			Medicaid Maximum Allowable			
CODE	MODE	Description	FACILITY	NON- FACILITY	EFFECTIVE DATE	
10060		DRAINAGE OF ABSCESS	\$66.04	\$76.18	1/1/2014	
10061		DRAINAGE OF ABSCESS	\$117.74	\$131.17	1/1/2014	
10120		FOREIGN BODY REMOVAL, SKIN	\$64.76	\$92.99	1/1/2014	
10121		FOREIGN BODY REMOVAL, SKIN	\$132.58	\$181.38	1/1/2014	
10140		DRAINAGE OF BLOOD EFFUSION	\$84.60	\$107.09	1/1/2014	
10160		PUNCTURE DRAINAGE OF LESION	\$68.13	\$87.04	1/1/2014	
10180		INCISION AND DRAINAGE, COMPLEX	\$124.85	\$160.77	1/1/2014	
11000		SURGICAL CLEANSING OF SKIN	\$24.03	\$37.74	1/1/2014	
11001		DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% OF	\$12.12	\$15.95	1/1/2014	
		DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED				
11010		WITH OPEN	\$204.86	\$324.40	1/1/2014	
		DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED				
11012		WITH OPEN	\$319.73	\$494.38	1/1/2014	
11042		DEBRIDEMENT SKIN AND SUBCUTANEOUS TISSUE	\$34.39	\$52.20	1/1/2014	
11043		DEBRIDEMENT SKIN SUBCUTANEOUS TISSUE AND MUSCLE	\$167.12	\$190.43	1/1/2014	
11044		DEBRIDEMENT SKIN SUBCUTANEOUS TISSUE MUSCLE BONE	\$229.96	\$260.13	1/1/2014	
		DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS,				
11045		IF PERFORMED);	\$13.93	\$24.06	1/1/2014	
		DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND				
11046		SUBCUTANEOUS	\$29.66	\$41.92	1/1/2014	
		DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS				
11047		TISSUE, MUSCLE	\$51.53	\$68.85	1/1/2014	
		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR		, , , , , ,		
11055		CALLUS); SINGLE	\$17.26	\$33.70	1/1/2014	
		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR	¥ 111.	*	., ., = 5	
11056		CALLUS); TWO TO	\$24.34	\$41.33	1/1/2014	
		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR	4 =	* * * * * * * * * * * * * * * * * * *	., ., = 5	
11057		CALLUS): MORE	\$31.60	\$49.96	1/1/2014	
- 11001		BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE	ψοσσ	ψ.σ.σσ	., .,	
11100		(INCLUDING SIMPLE	\$35.53	\$71.46	1/1/2014	
11100		BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE	ψοσ.σσ	ψ,ο	17 172011	
11101		(INCLUDING SIMPLE	\$18.29	\$23.50	1/1/2014	
11200		REMOVAL OF SKIN TAGS	\$48.02	\$56.52	1/1/2014	
11200		REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA;	ψ10.02	φοσ.σ2	1/ 1/2014	
11201		EACH ADDITIONAL	\$12.25	\$13.36	1/1/2014	
11305		SHAVING OF LESION SCALP/NECK/HANDS/ETC 0.5 CM	\$27.48	\$48.31	1/1/2014	
11306		SHAVING OF LESION SCALP/NECK/HAND/ETC .6- 1.0 CM	\$41.62	\$66.84	1/1/2014	
11307		SHAVING OF LESION SCALP/NECK/HAND/ETC 1.1 - 2.0 CM	\$49.08	\$78.97	1/1/2014	
11307	1	SHAVING OF LESION SCALP/NECK/HAND/ETC OVER 2.0 CM	\$59.04	\$88.93	1/1/2014	
11300	1	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS	φυθ.04	ψ00.93	1/1/2014	
11420		LISTED EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS	\$56.82	\$80.40	1/1/2014	
11421		LISTED EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED)	\$76.92	\$104.62	1/1/2014	
11422		LISTED	\$92.76	\$116.89	1/1/2014	
11423		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$108.34	\$136.30	1/1/2014	
11424		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$125.01	\$157.37	1/1/2014	

