

ALBERTA HEALTH CARE INSURANCE PLAN

Podiatric Surgery

Procedure List

As Of

01 June 2006

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I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES

03 CLINICAL EVALUATION AND EXAMINATION

03.0 Diagnostic interview and evaluation or consultation

03.01 Diagnostic interview and evaluation, unqualified

	BASE	ANE
03.01PA Home care advice provided to home care workers, weekdays 0700 to 1700 hours Advice in relation to the care and treatment of a patient receiving home care services under the Alberta Home Care program.	15.00	
03.01PB Home care advice provided to home care workers, weekdays 1700 to 2200 hours, weekends and statutory holidays 0700 to 2200 hours Advice in relation to the care and treatment of a patient receiving home care services under the Alberta Home Care Program.	22.20	
03.01PC Home care advice provided to home care workers, any day 2200 to 0700 hours . Advice in relation to the care and treatment of a patient receiving home care services under the Alberta Home Care Program. NOTE: 1. To be claimed using the Personal Health Number of the patient. 2. May only be claimed when the request for advice is initiated by the home care worker. 3. May be claimed: - for advice provided in person or via telephone or other telecommunication methods. - in addition to visits or other services provided on the same day by the same podiatric surgeon. - to a maximum of two (03.01PA and/or 03.01PB and/or 03.01PC) per patient per podiatric surgeon per day. 4. Documentation of the request and advice must be recorded by both the podiatric surgeon and the home care worker in their respective patient records.	26.20	
03.01PL Podiatric Surgeon to Physician, referring Podiatric Surgeon, or Podiatrist, telephone consultation, weekdays 0700 to 1700 hours NOTE: Refer to notes following 03.01PN	30.00	
03.01PM Podiatric Surgeon to Physician, Podiatrist, or Podiatric Surgeon, telephone consultation weekdays 1700 to 2200 hours, weekends 0700 to 2200 hours . . . NOTE: Refer to notes following 03.01PN	44.40	
03.01PN Podiatric Surgeon to Physician, Podiatrist or Podiatric Surgeon, telephone consultation any day 2200 to 0700 hours NOTE: 1. May not be claimed for situations where the only purpose of the call is to arrange for transfer of care, or to arrange an expedited consultation or procedure. 2. A comprehensive consultation may not be claimed by the same consultant for the same patient, for the same condition, within the same day (0001 to 2400 hours). 3. A maximum of two (any combination of HSC 03.01PL, 03.01PM, 03.01PN) claims may be claimed per patient, per podiatric surgeon, per day. 4. Documentation of the request and advice given must be recorded by both the referring podiatric surgeon and the consultant in their respective patient records.	52.40	

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I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.0 Diagnostic interview and evaluation or consultation (cont'd)

03.01 Diagnostic interview and evaluation, unqualified (cont'd)

	BASE	ANE
03.01PQ Podiatric Surgeon to Physician, Podiatrist or Podiatric Surgeon, telephone consultation, weekdays 0700 to 1700 hours	60.00	
NOTE: Refer to notes following 03.01PS		

03.01PR Podiatric Surgeon to Physician, Podiatrist, or Podiatric Surgeon, telephone consultation, weekdays 1700 to 2200 hours, weekends 0700 to 2200 hours . . .	88.80	
NOTE: Refer to notes following 03.01PS		

03.01PS Podiatric Surgeon to Physician, Podiatrist or Podiatric Surgeon, telephone consultation, any day 2200 to 0700 hours	104.79	
NOTE: 1. May not be claimed for situations where the only purpose of the call is to arrange for transfer of care, or to arrange an expedited consultation or procedure.		
2. A comprehensive consultation may not be claimed by the same consultant for the same patient, for the same condition, within the same day (0001 to 2400 hours).		
3. A maximum of two (any combination of HSC 03.01PQ, 03.01PR, 03.01PS) claims may be claimed per patient, per podiatric surgeon, per day.		
4. Documentation of the request and advice given must be recorded by both the referring physician, podiatrist and the podiatric surgeon in their respective patient records.		

03.01PP After Hours Time Premium	BY ASSESS	
NOTE: Use modifiers PTEV, PNTA, PNTP, PTST, PTWK to claim for the after hours time unit premium in accordance with GR 22.6 and the SURT modifier definition.		

