

SECTION M:

ORTHOPAEDIC SURGERY

Fee Class Anae

When the words 'Fee for Service' or 'By Report' are shown rather than a specific rate of payment, the following applies:

(a) Fee For Service-- means services are to be billed on the basis of individual appropriate visit or procedure items included in the Payment Schedule, at the listed amount, and are subject to the Assesment Rules.

(b) By Report -- Means that the claim form must be accompanied by a detailed explanation of the circumstances and the services provided. Payment will be assessed on the basis of the explanation. These claims must be submitted on claim forms.

(c) For out of hours premiums see Section A.

Visits

5M	Initial assessment -- of a specific condition includes: pertinent family history, patient history, history of presenting complaint, functional enquiry, examination of affected part(s) or system(s), diagnosis, assessment, necessary treatment, advice to the patient and record of service provided	\$96.00
7M	Follow-up assessment -- includes: history review, functional enquiry, examination, reassessment, necessary treatment, advice to the patient and record of service provided	\$87.40 *
9M	Consultation -- includes all visits necessary, history and examination, review of laboratory and/or other data and written submission of the consultant's opinion and recommendations to the referring doctor	\$193.00
10M	-- consultation for patients referred for back pain only	\$159.00
11M	-- repeat A formal consultation for the same or related condition repeated within 90 days by the same physician. It should not be used for routine follow-up of the patient for which either service code '5' "partial assessment or subsequent review" or service code '7' "follow-up assessment" are appropriate.	\$74.40
13M	Written advice to referring physician on the management of a case based upon review of x-rays by Orthopaedic Surgeon (billable once per case only)	\$102.00
	Hospital Care (Payable on day of admission)	
25M	-- first 10 days, per day	\$62.80 *
26M	-- 11-20 days, per day	\$62.80 *

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27M	-- 21-30 days, per day	\$62.80 *		
28M	-- thereafter, per day	\$62.80 *		
 Note: for hospital discharge by physician, see code 725A, Section A.				
 Procedures				
Additional payments for diagnostic service excluding ECG's, 0, 10 or 42 day operative procedures performed on patients under one (1) year of age are automatically calculated and paid as explained in Section A, Paediatric Age Supplement.				
 Bones				
Incision				
30M	Incision of deep soft tissue, abscess from osteomyelitis -- billed by report	\$1,020.00 *	10	L
 Internal Fixation Removal				
Not paid in addition to or part of another orthopaedic procedure unless the internal fixation device is removed from a separate operative site.				
31M	Removal of percutaneous pins/wires by any physician done in an office	\$71.40 *	0	
32M	Operative removal of metal bone fixation device(s), any number of screws, nails or wires per operative site	\$233.30 *	10	L
33M	-- plate (including screws, intramedullary nail)	\$663.00 *	10	L
 Osteotomy -- with or without internal fixation				
40M	Clavicle	\$1,070.00	42	L
44M	Humerus or ulna or radius	\$1,070.00	42	L
48M	Radius and ulna	\$1,070.00	42	L
49M	Femur -- neck or supracondylar	\$1,070.00	42	M
50M	-- trochanteric or subtrochanteric	\$1,070.00	42	M
56M	Tibia and Fibula	\$1,070.00	42	M
64M	Femur, supracondylar, and tibia and fibula	\$1,020.00	42	M
60M	Metacarpal, metatarsal or phalanx -- one	\$800.00	42	L
68M	Os calcis (Dwyer or wedge tarsectomy)	\$1,070.00	42	L
 Excision				
81M	Biopsy bone	\$612.00	42	L
107M	Radio-ulnar synostosis	\$1,937.00	42	L
90M	Coccygectomy	\$816.00	42	L
Excision of bone cyst, chondroma or exostosis				
93M	-- large bone	\$714.00	42	L
94M	-- with bone graft	\$714.00	42	L
95M	-- small bone	\$714.00	42	L
96M	-- with bone graft	\$714.00	42	L
98M	Partial ostectomy, excision of distal end of ulna or radius .	\$510.00	42	L
Saucerization and/or sequestrectomy				
100M	-- large bone	\$682.70	42	L
101M	-- small bone	\$663.00	42	L
Radical resection of bone for tumor with bone graft				
103M	-- major bone	\$2,243.00	42	M
104M	-- minor bone	\$2,243.00	42	M
Claviculectomy				
83M	-- partial	\$367.00	42	L

