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Table I-3.(a) 2010 CPT¹ Fee Schedule for Podiatry Services

| Code | Modifier | Description | Maximum Allowable |
|-------------|-----------------|------------------------------|--------------------------|
| 10060 | | DRAINAGE OF SKIN ABSCESS | \$161.71 |
| 10061 | | DRAINAGE OF SKIN ABSCESS | \$280.27 |
| 11055 | | TRIM SKIN LESION | \$68.72 |
| 11056 | | TRIM SKIN LESIONS, 2 TO 4 | \$84.91 |
| 11057 | | TRIM SKIN LESIONS, OVER 4 | \$103.11 |
| 11305 | | SHAVE SKIN LESION | \$99.64 |
| 11306 | | SHAVE SKIN LESION | \$139.08 |
| 11307 | | SHAVE SKIN LESION | \$164.30 |
| 11308 | | SHAVE SKIN LESION | \$184.89 |
| 11420 | | EXC H-F-NK-SP B9+MARG 0.5 < | \$167.14 |
| 11421 | | EXC H-F-NK-SP B9+MARG 0.6-1 | \$218.73 |
| 11422 | | EXC H-F-NK-SP B9+MARG 1.1-2 | \$244.58 |
| 11423 | | EXC H-F-NK-SP B9+MARG 2.1-3 | \$287.03 |
| 11424 | | EXC H-F-NK-SP B9+MARG 3.1-4 | \$332.74 |
| 11426 | | EXC H-F-NK-SP B9+MARG > 4 CM | \$486.34 |
| 11720 | | DEBRIDE NAIL, 1-5 | \$44.64 |
| 11721 | | DEBRIDE NAIL, 6 OR MORE | \$64.58 |
| 11730 | | REMOVAL OF NAIL PLATE | \$142.05 |
| 11732 | | REMOVE NAIL PLATE, ADD-ON | \$66.65 |
| 11740 | | DRAIN BLOOD FROM UNDER NAIL | \$64.09 |
| 11750 | | REMOVAL OF NAIL BED | \$319.36 |
| 11752 | | REMOVE NAIL BED/FINGER TIP | \$457.85 |
| 11755 | | BIOPSY, NAIL UNIT | \$190.92 |
| 11760 | | REPAIR OF NAIL BED | \$289.67 |
| 11762 | | RECONSTRUCTION OF NAIL BED | \$392.56 |
| 11765 | | EXCISION OF NAIL FOLD, TOE | \$179.21 |
| 17000 | | DESTRUCT PREMALIGNANT LESION | \$113.07 |

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| Code | Modifier | Description | Maximum Allowable |
|-------------|-----------------|------------------------------|--------------------------|
| 17003 | | DESTRUCT PREMALG LES, 2-14 | \$10.62 |
| 17110 | | DESTRUCT B9 LESION, 1-14 | \$151.04 |
| 20103 | | EXPLORE WOUND, EXTREMITY | \$806.67 |
| 20600 | | DRAIN/INJECT, JOINT/BURSA | \$81.44 |
| 20605 | | DRAIN/INJECT, JOINT/BURSA | \$87.12 |
| 20680 | | REMOVAL OF SUPPORT IMPLANT | \$867.35 |
| 27603 | | DRAIN LOWER LEG LESION | \$756.37 |
| 27604 | | DRAIN LOWER LEG BURSA | \$662.83 |
| 27605 | | INCISION OF ACHILLES TENDON | \$499.84 |
| 27606 | | INCISION OF ACHILLES TENDON | \$450.80 |
| 27607 | | TREAT LOWER LEG BONE LESION | \$941.39 |
| 27610 | | EXPLORE/TREAT ANKLE JOINT | \$1,002.50 |
| 27612 | | EXPLORATION OF ANKLE JOINT | \$874.12 |
| 27613 | | BIOPSY LOWER LEG SOFT TISSUE | \$354.79 |
| 27614 | | BIOPSY LOWER LEG SOFT TISSUE | \$815.72 |
| 27615 | | RESECT LEG/ANKLE TUM < 5 CM | \$1,571.54 |
| 27618 | | EXC LEG/ANKLE TUM < 3 CM | \$624.61 |
| 27619 | | EXC LEG/ANKLE TUM DEEP <5 CM | \$783.45 |
| 27620 | | EXPLORE/TREAT ANKLE JOINT | \$699.53 |
| 27625 | | REMOVE ANKLE JOINT LINING | \$907.20 |
| 27626 | | REMOVE ANKLE JOINT LINING | \$981.05 |
| 27630 | | REMOVAL OF TENDON LESION | \$765.48 |
| 27648 | | INJECTION FOR ANKLE X-RAY | \$222.86 |
| 27650 | | REPAIR ACHILLES TENDON | \$1,026.76 |
| 27652 | | REPAIR/GRAFT ACHILLES TENDON | \$1,125.65 |
| 27654 | | REPAIR OF ACHILLES TENDON | \$1,114.44 |
| 27680 | | RELEASE OF LOWER LEG TENDON | \$658.94 |