03.03 Diagnostic interview and evaluation, described as limited

03.03PA Diabetic visit not requiring complete history and evaluation	24.29	
NOTE: Follow-up for the evaluation and treatment of Diabetes related foot complications.		

03.03PB Repeat follow-up after surgery	29.30	
NOTE: 1. Surgical fee inclusive of first 14 days from date of surgery.		
2. Maximum of three 03.03PB may be claimed within 60 days of any podiatric surgery per patient per surgical encounter.		

03.03PC Visit not requiring complete history and evaluation	24.29	
03.03PD Hospital visits	26.86	V

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I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.0 Diagnostic interview and evaluation or consultation (cont'd)

03.03 Diagnostic interview and evaluation, described as limited (cont'd)

BASE ANE

NOTE: 1. A maximum of six level one days may be claimed when the same podiatric surgeon claims a comprehensive visit or consultation on the date of hospital admission.
2. Only one 03.03PD may be claimed per patient, per podiatric surgeon, per day. Special callbacks (03.05PA, 03.05PB, 03.05PC, 03.05PD, 03.05PE) may be claimed when the criteria listed under 03.05PE are met.

03.03PK	Emergency visit/special callback to hospital emergency/outpatient department, when specially called from home or office, weekday (0700 to 1700 hours)	98.94
03.03PL	Emergency visit/special callback to hospital emergency/outpatient department, when specially called from home or office, weekday (1700-2200 hours) or Saturday, Sunday or statutory holiday (0700-2200)	115.25
03.03PM	Emergency visit/special callback to hospital emergency/outpatient department, when specially called from home or office, any day (2200-2400 hours)	221.26
03.03PN	Emergency visit/special callback to hospital emergency/outpatient department, when specially called from home or office, anyday (2400-0700)	221.26
03.04	Diagnostic interview and evaluation, described as comprehensive	
03.04PA	Comprehensive visit	52.23
03.04PC	Hospital Admission	67.02
03.05	Other diagnostic interview and evaluation	
03.05PA	Special callback to inpatient, when specially called from home or office, weekdays 0700-1700 hours	98.94
	NOTE: Refer to notes following 03.05PE.	
03.05PB	Special callback to inpatient, weekdays 1700-2200 hours	115.25
	NOTE: Refer to notes following 03.05PE.	
03.05PC	Special callback to inpatient, 2200-2400 hours	221.26
	NOTE: Refer to notes following 03.05PE.	
03.05PD	Special callback to inpatient, 2400-0700 hours	221.26
	NOTE: Refer to notes following 03.05PE.	
03.05PE	Special callback to inpatient, Saturday, Sunday or statutory holiday, 0700-2200 hours	115.25

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I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.0 Diagnostic interview and evaluation or consultation (cont'd)

03.05 Other diagnostic interview and evaluation (cont'd)

BASE ANE

- NOTE:
1. May only be claimed when a special call for attendance is made on the patient's behalf.
 2. The podiatric surgeon responds to such a call from outside the hospital, on an unscheduled basis.
 3. The patient is attended on a priority basis.
 4. Second or subsequent patients seen during the same callback are not eligible for benefits under 03.05PA, 03.05PB, 03.05PC, 03.05PD or 03.05PE but time spent may be claimed using the AFTER HOURS TIME PREMIUM modifier with 03.05PF.
 5. May not be claimed in association with any health service code except 03.01PP. Refer to GR 22.

03.05PF Second and subsequent patient seen after initial after-hours callback to hospital inpatient BY ASSESS

03.07 Consultation, described as limited
03.07PA Limited podiatric consultation 53.59

03.08 Consultation, described as comprehensive
03.08PA Comprehensive podiatric surgical consultation 83.57

- NOTE:
1. Includes complete podiatric history and physical examination, review of diagnostics, an appropriate record and advice to the patient.
 2. Requires a written request for a consultation from a physician or podiatrist.
 3. Requires a written report to the referring physician or podiatrist.

03.08PB Comprehensive consultation, when patient is referred from the emergency department to the podiatric surgeon's office 83.57

- NOTE:
1. Consultation when a patient is sent from the emergency department to the podiatric surgeon's office. Records from the emergency department must be forwarded to the podiatric surgeon and placed in the patient's records.
 2. Not for transfer of care.