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84M	-- total	\$1,529.00	42	L
86M	Excision of head of radius	\$714.00	42	L
88M	Carpectomy	\$800.00	42	M
89M	-- each additional (same field only)	\$612.00	42	L
87M	Metacarpectomy or metatarsectomy	\$714.00	42	L
102M	Excision of head of femur	\$744.70	42	M
	Patellectomy			
91M	-- partial	\$445.00	42	L
92M	-- total	\$1,325.00	42	L
97M	Shaving of patella - when only procedure done	\$524.30	42	L
85M	Astragalectomy	\$800.00	42	L
79M	Excision of 4 metatarsal heads (Hoffman)	\$663.00	42	L
	BMI Supplement			
180M	Orthopaedic surgery supplement for patients with a Body Mass Index, (Weight[kg]/Height[m] ²) greater than 40	\$336.00		
	1. Maximum of one 180M supplement per patient per day.			
	2. Supplement 180M may be billed by orthopedic surgeons with all M Section procedures done in the operating room.			
	3. BMI supplements are not payable to the surgical assistant billing "J section codes".			
	Introduction			
110M	Insertion of Kirschner wire or metal pins for traction or cast fixation	\$306.00 *	0	L
111M	Application of caliper or tongs	\$306.00 *	0	L
	Repair			
	Osteoplasty -- shortening of bone			
120M	-- femur, tibia or humerus	\$918.00	42	M
121M	-- radius or ulna	\$612.00	42	L
122M	-- both radius and ulna	\$1,427.00	42	L
123M	-- other bones	\$612.00	42	L
	-- lengthening of bone			
124M	-- major	\$1,529.00	42	M
125M	-- minor (hand or foot)	\$1,000.00	42	L
126M	Acromioplasty includes excision of distal clavicle	\$744.70	42	L
	Note: Spinal fusion with partial excision of intervertebral disc (for excision of disc see 134K to 140K)			
150M	Scapulopexy	\$1,835.00	42	M
	Epiphyseal-diaphyseal fusion, epiphyseal arrest or epiphysiodesis			
152M	-- femur or tibia and fibula	\$918.00	42	L
154M	-- combined (femur, tibial and fibular) epiphyseal arrest	\$1,223.00	42	L
155M	-- combined (upper and lower tibial and fibular) epiphyseal arrest	\$1,223.00	42	L

Fractures**1. Definitions**

- (a) Immobilization means the treatment of a fracture by any method other than that designated in (b) or (c) below.
- (b) Closed reduction means the reduction of a fracture by non-operative methods

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(includes skin traction, K wire or Steinmann's pin for balanced traction).

(c) Open reduction means the reduction of a fracture by an operative procedure to include the exposure of the fracture and fixation with intramedullary or other type of appliance.

(d) Long bones are clavicle, humerus, radius, ulna, femur, tibia and fibula

(e) Large bones are the above long bones plus mandible, facial bones, scapula, pelvis, vertebra, patella, os calcis and talus.

2. Immobilization

Payment is made on a fee-for-service basis for non-operative management (conservative treatment) of stable fractures requiring immobilization only unless otherwise noted in the SMA Guide to Fees.

3. Reduction

Payment includes all manipulations and re-manipulations to achieve and maintain satisfactory reduction during the designated post-operative period.

Payment may be made for the reapplication of casts after the discharge of a hospital in patient. The reapplication of a cast on the day of surgery is not billable.

(a) Payment may be made to a physician who provides emergency care to a patient with a fracture before referral to a specialist.

(b) When the attending physician attempts a closed reduction but fails to achieve satisfactory reduction:

(i) subsequent closed reduction billed by the same physician (or another physician in the same clinic and specialty) is deemed to be an inclusion within the payment made for the previous attempted reduction.

(ii) a subsequent closed reduction by any other physician (not in the same specialty and clinic) will be billed at 100% and payment for the initial attempt shall be reduced by 50%.

(iii) A subsequent closed reduction with external fixation by any physician is paid at 100% and payment for the initial closed reduction shall be reduced by 50%.

(c) Open reduction:

(i) if a fracture is ununited within the designated post-operative period, and an open operation with or without bone graft becomes necessary by any physician, the payment for the original open or closed reduction shall be reduced by 50%.

(ii) When a payment for open reduction is not listed, the listing for a closed reduction may be raised by 50%.