CODE MODE Description				Medica	Allowable	
11426	CODE	MODE	Description	FACILITY		EFFECTIVE DATE
FEET, EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS. EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS. S10.97 11/2014 EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS. S10.97 11/2014 EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS. S208.96 11/1/2014 EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS. S208.96 11/1/2014 EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS. S208.96 11/1/2014 EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS. S208.56 11/1/2014 NOSE, LIPS. S208.	11426		LISTED	\$191.33	\$226.44	1/1/2014
TEET, EET, EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, \$119.47 \$173.20 1/1/2014	11620		FEET,	\$80.35	\$125.03	1/1/2014
FEET. \$119.47 \$173.20 \$1/1/2014	11621		FEET,	\$103.55	\$152.89	1/1/2014
FEET	11622		FEET,	\$119.47	\$173.20	1/1/2014
FEET,	11623		FEET,	\$147.37	\$202.75	1/1/2014
TEET	11624		FEET,	\$167.64	\$228.23	1/1/2014
11641 NOSE, LIPS; \$110.52 \$160.97 1/1/2014	11626		FEET,	\$209.96	\$278.23	1/1/2014
11642 NOSE, LIPS; \$130.47 \$185.84 1/1/2014	11641		NOSE, LIPS;	\$110.52	\$160.97	1/1/2014
11643 NOSE, LIPS; EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; \$203.47 \$270.64 1/1/2014	11642		NOSE, LIPS;	\$130.47	\$185.84	1/1/2014
11644 NOSE, LIPS; \$203.47 \$270.64 1/1/2014	11643		NOSE, LIPS;	\$163.16	\$219.09	1/1/2014
11646 NOSE, LIPS; \$286.55 \$357.56 1/1/2014 11719 TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER \$6.78 \$14.74 1/1/2014 11720 DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE \$12.70 \$21.75 1/1/2014 11721 DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE \$21.70 \$31.30 1/1/2014 11730 REMOVAL OF NAIL \$44.00 \$68.96 1/1/2014 AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE \$22.87 \$32.18 1/1/2014 11730 REMOVAL OF NAIL BED \$125.77 \$149.29 1/1/2014 11750 REMOVAL OF NAIL BED \$125.77 \$149.29 1/1/2014 11751 EXC NAIL WITH AMPUTATION OF TUFT OF DISTAL PHALANX \$187.04 \$21.254 1/1/2014 11752 EXC NAIL WITH AMPUTATION OF TUFT OF DISTAL PHALANX \$187.04 \$212.54 1/1/2014 11760 RECONSTRUCTION OF NAIL BED \$93.04 \$138.55 1/1/2014 11761 RECONSTRUCTION OF NAIL BED \$143.74 \$187.33 1/1/2014 11765 WEDGE EXCISION OF SKIN OF NAIL FOLD \$47.77 \$87.80 1/1/2014 11765 WEDGE EXCISION OF SKIN OF NAIL FOLD \$47.77 \$87.80 1/1/2014 11900 INJECTION INTO SKIN LESIONS \$22.64 \$39.09 1/1/2014 11951 THERAPY FOR CONTOUR DEFECTS \$36.99 \$52.89 1/1/2014 11954 THERAPY FOR CONTOUR DEFECTS \$36.63 \$311.99 1/1/2014 11954 THERAPY FOR CONTOUR DEFECTS \$36.99 \$52.89 1/1/2014 11954 THERAPY FOR CONTOUR DEFECTS \$36.63 \$311.99 1/1/2014 11954 THERAPY FOR CONTOUR DEFECTS \$36.60 \$311.82 1/1/2014 12001 REPAIR OF RECENT WOUND \$77.09 \$102.33 1/1/2014 12002 SIMPLE REP SUPERF WDS SCA NECK AXI	11644		NOSE, LIPS;	\$203.47	\$270.64	1/1/2014
DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE \$12.70 \$21.75 1/1/2014 11721 DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE \$21.70 \$31.30 1/1/2014 11730 REMOVAL OF NAIL AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE \$22.87 \$32.18 1/1/2014 11732 NAIL PLATE \$22.87 \$32.18 1/1/2014 11750 REMOVAL OF NAIL BED \$125.17 \$149.29 1/1/2014 11750 REMOVAL OF NAIL BED \$125.17 \$149.29 1/1/2014 11750 EXC NAIL WITH AMPUTATION OF TUFT OF DISTAL PHALANX \$187.04 \$212.54 1/1/2014 11755 AND LATERAL \$62.29 \$92.72 1/1/2014 11765 RECONSTRUCTION OF NAIL BED \$143.74 \$187.33 1/1/2014 11762 RECONSTRUCTION OF NAIL BED \$143.74 \$187.33 1/1/2014 11765 WEDGE EXCISION OF SKIN OF NAIL FOLD \$447.77 \$87.80 1/1/2014 11900 INJECTION INTO SKIN LESIONS \$22.64 \$39.09 1/1/2014 11950 THERAPY FOR CONTOUR DEFECTS \$36.99 \$52.89 1/1/2014 11951 THERAPY FOR CONTOUR DEFECTS \$36.99 \$52.89 1/1/2014 11954 THERAPY FOR CONTOUR DEFECTS \$36.99 \$52.89 1/1/2014 11951 THERAPY FOR CONTOUR DEFECTS \$36.63 \$311.98 1/1/2014 11950 REPAIR OF RECENT WOUND \$74.09 \$102.33 1/1/2014 11950 REPAIR OF RECENT WOUND \$74.09 \$102.33 1/1/2014 11950 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$82.22 \$109.09 1/1/2014 12004 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$152.39 \$199.54 1/1/2014 12006 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$152.39 \$199.54 1/1/2014 12006 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$152.39 \$199.54 1/1/2014 12006 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$152.39 \$199.54 1/1/2014 12006 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$152.39 \$199.54 1/1/2014 12006 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$152.39 \$199.54 1/1/2014 12006 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$152.39 \$199.54 1/1/2014 12006			NOSE, LIPS;			
DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE \$21.70 \$31.30 1/1/2014						
11730 REMOVAL OF NAIL				T -		
AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE				T -		
11740			AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL			
11750 REMOVAL OF NAIL BED \$125.17 \$149.29 1/1/2014 1/1752 EXC NAIL WITH AMPUTATION OF TUFT OF DISTAL PHALANX \$187.04 \$212.54 1/1/2014 BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIUM, PROXIMAL AND LATERAL \$62.29 \$92.72 1/1/2014 1/1760 RECONSTRUCTION OF NAIL BED \$93.04 \$138.55 1/1/2014 1/1762 RECONSTRUCTION OF NAIL BED \$143.74 \$187.33 1/1/2014 1/1765 WEDGE EXCISION OF SKIN OF NAIL FOLD \$47.77 \$87.80 1/1/2014 1/1900 INJECTION INTO SKIN LESIONS \$22.64 \$39.09 1/1/2014 1/1901 INJECTION INTO SKIN LESIONS \$35.24 \$49.77 1/1/2014 1/1950 THERAPY FOR CONTOUR DEFECTS \$36.99 \$52.89 1/1/2014 1/1951 THERAPY FOR CONTOUR DEFECTS \$31.58 \$70.79 1/1/2014 1/1954 THERAPY FOR CONTOUR DEFECTS \$33.66 \$113.82 1/1/2014 1/1954 TISSUE EXPANDER REMOVAL \$208.63 \$311.99 1/1/2014 1/2015 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$82.22 1/1/2014 1/2015 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$86.71 \$128.78 1/1/2014 1/2006 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$152.39 \$199.54 1/1/2014 1/2006 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$152.39 \$199.54 1/1/2014 1/2006 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$152.39 \$199.54 1/1/2014 1/2006 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$152.39 \$199.54 1/1/2014 1/2006 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$152.39 \$199.54 1/1/2014 1/2006 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$152.39 \$199.54 1/1/2014 1/1						
11752 EXC NAIL WITH AMPUTATION OF TUFT OF DISTAL PHALANX BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIUM, PROXIMAL AND LATERAL \$62.29 \$92.72 1/1/2014 11755 AND LATERAL \$62.29 \$92.72 1/1/2014 11760 RECONSTRUCTION OF NAIL BED \$93.04 \$138.55 1/1/2014 11762 RECONSTRUCTION OF NAIL BED \$143.74 \$187.33 1/1/2014 11765 WEDGE EXCISION OF SKIN OF NAIL FOLD \$47.77 \$87.80 1/1/2014 11900 INJECTION INTO SKIN LESIONS \$22.64 \$39.09 1/1/2014 11901 INJECTION INTO SKIN LESIONS \$35.24 \$49.77 1/1/2014 11950 THERAPY FOR CONTOUR DEFECTS \$36.99 \$52.89 1/1/2014 11951 THERAPY FOR CONTOUR DEFECTS \$36.99 \$52.89 1/1/2014 11954 THERAPY FOR CONTOUR DEFECTS \$83.66 \$113.82 1/1/2014 11971 TISSUE EXPANDER REMOVAL \$208.63 \$311.99 1/1/2014 12001 REPAIR OF RECENT WOUND \$74.09 \$102.33 1/1/2014 12002 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$96.71 \$128.78 1/1/2014 12005 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$96.71 \$128.78 1/1/2014 12006 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$152.39 \$199.54 1/1/2014						
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11762 RECONSTRUCTION OF NAIL BED \$143.74 \$187.33 1/1/2014 11765 WEDGE EXCISION OF SKIN OF NAIL FOLD \$47.77 \$87.80 1/1/2014 11900 INJECTION INTO SKIN LESIONS \$22.64 \$39.09 1/1/2014 11901 INJECTION INTO SKIN LESIONS \$35.24 \$49.77 1/1/2014 11950 THERAPY FOR CONTOUR DEFECTS \$36.99 \$52.89 1/1/2014 11951 THERAPY FOR CONTOUR DEFECTS \$51.58 \$70.79 1/1/2014 11954 THERAPY FOR CONTOUR DEFECTS \$83.66 \$113.82 1/1/2014 11971 TISSUE EXPANDER REMOVAL \$208.63 \$311.99 1/1/2014 12001 REPAIR OF RECENT WOUND \$74.09 \$102.33 1/1/2014 12002 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$82.22 \$109.09 1/1/2014 12004 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$96.71 \$128.78 1/1/2014 12005 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$152.39 \$199.54 1/1/2014 12006 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$152.39 \$199.54						
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11901 INJECTION INTO SKIN LESIONS \$35.24 \$49.77 1/1/2014 11950 THERAPY FOR CONTOUR DEFECTS \$36.99 \$52.89 1/1/2014 11951 THERAPY FOR CONTOUR DEFECTS \$51.58 \$70.79 1/1/2014 11954 THERAPY FOR CONTOUR DEFECTS \$83.66 \$113.82 1/1/2014 11971 TISSUE EXPANDER REMOVAL \$208.63 \$311.99 1/1/2014 12001 REPAIR OF RECENT WOUND \$74.09 \$102.33 1/1/2014 12002 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$82.22 \$109.09 1/1/2014 12004 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$96.71 \$128.78 1/1/2014 12005 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$120.59 \$160.62 1/1/2014 12006 SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX \$152.39 \$199.54 1/1/2014						
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			Medica	id Maximum	ım Allowable	
CODE	MODE	Description	FACILITY	NON- FACILITY	EFFECTIVE DATE	
12020		TREATMENT OF SUPERFICIAL WOUND DEHISCENCE	\$133.24	\$184.78	1/1/2014	
12021		TREATMENT OF SUPERFICIAL WOUND WITH PACKING	\$96.65	\$110.09	1/1/2014	
12031		LAYER CLOSURE OF WOUNDS UP TO 2.5 CM.	\$111.65	\$163.19	1/1/2014	
12032		LAYER CLOSURE OF WOUNDS 2.5 TO 7.5 CM.	\$137.13	\$209.78	1/1/2014	
12034		LAYER CLOSURE OF WOUNDS 7.5 TO 12.5 CM.	\$143.66	\$207.53	1/1/2014	
12035		LAYER CLOSURE OF WOUNDS 12.5 TO 20.0 CM.	\$168.51	\$252.95	1/1/2014	
12036		LAYER CLOSURE OF WOUNDS 20.0 TO 30.0 CM.	\$194.55	\$277.90	1/1/2014	
12037		INTERMEDIATE REPAIR OVER 30 CM SCALP AXILLA TRUNK	\$226.50	\$313.69	1/1/2014	
12041		LAYER CLOSURE OF WOUNDS UP TO 2.5 CM.	\$119.64	\$171.20	1/1/2014	
12042		LAYER CLOSURE OF WOUNDS 2.5 TO 7.5 CM.	\$139.84	\$199.60	1/1/2014	
12044		LAYER CLOSURE OF WOUNDS 7.5 TO 12.5 CM.	\$150.84	\$230.34	1/1/2014	
12045		LAYER CLOSURE OF WOUNDS 12.5 TO 20.0 CM.	\$175.11	\$255.44	1/1/2014	
12046		LAYER CLOSURE WOUNDS 20.0 TO 30.0 CM.	\$206.32	\$302.55	1/1/2014	
12047		LAYER CLOSURE OF WOUNDS OVER 30.0 CM.	\$225.79	\$324.76	1/1/2014	
13131		REPAIR OF WOUND OR LESION	\$197.02	\$251.04	1/1/2014	
13132		REPAIR COMPLEX 2.5 TO 7.5 CM.	\$332.14	\$402.60	1/1/2014	
		REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE,				
13133		GENITALIA, HANDS	\$97.09	\$119.29	1/1/2014	
13160		SECONDARY CLOSURE OF SURGICAL WOUND DEHISCENCE	\$576.99	\$576.99	1/1/2014	
14020		SKIN TISSUE REARRANGEMENT SCALP ARMS AND/OR LEGS U	\$402.69	\$479.45	1/1/2014	
14021		ADJACENT TISSUE TRANSF/REARRANG SCALP ARMS LEGS DE	\$521.10	\$608.57	1/1/2014	
14040		SKIN TISSUE REARRANGEMENT DEFECT UP TO 10 SQ CM	\$458.65	\$533.78	1/1/2014	
14041		ADJACENT TISSUE TRANS/REARRANGE 10 SQ CM TO 30 SQ	\$566.76	\$664.36	1/1/2014	
		ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1	,	,		
14301		SQ CM TO 60.0	\$521.70	\$615.75	1/1/2014	
		ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH		,		
14302		ADDITIONAL 30.0 SQ	\$135.42	\$135.42	1/1/2014	
14350		FILLETED FINGER OR TOE FLAP INCLUDING PREP OF RECI	\$535.88	\$535.88	1/1/2014	
		SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF	,	,		
15004		OPEN WOUNDS,	\$206.07	\$281.74	1/1/2014	
		SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF	*************************************		., ., = • · ·	
15005		OPEN WOUNDS,	\$66.36	\$85.28	1/1/2014	
		HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR	7	¥*****	., ., = • · ·	
15040		LESS	\$92.58	\$174.82	1/1/2014	
15050		PINCH GRAFT SINGLE OR MULTIPLE TO COVE SM ULCER UP	\$308.32	\$372.76	1/1/2014	
		EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	*	,		
15115		ORBITS,	\$541.36	\$603.04	1/1/2014	
		EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,		,		
15116		ORBITS.	\$108.81	\$118.68	1/1/2014	
		DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	Ţ.50.01	Ţ 		
15135		GENITALIA,	\$544.97	\$604.47	1/1/2014	
		DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	*************************************	400 1111	., ., = • · ·	
15136		GENITALIA,	\$61.37	\$65.77	1/1/2014	
		TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH,	72	+->		
15155		NECK, EARS,	\$486.21	\$517.75	1/1/2014	
.0.00		TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH,	ψ.50.E1	Ψ5.11.10	., ., _ 0	
15156		NECK, EARS,	\$121.73	\$128.03	1/1/2014	
	.	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH,	1	Ţ. <u>_</u> 0.00	., ., _0	
		HISSUE CULTURED EFIDERWAL AUTOGRAFT. LACE, SCALF, ETELIDS, WOUTH,				

			Medica	n Allowable	
CODE	MODE	Description	FACILITY	NON- FACILITY	EFFECTIVE DATE
15175		ACELLULAR DERMAL REPLACEMENT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$346.81	\$383.00	1/1/2014
15176		ACELLULAR DERMAL REPLACEMENT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$102.74	\$108.49	1/1/2014
15240		SKIN GRAFT PROCEDURE	\$559.39	\$637.25	1/1/2014
45044		FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE,	#00.00	¢407.00	4/4/0044
15241		FOREHEAD, APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH,	\$83.30	\$127.99	1/1/2014
15275		NECK	\$56.08	\$85.24	1/1/2014
15276		APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK,	\$13.81	\$18.67	1/1/2014
15277		APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK	\$119.51	\$164.57	1/1/2014
15278		APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK,	\$30.38	\$45.52	1/1/2014
15320		ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUTH, NECK,	\$236.11	\$272.04	1/1/2014
15321		ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUTH, NECK,	\$63.77	\$68.15	1/1/2014
15335		ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$202.11	\$234.74	1/1/2014
15336		ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$58.75	\$63.69	1/1/2014
15340		TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE; FIRST 25 SQ CM OR LESS	\$192.35	\$221.97	1/1/2014
15341		TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE; EACH ADDITIONAL 25 SQ CM	\$20.33	\$32.95	1/1/2014
15365		TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE, FACE, SCALP, EYELIDS, MOUTH,	\$216.22	\$247.48	1/1/2014
15366		TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE, FACE, SCALP, EYELIDS, MOUTH,	\$58.51	\$63.17	1/1/2014
15420		XENOGRAFT SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS,	\$276.17	\$309.61	1/1/2014
15421		XENOGRAFT SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS,	\$62.93	\$81.31	1/1/2014
15430		ACELLULAR XENOGRAFT IMPLANT; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY	\$352.39	\$365.00	1/1/2014
15431		ACELLULAR XENOGRAFT IMPLANT; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE	\$124.66	\$127.38	1/1/2014
15574		PEDICLE FLAP-FACE,NECK,AXILLA,GENITALIA,HANDS,FEET	\$541.90	\$628.54	1/1/2014
15620		SKIN GRAFT PROCEDURE	\$220.79	\$298.93	1/1/2014
15738		MUSCLE FLAP LOWER EXTREMITY	\$908.23	\$1,022.01	
15740		SKIN GRAFT PROCEDURE	\$611.38	\$707.34	1/1/2014
15750		SKIN GRAFT PROCEDURE	\$648.82	\$648.82	1/1/2014
15760		SKIN GRAFT PROCEDURE	\$501.38	\$587.46	1/1/2014
15770		SKIN GRAFT PROCEDURE	\$464.10	\$464.10	1/1/2014
15782		ABRASION SKIN REMOVAL TATTOOS REGIONAL NOT FACE	\$287.78	\$388.67	1/1/2014
15783		SUPERFICIAL DERMABRASION	\$260.26	\$335.39	1/1/2014
15786	ļ	ABRASION SINGLE LESION EG KERATOSIS SCAR	\$98.47	\$164.27	1/1/2014