03.08PC Diabetic High-risk Foot comprehensive consultation 83.57

- NOTE:
1. Includes podiatric history, examination and education
 2. For the evaluation and treatment of diabetes related foot complications.

07 PHYSICAL MEDICINE, REHABILITATION, AND RELATED PROCEDURES

07.5 Other immobilization, pressure, and attention to wound

07.53 Application of other cast
07.53PD Lower extremity 23.14

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I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

07 PHYSICAL MEDICINE, REHABILITATION, AND RELATED PROCEDURES (cont'd)

07.5 Other immobilization, pressure, and attention to wound (cont'd)

07.53 Application of other cast (cont'd)

	BASE	ANE
07.53PE Wedging of cast	12.21	
07.53PJ Application of fiberglass cast, lower extremity	82.85	
NOTE: 1. Benefit includes the cost of supplies and the application of cast.		
2. Not payable in a hospital facility.		

17 OPERATIONS ON CRANIAL AND PERIPHERAL NERVES

17.0 Incision, division, and excision of cranial and peripheral nerves

17.08 Other excision or avulsion of cranial and peripheral nerves		
17.08PA Morton's neuroma	149.24	100.00
17.08PB Excision of neuroma, on nerve proximal to mid foot	259.76	120.00

17.2 Suture of cranial and peripheral nerves

17.2 PA Peripheral nerve repair - major	224.37	135.00
That where proximal to the midfoot		
17.2 PB Peripheral nerve repair - minor	149.57	100.00
That where distal to the midfoot		

17.3 Freeing of adhesions and decompression of cranial and peripheral nerves

17.34 Release of tarsal tunnel		
17.34PA Release of tarsal tunnel	147.44	100.00

17.4 Cranial or peripheral nerve graft

Peripheral nerve reconstruction utilizing microsurgical technique		
17.4 PB Minor, single cable	591.44	240.00

17.6 Other cranial or peripheral neuroplasty

17.63 Repair of old traumatic injury of cranial and peripheral nerves		
17.63PB Peripheral repair using microsurgical technique, secondary	365.49	165.00

17.8 Invasive diagnostic procedures on peripheral nervous system

17.81 Biopsy of peripheral nerve or ganglion		
17.81PA Sural nerve biopsy	60.51 V	100.00

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM

89 INCISION, EXCISION, AND DIVISION OF OTHER BONES

89.0 Sequestrectomy

89.07 Sequestrectomy tarsals and metatarsals		
89.07PA Sequestrectomy, tarsals and metatarsals	149.24	100.00

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XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

89 INCISION, EXCISION, AND DIVISION OF OTHER BONES (cont'd)

89.0 Sequestrectomy (cont'd)

89.08 Sequestrectomy, other specified site

	BASE	ANE
89.08PA Phalanx	111.93	100.00

89.1 Other incision of bone without division

89.19 Other incision of bone without division, unspecified site

89.19PA Incision and drainage subperiosteal abscess	223.86	100.00
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89.3 Other division of bone

89.37 Other division of bone, tarsals and metatarsals

89.37PA Osteotomy, calcaneum or talus	447.72	135.00
89.37PB Osteotomy, Lesser bone of foot	223.86	100.00

89.4 Excision of bunion (bunionectomy)

89.41 Bunionectomy with soft tissue correction and osteotomy of the first metatarsal

89.41PA Bunionectomy with distal osteotomy of the first metatarsal or proximal phalanx	298.48	135.00
89.41PB Bunionectomy with proximal osteotomy of the first metatarsal	671.58	225.00

89.42 Bunionectomy with soft tissue correction and arthrodesis

89.42PA Bunionectomy with soft tissue correction	223.86	100.00
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89.5 Local excision of lesion or tissue of bone

89.57 Local excision of lesion or tissue of bone, tarsals and metatarsals

89.57PB Saucerization	149.24	100.00
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89.58 Local excision of lesion or tissue of bone, phalanx

89.58PA Tumor	298.48	100.00
89.58PB Saucerization	106.41	100.00
89.58PC With bone graft	209.68	135.00

89.59 Local excision of lesion or tissue of bone, unspecified site

89.59PA Biopsy bone tumor, superficial	111.93 V	100.00
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90 OTHER OPERATIONS ON BONES EXCEPT FACIAL BONES