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Table I-3.(a) 2010 CPT¹ Fee Schedule for Podiatry Services

| Code | Modifier | Description | Maximum Allowable |
|-------------|-----------------|------------------------------|--------------------------|
| 27681 | | RELEASE OF LOWER LEG TENDONS | \$798.42 |
| 27685 | | REVISION OF LOWER LEG TENDON | \$923.15 |
| 27686 | | REVISE LOWER LEG TENDONS | \$856.85 |
| 27690 | | REVISE LOWER LEG TENDON | \$986.43 |
| 27691 | | REVISE LOWER LEG TENDON | \$1,155.23 |
| 27692 | | REVISE ADDITIONAL LEG TENDON | \$176.89 |
| 27695 | | REPAIR OF ANKLE LIGAMENT | \$751.50 |
| 27696 | | REPAIR OF ANKLE LIGAMENTS | \$897.22 |
| 27698 | | REPAIR OF ANKLE LIGAMENT | \$1,015.58 |
| 27700 | ☒ | REVISION OF ANKLE JOINT | \$968.97 |
| 27702 | ☒ | RECONSTRUCT ANKLE JOINT | \$1,534.25 |
| 27703 | ☒ | RECONSTRUCTION, ANKLE JOINT | \$1,784.06 |
| 27704 | | REMOVAL OF ANKLE IMPLANT | \$869.85 |
| 27808 | | TREATMENT OF ANKLE FRACTURE | \$456.33 |
| 27810 | | TREATMENT OF ANKLE FRACTURE | \$682.22 |
| 27814 | | TREATMENT OF ANKLE FRACTURE | \$1,181.03 |
| 27816 | | TREATMENT OF ANKLE FRACTURE | \$437.07 |
| 27818 | | TREATMENT OF ANKLE FRACTURE | \$706.88 |
| 27822 | | TREATMENT OF ANKLE FRACTURE | \$1,285.26 |
| 27823 | | TREATMENT OF ANKLE FRACTURE | \$1,469.85 |
| 27840 | | TREAT ANKLE DISLOCATION | \$537.03 |
| 27842 | | TREAT ANKLE DISLOCATION | \$733.93 |
| 27846 | | TREAT ANKLE DISLOCATION | \$1,129.53 |
| 27848 | | TREAT ANKLE DISLOCATION | \$1,275.67 |
| 27860 | | FIXATION OF ANKLE JOINT | \$269.21 |
| 27870 | | FUSION OF ANKLE JOINT, OPEN | \$1,628.69 |
| 27888 | | AMPUTATION OF FOOT AT ANKLE | \$1,097.90 |