			Medicaid Maximum Allowable			
CODE	MODE	Description	FACILITY	NON- FACILITY	EFFECTIVE DATE	
15787		ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS (LIST SEPARATELY IN ADDITION TO	\$13.82	\$33.56	1/1/2014	
15851		REMOVAL SUTURES HOSP ER UNDER ANESTHESIA	\$33.75	\$64.73	1/1/2014	
15852		DRESSING CHANGE W/ ANESTHESIA, EXCLUDES BURNS	\$35.13	\$35.13	1/1/2014	
13032		INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR	ψ55.15	ψ55.15	1/1/2014	
15860		FLOW IN FLAP	\$82.61	\$82.61	1/1/2014	
16000		TREATMENT OF BURNS	\$34.46	\$48.44	1/1/2014	
10000		DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL	ψ54.40	ψ+0.++	1/1/2014	
16020		OR SUBSEQUENT:	\$40.58	\$56.46	1/1/2014	
16035		ESCHAROTOMY; INITIAL INCISION	\$156.78	\$156.78	1/1/2014	
10033		ESCHAROTOMY; EACH ADDITIONAL INCISION (LIST SEPARATELY IN ADDITION	\$130.70	ψ130.76	1/1/2014	
16036		TO CODE FOR	\$62.48	\$62.48	1/1/2014	
17000		DESTRUCTION ANY METHOD PREMALIGNANT LESIONS ONE LE	\$38.13	\$54.31	1/1/2014	
17000		DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT	ψ30.13	ψ54.51	1/1/2014	
17003		SURGICAL	\$3.36	\$5.28	1/1/2014	
17003		DESTRUCTION (EG. LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	ψ3.30	ψ5.20	1/1/2014	
17004		CHEMOSURGERY,	\$96.31	\$122.37	1/1/2014	
17106		DESTRUCTION OF VASCULAR PROLIFERATIVE LESIONS	\$198.84	\$240.51	1/1/2014	
17107		DESTRUCTION VASCULAR PROLIFERATIVE LESION 10SQ LES	\$262.96	\$318.62	1/1/2014	
17107		DESTRUCTION VASCULAR LESIONS OVER 50.0 SQ CM	\$343.17	\$407.58	1/1/2014	
17 106		DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	φ343.17	\$407.56	1/1/2014	
17110		CHEMOSURGERY,	\$47.38	\$75.09	1/1/2014	
17110		DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM	φ47.30	\$75.09	1/1/2014	
17111		CONTAGIOSUM, OR MILIA; 15 OR	\$59.23	\$89.40	1/1/2014	
17250		CHEMICAL CAUTERIZATION OF WOUND	\$26.09	\$51.04	1/1/2014	
17230		DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY,	φ20.09	φ51.04	1/1/2014	
17270		ELECTROSURGERY, CRYOSURGERY,	\$69.71	\$101.80	1/1/2014	
17271		DESTRUCTION MALIGNANT LESION SCALP,NECK-0.6-1.0 CM	\$78.51	\$112.50	1/1/2014	
17272		DESTRUCTION MALIGNANT LESION SCALP, NECK 1.1-2.0 CM	\$91.10	\$128.94	1/1/2014	
17273		DESTRUCTION MALIGNANT LESION SCALP, NECK 1.1-2.0 CM	\$102.90	\$144.02	1/1/2014	
17274		DESTRUCTION MALIGNANT LESION SCALP, NECK 2.1-3.0 CM	\$102.30	\$170.82	1/1/2014	
17274		DESTRUCTION MALIGNANT LESION SCALP, NECK-0. 1-4.0 GM	\$152.18	\$170.82	1/1/2014	
17270		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS	\$102.10	\$190.24	1/1/2014	
17311		TUMOR, SURGICAL	\$277.65	\$480.26	1/1/2014	
1/311		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS	\$211.00	Φ460.20	1/1/2014	
17312		TUMOR, SURGICAL	\$147.68	\$286.96	1/1/2014	
20005		INCISION OF ABSCESS	\$171.43		1/1/2014	
20003		EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE);	φ171.43	ΦΖ13.12	1/1/2014	
20103		EXTREMITY	\$254.00	\$389.71	1/1/2014	
20200		MUSCLE BIOPSY	\$67.62	\$132.04	1/1/2014	
20205		MUSCLE BIOPSY	\$107.66	\$180.86	1/1/2014	
20205		BIOPSY MUSCLE PERCUTANEOUS NEEDLE	\$47.37	\$181.99	1/1/2014	
		BONE BIOPSY				
20220		BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS,	\$59.16	\$126.33	1/1/2014	
20240		RIBS,		Q164.64	1/1/0044	
20240		·	\$164.64	\$164.64	1/1/2014	
20245		BONE BIOPSY INJECTION OF SINUS TRACT	\$449.32	\$449.32	1/1/2014	
20500			\$68.37	\$82.61	1/1/2014	
20501		INJECTION OF SINUS TRACT DIAGNOSTIC SINOGRAM	\$31.22	\$92.09	1/1/2014	
20520		REMOVAL OF FOREIGN BODY	\$101.33	\$132.31	1/1/2014	
20525		REMOVAL OF FOREIGN BODY	\$178.04	\$321.16	1/1/2014	

			Medicaid Maximum Allowable		
CODE	MODE	Description	FACILITY	NON- FACILITY	EFFECTIVE DATE
20550		INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLANTAR	\$31.32	\$41.74	1/1/2014
20551		INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	\$31.96	\$41.28	1/1/2014
20001		INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO	ψ51.90	ψ41.20	1/ 1/2014
20552		MUSCLE(S)	\$27.08	\$37.50	1/1/2014
20002		INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE	Ψ27.00	ψ07.00	1/ 1/2014
20553		MUSCLE(S)	\$30.12	\$41.89	1/1/2014
20000		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA	ψου. 12	Ψ+1.00	17 172014
20600		(EG, FINGERS,	\$29.84	\$39.17	1/1/2014
20000		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR	Ψ20.01	ψου. 17	17 172014
20605		BURSA (EG,	\$30.98	\$41.95	1/1/2014
20612		ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	\$31.95	\$41.82	1/1/2014
20615		ASPIRATION & INJ FOR TREATMENT OF BONE CYST	\$114.70	\$152.26	1/1/2014
20650		INSERTION & REMOVAL BONE PIN	\$113.08	\$138.87	1/1/2014
20670		REMOVAL OF IMPLANT SUPERFICIAL EG BURIED WIRE PIN	\$106.23	\$269.63	1/1/2014
20680		REMOVAL OF BURIED SUPPORT	\$296.16	\$412.12	1/1/2014
20690		APPLICATION EXTERNAL FIXATION, UNIPLANE	\$390.85	\$390.85	1/1/2014
20692		APPLICATION OF MULTIPLANE UNILATERAL EXTERNAL FIX	\$730.83	\$730.83	1/1/2014
20693		ADJUSTMENT OR REVISION EXTERNAL FIXATION REQ ANEST	\$327.78	\$327.78	1/1/2014
20694		REMOVAL UNDER ANESTHESIA EXTERNAL FIXATION SYSTEM	\$239.28	\$296.30	1/1/2014
20900		REMOVAL OF BONE FOR GRAFT	\$189.93	\$293.29	1/1/2014
20900	-	REMOVAL OF BONE FOR GRAFT	\$263.00	\$263.00	1/1/2014
20902		REMOVE CARTILAGE FOR GRAFT	\$307.76	\$307.76	1/1/2014
20910	-	REMOVAL OF TISSUE FOR GRAFT	\$291.49	\$291.49	1/1/2014
20922		REMOVAL OF TISSUE FOR GRAFT	\$357.36	\$429.19	1/1/2014
20924		REMOVAL OF TENDON FOR GRAFT	\$360.72	\$360.72	1/1/2014
20924		REMOVAL OF TISSUE FOR GRAFT	\$311.41	\$311.41	1/1/2014
20920		MONITOR INTERSTITIAL PRESSURE	\$65.79	\$169.41	1/1/2014
20972		OSTEOCUTANEOUS FLAP MICROVASCULAR ANASTOMO METARSA	· ·	\$1,895.83	1/1/2014
20972		FREE OSTEOCUTANEOUS FLAP GREAT TOE WEB SPACE	' '	\$1,990.36	
20973		BIO-OSTEGEN SYSTEM	\$34.44	\$45.94	1/1/2014
20974	-	OSTEOSTIM SYSTEM	\$129.69	\$129.69	1/1/2014
20973	-	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING,	\$129.09	\$129.09	1/1/2014
20979		NONINVASIVE	\$26.65	\$37.89	1/1/2014
27600		DECOMPRESSION OF LEG	\$304.63	\$304.63	1/1/2014
27601		FASCIOTOMY LEG FOR CLOSEDSPACE DECOMPRESSION, ANT.	\$315.29	\$315.29	1/1/2014
27602		DECOMPRESSION OF LEG	\$374.49	\$374.49	1/1/2014
27603	-	INCISION AND DRAINAGE DEEP ABSCESS OR HEMATOMA	\$275.32	\$361.14	1/1/2014
27603	-	INCISION AND DRAINAGE INFECTED BURSA	\$242.60	\$316.89	1/1/2014
27604		TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE);	φ242.0U	\$310.09	1/1/2014
27605		LOCAL ANESTHESIA	¢4.45.70	¢254.04	1/1/2014
27605 27606		TENOTOMY ACHILLES TENDON SUBCUTANEOUS GENERAL ANES	\$145.72 \$214.11	\$251.01 \$214.11	1/1/2014 1/1/2014
27607	 	INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF	\$440.81	\$440.81	1/1/2014
27640				¢470.47	1/1/2014
27610		FOREIGN BODY ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT	\$470.47	\$470.47	1/1/2014
07640			¢440.04	¢440.04	1/1/2011
27612 27613		ACHILLES TENDON	\$410.81	\$410.81	1/1/2014
	1	BIOPSY SOFT TISSUES SUPERFICIAL BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR	\$118.56	\$171.48	1/1/2014
2/013					