90.0 Bone graft

NOTE: Benefits for 90.07PA to 90.08PA include harvesting and fixation

90.07 Bone graft, tarsals and metatarsals

90.07PA Calcaneum	447.72	165.00
90.07PB Metatarsals	298.48	100.00

90.08 Bone graft, other specified site

90.08PA Phalanges	234.37	100.00
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XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

90 OTHER OPERATIONS ON BONES EXCEPT FACIAL BONES (cont'd)

90.0 Bone graft

NOTE: Benefits for 90.07PA to 90.08PA include harvesting and fixation (cont'd)

90.09 Bone graft, unspecified site
That in association with open reduction of fracture

	BASE	ANE
90.09PA Allograft from bone bank, insertion	111.93	
90.09PC Harvest autogenous bone graft, different site, insertion	95.84	
NOTE: May not be claimed in association with HSC 90.07PA, 90.07AA, 90.07PB, 90.07AB, 90.08PA or 90.08AA inclusive.		

90.6 Removal of internal fixation device

90.6 PD Removal of external fixation device - foot or ankle 298.52 100.00
NOTE: May not be claimed for the removal of K-Wires.

90.6 PE Removal of hardware under local anesthesia - foot or ankle 74.62
NOTE: Regardless of the number of pieces of hardware removed, only one call may be claimed per site.

90.6 PF Removal of hardware, excluding external fixator devices, first 30 minutes - foot or ankle 167.90 100.00
NOTE: Each subsequent 15 minutes is payable at the rate specified on the Price List.

91 REDUCTION OF FRACTURE AND DISLOCATION

91.0 Closed reduction of fracture (without internal fixation)

91.06 Closed reduction of fracture (without internal fixation), tarsals and metatarsals

91.06PD Metatarsal	54.28 V	100.00
91.06PE Other tarsal bone(s)	77.61 V	100.00
NOTE: A second call may only be claimed when a fracture in the second foot is reduced.		

91.07 Closed reduction of fracture, phalanges of foot

91.07PA Phalanx or phalanges 21.16 V 100.00

91.3 Open reduction of fracture with internal fixation

91.36 Open reduction of fracture with internal fixation, tarsals and metatarsals

91.36PA Talus	671.58	135.00
91.36PB ORIF of fracture, Calcaneus	671.58	150.00
91.36PC ORIF of fracture, Other tarsal bone(s)	447.72	120.00
91.36PD ORIF of fracture, Metatarsal	223.86	105.00
91.36PE ORIF of Lisfranc fracture dislocation	503.69	165.00

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XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

91 REDUCTION OF FRACTURE AND DISLOCATION (cont'd)

91.3 Open reduction of fracture with internal fixation (cont'd)

91.36 Open reduction of fracture with internal fixation, tarsals and metatarsals (cont'd)

	BASE	ANE
91.36PF ORIF of navicular fracture	335.79	105.00
91.36PG ORIF of Lisfranc fracture dislocation, 3 or more dislocations	671.58	420.00

91.37 Open reduction of fracture with internal fixation, phalanges of foot

91.37PA Toe	149.24	100.00
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91.7 Closed reduction of dislocation of joint

91.77 Closed reduction of dislocation of foot and toe

91.77PA Tarsus	126.25	100.00
91.77PB Metatarsal	29.47 V	100.00
91.77PC Toes	22.28 V	100.00

91.8 Open reduction of dislocation of joint

91.87 Open reduction of dislocation of foot and toe

91.87PA Tarsus	260.69	150.00
91.87PB Metatarsal	149.24	105.00
91.87PC Toes	149.24	100.00

92 INCISION AND EXCISION OF JOINT STRUCTURES

92.1 Other arthrotomy

92.16 Other Arthrotomy ankle

92.16PA Arthrotomy, ankle	298.48	120.00
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92.4 Synovectomy

92.46PA Synovectomy, ankle	447.72	120.00
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92.8 Arthroscopy

92.8 PA Arthroscopy diagnostic, Ankle	261.17	100.00
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NOTE: May not be claimed when a subsequent therapeutic open or arthroscopic procedure is performed in the same body cavity.