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| Code | Modifier | Description | Maximum Allowable |
|-------------|-----------------|------------------------------|--------------------------|
| 27889 | | AMPUTATION OF FOOT AT ANKLE | \$1,093.19 |
| 28001 | | DRAINAGE OF BURSA OF FOOT | \$389.27 |
| 28002 | | TREATMENT OF FOOT INFECTION | \$749.92 |
| 28003 | | TREATMENT OF FOOT INFECTION | \$1,032.26 |
| 28005 | | TREAT FOOT BONE LESION | \$963.47 |
| 28010 | | INCISION OF TOE TENDON | \$351.21 |
| 28011 | | INCISION OF TOE TENDONS | \$497.88 |
| 28020 | | EXPLORATION OF FOOT JOINT | \$735.54 |
| 28022 | | EXPLORATION OF FOOT JOINT | \$676.75 |
| 28024 | | EXPLORATION OF TOE JOINT | \$641.59 |
| 28035 | | DECOMPRESSION OF TIBIA NERVE | \$740.75 |
| 28041 | | EXC FOOT/TOE TUM DEEP >1.5CM | \$728.25 |
| 28043 | | EXC FOOT/TOE TUM SC < 1.5 CM | \$530.81 |
| 28045 | | EXC FOOT/TOE TUM DEEP <1.5CM | \$729.12 |
| 28046 | | RESECT FOOT/TOE TUMOR < 3 CM | \$1,197.60 |
| 28047 | | RESECT FOOT/TOE TUMOR > 3 CM | \$1,582.82 |
| 28050 | | BIOPSY OF FOOT JOINT LINING | \$638.05 |
| 28052 | | BIOPSY OF FOOT JOINT LINING | \$604.31 |
| 28054 | | BIOPSY OF TOE JOINT LINING | \$545.61 |
| 28060 | | PARTIAL REMOVAL, FOOT FASCIA | \$731.57 |
| 28062 | | REMOVAL OF FOOT FASCIA | \$859.60 |
| 28070 | | REMOVAL OF FOOT JOINT LINING | \$721.85 |
| 28072 | | REMOVAL OF FOOT JOINT LINING | \$711.34 |
| 28080 | | REMOVAL OF FOOT LESION | \$712.12 |
| 28086 | | EXCISE FOOT TENDON SHEATH | \$754.91 |
| 28088 | | EXCISE FOOT TENDON SHEATH | \$637.81 |
| 28090 | | REMOVAL OF FOOT LESION | \$654.55 |

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Table I-3.(a) 2010 CPT¹ Fee Schedule for Podiatry Services

| Code | Modifier | Description | Maximum Allowable |
|-------------|-----------------|------------------------------|--------------------------|
| 28092 | | REMOVAL OF TOE LESIONS | \$586.55 |
| 28100 | | REMOVAL OF ANKLE/HEEL LESION | \$839.17 |
| 28102 | | REMOVE/GRAFT FOOT LESION | \$830.21 |
| 28103 | | REMOVE/GRAFT FOOT LESION | \$684.54 |
| 28104 | | REMOVAL OF FOOT LESION | \$725.43 |
| 28106 | | REMOVE/GRAFT FOOT LESION | \$734.04 |
| 28107 | | REMOVE/GRAFT FOOT LESION | \$785.44 |
| 28108 | | REMOVAL OF TOE LESIONS | \$610.55 |
| 28110 | | PART REMOVAL OF METATARSAL | \$635.85 |
| 28111 | | PART REMOVAL OF METATARSAL | \$725.75 |
| 28112 | | PART REMOVAL OF METATARSAL | \$684.97 |
| 28113 | | PART REMOVAL OF METATARSAL | \$840.47 |
| 28114 | | REMOVAL OF METATARSAL HEADS | \$1,544.72 |
| 28116 | | REVISION OF FOOT | \$1,101.44 |
| 28118 | | REMOVAL OF HEEL BONE | \$834.51 |
| 28119 | | REMOVAL OF HEEL SPUR | \$745.29 |
| 28120 | | PART REMOVAL OF ANKLE/HEEL | \$1,011.76 |
| 28122 | | PARTIAL REMOVAL OF FOOT BONE | \$966.48 |
| 28124 | | PARTIAL REMOVAL OF TOE | \$680.35 |
| 28126 | | PARTIAL REMOVAL OF TOE | \$545.41 |
| 28130 | | REMOVAL OF ANKLE BONE | \$1,015.41 |
| 28140 | | REMOVAL OF METATARSAL | \$907.11 |
| 28150 | | REMOVAL OF TOE | \$610.62 |
| 28153 | | PARTIAL REMOVAL OF TOE | \$569.03 |
| 28160 | | PARTIAL REMOVAL OF TOE | \$583.63 |
| 28171 | | RESECT TARSAL TUMOR | \$1,425.51 |
| 28173 | | RESECT METATARSAL TUMOR | \$1,260.43 |