			Medicaid Maximum Allowable		
CODE	MODE	Description	FACILITY	NON- FACILITY	EFFECTIVE DATE
27615		RADICAL RESECTION SOFT TISSUE TUMOR LEG/ANKLE	\$635.23	\$635.23	1/1/2014
		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE			
27616		OF LEG OR	\$748.68	\$748.68	1/1/2014
27618		EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS TISSUE	\$272.80	\$339.42	1/1/2014
27620		BIOPSY OF ANKLE JOINT	\$330.22	\$330.22	1/1/2014
27625		ARTHROTOMY, ANKLE, WITH SYNOVECTOMY;	\$428.68	\$428.68	1/1/2014
27626		EXPLORATION OF ANKLE JOINT	\$462.85	\$462.85	1/1/2014
27630		REMOVAL OF TENDON LESION	\$265.67	\$369.86	1/1/2014
27632		EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS; 3 CM OR GREATER	\$241.06	\$241.06	1/1/2014
		EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG,			
27634		INTRAMUSCULAR	\$393.56	\$393.56	1/1/2014
27635		REMOVAL OF BONE LESION	\$425.20	\$425.20	1/1/2014
27637		REMOVAL/GRAFT OF BONE LESION	\$539.62	\$539.62	1/1/2014
27638		REMOVAL/GRAFT OF BONE LESION	\$563.11	\$563.11	1/1/2014
07040		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY)	000000	*****	4/4/0044
27640		BONE (EG, PARTIAL REMOVAL OF FIBULA	\$623.89	\$623.89	1/1/2014
27641			\$500.06	\$500.06	1/1/2014
27645		RADICAL RESECTION OF TUMOR, BONE; TIBIA	\$757.15	\$757.15	1/1/2014 1/1/2014
27646		REMOVAL OF FIBULA RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS	\$669.87	\$669.87	
27647		INJECTION PROCEDURE FOR ANKLE ARTHOGRAPHY	\$595.16	\$595.16	1/1/2014
27648 27650		REPAIR ACHILLES TENDON	\$39.56 \$485.81	\$111.93 \$485.81	1/1/2014 1/1/2014
27652		REPAIR ACHILLES TENDON	\$536.57	\$536.57	1/1/2014
27654	+	REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	\$523.64	\$523.64	1/1/2014
27656		REPAIR FASCIAL DEFECT OF LEG	\$251.07	\$371.43	1/1/2014
27658		REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	\$275.24	\$275.24	1/1/2014
27000		REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT,	Ψ213.24	Ψ213.24	1/1/2014
27659		EACH TENDON	\$362.55	\$362.55	1/1/2014
27664		REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT,	\$262.03	\$262.03	1/1/2014
27665		EACH TENDON	\$300.56	\$300.56	1/1/2014
21003		ENOTTENBON	ψ300.30	ψ300.30	1/1/2014
27675		REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	\$369.79	\$369.79	1/1/2014
27676		REPAIR DISLOC PERONEAL TENDONS WITH FIBULAR OSTEO	\$448.45	\$448.45	1/1/2014
		TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE,	ψ · · · · · · ·	ψ	., .,
27680		EACH TENDON	\$312.18	\$312.18	1/1/2014
		TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULTIPLE	***************************************	Ţ Ţ	., .,
27681		TENDONS	\$372.06	\$372.06	1/1/2014
		LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON			
27685		(SEPARATE	\$344.84	\$440.79	1/1/2014
07000		LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE	¢400.00	¢400.00	4/4/2044
27686 27687		TENDONS (THROUGH GASTROCNEMIUS RECESSION	\$406.29 \$334.38	\$406.29	1/1/2014 1/1/2014
		REVISION OF LEG TENDON	<u> </u>	\$334.38	1/1/2014
27690		TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION	\$461.09	\$461.09	1/1/2014
27691		OR REROUTING);	\$540.59	\$540.59	1/1/2014
27692		TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	\$83.09	\$83.09	1/1/2014

			Medicaid Maximum Allowable			
CODE	MODE	Description	FACILITY	NON- FACILITY	EFFECTIVE DATE	
27695		REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL	\$355.68	\$355.68	1/1/2014	
27696		REPAIR OF ANKLE LIGAMENTS	\$426.13	\$426.13	1/1/2014	
		REPAIR, SECONDARY DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG,				
27698		WATSON-JONES	\$478.61	\$478.61	1/1/2014	
27700		REPAIR OF ANKLE	\$453.86	\$453.86	1/1/2014	
27702		ARTHROPLASTY ANKLE WITH IMPLANT	\$723.22	\$723.22	1/1/2014	
27703		ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE	\$837.58	\$837.58	1/1/2014	
27704		REMOVAL ANKLE IMPLANT	\$408.61	\$408.61	1/1/2014	
27705		INCISION OF TIBIA	\$554.40	\$554.40	1/1/2014	
27707		INCISION OF FIBULA	\$279.64	\$279.64	1/1/2014	
27709		INCISION OF TIBIA & FIBULA	\$812.53	\$812.53	1/1/2014	
l		OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG,				
27712		SOFIELD TYPE	\$791.25	\$791.25	1/1/2014	
27715		OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING	\$772.84	\$772.84	1/1/2014	
27720		REPAIR OF LOWER LEG	\$634.30	\$634.30	1/1/2014	
27722		REPAIR/GRAFT OF LOWER LEG	\$633.05	\$633.05	1/1/2014	
27724		REPAIR/GRAFT OF LOWER LEG	\$934.84	\$934.84	1/1/2014	
27725		REPAIR MALUNION TIBIA BY SYNOSTOSIS WITH FIBULA	\$867.87	\$867.87	1/1/2014	
27726		OPEN TX POST/ANT. ACETABULAR WALL FX, INTERNAL FIX	\$663.52	\$663.52	1/1/2014	
27727		REPAIR CONGENITAL PSEUDARTHROSIS TIBIA	\$706.34	\$706.34	1/1/2014	
27730		ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA	\$421.14	\$421.14	1/1/2014	
27732		REPAIR OF FIBULA EPIPHYSIS	\$286.31	\$286.31	1/1/2014	
27734		REPAIR LOWER LEG EPIPHYSES	\$431.05	\$431.05	1/1/2014	
		ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL				
27740		AND DISTAL	\$478.13	\$478.13	1/1/2014	
27742		REPAIR OF LEG EPIPHYSES	\$504.57	\$504.57	1/1/2014	
27750		TREATMENT OF TIBIA FRACTURE	\$210.33	\$228.42	1/1/2014	
27752		REPAIR OF TIBIA FRACTURE	\$346.83	\$370.42	1/1/2014	
27756		REPAIR OF TIBIA FRACTURE	\$403.46	\$403.46	1/1/2014	
27758		OPEN RX CLOSED OR OPEN TIBIAL SHAFT FX COMPLICATED	\$639.45	\$639.45	1/1/2014	
		TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR				
27759		FRACTURE) BY	\$725.40	\$725.40	1/1/2014	
27760		TREATMENT OF ANKLE FRACTURE	\$200.40	\$219.86	1/1/2014	
27762		REPAIR OF ANKLE FRACTURE	\$307.20	\$331.05	1/1/2014	
27766		REPAIR OF ANKLE FRACTURE	\$434.11	\$434.11	1/1/2014	
		CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT				
27767		MANIPULATION	\$175.42	\$174.60	1/1/2014	
		CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH				
27768		MANIPULATION	\$283.96	\$283.96	1/1/2014	
		OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES				
27769		INTERNAL FIXATION,	\$497.45	\$497.45	1/1/2014	
27780		TREATMENT OF FIBULA FRACTURE	\$178.80	\$196.61	1/1/2014	
27781		REPAIR OF FIBULA FRACTURE	\$267.92	\$286.31	1/1/2014	
27784		REPAIR OF FIBULA FRACTURE	\$493.89	\$493.89	1/1/2014	
27786		TREATMENT OF ANKLE FRACTURE	\$188.38	\$208.40	1/1/2014	
27788		REPAIR OF ANKLE FRACTURE	\$267.41	\$288.79	1/1/2014	
27792		REPAIR OF ANKLE FRACTURE	\$499.23	\$499.23	1/1/2014	
27808		TREATMENT OF ANKLE FRACTURE	\$196.34	\$217.73	1/1/2014	
27810		REPAIR OF ANKLE FRACTURE	\$299.49	\$323.89	1/1/2014	
27814		REPAIR OF ANKLE FRACTURE	\$557.19	\$557.19	1/1/2014	