92.8 PD Arthroscopy, Ankle	447.72	150.00
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Therapeutic intervention including debridement/drilling

93 REPAIR AND PLASTIC OPERATIONS ON JOINT STRUCTURES

93.1 Arthrodesis of foot and ankle

93.11 Ankle fusion

93.11PA Ankle fusion	820.83	180.00
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93.12 Triple arthrodesis (and stripping)

93.12PA Single hindfoot joint fusion	492.50	165.00
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93.12PB Double hindfoot joint fusion	656.66	210.00
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XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

93 REPAIR AND PLASTIC OPERATIONS ON JOINT STRUCTURES (cont'd)

93.1 Arthrodesis of foot and ankle (cont'd)

93.12 Triple arthrodesis (and stripping) (cont'd)

	BASE	ANE
93.12PC Triple hindfoot joint fusion	820.83	270.00

93.14 Midtarsal fusion

93.14PA Midtarsal fusion	447.72	150.00
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NOTE: 1. A second call may only be claimed when a midtarsal joint in the other foot is fused.
2. Additional midtarsal fusions in the same foot may be claimed under 93.14PB.

93.14PB Each additional midtarsal fusion	69.21	100.00
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NOTE: 1. May only be claimed with 93.14PA.
2. A maximum benefit of 4 calls applies to each foot.

93.16 Metatarsophalangeal fusion

93.16PA MP joint great toe	298.48	105.00
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93.18 Other fusion of toe

93.18PA IP joint great toe	159.48	105.00
93.18PB Other toe joints	149.24	105.00

93.3 Arthroplasty of foot and toe

93.39 Arthroplasty of foot and toe

93.39PB Other toes, excision metatarsal head, Hoffman's procedure	149.24	100.00
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NOTE: Includes hammer toes, single joint

93.39PC Arthroplasty great toe, MP joint	223.86	105.00
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NOTE: Includes bunionectomy.

93.4 Arthroplasty of knee and ankle

93.49 Other repair of ankle

93.49PA Reconstruction ligament(s) ankle, early repair less than 14 days	298.48	135.00
93.49PB Reconstruction ligament(s) ankle, late repair, more than 14 days	447.72	165.00
93.49PC Arthroplasty, ankle	447.72	150.00

95 OPERATIONS ON MUSCLES, TENDONS, FASCIA AND BURSA, EXCEPT HAND

95.0 Incision of muscle, tendon, fascia and bursa

95.01 Incision of tendon sheath

95.01PA Incision of tendon sheath	138.41	100.00
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95.03 Bursotomy

95.03PA Bursotomy	32.92 V	100.00
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NOTE: May not be claimed for percutaneous aspiration of bursa

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XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

95 OPERATIONS ON MUSCLES, TENDONS, FASCIA AND BURSA, EXCEPT HAND (cont'd)

95.0 Incision of muscle, tendon, fascia and bursa (cont'd)

95.13 Other tenotomy

	BASE	ANE
95.13PC Tenotomy, digital or metatarsal	30.97 V	100.00

95.15 Fasciotomy for division

95.15PB Plantar Fasciotomy	223.86	120.00
95.15PF Plantar Fasciectomy, partial	298.48	120.00
95.15PG Plantar Fasciectomy, complete	596.96	180.00

95.2 Excision of lesion of muscle, tendon, fascia, and bursa

95.29 Excision of lesion of other soft tissue

95.29PB Excision ganglion	122.50	100.00
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95.5 Suture of muscles, tendon, and fascia

95.54 Other suture of tendon

95.54PA Primary repair of tendo achilles, less than 14 days	373.10	120.00
95.54PB Primary repair, extensor, less than 14 days	223.86	100.00
95.54PC Primary repair, flexor, less than 14 days	331.50	150.00
95.54PD Reconstruction of tendo achilles, more than 14 days	559.65	180.00

95.6 Reconstruction of muscle and tendon

95.65 Other transfer or transplantation of tendon

95.65PA Flat foot repair	447.72	135.00
95.65PF Distal knee	447.72	135.00

95.7 Other plastic operations on muscles, tendon and fascia

95.71 Tendon pulley reconstruction

95.71PB Repair recurrent dislocation peroneal tendons	447.72	135.00
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95.76 Other change in length of muscle, tendon, and fascia

95.76PA Tendon lengthening or shortening	223.86	120.00
95.76PB Repeat posteromedial release foot	1,343.17	100.00
95.76PC Myotendinous lengthening or gastrocnoleus slide	335.79	100.00

