L2405	Addition to knee joint, drop lock, each	00	00	AM	3/1/1999	\$51.60		
L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint	00	00	AM	3/1/1999	\$102.89		
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	00	00	AM	3/1/1999	\$142.38		
L2435	ADDITION TO KNEE JOINT, POLYCENTRIC JOINT, EACH JOINT	00	00	AM	3/1/1999	\$122.04		
L2492	Addition to knee joint, lift loop for drop lock ring	00	00	AM	3/1/1999	\$101.70		
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	00	00	AM	3/1/1999	\$135.00		
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	00	00	AM	3/1/1999	\$292.00		
L2760	Addition to lower extremity orthotic, extension, per extension, per bar (for lineal adjustment for growth)	00	00	AM	3/1/1999	\$20.00		
L2795	Addition to lower extremity orthotic, knee control, full kneecap	00	00	AM	3/1/1999	\$47.88		
L2800	Addition to lower extremity orthotic, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthotic only	00	00	AM	3/1/1999	\$81.36		

9/24/2009

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
L2810	Addition to lower extremity orthotic, knee control, condylar pad	00	00	AM	3/1/1999	\$81.36		
L2999	Lower extremity orthoses, not otherwise specified	00	00	00	7/1/1999	\$4.00		
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each	00	00	AM	3/1/1999	\$10.00		
L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	00	00	AM	3/1/1999	\$31.00		
L3040	Foot, arch support, removable, premolded, longitudinal, each	00	00	AM	3/1/1999	\$28.00		
L3050	Foot, arch support, removable, premolded, metatarsal, each	00	00	AM	3/1/1999	\$31.00		
L3140	Foot, abduction rotation bar, including shoes	00	00	AM	3/1/1999	\$29.00		
L3150	Foot, abduction rotation bar, without shoes	00	00	AM	3/1/1999	\$29.00		
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	00	00	AM	7/1/1999	\$250.00		
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	00	00	AM	3/1/1999	\$125.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
L3253	Foot, molded shoe, Plastazote (or similar), custom fitted, each	00	00	AM	3/1/1999	\$47.50		
L3450	Heel, SACH cushion type	00	00	AM	3/1/1999	\$22.00		
L3480	Heel, pad and depression for spur	00	00	AM	3/1/1999	\$22.00		
L3600	Transfer of an orthotic from one shoe to another, caliper plate, existing	00	00	AM	3/1/1999	\$19.00		
L3610	Transfer of an orthotic from one shoe to another, caliper plate, new	00	00	AM	3/1/1999	\$31.00		
L3630	Transfer of an orthotic from one shoe to another, solid stirrup, new	00	00	AM	3/1/1999	\$31.00		
L3650	Shoulder orthotic (SO), figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment	00	00	AM	3/1/1999	\$97.00		
L3710	Elbow orthotic (EO), elastic with metal joints, prefabricated, includes fitting and adjustment	00	00	AM	3/1/1999	\$90.00		
L3730	Elbow orthotic (EO), double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated	00	00	AM	3/1/1999	\$325.00		
L3855	WHFO, ADDITION TO SHORT AND LONG OPPONENS, ADJUSTABLE M.P. FLEXION CONTROL	00	00	AM	3/1/1999	\$60.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
L3860	WHFO, ADDITION TO SHORT AND LONG OPPONENS, ADJUSTABLE M.P. FLEXION CONTROL AND I.P.	00	00	AM	3/1/1999	\$95.00	
L3900	Wrist-hand-finger orthotic (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated	00	00	AM	3/1/1999	\$573.00	
L3904	Wrist-hand-finger orthotic (WHFO), external powered, electric, custom fabricated	00	00	AM	3/1/1999	\$1,500.00	
L3906	Wrist-hand orthosis (WHO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	00	00	AM	3/1/1999	\$250.00	
L3912	Hand-finger orthotic (HFO), flexion glove with elastic finger control, prefabricated, includes fitting and adjustment	00	00	AM	3/1/1999	\$70.00	
L3922	WHFO, KNUCKLE BENDER, TWO SEGMENT TO FLEX JOINTS	00	00	AM	3/1/1999	\$43.00	
L3926	WHFO, THOMAS SUSPENSION	00	00	AM	3/1/1999	\$70.00	
L3938	WHFO, DORSAL WRIST	00	00	AM	3/1/1999	\$80.00	
L3950	WHFO, COMBINATION OPPENHEIMER, WITH KNUCKLE BENDER AND TWO ATTACHMENTS	00	00	AM	3/1/1999	\$95.00	
L3952	WHFO, COMBINATION OPPENHEIMER, WITH REVERSE KNUCKLE AND TWO ATTACHMENTS	00	00	AM	3/1/1999	\$110.00	