27816 27818 27822 27823 27824 27825 27826 27827 27828 27829 27830 27831 27832 27840 27842 27846 27848 27860 27870 27871 27880 27871 27880 27881 27882 27884 27886 27888 27889 27892 27893 27894	TREATMENT OF ANKLE FRACTURE REPAIR OF ANKLE FRACTURE OPEN RX CLOSED OR OPEN TRIMALLEOLAR ANKLE FX MED A OPEN RX CLOSED OR OPEN TRIMALLEOLAR ANKLE FX WINT CLOSED TX FX WT BEARING PORTION DISTAL TIBIA CLOSED TX FX WT BEARING PORTION TIBIA; WITH SKEL TRAC OPEN TX FX DISTAL TIBIA WITH FIXATION OF FIBULA ONLY OPEN TX FX TIBIA WITH FIXATION FIBULA OR TIBIA ONLY OPEN TX FX TIBIA WITH INT & EXT FIX OF BOTH TIBIA & FIBULA OPEN TX TIBIOFIBULAR JOINT REPAIR LOWER LEG DISLOCATION REPAIR LOWER LEG DISLOCATION REPAIR ANKLE DISLOC	\$186.83 \$306.62 \$609.20 \$695.05 \$200.63 \$352.42 \$584.87 \$780.35 \$934.86 \$466.95 \$227.62 \$265.52 \$504.12 \$245.44 \$343.51 \$532.05 \$602.45 \$128.26 \$761.01 \$498.52 \$676.14	NON- FACILITY \$206.57 \$334.31 \$609.20 \$695.05 \$208.04 \$381.47 \$584.87 \$780.35 \$934.86 \$466.95 \$242.16 \$265.52 \$504.12 \$245.44 \$343.51 \$532.05 \$602.45 \$128.26	1/1/2014 1/1/2014
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27830 27831 27832 27840 27842 27846 27848 27860 27870 27871 27880 27881 27882 27884 27886 27888 27888 27888 27889 27892 27893 27894	REPAIR LOWER LEG DISLOCATION REPAIR LOWER LEG DISLOCATION REPAIR LOWER LEG DISLOCATION REPAIR ANKLE DISLOCATION FIXATION OF ANKLE ARTHRODESIS, ANKLE, OPEN ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL OR DISTAL AMPUTATION OF LOWER LEG AMPUTATION LEG W/IMMEDIATE FITTING TECHNIQUE INC A	\$227.62 \$265.52 \$504.12 \$245.44 \$343.51 \$532.05 \$602.45 \$128.26 \$761.01 \$498.52	\$466.95 \$242.16 \$265.52 \$504.12 \$245.44 \$343.51 \$532.05 \$602.45 \$128.26	1/1/2014 1/1/2014 1/1/2014 1/1/2014 1/1/2014 1/1/2014 1/1/2014
27830 27831 27832 27840 27842 27846 27848 27860 27870 27871 27880 27881 27882 27884 27886 27888 27888 27888 27889 27892 27893 27894	REPAIR LOWER LEG DISLOCATION REPAIR LOWER LEG DISLOCATION REPAIR ANKLE DISLOCATION FIXATION OF ANKLE ARTHRODESIS, ANKLE, OPEN ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL OR DISTAL AMPUTATION OF LOWER LEG AMPUTATION LEG W/IMMEDIATE FITTING TECHNIQUE INC A	\$265.52 \$504.12 \$245.44 \$343.51 \$532.05 \$602.45 \$128.26 \$761.01 \$498.52	\$242.16 \$265.52 \$504.12 \$245.44 \$343.51 \$532.05 \$602.45 \$128.26	1/1/2014 1/1/2014 1/1/2014 1/1/2014 1/1/2014 1/1/2014 1/1/2014
27831 27832 27840 27842 27846 27848 27860 27870 27871 27880 27881 27882 27884 27886 27888 27888 27888 27889 27892 27893 27894	REPAIR LOWER LEG DISLOCATION REPAIR LOWER LEG DISLOCATION REPAIR ANKLE DISLOCATION FIXATION OF ANKLE ARTHRODESIS, ANKLE, OPEN ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL OR DISTAL AMPUTATION OF LOWER LEG AMPUTATION LEG W/IMMEDIATE FITTING TECHNIQUE INC A	\$265.52 \$504.12 \$245.44 \$343.51 \$532.05 \$602.45 \$128.26 \$761.01 \$498.52	\$265.52 \$504.12 \$245.44 \$343.51 \$532.05 \$602.45 \$128.26	1/1/2014 1/1/2014 1/1/2014 1/1/2014 1/1/2014 1/1/2014
27832 27840 27842 27846 27848 27860 27870 27871 27880 27881 27882 27884 27886 27888 27888 27888 27889 27892 27893 27894	REPAIR LOWER LEG DISLOCATION REPAIR ANKLE DISLOCATION REPAIR ANKLE DISLOCATION REPAIR ANKLE DISLOCATION REPAIR ANKLE DISLOCATION FIXATION OF ANKLE ARTHRODESIS, ANKLE, OPEN ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL OR DISTAL AMPUTATION OF LOWER LEG AMPUTATION LEG W/IMMEDIATE FITTING TECHNIQUE INC A	\$504.12 \$245.44 \$343.51 \$532.05 \$602.45 \$128.26 \$761.01 \$498.52	\$504.12 \$245.44 \$343.51 \$532.05 \$602.45 \$128.26	1/1/2014 1/1/2014 1/1/2014 1/1/2014 1/1/2014
27840 27842 27846 27848 27860 27870 27871 27880 27881 27882 27884 27886 27888 27888 27888 27889 27892 27893	REPAIR ANKLE DISLOCATION REPAIR ANKLE DISLOCATION REPAIR ANKLE DISLOCATION REPAIR ANKLE DISLOCATION FIXATION OF ANKLE ARTHRODESIS, ANKLE, OPEN ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL OR DISTAL AMPUTATION OF LOWER LEG AMPUTATION LEG W/IMMEDIATE FITTING TECHNIQUE INC A	\$245.44 \$343.51 \$532.05 \$602.45 \$128.26 \$761.01 \$498.52	\$245.44 \$343.51 \$532.05 \$602.45 \$128.26	1/1/2014 1/1/2014 1/1/2014 1/1/2014
27842 27846 27848 27860 27870 27871 27880 27881 27882 27884 27886 27888 27888 27889 27892 27893 27894	REPAIR ANKLE DISLOCATION REPAIR ANKLE DISLOCATION REPAIR ANKLE DISLOCATION FIXATION OF ANKLE ARTHRODESIS, ANKLE, OPEN ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL OR DISTAL AMPUTATION OF LOWER LEG AMPUTATION LEG W/IMMEDIATE FITTING TECHNIQUE INC A	\$343.51 \$532.05 \$602.45 \$128.26 \$761.01 \$498.52	\$343.51 \$532.05 \$602.45 \$128.26	1/1/2014 1/1/2014 1/1/2014
27846 27848 27860 27870 27871 27880 27881 27882 27884 27886 27888 27888 27889 27892 27893 27894	REPAIR ANKLE DISLOCATION REPAIR ANKLE DISLOCATION FIXATION OF ANKLE ARTHRODESIS, ANKLE, OPEN ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL OR DISTAL AMPUTATION OF LOWER LEG AMPUTATION LEG W/IMMEDIATE FITTING TECHNIQUE INC A	\$532.05 \$602.45 \$128.26 \$761.01 \$498.52	\$532.05 \$602.45 \$128.26	1/1/2014 1/1/2014
27848 27860 27870 27871 27880 27881 27882 27884 27886 27888 27888 27889 27892 27893 27894	REPAIR ANKLE DISLOCATION FIXATION OF ANKLE ARTHRODESIS, ANKLE, OPEN ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL OR DISTAL AMPUTATION OF LOWER LEG AMPUTATION LEG W/IMMEDIATE FITTING TECHNIQUE INC A	\$602.45 \$128.26 \$761.01 \$498.52	\$602.45 \$128.26	1/1/2014
27860 27870 27871 27880 27881 27882 27884 27886 27888 27888 27889 27892 27893 27894	FIXATION OF ANKLE ARTHRODESIS, ANKLE, OPEN ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL OR DISTAL AMPUTATION OF LOWER LEG AMPUTATION LEG W/IMMEDIATE FITTING TECHNIQUE INC A	\$128.26 \$761.01 \$498.52	\$128.26	
27870 27871 27880 27881 27882 27884 27886 27888 27888 27889 27892 27893 27894	ARTHRODESIS, ANKLE, OPEN ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL OR DISTAL AMPUTATION OF LOWER LEG AMPUTATION LEG W/IMMEDIATE FITTING TECHNIQUE INC A	\$761.01 \$498.52		
27871 27880 27881 27882 27884 27886 27888 27888 27889 27892 27893 27894	ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL OR DISTAL AMPUTATION OF LOWER LEG AMPUTATION LEG W/IMMEDIATE FITTING TECHNIQUE INC A	\$498.52	Ţ	1/1/2014
27880 27881 27882 27884 27886 27888 27888 27889 27892 27893 27894	AMPUTATION OF LOWER LEG AMPUTATION LEG W/IMMEDIATE FITTING TECHNIQUE INC A		\$498.52	1/1/2014
27881 27882 27884 27886 27888 27888 27889 27892 27893 27894	AMPUTATION LEG W/IMMEDIATE FITTING TECHNIQUE INC A		\$676.14	1/1/2014
27882 27884 27886 27888 27889 27892 27893 27894		\$649.33	\$649.33	1/1/2014
27884 27886 27888 27889 27892 27893 27894		\$458.07	\$458.07	1/1/2014
27886 27888 27889 27892 27893 27894	AMPUTATION FOLLOW-UP SURGERY	\$425.14	\$425.14	1/1/2014
27888 27889 27892 27893 27894	AMPUTATION FOLLOW-UP SURGERY	\$485.02	\$485.02	1/1/2014
27889 27892 27893 27894	AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (EG, SYME,	ψ100.02	Ψ-100.02	17 172014
27889 27892 27893 27894	PIROGOFF	\$512.54	\$512.54	1/1/2014
27892 27893 27894	ANKLE DISARTICULATION	\$501.99	\$501.99	1/1/2014
27893 27894	DECOMPRESSION FASCIOTOMY, LEG; ANT &/OR LAT COMPAR	\$393.09	\$393.09	1/1/2014
27894	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPART.	\$397.67	\$397.67	1/1/2014
	DECOMPRESSION FASCIOTOMY, LEG; ANT &/OR LAT & POST	\$611.60	\$611.60	1/1/2014
28001	INCISION AND DRAINAGE, BURSA, FOOT	\$133.77	\$188.04	1/1/2014
20001	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH	ψ133.77	ψ100.0 4	1/1/2014
28002	INVOLVEMENT,	\$282.03	\$351.94	1/1/2014
28003	DRAINAGE OF FOOT	\$416.55	\$487.28	1/1/2014
28005	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), FOOT	\$452.89	\$452.89	1/1/2014
28008	INCISION OF FOOT LIGAMENTS	\$226.06	\$297.33	1/1/2014
28010	TENOTOMY, PERCUTANEOUS, TOE; SINGLE TENDON	\$156.03		1/1/2014
28011	TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TENDONS	\$220.27	\$235.62	1/1/2014
20011	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE	ΨΖΖΟ.Ζ1	Ψ233.02	1/1/2014
28020	OR FOREIGN	\$264.95	\$352.41	1/1/2014
28022	EXPLORATION OF A FOOT JOINT	\$245.31	\$325.37	1/1/2014
28024	EXPLORATION OF A FOOT JOINT	\$232.40	\$325.37	1/1/2014
28035	RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION)	T -		
20033	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM	\$267.49	\$354.68	1/1/2014
20020	OR GREATER	#200 72	¢070.00	4/4/2044
28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL EG	\$200.72	\$279.08	1/1/2014
20041		¢262.74	¢262.74	1/1/2014
28041	INTEAM ISCULAD 1.5 CM	\$263.74		1/1/2014
28043 28045	INTRAMUSCULAR 1.5 CM EXCISION, TUMOR, FOOT; SUBCUTANEOUS TISSUE	\$191.79	\$236.76 \$331.43	1/1/2014 1/1/2014

				Medicaid Maximum Allowable			
CODE	MODE	Description	FACILITY	NON- FACILITY	EFFECTIVE DATE		
28046		RADICAL RESECTION SOFT TISSUE TUMOR FOOT	\$501.10	\$607.48	1/1/2014		
		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE					
28047		OF FOOT OR	\$559.20	\$559.20	1/1/2014		
28050		ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	\$230.29	\$311.18	1/1/2014		
28052		BIOPSY OF A FOOT JOINT	\$209.63	\$286.94	1/1/2014		
28054		BIOPSY TO TOE JOINT	\$190.77	\$268.90	1/1/2014		
28055		NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	\$294.45	\$294.45	1/1/2014		
28060		FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	\$268.91	\$350.07	1/1/2014		
28062		REMOVAL OF FOOT FASCIA	\$316.18	\$412.68	1/1/2014		
28070		EXPLORATION OF A FOOT JOINT	\$263.13	\$347.03	1/1/2014		
28072		EXPLORATION OF A FOOT JOINT	\$253.92	\$341.10	1/1/2014		
28080		EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	\$256.32	\$334.73	1/1/2014		
28086		SYNOVECTOMY TENDON SHEATH FLEXOR	\$265.19	\$365.80	1/1/2014		
28088		SYNOVECTOMY TENDON SHEATH EXTENSOR	\$220.54	\$309.92	1/1/2014		
28090		EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	\$231.56	\$314.08	1/1/2014		
28092		EXCISION OF LÉSION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	\$202.75	\$282.80	1/1/2014		
28100		REMOVAL OF HÉEL LESION	\$300.64	\$405.10	1/1/2014		
28102		REMOVAL/GRAFT HEEL LESION	\$410.26	\$410.26	1/1/2014		
28103		REMOVAL/GRAFT HEEL LESION	\$331.90	\$331.90	1/1/2014		
28104		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL,	\$263.44	\$348.16	1/1/2014		
28106		REMOVAL/GRAFT FOOT LESION	\$351.24	\$351.24	1/1/2014		
28107		REMOVAL/GRAFT FOOT LESION	\$287.40	\$386.11	1/1/2014		
28108		REMOVAL OF TOE LESIONS	\$217.27	\$292.66	1/1/2014		
28110		PARTIAL REMOVAL METATARSAL	\$216.73	\$306.66	1/1/2014		
28111		PARTIAL REMOVAL METATARSAL	\$253.87	\$349.81	1/1/2014		
28112		PARTIAL REMOVAL METATARSALS	\$237.05	\$330.54	1/1/2014		
28113		PARTIAL REMOVAL METATARSAL	\$309.49	\$396.14	1/1/2014		
28114		OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL	\$599.17	\$722.27	1/1/2014		
28116		REVISION OF FOOT	\$426.62	\$517.64	1/1/2014		
28118		PARTIAL REMOVAL OF HEEL	\$307.99	\$399.29	1/1/2014		
28119		REMOVAL OF HEEL SPUR	\$272.57	\$355.91	1/1/2014		
28120		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR		\$394.12	1/1/2014		
28122		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$376.55	\$460.44	1/1/2014		
28124		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$251.06	\$325.62	1/1/2014		
28126		RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE	\$188.54	\$262.30	1/1/2014		
28130		REMOVAL OF BONE OF ANKLE	\$467.94	\$467.94	1/1/2014		
28140		REMOVAL OF METATARSAL	\$342.99	\$433.20	1/1/2014		
28150		PHALANGECTOMY, TOE, EACH TOE	\$215.47	\$292.78	1/1/2014		
28153		RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE	\$195.83	\$272.60	1/1/2014		
28160		HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END OF	\$204.07	\$279.73	1/1/2014		
28171		RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CALCANEUS)	\$460.06	\$460.06	1/1/2014		