95.9 Other operations on muscle, tendon, fascia, and bursa

95.91 Freeing of adhesions of muscle, tendon, fascia, and bursa

95.91PA Tenolysis	161.69	100.00
That for tendons proximal to the mid foot		

96 OTHER OPERATIONS ON THE MUSCULOSKELETAL SYSTEM

96.1 Amputation of lower limb

96.11 Amputation and disarticulation of toe(s)

96.11PA Toe, one	149.24	100.00
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96.12 Amputation and disarticulation of foot

96.12PA Metatarsal - whole ray	148.67	100.00
96.12PB Transmetatarsal	209.68	105.00

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XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

96 OTHER OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

96.1 Amputation of lower limb (cont'd)

96.12 Amputation and disarticulation of foot (cont'd)

	BASE	ANE
96.12PC Mid-tarsal	447.72	100.00

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XVII. OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE

98 OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE

98.0 Incision of skin and subcutaneous tissue

93.03 Other incision with drainage of skin and subcutaneous tissue

	BASE	ANE
98.03PA Abscess, subcutaneous	30.90 V	100.00
98.03PB Abscess, hematoma, deep, foot	BY ASSESS	100.00

98.04 Incision with removal of foreign body of skin and subcutaneous tissue

98.04PA Under anaesthesia	52.47 V	105.00
98.04PB Without anaesthesia	26.69	

98.1 Excision of skin and subcutaneous tissue

98.11 Debridement of wound or infected tissue

98.11PA Debridement, deep ulcer, soft tissue of foot	82.52	150.00
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NOTE: 1. Only one of 98.11PA to 98.11PB may be claimed per anatomical area.
2. HSC 98.11PA is for Operating Room debridement of any wound, including diabetic wounds.

98.11PB Debridement diabetic foot ulcer	41.26	150.00
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NOTE: 1. May only be claimed once every 7 days.
2. Only one of 98.11PA to 98.11PB may be claimed per anatomical area.
3. HSC 98.11PB is for office debridement of any wound, including diabetic and surgery wounds.

98.12 Local excision or destruction of lesion or tissue of skin and subcutaneous tissue

98.12PA Excisional biopsy, skin	39.56 V	100.00
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NOTE: Maximum applies, refer to Price List.

98.12PH Excision of soft tissue tumor (subcutaneous) up to 30 minutes of operating time	73.01 V	100.00
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NOTE: Each subsequent 15 minutes of operating time, or major portion thereof, may be claimed at the rate specified on the Price List; a maximum benefit applies.

98.2 Suture of skin and subcutaneous tissue

98.22 Suture of skin and subcutaneous tissue of other sites

98.22PA Body, up to 5 cms (1 unit)	53.97 V	100.00
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NOTE: See 98.22PB for lacerations exceeding the lengths listed above.

98.22PB Laceration, body, over 5 cms (1 unit)	46.94	100.00
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For each layer or unit, refer to Price List

Schedule of Podiatric Surgery Benefits
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XVII. OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE (cont'd)

98 OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE (cont'd)

98.2 Suture of skin and subcutaneous tissue (cont'd)

98.22 Suture of skin and subcutaneous tissue of other sites (cont'd)

BASE ANE

NOTE: The following applies to 98.22PA and 98.22PB.

1. Fee includes primary closure of wound, normal wound care follow-up and suture removal.
2. Where the laceration is treated with the use of steri-strip, or simple bandaging, a visit, not this item should be claimed.
3. Where multiple lacerations are repaired, use the combined length.

98.44 Full thickness skin graft to other sites

98.44PA Up to 32 square cms 200.16 100.00

NOTE: Includes closure of donor defect.

98.44PB Over 32 square cms 357.00 150.00

NOTE: Includes closure of donor defect.

98.7 Other repair and reconstruction of skin and subcutaneous tissue

98.71 Correction of syndactyly

NOTE: Grafts are paid per anatomic functional area.

98.71PA With local flaps 110.68 100.00

98.71PB With flap and graft reconstruction 438.76 165.00

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XVIII. PROCEDURES NOT ELSEWHERE CLASSIFIED

99 PROCEDURES NOT ELSEWHERE CLASSIFIED

99.0 Ill-defined operations

99.09 Surgical procedures NOS

		BASE	ANE
99.09PP	Unlisted Procedures, Musculoskeletal system	BY ASSESS	
99.09PR	Unlisted Procedures, Skin and subcutaneous tissue	BY ASSESS	