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| Code | Modifier | Description | Maximum Allowable |
|-------------|-----------------|------------------------------|--------------------------|
| 28175 | | RESECT PHALANX OF TOE TUMOR | \$782.64 |
| 28190 | | REMOVAL OF FOOT FOREIGN BODY | \$342.66 |
| 28192 | | REMOVAL OF FOOT FOREIGN BODY | \$669.39 |
| 28193 | | REMOVAL OF FOOT FOREIGN BODY | \$774.30 |
| 28200 | | REPAIR OF FOOT TENDON | \$668.34 |
| 28202 | | REPAIR/GRAFT OF FOOT TENDON | \$892.15 |
| 28208 | | REPAIR OF FOOT TENDON | \$648.09 |
| 28210 | | REPAIR/GRAFT OF FOOT TENDON | \$836.48 |
| 28220 | | RELEASE OF FOOT TENDON | \$639.62 |
| 28222 | | RELEASE OF FOOT TENDONS | \$741.46 |
| 28225 | | RELEASE OF FOOT TENDON | \$553.34 |
| 28226 | | RELEASE OF FOOT TENDONS | \$653.64 |
| 28230 | | INCISION OF FOOT TENDON(S) | \$610.68 |
| 28232 | | INCISION OF TOE TENDON | \$538.46 |
| 28234 | | INCISION OF FOOT TENDON | \$560.33 |
| 28238 | | REVISION OF FOOT TENDON | \$989.19 |
| 28240 | | RELEASE OF BIG TOE | \$628.83 |
| 28250 | | REVISION OF FOOT FASCIA | \$810.27 |
| 28260 | | RELEASE OF MIDFOOT JOINT | \$1,003.29 |
| 28261 | | REVISION OF FOOT TENDON | \$1,457.43 |
| 28262 | | REVISION OF FOOT AND ANKLE | \$2,044.65 |
| 28264 | | RELEASE OF MIDFOOT JOINT | \$1,241.75 |
| 28270 | | RELEASE OF FOOT CONTRACTURE | \$686.31 |
| 28272 | | RELEASE OF TOE JOINT, EACH | \$555.59 |
| 28280 | | FUSION OF TOES | \$744.15 |
| 28285 | | REPAIR OF HAMMERTOES | \$663.21 |
| 28286 | | REPAIR OF HAMMERTOES | \$645.59 |

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| Code | Modifier | Description | Maximum Allowable |
|-------|----------|------------------------------|-------------------|
| 28288 | | PARTIAL REMOVAL OF FOOT BONE | \$844.17 |
| 28289 | | REPAIR HALLUX RIGIDUS | \$1,064.69 |
| 28290 | ◆ | CORRECTION OF BUNION | \$817.97 |
| 28292 | ◆ | CORRECTION OF BUNION | \$1,144.99 |
| 28293 | ◆ | CORRECTION OF BUNION | \$1,508.40 |
| 28294 | ◆ | CORRECTION OF BUNION | \$1,090.09 |
| 28296 | ◆ | CORRECTION OF BUNION | \$1,055.99 |
| 28297 | ◆ | CORRECTION OF BUNION | \$1,200.49 |
| 28298 | ◆ | CORRECTION OF BUNION | \$1,038.92 |
| 28299 | ◆ | CORRECTION OF BUNION | \$1,347.64 |
| 28300 | | INCISION OF HEEL BONE | \$1,036.42 |
| 28302 | | INCISION OF ANKLE BONE | \$1,052.93 |
| 28304 | | INCISION OF MIDFOOT BONES | \$1,161.68 |
| 28305 | | INCISE/GRAFT MIDFOOT BONES | \$1,085.21 |
| 28306 | | INCISION OF METATARSAL | \$858.86 |
| 28307 | | INCISION OF METATARSAL | \$1,020.85 |
| 28308 | | INCISION OF METATARSAL | \$779.29 |
| 28309 | | INCISION OF METATARSALS | \$1,422.64 |
| 28310 | | REVISION OF BIG TOE | \$763.79 |
| 28312 | | REVISION OF TOE | \$695.81 |
| 28313 | | REPAIR DEFORMITY OF TOE | \$738.13 |
| 28315 | | REMOVAL OF SESAMOID BONE | \$677.53 |
| 28320 | | REPAIR OF FOOT BONES | \$980.37 |
| 28322 | | REPAIR OF METATARSALS | \$1,123.18 |
| 28340 | | RESECT ENLARGED TOE TISSUE | \$884.08 |
| 28341 | | RESECT ENLARGED TOE | \$1,028.56 |
| 28344 | | REPAIR EXTRA TOE(S) | \$653.77 |

