

Podiatric Surgery

Procedure List

As Of

01 October 2010

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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.	16.46	
03.01PB Home care advice provided to home care workers, weekdays 1700 to 2200 hours, weekends and statutory holidays 0700 to 2200 hours	24.35	
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.	28.74	
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.		
03.01PL Podiatric Surgeon to Physician, referring Podiatric Surgeon, or Podiatrist, telephone consultation, weekdays 0700 to 1700 hours	32.91	
NOTE: Refer to notes following 03.01PN		
03.01PM Podiatric Surgeon to Physician, Podiatrist, or Podiatric Surgeon, telephone consultation weekdays 1700 to 2200 hours, weekends 0700 to 2200 hours . . .	48.71	
NOTE: Refer to notes following 03.01PN		
03.01PN Podiatric Surgeon to Physician, Podiatrist or Podiatric Surgeon, telephone consultation any day 2200 to 0700 hours	57.48	
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.		

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	65.82	
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 . . .	97.41	
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	114.95	
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	26.65	
NOTE: Follow-up for the evaluation and treatment of Diabetes related foot complications.		

03.03PB Repeat follow-up after surgery	32.14	
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	26.65	
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03.03PD Hospital visits	29.47	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)	108.54
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)	126.43
03.03PM	Emergency visit/special callback to hospital emergency/outpatient department, when specially called from home or office, any day (2200-2400 hours)	242.72
03.03PN	Emergency visit/special callback to hospital emergency/outpatient department, when specially called from home or office, anyday (2400-0700)	242.72
03.04	Diagnostic interview and evaluation, described as comprehensive	
03.04PA	Comprehensive visit	57.30
03.04PC	Hospital Admission	73.52
03.05	Other diagnostic interview and evaluation	
03.05PA	Special callback to inpatient, when specially called from home or office, weekdays 0700-1700 hours	108.54
	NOTE: Refer to notes following 03.05PE.	
03.05PB	Special callback to inpatient, weekdays 1700-2200 hours	126.43
	NOTE: Refer to notes following 03.05PE.	
03.05PC	Special callback to inpatient, 2200-2400 hours	242.72
	NOTE: Refer to notes following 03.05PE.	
03.05PD	Special callback to inpatient, 2400-0700 hours	242.72
	NOTE: Refer to notes following 03.05PE.	
03.05PE	Special callback to inpatient, Saturday, Sunday or statutory holiday, 0700-2200 hours	126.43

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 58.79

03.08 Consultation, described as comprehensive

03.08PA Comprehensive podiatric surgical consultation 91.68

- 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 91.68

- 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 91.68

- 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 25.38

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	13.39	
07.53PJ Application of fiberglass cast, lower extremity	90.89	

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	163.72	107.37
17.08PB Excision of neuroma, on nerve proximal to mid foot	284.96	137.30

17.2 Suture of cranial and peripheral nerves

17.2 PA Peripheral nerve repair - major	246.13	154.46
That where proximal to the midfoot		
17.2 PB Peripheral nerve repair - minor	164.08	107.27
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	161.74	107.27
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17.4 Cranial or peripheral nerve graft

Peripheral nerve reconstruction utilizing microsurgical technique

17.4 PB Minor, single cable	648.81	283.18
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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	400.94	214.74
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17.8 Invasive diagnostic procedures on peripheral nervous system

17.81 Biopsy of peripheral nerve or ganglion

17.81PA Sural nerve biopsy	66.38 V	107.27
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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	163.72	107.37
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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	122.79	107.27

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	245.57	107.37
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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	491.15	161.06
89.37PB Osteotomy, Lesser bone of foot	245.57	107.37

89.4 Excision of union (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	327.43	178.95
89.41PB Bunionectomy with proximal osteotomy of the first metatarsal	736.72	268.43

89.42 Bunionectomy with soft tissue correction and arthrodesis

89.42PA Bunionectomy with soft tissue correction	245.57	107.37
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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	163.72	107.37
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89.58 Local excision of lesion or tissue of bone, phalanx

89.58PA Tumor	327.43	107.37
89.58PB Saucerization	116.73	107.27
89.58PC With bone graft	230.02	161.06

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

89.59PA Biopsy bone tumor, superficial	122.79 V	107.27
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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	491.15	188.79
90.07PB Metatarsals	327.43	107.27

90.08 Bone graft, other specified site

90.08PA Phalanges	257.10	107.27
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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	122.79	
90.09PC Harvest autogenous bone graft, different site, insertion	105.14	
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	327.48	107.27
NOTE: May not be claimed for the removal of K-Wires.		