			Medica	Allowable	
CODE	MODE	Description	FACILITY	NON- FACILITY	EFFECTIVE DATE
28173		RADICAL RESECTION OF TUMOR, BONE; METATARSAL	\$419.79	\$517.66	1/1/2014
28175		RADICAL RESECTION OF TUMOR, BONE; PHALANX OF TOE	\$295.57	\$378.64	1/1/2014
28190		REMOVE FOREIGN BODY SUBCUTANEOUS	\$100.10	\$166.45	1/1/2014
28192		REMOVAL FOREIGN BODY DEEP	\$239.85	\$321.83	1/1/2014
28193		REMOVAL FOREIGN BODY COMPLICATED	\$285.67	\$370.11	1/1/2014
		REPAIR, TENDON, FLEXOR, FOOT; PRIMARY OR SECONDARY, WITHOUT FREE			
28200		GRAFT, EACH	\$239.21	\$321.74	1/1/2014
28202		REPAIR/GRAFT OF FOOT TENDON	\$334.97	\$429.56	1/1/2014
		REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH			
28208		TENDON	\$229.64	\$309.69	1/1/2014
28210		REPAIR/GRAFT OF FOOT TENDON	\$312.68	\$400.13	1/1/2014
28220		TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON	\$231.99	\$306.30	1/1/2014
28222		TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS	\$276.70	\$354.84	1/1/2014
28225		TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON	\$192.06	\$265.53	1/1/2014
28226		TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TENDONS	\$239.59	\$319.36	1/1/2014
28230		TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SINGLE OR MULTIPLE TENDON(S) (SEPARATE	\$220.54	\$294.01	1/1/2014
		TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE			
28232		PROCEDURE)	\$186.98	\$259.90	1/1/2014
28234		TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON	\$195.47	\$269.22	1/1/2014
		RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH			
28238		EXCISION OF	\$376.23	\$471.65	1/1/2014
28240		RELEASE OF BIG TOE	\$226.31	\$302.53	1/1/2014
		DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING)			
28250		(SEPARATE	\$300.64	\$385.64	1/1/2014
28260		RELEASE OF MIDFOOT JOINT	\$388.94	\$473.12	1/1/2014
28261		CAPULOTOMY WITH TENDON LEGTHENING	\$593.38	\$688.51	1/1/2014
		CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL			
28262		CAPSULOTOMY AND	\$829.65	\$960.71	1/1/2014
28264		CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)	\$521.17	\$613.85	1/1/2014
28270		CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, EACH JOINT	\$250.46	\$327.24	1/1/2014
20272		CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE)	¢105.20	¢267.22	1/1/2014
28272 28280		SYNDACTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDURE)	\$195.39 \$272.39	\$267.23 \$359.03	1/1/2014 1/1/2014
20200	+	CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR	φ212.39	φ309.03	1/1/2014
28285		TOTAL	\$240.48	\$316.97	1/1/2014
20203		CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-	Ψ240.40	ψ510.97	1/1/2014
28286		MORA TYPE	\$231.24	\$309.92	1/1/2014
20200	+	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL	φ231.24	\$309.92	1/1/2014
28288		HEAD, EACH	\$312.73	\$396.90	1/1/2014
20200	+	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND	φ312.73	\$390.90	1/1/2014
28289		CAPSULAR RELEASE OF	\$407.88	\$503.56	1/1/2014
		CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT	1.	l .	
28290		SESAMOIDECTOMY; SIMPLE	\$297.91	\$391.40	1/1/2014
		CORRECTION OF RIGID DEFORMITY OF FIRST JOINT OF BIG TOE USING	1	l .	
28291		IMPLANT	\$401.82	\$607.38	1/1/2017
28292		REMOVAL OF BIG TOE JOINT	\$438.95	\$535.19	1/1/2014
28293		REMOVAL OF BIG TOE JOINT	\$532.28	\$712.95	1/1/2014

			Medicaid Maximum Allowable			
CODE	MODE	Description	FACILITY	NON- FACILITY	EFFECTIVE DATE	
		CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT				
28294		SESAMOIDECTOMY; WITH TENDON	\$406.51	\$517.82	1/1/2014	
28295		CORRECTION OF BUNION	\$447.72	\$776.63	1/1/2017	
28296		INCISION OF METATARSAL	\$403.49	\$507.40	1/1/2014	
28297		HALLUX VALGUS CORRECTION,LAPIDUS TYPE PROCEDURE	\$453.46	\$573.27	1/1/2014	
28298		INCISION OF TOE	\$386.27	\$494.85	1/1/2014	
28299		CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY DOUBLE	\$523.72	\$638.06	1/1/2014	
20299		OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE),	ψ323.72	ψ036.00	1/1/2014	
28300		WITH OR WITHOUT	\$488.70	\$488.70	1/1/2014	
28302		INCISION OF ANKLE BONE	\$484.26	\$484.26	1/1/2014	
28304		OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	\$445.90	\$550.62	1/1/2014	
20304		OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH	ψ443.90	ψ550.02	1/1/2014	
28305		AUTOGRAFT	\$512.48	\$512.48	1/1/2014	
		OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR		, , , , ,		
28306		CORRECTION,	\$301.17	\$410.28	1/1/2014	
		OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR				
28307		CORRECTION,	\$339.01	\$482.39	1/1/2014	
		OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR				
28308		CORRECTION,	\$275.93	\$371.62	1/1/2014	
		OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR				
28309		CORRECTION,	\$661.47	\$661.47	1/1/2014	
		OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION;				
28310		PROXIMAL PHALANX,	\$269.62	\$366.40	1/1/2014	
28312		INCISION OF BIG TOES	\$239.75	\$334.61	1/1/2014	
		RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE				
28313		PROCEDURES ONLY (EG,	\$274.18	\$352.04	1/1/2014	
28315		SESAMOIDECTOMY FIRST TOE	\$245.37	\$323.79	1/1/2014	
28320		REPAIR, NONUNION OR MALUNION; TARSAL BONES	\$462.52	\$462.52	1/1/2014	
28322		REPAIR OF METATARSALS	\$426.66	\$533.87	1/1/2014	
28340		RECONST, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	\$333.56	\$425.96	1/1/2014	
28341		RECONST, TOE, MACRODACTYLY; W/ BONE RESECTION	\$395.33	\$491.84	1/1/2014	
28344		RECONSTRUCTION, TOE(S); POLYDACTYLY	\$232.74	\$324.58	1/1/2014	
28345		RECONST, TOES, SYNDACTYLY W/ OR W/O GRAFT EACH WEB	\$304.95	\$393.51	1/1/2014	
28360		RECONSTRUCTION, CLEFT FOOT	\$712.79	\$712.79	1/1/2014	
28400		TREATMENT OF HEEL FRACTURE	\$152.43	\$165.32	1/1/2014	
28405		REPAIR OF HEEL FRACTURE	\$256.23	\$272.41	1/1/2014	
28406		TREAT CLOSED CALCAN FIXATION W/MANIPULATION SKELET	\$374.31	\$374.31	1/1/2014	
28415		REPAIR OF HEEL FRACTURE	\$827.26	\$827.26	1/1/2014	
28420		REPAIR/GRAFT HEEL FRACTURE	\$872.06	\$872.06	1/1/2014	
28430		TREATMENT OF ANKLE FRACTURE	\$138.61	\$154.79	1/1/2014	
28435		REPAIR OF ANKLE FRACTURE	\$204.44	\$219.79	1/1/2014	
28436		TREATMENT OF CLOSED TALUSFX W/ MANIP AND PINNING	\$299.19	\$299.19	1/1/2014	
28445		REPAIR OF ANKLE FRACTURE	\$781.21	\$781.21	1/1/2014	
28450		TREATMENT MIDFOOT FRACTURE	\$128.85	\$143.11	1/1/2014	
28455		REPAIR MIDFOOT FRACTURE	\$187.17	\$199.78	1/1/2014	
28456		TREATMENT OF CLOSED TARSAL BONE FX W/ MANIP,PINNIN	\$191.23	\$191.23	1/1/2014	
28465		REPAIR MIDFOOT FRACTURE(S)	\$443.72	\$443.72	1/1/2014	
28470		TREAT METATARSAL FRACTURES	\$129.59	\$143.03	1/1/2014	
28475		REPAIR METATARSAL FRACTURES	\$169.50	\$182.66	1/1/2014	

			Medica	Medicaid Maximum Allowable		
CODE	MODE	Description	FACILITY	NON- FACILITY	EFFECTIVE DATE	
28476		TREATMENT OF CLOSED METATARSAL FX W/ MANIP,PINNING	\$236.89	\$236.89	1/1/2014	
28485		REPAIR METATARSAL FRACTURES	\$382.43	\$382.43	1/1/2014	
28490		TREAT BIG TOE FRACTURE	\$80.78	\$91.75	1/1/2014	
28495		REPAIR BIG TOE FRACTURE	\$103.86	\$116.48	1/1/2014	
28496		TREATMENT OF CLOSED TOE FX W/ MANIP AND PLANNING	\$159.02	\$279.38	1/1/2014	
28505		REPAIR OF BIG TOE FRACTURE	\$352.41	\$453.30	1/1/2014	
28510		TREATMENT OF TOE FRACTURE	\$78.60	\$79.97	1/1/2014	
28515		REPAIR OF TOE FRACTURE	\$97.47	\$105.41	1/1/2014	
28525		REPAIR OF TOE FRACTURE	\$279.61	\$380.22	1/1/2014	
28530		TREATMENT OF CLOSED SESAMOID FRACTURE	\$71.65	\$77.13	1/1/2014	
28531		OPEN TX SESAMOID FX	\$138.36	\$247.75	1/1/2014	
28540		REPAIR FOOT DISLOCATION	\$128.82	\$137.31	1/1/2014	
28545		REPAIR FOOT DISLOCATION	\$156.19	\$168.81	1/1/2014	
28546		TREATMENT TARSAL DISLOC WITH PERCUTANEOUS SKELETAL	\$210.63	\$315.08	1/1/2014	
28555		REPAIR OF FOOT DISLOCATION	\$473.26	\$593.08	1/1/2014	
28570		REPAIR FOOT DISLOCATION	\$107.08	\$118.31	1/1/2014	
28575		REPAIR FOOT DISLOCATION	\$212.96	\$226.96	1/1/2014	
28576		PERCUTANEOUS SKELETAL FIX TALOTARSEL JNT DISLOC.	\$251.03	\$251.03	1/1/2014	
28585		REPAIR OF FOOT DISLOCATION	\$532.75	\$634.48	1/1/2014	
28600		REPAIR FOOT DISLOCATION	\$128.92	\$142.63	1/1/2014	
28605		REPAIR FOOT DISLOCATION	\$173.54	\$185.06	1/1/2014	
28606		TREAT CLSD TARS/METATARS DESLOC W/PERCUT SKEL FIX	\$277.86	\$277.86	1/1/2014	
28615		REPAIR FOOT DISLOCATION	\$557.62	\$557.62	1/1/2014	
28630		REPAIR OF TOE DISLOCATION	\$80.23	\$102.43	1/1/2014	
28635		REPAIR OF TOE DISLOCATION	\$99.92	\$122.13	1/1/2014	
28636		PERCU. SKELETAL FIX MET AT ARSOPHALANGEAL JNT DISLOC	\$148.03	\$200.39	1/1/2014	
28645		REPAIR OF TOE DISLOCATION	\$344.37	\$429.91	1/1/2014	
28660		REPAIR OF TOE DISLOCATION	\$61.15	\$74.58	1/1/2014	
28665		REPAIR OF TOE DISLOCATION	\$99.41	\$109.26	1/1/2014	
28666		PERCU. SKELETAL FIX METATARSOPHALANGEAL JOINT DISLOCATION	\$141.76	\$141.76	1/1/2014	
28675		OPEN TREATMENT OF CLOSED OR OPEN INTERPHALANGEAL J	\$286.27	\$388.80	1/1/2014	
28705		ARTHRODESIS; PANTALAR	\$965.31	\$965.31	1/1/2014	
28715		ARTHRODESIS; TRIPLE	\$713.51	\$713.51	1/1/2014	
28725		ARTHRODESIS; SUBTALAR	\$587.60	\$587.60	1/1/2014	
28730		FUSION OF FOOT BONES	\$613.90	\$613.90	1/1/2014	
		ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR				
28735		TRANSVERSE; WITH	\$587.91	\$587.91	1/1/2014	
		ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT,				
28737		MIDTARSAL, TARSAL	\$521.62	\$521.62	1/1/2014	
28740		FUSION OF FOOT BONES	\$460.14	\$586.79	1/1/2014	
28750		FUSION OF BIG TOE JOINT	\$437.38	\$570.35	1/1/2014	
28755		FUSION OF BIG TOE JOINT	\$248.78	\$342.81	1/1/2014	
	Ī	ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST				
28760		METATARSAL NECK,	\$432.47	\$541.60	1/1/2014	
28800		AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART TYPE PROCEDURE)	\$421.11	\$421.11	1/1/2014	
28805		AMPUTATION THRU METATARSAL	\$556.45	\$556.45	1/1/2014	
28810		AMPUTATION TOE & METATARSAL	\$324.01	\$324.01	1/1/2014	
28820		AMPUTATION OF TOE	\$255.10	\$362.30	1/1/2014	
28825		PARTIAL AMPUTATION OF TOE	\$291.09	\$393.63	1/1/2014	
29440		ADDING WALKER TO PREVIOUSLY APPLIED CAST	\$25.52	\$36.22	1/1/2014	