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| Code | Modifier | Description | Maximum Allowable |
|-------------|-----------------|------------------------------|--------------------------|
| 28345 | | REPAIR WEBBED TOE(S) | \$802.81 |
| 28360 | | RECONSTRUCT CLEFT FOOT | \$1,545.33 |
| 28400 | | TREATMENT OF HEEL FRACTURE | \$345.36 |
| 28405 | | TREATMENT OF HEEL FRACTURE | \$571.93 |
| 28406 | | TREATMENT OF HEEL FRACTURE | \$784.46 |
| 28415 | | TREAT HEEL FRACTURE | \$1,750.43 |
| 28420 | | TREAT/GRAFT HEEL FRACTURE | \$1,880.66 |
| 28430 | | TREATMENT OF ANKLE FRACTURE | \$325.36 |
| 28435 | | TREATMENT OF ANKLE FRACTURE | \$474.39 |
| 28436 | | TREATMENT OF ANKLE FRACTURE | \$633.20 |
| 28445 | | TREAT ANKLE FRACTURE | \$1,665.91 |
| 28450 | | TREAT MIDFOOT FRACTURE, EACH | \$300.09 |
| 28455 | | TREAT MIDFOOT FRACTURE, EACH | \$424.68 |
| 28456 | | TREAT MIDFOOT FRACTURE | \$414.60 |
| 28465 | | TREAT MIDFOOT FRACTURE, EACH | \$950.76 |
| 28470 | | TREAT METATARSAL FRACTURE | \$296.68 |
| 28475 | | TREAT METATARSAL FRACTURE | \$379.64 |
| 28476 | | TREAT METATARSAL FRACTURE | \$494.27 |
| 28485 | | TREAT METATARSAL FRACTURE | \$821.59 |
| 28490 | | TREAT BIG TOE FRACTURE | \$192.68 |
| 28495 | | TREAT BIG TOE FRACTURE | \$244.60 |
| 28496 | | TREAT BIG TOE FRACTURE | \$562.40 |
| 28505 | | TREAT BIG TOE FRACTURE | \$968.08 |
| 28510 | | TREATMENT OF TOE FRACTURE | \$169.57 |
| 28515 | | TREATMENT OF TOE FRACTURE | \$222.53 |
| 28525 | | TREAT TOE FRACTURE | \$804.51 |
| 28530 | | TREAT SESAMOID BONE FRACTURE | \$161.35 |

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| Code | Modifier | Description | Maximum Allowable |
|-------------|-----------------|------------------------------|--------------------------|
| 28531 | | TREAT SESAMOID BONE FRACTURE | \$535.83 |
| 28540 | | TREAT FOOT DISLOCATION | \$290.02 |
| 28545 | | TREAT FOOT DISLOCATION | \$369.80 |
| 28546 | | TREAT FOOT DISLOCATION | \$671.79 |
| 28555 | | REPAIR FOOT DISLOCATION | \$1,263.56 |
| 28570 | | TREAT FOOT DISLOCATION | \$242.92 |
| 28575 | | TREAT FOOT DISLOCATION | \$485.16 |
| 28576 | | TREAT FOOT DISLOCATION | \$547.32 |
| 28585 | | REPAIR FOOT DISLOCATION | \$1,367.14 |
| 28600 | | TREAT FOOT DISLOCATION | \$300.10 |
| 28605 | | TREAT FOOT DISLOCATION | \$407.66 |
| 28606 | | TREAT FOOT DISLOCATION | \$589.37 |
| 28615 | | REPAIR FOOT DISLOCATION | \$1,199.73 |
| 28630 | | TREAT TOE DISLOCATION | \$218.79 |
| 28635 | | TREAT TOE DISLOCATION | \$253.46 |
| 28636 | | TREAT TOE DISLOCATION | \$414.45 |
| 28645 | | REPAIR TOE DISLOCATION | \$926.89 |
| 28660 | | TREAT TOE DISLOCATION | \$160.82 |
| 28665 | | TREAT TOE DISLOCATION | \$231.73 |
| 28666 | | TREAT TOE DISLOCATION | \$303.48 |
| 28675 | | REPAIR OF TOE DISLOCATION | \$824.21 |
| 28705 | | FUSION OF FOOT BONES | \$2,066.62 |
| 28715 | | FUSION OF FOOT BONES | \$1,528.08 |
| 28725 | | FUSION OF FOOT BONES | \$1,253.26 |
| 28730 | | FUSION OF FOOT BONES | \$1,315.70 |
| 28735 | | FUSION OF FOOT BONES | \$1,259.63 |
| 28737 | | REVISION OF FOOT BONES | \$1,110.60 |