90.6 PE Removal of hardware under local anesthesia - foot or ankle	81.86	
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	184.19	107.27
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	59.55 V	107.27
91.06PE Other tarsal bone(s)	85.14 V	107.27
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	23.21 V	107.27
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91.3 Open reduction of fracture with internal fixation

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

91.36PA Talus	736.72	178.95
91.36PB ORIF of fracture, Calcaneus	736.72	171.63
91.36PC ORIF of fracture, Other tarsal bone(s)	491.15	137.30
91.36PD ORIF of fracture, Metatarsal	245.57	128.72
91.36PE ORIF of Lisfranc fracture dislocation	552.55	196.85

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	368.36	120.14
91.36PG ORIF of Lisfranc fracture dislocation, 3 or more dislocations	736.72	480.55

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

91.37PA Toe	163.72	107.37
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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	138.50	107.27
91.77PB Metatarsal	32.33 V	107.27
91.77PC Toes	24.44 V	107.27

91.8 Open reduction of dislocation of joint

91.87 Open reduction of dislocation of foot and toe

91.87PA Tarsus	285.98	178.95
91.87PB Metatarsal	163.72	128.72
91.87PC Toes	163.72	107.27

92 INCISION AND EXCISION OF JOINT STRUCTURES

92.1 Other arthrotomy

92.16 Other Arthrotomy ankle

92.16PA Arthrotomy, ankle	327.43	137.30
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92.4 Synovectomy

92.46PA Synovectomy, ankle	491.15	137.30
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92.8 Arthroscopy

92.8 PA Arthroscopy diagnostic, Ankle	286.50	107.27
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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	491.15	178.95
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	900.45	205.95
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93.12 Triple arthrodesis (and stripping)

93.12PA Single hindfoot joint fusion	540.27	197.37
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93.12PB Double hindfoot joint fusion	720.36	240.28
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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	900.45	308.93

93.14 Midtarsal fusion

93.14PA Midtarsal fusion	491.15	178.95
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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	75.92	107.27
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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	327.43	128.72
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93.18 Other fusion of toe

93.18PA IP joint great toe	174.95	128.72
93.18PB Other toe joints	163.72	128.72

93.3 Arthroplasty of foot and toe

93.39 Arthroplasty of foot and toe

93.39PB Other toes, excision metatarsal head, Hoffman's procedure	163.72	107.37
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NOTE: Includes hammer toes, single joint

93.39PC Arthroplasty great toe, MP joint	245.57	143.16
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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	327.43	154.46
93.49PB Reconstruction ligament(s) ankle, late repair, more than 14 days	491.15	214.74
93.49PC Arthroplasty, ankle	491.15	178.95

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	151.84	107.37
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95.03 Bursotomy

95.03PA Bursotomy	36.11 V	107.27
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NOTE: May not be claimed for percutaneous aspiration of bursa

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	33.97 V	107.27

95.15 Fasciotomy for division

95.15PB Plantar Fasciotomy	245.57	143.16
95.15PF Plantar Fasciectomy, partial	327.43	137.30
95.15PG Plantar Fasciectomy, complete	654.87	205.95

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

95.29 Excision of lesion of other soft tissue

95.29PB Excision ganglion	134.38	107.37
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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	409.29	137.30
95.54PB Primary repair, extensor, less than 14 days	245.57	107.27
95.54PC Primary repair, flexor, less than 14 days	363.66	178.95
95.54PD Reconstruction of tendo achilles, more than 14 days	613.94	232.64

95.6 Reconstruction of muscle and tendon

95.65 Other transfer or transplantation of tendon

95.65PA Flat foot repair	491.15	154.46
95.65PF Distal knee	491.15	154.46

95.7 Other plastic operations on muscles, tendon and fascia

95.71 Tendon pulley reconstruction

95.71PB Repair recurrent dislocation peroneal tendons	491.15	161.06
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95.76 Other change in length of muscle, tendon, and fascia

95.76PA Tendon lengthening or shortening	245.57	137.30
95.76PB Repeat posteromedial release foot	1,473.46	483.17
95.76PC Myotendinous lengthening or gastrocnemius slide	368.36	107.27

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

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

95.91PA Tenolysis	177.37	107.37
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	163.72	107.37
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96.12 Amputation and disarticulation of foot

96.12PA Metatarsal - whole ray	163.09	107.37
96.12PB Transmetatarsal	230.02	128.72

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	491.15	107.27

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	33.90 V	107.27
98.03PB Abscess, hematoma, deep, foot	BY ASSESS	107.27

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

98.04PA Under anaesthesia	57.56 V	128.72
98.04PB Without anaesthesia	29.28	

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	90.52	196.85
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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	45.26	171.63
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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	43.40 V	107.27
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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	80.09 V	107.37
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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)	59.21 V	107.37
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NOTE: See 98.22PB for lacerations exceeding the lengths listed above.

98.22PB Laceration, body, over 5 cms (1 unit)	51.49	107.27
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For each layer or unit, refer to Price List

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 219.58 107.27
NOTE: Includes closure of donor defect.

98.44PB Over 32 square cms 391.63 171.63
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 121.42 128.72
98.71PB With flap and graft reconstruction 481.32 188.79

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	