			Medicaid Maximum Allowable		
CODE	MODE	Description	FACILITY	NON- FACILITY	EFFECTIVE DATE
29450		APPLICATION CLUBFOOT CAST, LONG OR SHORT LEG	\$92.23	\$108.13	1/1/2014
29540		STRAPPING; ANKLE AND/OR FOOT	\$24.47	\$29.94	1/1/2014
29550		STRAPPING TOES	\$23.02	\$29.04	1/1/2014
29580		STRAPPING UNNA BOOT	\$26.94	\$36.53	1/1/2014
		APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; THIGH AND LEG,			
29582		INCLUDING ANKLE	\$8.68	\$38.60	1/1/2014
29700		REMOVAL/REVISION OF CAST	\$25.81	\$43.89	1/1/2014
29730		REVISION OF CAST	\$34.08	\$45.32	1/1/2014
29740		REVISION OF CAST	\$49.74	\$65.10	1/1/2014
29750	1	REVISION OF CAST	\$56.92	\$71.17	1/1/2014
23730		ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFECT	ψ00.02	ΨΓΙ.ΤΓ	1/1/2014
29891		OF TALUS AND/OR	\$497.63	\$497.63	1/1/2014
23031		ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS	Ψ-91.03	Ψ+37.03	1/1/2014
29892		DISSECANS LESION, TALAR	\$509.47	\$509.47	1/1/2014
29893		ENDOSCOPIC PLANTAR FASCIOTOMY		\$410.83	1/1/2014
		ARTHROSCOPY ANKLE SURGICAL	\$312.96		
29894			\$373.87	\$373.87	1/1/2014
29895		ARTHROSCOPY ANKLE SYNOVECTOMY PARTIAL	\$361.66	\$361.66	1/1/2014
29897		ARTHROSCOPY ANKLE DEBRIDEMENT LIMITED	\$378.57	\$378.57	1/1/2014
29898		ARTHROSCOPY ANKLE DEBRIDEMENT EXTENSIVE	\$423.76	\$423.76	1/1/2014
29899		ENDOSCOPIC PLANTAR FASCIOTOMY WITH ANKLE ARTHRODESIS	\$762.59	\$762.59	1/1/2014
		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE			
29904		BODY OR FOREIGN	\$442.12	\$442.12	1/1/2014
29905		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	\$475.53	\$475.53	1/1/2014
29906		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	\$500.91	\$500.91	1/1/2014
29907		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS	\$614.82	\$614.82	1/1/2014
36600		WITHDRAWAL OF ARTERIAL BLOOD	\$12.06	\$23.03	1/1/2014
36620		ESTABLISH ACCESS TO ARTERY	\$40.06	\$40.06	1/1/2014
36625		ESTABLISH ACCESS TO ARTERY	\$82.78	\$82.78	1/1/2014
36640		INSERTION CATHETER, ARTERY	\$92.51	\$92.51	1/1/2014
		INSERTION OF STENT IN DIALYSIS SEGMENT, WITH IMAGING INCLUDING			
36908		RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$156.40	\$2,139.70	1/1/2017
73600		RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$20.12	\$20.12	1/1/2014
73600	26	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$6.30	\$6.30	1/1/2014
73600	TC	RADIOLOGIC EXAMINATION, ANKLE: TWO VIEWS	\$13.80	\$13.80	1/1/2014
73610		X-RAY EXAM OF ANKLE	\$23.14	\$23.14	1/1/2014
73610	26	ANKLE COMPLETE	\$6.88	\$6.88	1/1/2014
73610		RADIOLOGIC EXAM COMPLETE	\$16.29	\$16.29	1/1/2014
73620	10	RADIOLOGIC EXAMINATION, FOOT: TWO VIEWS	\$19.56	\$19.56	1/1/2014
73620	26	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$6.30	\$6.30	1/1/2014
73620	TC	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$13.26	\$13.26	1/1/2014
73630	10	X-RAY EXAM OF FOOT	\$22.87	\$22.87	1/1/2014
73630	26	FOOT COMPLETE	 	\$6.88	1/1/2014
			\$6.88		1/1/2014
73630	TC	RADIOLOGIC EXAM FOOT COMPLETE	\$16.01	\$16.01	
73650	00	X-RAY EXAM OF HEEL	\$19.84	\$19.84	1/1/2014
73650	26 TC	OS CALCIS	\$6.30	\$6.30	1/1/2014
73650	TC	RADIOLOGIC EXAM CALCANEUS	\$13.54	\$13.54	1/1/2014
73660		X-RAY EXAM OF TOE(S)	\$20.32	\$20.32	1/1/2014
73660	26	TOES	\$5.14	\$5.14	1/1/2014
73660	TC	RADIOLOGIC EXAM CALCANEUS TOE OR TOES	\$15.18	\$15.18	1/1/2014

			Medicaid Maximum Allowable			
CODE	MODE	Description	FACILITY	NON- FACILITY	EFFECTIVE DATE	
		PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE WITH				
74363	TC	OR WITHOUT	\$171.90	\$171.90	1/1/2014	
75978	TC	TRANSLUMINAL ANGIOPLASTY, VENOUS	\$185.19	\$185.19	1/1/2014	
76140		X-RAY CONSULTATION	\$30.44	\$30.44	1/1/2014	
76970		FOLLOW UP ECHO EXAM	\$62.98	\$62.98	1/1/2014	
76970	26	ULTRASOUND STUDY	\$15.52	\$15.52	1/1/2014	
76970	TC	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	\$47.46	\$47.46	1/1/2014	
77072		BONE AGE STUDIES	\$17.98	\$17.98	1/1/2014	
77072	26	BONE AGE STUDIES	\$7.74	\$7.74	1/1/2014	
77072	TC	BONE AGE STUDIES	\$10.23	\$10.23	1/1/2014	
77073		BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	\$28.60	\$28.60	1/1/2014	
77073	26	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	\$10.93	\$10.93	1/1/2014	
77073	TC	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	\$17.66	\$17.66	1/1/2014	
		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR				
77074		METASTASES)	\$52.41	\$52.41	1/1/2014	
		RADIOLOGIC ÉXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR				
77074	26	METASTASES)	\$18.37	\$18.37	1/1/2014	
		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR				
77074	TC	METASTASES)	\$34.03	\$34.03	1/1/2014	
		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND	-	-	., ., = 5	
77075		APPENDICULAR	\$75.74	\$75.74	1/1/2014	
		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND	ψ.σ	ψ. σ	., .,	
77075	26	APPENDICULAR	\$21.86	\$21.86	1/1/2014	
11010		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND	Ψ21.00	Ψ21.00	17 172011	
77075	TC	APPENDICULAR	\$53.87	\$53.87	1/1/2014	
77077		JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	\$32.35	\$32.35	1/1/2014	
77077	26	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	\$12.58	\$12.58	1/1/2014	
77077	TC	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	\$19.77	\$19.77	1/1/2014	
80047	10	BASIC METABOLIC PANEL (CALCIUM, IONIZED)	\$26.20	\$26.20	1/1/2014	
81002		URINALYSIS ROUTINE WITHOUT MICROSCOPY	\$3.09	\$3.09	1/1/2014	
82947		GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	\$4.74	\$4.74	1/1/2014	
02341		CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID,	ψ4.74	ψ4.74	1/1/2014	
89050		JOINT FLUID),	\$5.72	\$5.72	1/1/2014	
89051		SYNOVIAL FLUID DIFF	\$6.30	\$6.30	1/1/2014	
90703	-	TETANUS TOXOID ADSORBED, FOR INTRAMUSCULAR USE	\$19.68	\$19.68	1/1/2014	
90703		PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, REVIEW OF	φ13.00	φ13.00	1/1/2014	
00863		MEDICATION	\$45.70	\$48.00	1/1/2014	
90862			T	\$48.00	1/1/2014	
90870 90935		ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING) HEMODIALYSIS PROC. WITH SINGLE PHYSICIAN EVAL.	\$68.54		1/1/2014	
			\$52.82	\$52.82	1/1/2014	
90937		HEMODIALYSIS PROC. REQUIRING REPEATED EVALUATIONS	\$86.88	\$86.88	1/1/2014	
04646	60	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR	050.00	050.00	4/4/0044	
91010	26	GASTROESOPHAGEAL	\$52.99	\$52.99	1/1/2014	
		ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR				
91010	TC	GASTROESOPHAGEAL	\$89.41	\$89.41	1/1/2014	
91020		GASTRIC MOTILITY (MANOMETRIC) STUDIES	\$60.71	\$60.71	1/1/2014	
91020	TC	GASTRIC MOTILITY (MANOMETRIC) STUDIES	\$112.16	\$112.16	1/1/2014	
91030		ISOPHAGUS ACID PERFUSION (BERNSTEIN)TEST FOR ESOPH	\$103.77	\$103.77	1/1/2014	
91030	26	ESOPHAGUS, ACID PERFUSION	\$39.24	\$39.24	1/1/2014	
91030	TC	ESOPHAGUS, ACID PERFUSION	\$64.53	\$64.53	1/1/2014	