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| Code | Modifier | Description | Maximum Allowable |
|-------------|-----------------|-----------------------------|--------------------------|
| 28740 | | FUSION OF FOOT BONES | \$1,235.64 |
| 28750 | | FUSION OF BIG TOE JOINT | \$1,193.18 |
| 28755 | | FUSION OF BIG TOE JOINT | \$709.68 |
| 28760 | | FUSION OF BIG TOE JOINT | \$1,150.04 |
| 28800 | | AMPUTATION OF MIDFOOT | \$902.93 |
| 28805 | | AMPUTATION THRU METATARSAL | \$1,231.14 |
| 28810 | | AMPUTATION TOE & METATARSAL | \$699.91 |
| 28820 | | AMPUTATION OF TOE | \$751.91 |
| 28825 | | PARTIAL AMPUTATION OF TOE | \$836.83 |
| 73600 | | X-RAY EXAM OF ANKLE | \$39.13 |
| 73600 | 26 | X-RAY EXAM OF ANKLE | \$13.81 |
| 73600 | TC | X-RAY EXAM OF ANKLE | \$25.31 |
| 73610 | | X-RAY EXAM OF ANKLE | \$44.82 |
| 73610 | 26 | X-RAY EXAM OF ANKLE | \$15.00 |
| 73610 | TC | X-RAY EXAM OF ANKLE | \$29.81 |
| 73620 | | X-RAY EXAM OF FOOT | \$38.13 |
| 73620 | 26 | X-RAY EXAM OF FOOT | \$13.81 |
| 73620 | TC | X-RAY EXAM OF FOOT | \$24.31 |
| 73630 | | X-RAY EXAM OF FOOT | \$44.32 |
| 73630 | 26 | X-RAY EXAM OF FOOT | \$15.00 |
| 73630 | TC | X-RAY EXAM OF FOOT | \$29.31 |
| 73650 | | X-RAY EXAM OF HEEL | \$38.63 |
| 73650 | 26 | X-RAY EXAM OF HEEL | \$13.81 |
| 73650 | TC | X-RAY EXAM OF HEEL | \$24.81 |
| 73660 | | X-RAY EXAM OF TOE(S) | \$39.56 |
| 73660 | 26 | X-RAY EXAM OF TOE(S) | \$11.25 |
| 73660 | TC | X-RAY EXAM OF TOE(S) | \$28.31 |

CPT code descriptions are shortened to 28 characters or less to comply with copyright restrictions.
For full descriptions, please refer to your current CPT book.

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☛ = The Surgical Supply Code A4550 is reimbursed separately only when used with these surgical procedures, and performed in the podiatrist's office.

** = PA Required

☒ = Medical Justification or Written Report Required

Table I-3.(a) 2010 CPT¹ Fee Schedule for Podiatry Services

| Code | Modifier | Description | Maximum Allowable |
|-------------|-----------------|------------------------------|--------------------------|
| 99201 | | OFFICE/OUTPATIENT VISIT, NEW | \$62.46 |
| 99202 | | OFFICE/OUTPATIENT VISIT, NEW | \$109.84 |
| 99203 | | OFFICE/OUTPATIENT VISIT, NEW | \$160.27 |
| 99204 | | OFFICE/OUTPATIENT VISIT, NEW | \$252.60 |
| 99205 | | OFFICE/OUTPATIENT VISIT, NEW | \$319.74 |
| 99211 | | OFFICE/OUTPATIENT VISIT, EST | \$29.70 |
| 99212 | | OFFICE/OUTPATIENT VISIT, EST | \$62.46 |
| 99213 | | OFFICE/OUTPATIENT VISIT, EST | \$108.29 |
| 99214 | | OFFICE/OUTPATIENT VISIT, EST | \$163.18 |
| 99215 | | OFFICE/OUTPATIENT VISIT, EST | \$221.58 |
| 99221 | | INITIAL HOSPITAL CARE | \$136.05 |
| 99222 | | INITIAL HOSPITAL CARE | \$184.15 |
| 99223 | | INITIAL HOSPITAL CARE | \$271.69 |
| 99231 | | SUBSEQUENT HOSPITAL CARE | \$66.52 |
| 99232 | | SUBSEQUENT HOSPITAL CARE | \$120.29 |
| 99233 | | SUBSEQUENT HOSPITAL CARE | \$172.68 |
| 99238 | | HOSPITAL DISCHARGE DAY | \$116.92 |
| 99239 | | HOSPITAL DISCHARGE DAY | \$171.21 |
| 99241 | | OFFICE CONSULTATION | \$78.57 |
| 99242 | | OFFICE CONSULTATION | \$150.26 |
| 99243 | | OFFICE CONSULTATION | \$206.34 |
| 99244 | | OFFICE CONSULTATION | \$310.73 |
| 99245 | | OFFICE CONSULTATION | \$380.86 |
| 99251 | | INPATIENT CONSULTATION | \$86.34 |
| 99252 | | INPATIENT CONSULTATION | \$131.96 |
| 99253 | | INPATIENT CONSULTATION | \$201.58 |
| 99254 | | INPATIENT CONSULTATION | \$291.91 |