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
L3962	Shoulder-elbow-wrist-hand orthotic (SEWHO), abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	00	00	AM	3/1/1999	\$259.00		
L3963	SEWHO, MOLDED SHOULDER, ARM, FOREARM, AND WRIST, WITH ARTICULATING ELBOW JOINT	00	00	AM	3/1/1999	\$864.45		
L4210	Repair of orthotic device, repair or replace minor parts	00	00	AM	7/1/1999	\$1,000.00		
L5500	Initial, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	00	00	9S	7/1/1999	\$450.00		
L5970	All lower extremity prostheses, foot, external keel, SACH foot	00	00	9S	7/1/1999	\$381.83		
L6000	Partial hand, Robin-Aids, thumb remaining (or equal)	00	00	9S	7/1/1999	\$475.00		
L6010	Partial hand, Robin-Aids, little and/or ring finger remaining (or equal)	00	00	9S	7/1/1999	\$475.00		
L6020	Partial hand, Robin-Aids, no finger remaining (or equal)	00	00	9S	7/1/1999	\$475.00		
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	00	00	9S	7/1/1999	\$1,017.00		
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	00	00	9S	7/1/1999	\$1,983.15		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
L6110	Below elbow, molded socket (Muenster or Northwestern suspension types)	00	00	9S	7/1/1999	\$980.00		
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	00	00	9S	7/1/1999	\$1,383.12		
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	00	00	9S	1/1/1998	\$1,830.60		
L6705	TERMINAL DEVICE,HOOK,DORRANCE,OR EQUAL, MODEL #5	00	00	9S	1/1/1998	\$110.00		
L6715	TERMINAL DEVICE,HOOK,DORRANCE,OR EQUAL, MODEL #5XA	00	00	9S	1/1/1998	\$182.00		
L6720	TERMINAL DEVICE,HOOK,DORRANCE,OR EQUAL, MODEL #6	00	00	9S	1/1/1998	\$285.00		
L6725	TERMINAL DEVICE,HOOK,DORRANCE,OR EQUAL, MODEL #7	00	00	9S	1/1/1998	\$185.00		
L6735	TERMINAL DEVICE,HOOK,DORRANCE,OR EQUAL, MODEL #8	00	00	9S	1/1/1998	\$110.00		
L6745	TERMINAL DEVICE,HOOK,DORRANCE,OR EQUAL, MODEL #88X	00	00	9S	1/1/1998	\$182.00		
L6770	TERMINAL DEVICE,HOOK,DORRANCE,OR EQUAL, MODEL #99X	00	00	9S	1/1/1998	\$182.00		

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
L7500	Repair of prosthetic device, hourly rate (excludes V5335 repair of oral or laryngeal prosthesis or artificial larynx)	00	00	9S	1/1/1998	\$7.50	MATERIALS & TIME SHOULD NOT EXCEED 80% OF THE COST OF A NEW PROSTHESIS
L7510	Repair of prosthetic device, repair or replace minor parts	00	00	AM	7/1/1999	\$1,000.00	
L7520	Repair prosthetic device, labor component, per 15 minutes	00	00	9S	7/1/1999	\$7.50	
L8400	Prosthetic sheath, below knee, each	00	00	9S	7/1/1999	\$5.50	
L8410	Prosthetic sheath, above knee, each	00	00	9S	7/1/1999	\$5.50	
L8415	Prosthetic sheath, upper limb, each	00	00	9S	7/1/1999	\$14.24	
L8440	Prosthetic shrinker, below knee, each	00	00	9S	7/1/1999	\$19.00	
L8470	Prosthetic sock, single ply, fitting, below knee, each	00	00	9S	7/1/1999	\$3.67	
L8480	Prosthetic sock, single ply, fitting, above knee, each	00	00	9S	7/1/1999	\$15.00	
L8485	Prosthetic sock, single ply, fitting, upper limb, each	00	00	9S	7/1/1999	\$100.00	

9/24/2009

FEE SCHEDULES FOR ORTHOPEDIC PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
Z1881	KNOCK KNEE OR REVERSE KNOCK KNEE CAP	00	00	00	3/1/1999	\$34.00	
Z2161	CAST TAKEN BY ORTHOTIST - FOOT	00	00	AM	3/1/1999	\$28.00	
Z2162	CAST TAKEN BY ORTHOTIST - TIBIA	00	00	AM	3/1/1999	\$39.00	
Z2163	CAST TAKEN BY ORTHOTIST - FULL LEG	00	00	AM	3/1/1999	\$55.00	
Z2290	VELCRO CLOSURE (PER CUFF) - CALF	00	00	00	3/1/1999	\$4.00	
Z2291	VELCRO CLOSURE (PER CUFF) - THIGH	00	00	00	3/1/1999	\$7.00	
Z2496	SPRING CLIP OR BALL FOR KNEE LOCK	00	00	00	3/1/1999	\$11.00	