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CODE	MODE	Description	FACILITY	NON- FACILITY	EFFECTIVE DATE
91065		BREATH HYDROGEN TEST (EG, FOR DETECTION OF LACTASE DEFICIENCY), FRUCTOSE	\$48.71	\$48.71	1/1/2014
91065	26	BREATH HYDROGEN TEST	\$8.32	\$8.32	1/1/2014
91065		BREATH HYDROGEN TEST	\$40.41	\$40.41	1/1/2014
91122		ANORECTAL MANOMETRY	\$174.58	\$174.58	1/1/2014
91122	26	ANORECTAL MANOMETRY	\$71.91	\$71.91	1/1/2014
91122		ANORECTAL MANOMETRY	\$102.67	\$102.67	1/1/2014
92950	10	HEART-LUNG RESUSCITATION	\$140.62	\$211.35	1/1/2014
94760		NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SAT.	\$2.03	\$2.03	1/1/2014
34700		NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED	Ψ2.03	Ψ2.03	1/1/2014
95885		PARASPINAL AREAS, WHEN	\$30.88	\$30.88	1/1/2014
		NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED			
95885	26	PARASPINAL AREAS, WHEN	\$9.99	\$9.99	1/1/2014
		NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED			
95885	TC	PARASPINAL AREAS, WHEN	\$20.89	\$20.89	1/1/2014
		NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED			
95886		PARASPINAL AREAS, WHEN	\$48.68	\$48.68	1/1/2014
		NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED			
95886	26	PARASPINAL AREAS, WHEN	\$26.67	\$26.67	1/1/2014
		NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED			
95886	TC	PARASPINAL AREAS, WHEN	\$22.02	\$22.02	1/1/2014
96900		ULTRAVIOLET LIGHT THERAPY	\$14.64	\$14.64	1/1/2014
96910		PHOTOCHEMOTHERAPH TAR/ULTRAUIOLET B GOECKERMAN TRE	\$47.36	\$47.36	1/1/2014
96912		PHOTOCHEMOTHERAPY PSORALENS/ULTRAUIOLET A PUVA	\$60.70	\$60.70	1/1/2014
97010		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS	\$3.60	\$3.60	1/1/2014
97012		PHYSICAL MED TREATMENT ONE AREA TRACTION	\$11.44	\$11.44	1/1/2014
97014		PHYSICAL MED TREATMENT ELECTRICAL STIMULATION	\$10.46	\$10.46	1/1/2014
97016		PHYSICAL MED TREATMENT VASOPNEUMATIC DEVICES	\$11.82	\$11.82	1/1/2014
97018		PHYSICAL MED TREATMENT PARAFFIN BATH	\$6.08	\$6.08	1/1/2014
97022		PHYSICAL MEDICINE TREATMENT WHIRLPOOL	\$13.45	\$13.45	1/1/2014
0.022		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG,	ψ10.10	Ψ10.10	17 172011
97024		MICROWAVE)	\$4.16	\$4.16	1/1/2014
97026		PHYSICAL MEDICINE TREATMENT INFRARED	\$3.89	\$3.89	1/1/2014
97028		PHYSICAL MEDICINE TREATMENT ONE AREA ULTRAVIOLET	\$4.75	\$4.75	1/1/2014
97032		APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$12.80	\$12.80	1/1/2014
97034		APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$11.62	\$11.62	1/1/2014
97035		APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$9.16	\$9.16	1/1/2014
97036		APPLICATION OF A MODALITY TO ONE OR MORE AREAS:	\$19.73	\$19.73	1/1/2014
07000		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;	Ψ10.70	ψ10.70	1/ 1/2014
97110		THERAPEUTIC	\$22.21	\$22.21	1/1/2014
		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;			
97112		NEUROMUSCULAR	\$22.84	\$22.84	1/1/2014
97113		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;	\$26.94	\$26.94	1/1/2014
97116		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	\$19.45	\$19.45	1/1/2014
5.115		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;	ψ.σ.ισ	ψ.σ.ιο	., ., _0
97124		MASSAGE, INCLUDING	\$17.69	\$17.69	1/1/2014
97140		MANUAL THERAPY TECHIQUES, ONE OR MORE REGIONS, EACH 15 MINUTES	\$20.61	\$20.61	1/1/2014

			Medicaid Maximum Allowable			
CODE	MODE	Description	FACILITY	NON- FACILITY	EFFECTIVE DATE	
97161		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	\$66.11	\$66.11	1/1/2017	
97162		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 30 MINUTES	\$66.11	\$66.11	1/1/2017	
97163		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 45 MINUTES	\$66.11	\$66.11	1/1/2017	
97164		RE-EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	\$44.79	\$44.79	1/1/2017	
97165		EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	\$64.14	\$64.14	1/1/2017	
97166		EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES	\$64.14	\$64.14	1/1/2017	
97167		EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 60 MINUTES	\$64.14	\$64.14	1/1/2017	
97168		RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 30 MINUTES	\$42.32	\$42.32	1/1/2017	
97530		THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY THE PROVIDER	\$23.38	\$23.38	1/1/2014	
		REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE				
97597		DEBRIDEMENT, WITHOUT	\$25.26	\$45.28	1/1/2014	
97598		REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT	\$33.70	\$56.18	1/1/2014	
97750		PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL,	\$22.76	\$22.76	1/1/2014	
97760		ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT	\$25.13	\$25.13	1/1/2014	
97761		PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	\$22.48	\$22.48	1/1/2014	
97762		CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	\$25.61	\$25.61	1/1/2014	
97763		ORTHC/PROSTC MGMT SBSQ ENC	\$26.40	\$ 26.40	1/1/2018	
99050		SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFFICE	\$25.95	\$25.95	1/1/2014	
99051		SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED EVENING, WEEKEND	\$25.95	\$25.95	1/1/2014	
99053		SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-HOUR FACILITY, IN	\$25.95	\$25.95	1/1/2014	
99058		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS IN THE OFFICE, WHICH DISRUPTS OTHER	\$17.30	\$17.30	1/1/2014	
99060		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE OFFICE, WHICH DISRUPTS	\$9.27	\$9.27	1/1/2014	
99070		SPECIAL SUPPLIES	\$9.23	\$9.23	1/1/2014	
99082		UNUSUAL TRAVEL	\$0.81	\$0.81	1/1/2014	
99175		INDUCED VOMITING	\$18.88	\$18.88	1/1/2014	
99201		OV NEW PT MINOR-PHYS TIME APPROX. 10 MINUTES	\$20.40	\$31.54	1/1/2014	
99202		OV NEW PT, MODERATE-PHYS TIME APPROX 20 MINUTES	\$39.33	\$54.70	1/1/2014	
99203		OV NEW PT, MODERATE-PHYS TIME APPROX 30 MINUTES	\$59.36	\$79.24	1/1/2014	
99204		OV NEW PT, COMPLEX-PHYS TIME APPROX 45 MINUTES	\$99.69	\$122.88	1/1/2014	
99205		OV NEW PT, SEVERE-PHYS TIME APPROX 60 MINUTES	\$129.73	\$155.34	1/1/2014	
99211		OV ESTAB PT, MINIMAL W/WO PHYS, TIME APPROX 5 MIN	\$7.55	\$15.99	1/1/2014	
99212		OV ESTABLISHED PT, MINOR-PHYS TIME APPROX 10 MIN.	\$20.10	\$31.85	1/1/2014	
99213		OV ESTAB. PT, MODERATE. PHYS TIME APPROX 15 MIN.	\$39.32	\$53.18	1/1/2014	
99214		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 25 MIN.	\$60.84	\$80.12	1/1/2014	
99215		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 40 MIN.	\$86.38	\$108.37	1/1/2014	
99221		INITIAL HOSP. CARE, MINOR. PHYS TIME APPROX 30 MIN	\$78.95	\$78.95	1/1/2014	
99222		INITIAL HOSP CARE, MODERATE-PHYS TIME APPROX 50 MIN	\$107.74	\$107.74	1/1/2014	

				Medicaid Maximum Allowable		
CODE	MODE	Description	FACILITY	NON- FACILITY	EFFECTIVE DATE	
99223		INITIAL HOSP CARE, SEVERE-PHYS TIME APPROX 70 MIN	\$158.64	\$158.64	1/1/2014	
99231		HOSP VISIT, STABLE. PHYS TIME APPROX 15 MINUTES	\$32.60	\$32.60	1/1/2014	
99232		HOSP VISIT, MODERATE. PHYS TIME APPROX 25 MINUTES	\$58.75	\$58.75	1/1/2014	
99233		HOSP VISIT, COMPLEX. PHYS TIME APPROX 35 MINUTES	\$84.16	\$84.16	1/1/2014	
		OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND				
99234		MANAGEMENT OF A	\$111.38	\$111.38	1/1/2014	
99235		OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A	\$146.31	\$146.31	1/1/2014	
99233	+	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND	\$140.31	\$140.31	1/1/2014	
99236		MANAGEMENT OF A	\$181.84	\$181.84	1/1/2014	
99238		HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	\$58.09	\$58.09	1/1/2014	
99239		HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	\$84.42	\$84.42	1/1/2014	
99241		OUTPT. CONSULT, MINOR- PHYS TIME APPROX 15 MIN.	\$26.21	\$38.00	1/1/2014	
99242		OUTPT. CONSULT, MINORETHIS TIME AFFROX 30 MIN.	\$55.31	\$71.20	1/1/2014	
99243		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN.	\$77.09	\$97.91	1/1/2014	
99243		OUTPT. CONSULT, SEVERE-PHYS TIME APPROX 40 MIN.	\$122.40	\$145.43	1/1/2014	
99244	+	OUTPT. CONSULT, SEVERE-PHYS TIME APPROX 80 MIN.	\$152.70	\$178.74	1/1/2014	
99251		INITIAL INPT CONSULT- PHYS TIME APPROX 20 MIN.	\$38.80	\$38.80	1/1/2014	
99252	+	INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.	\$60.13	\$60.13	1/1/2014	
99252		INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.	\$91.29	\$91.28	1/1/2014	
99253		INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.	\$132.03	\$132.03	1/1/2014	
99254		INITIAL INPT CONSULT- PHYS TIME APPROX 60 MIN.	\$132.03	\$132.03	1/1/2014	
		ER VISIT, MINOR		\$160.67		
99281 99282	+	ER VISIT, IMMOR	\$16.19 \$31.50	\$31.50	1/1/2014 1/1/2014	
		ER VISIT, MODERATE SEVERITY	 		1/1/2014	
99283		ER VISIT, HIGH SEVERITY	\$48.81	\$48.81		
99284		INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND	\$91.39	\$91.39	1/1/2014	
99304		MANAGEMENT OF A	\$70.34	\$70.34	1/1/2014	
33304		INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND	\$70.54	\$70.54	1/1/2014	
99306		MANAGEMENT OF A	\$126.38	\$126.38	1/1/2014	
99307		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$34.72	\$34.72	1/1/2014	
99308		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$53.07	\$53.07	1/1/2014	
99309		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$70.40	\$70.40	1/1/2014	
00000		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND	ψ/ σ. ισ	ψ/ σ. ισ	17 172011	
99310		MANAGEMENT OF	\$104.10	\$104.10	1/1/2014	
		EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL				
99318		NURSING FACILITY	\$73.59	\$73.59	1/1/2014	
99324		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$47.19	\$47.19	1/1/2014	
99325		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$68.72	\$68.72	1/1/2014	
99326		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$113.64	\$113.64	1/1/2014	
99327		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$148.22	\$148.22	1/1/2014	
99328		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$174.48	\$174.48	1/1/2014	

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

CODE		IODE Description	Medicaid Maximum Allowable		
	MODE		FACILITY	NON- FACILITY	EFFECTIVE DATE
		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT			
99334		OF AN	\$48.64	\$48.64	1/1/2014
		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT			
99335		OF AN	\$75.34	\$75.34	1/1/2014
		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT			
99336		OF AN	\$106.09	\$106.09	1/1/2014
		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT			
99337		OF AN	\$152.43	\$152.43	1/1/2014
		PHYSICIAN STANDBY SERVICE, REQUIRING PROLONGED PHYSICIAN			
99360		ATTENDANCE, EACH 30	\$47.47	\$47.47	1/1/2014
Q4101		SKIN SUBSTITUTE, APLIGRAF, PER SQUARE CENTIMETER	\$27.15	\$27.15	1/1/2014
Q4106		SKIN SUBSTITUTE, DERMAGRAFT, PER SQUARE CENTIMETER	\$33.26	\$33.26	1/1/2014
Q4131		EPIFIX OR EPICORD, PER SQUARE CENTIMETER	\$259.45	\$259.45	7/1/2017
15271		APPLICATION OF SKIN SUBSTITUTE GRAFT TO	48.40	79.44	1/1/2014

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.