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☛ = The Surgical Supply Code A4550 is reimbursed separately only when used with these surgical procedures, and performed in the podiatrist's office.

** = PA Required

☒ = Medical Justification or Written Report Required

Table I-3.(a) 2010 CPT¹ Fee Schedule for Podiatry Services

| Code | Modifier | Description | Maximum Allowable |
|-------------|-----------------|-------------------------|--------------------------|
| 99255 | | INPATIENT CONSULTATION | \$352.78 |
| 99281 | | EMERGENCY DEPT VISIT | \$36.88 |
| 99282 | | EMERGENCY DEPT VISIT | \$71.58 |
| 99283 | | EMERGENCY DEPT VISIT | \$109.14 |
| 99284 | | EMERGENCY DEPT VISIT | \$205.72 |
| 99285 | | EMERGENCY DEPT VISIT | \$304.18 |
| 99341 | | HOME VISIT, NEW PATIENT | \$93.83 |
| 99342 | | HOME VISIT, NEW PATIENT | \$136.54 |
| 99343 | | HOME VISIT, NEW PATIENT | \$223.57 |
| 99344 | | HOME VISIT, NEW PATIENT | \$296.70 |
| 99345 | | HOME VISIT, NEW PATIENT | \$357.48 |
| 99347 | | HOME VISIT, EST PATIENT | \$92.35 |
| 99348 | | HOME VISIT, EST PATIENT | \$140.30 |
| 99349 | | HOME VISIT, EST PATIENT | \$206.71 |
| 99350 | | HOME VISIT, EST PATIENT | \$288.31 |

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☹ = The Surgical Supply Code A4550 is reimbursed separately only when used with these surgical procedures, and performed in the podiatrist's office.

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Table I-3.(b) 2010 HCPC Fee Schedule for Podiatry Services

| Code | Description | Maximum Allowable |
|-------------|---|--------------------------|
| A4550 | ☼ SURGICAL TRAYS | \$15.21 |
| A5512 | FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES FAHRENHEIT OR HIGHER, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 1/4 INCH MATERIAL OF SHORE A 35 DUROMETER O | \$24.22 |
| A5513 | FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 3/16 INCH MATERIAL OF SHORE A 35 DUROMETER OR HIGHER), INCLUDES ARCH FILLER AND OTHER SHAPING | \$36.14 |
| L1970 | ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED | \$563.80 |
| L2106 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED | \$899.37 |
| L2108 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED | \$1,016.90 |
| L2112 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$433.97 |
| L2114 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$689.64 |
| L2116 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$859.20 |
| L2210 | ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT | \$100.65 |
| L2270 | ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ("T") STRAP, PADDED/LINED OR MALLEOLUS PAD | \$80.23 |
| L2820 | ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION | \$159.01 |
| L3020 | FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL SUPPORT, EACH | \$155.91 |
| L3030 | FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH | \$59.97 |
| L4360 | WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$245.59 |
| L4396 | STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | \$129.66 |

☼ = Surgical supply code A4550 (Surgical Tray) is reimbursed separately only when used with surgical procedure codes 28290, 28292, 28293, 28294, 28296, 28297, 28298, 28299

** = PA Required

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Podiatry Services
Coverage and rates are subject to change
Effective 1/1/2010 Dates of Service