(iii) Intramedullary fixation (closed or open) is payable at the same rate as open reduction.

(d) Multiple fractures:

(i) Multiple fractures requiring closed or open reduction will be paid at 100% for the major reduction and 75% of the listed payment(s) for the remainder, unless:

- a composite payment is listed for the multiple fractures, or
- a specific payment is listed for the "additional" procedures, or
- a specific assessment rule applies for the type and locale of the fractures.

(ii) When multiple major fractures involving different long bones of the same or different extremity occur at the same time, the management of each fracture under the same anaesthetic may be paid at 100% of the listing unless specified otherwise.

(e) Unless otherwise listed, the payment for treatment of a compound fracture is the closed reduction payment plus 50% except where this would exceed the listed payment for open reduction. The maximum payment for reduction of a compound fracture by closed or open reduction is the listed payment for open reduction.

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(f) Payment for open treatment of a fracture which remains ununited after the designated post-operative period is based on 150% of the SMA Guide to Fees item for primary open reduction.

Fracture and Dislocation

1. Only the greater listed amount is paid when a Fracture and Dislocation are billed for the same day, same site.

2. Unless otherwise indicated, the rules for Fractures and Dislocations apply:

(a) on the same day -- to the same physician or another physician in the same specialty and clinic (or part of the surgical team);

(b) during the designated post-operative period -- to the surgeon, a general practitioner in the same clinic, or a specialist in the same specialty and clinic.

Bone Graft

133M	Use of bone graft -- autogenous bone from different site -- add to the <u>amount payable</u> for the procedure done. Cannot be billed for spine surgery cases.	add 50%		
134M	-- bone bank oral surgeon Cannot be billed for spine surgery cases.	add 25%		
135M	Harvesting of bone graft for use of Oral Surgeon	\$1,200.00	42	L
136M	Extensive harvesting of cadaver bone	\$1,835.00	42	

Fractures

Spine and Trunk

Sacrum				
166M	-- operative management	\$430.10	42	L
Clavicle				
173M	-- open reduction	\$867.00	42	L
Scapula				
174M	-- closed reduction	\$282.50 *	42	L
177M	-- open reduction	\$1,529.00	42	L
Sternum				
179M	-- open reduction	\$313.50	42	L

Pelvis (Ilium, Ischium, Pubis)

Fracture

192M	-- one or more bones -- open reduction	\$2,039.00	42	M
193M	-- unstable -- closed reduction with external fixation	\$1,121.00	42	M

Acetabulum -- with or without other fractures of pelvis

195M	-- central -- with displacement	\$689.10	42	L
196M	-- open reduction	\$2,549.00	42	M

Upper Extremity

Humerus

-- surgical neck or epiphyseal separation				
201M	-- closed reduction	\$300.00 *	42	L
203M	-- open reduction	\$1,070.00	42	L
204M	-- shaft -- closed reduction	\$357.00 *	42	L
206M	-- open reduction	\$1,070.00	42	L
210M	-- reduction with external fixation device	\$904.20	42	L

Elbow

-- epicondyle only				
207M	-- closed reduction	\$295.30 *	42	L

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208M	-- open reduction Distal end of humerus, proximal end of radius or ulna, condyle -- one or more bones	\$714.00	42	L
209M	-- closed reduction	\$313.50 *	42	L
212M	-- open reduction	\$1,070.00	42	L
214M	Supracondylar -- displaced -- closed reduction by manipulation or traction	\$406.60	42	L
218M	Olecranon -- open reduction	\$612.00	42	L
	Radius			
	-- head			
220M	-- closed reduction	\$408.00 *	42	L
222M	-- open reduction	\$714.00	42	L
	-- shaft			
225M	-- closed reduction	\$300.00 *	42	L
229M	-- open reduction	\$663.00 *	42	L
	-- distal end (Colles' including ulnar styloid)			
233M	-- closed reduction	\$408.00 *	42	L
235M	-- open reduction	\$918.00 *	42	L
237M	Colles -- reduction with external fixation device	\$561.00 *	42	L
	Ulna			
	-- shaft			
240M	-- closed reduction	\$295.30 *	42	L
243M	-- open reduction	\$612.00 *	42	L
244M	-- Monteggia fracture -- dislocation	\$663.00	42	L
	Radius and Ulna (excluding Colle's)			
247M	-- closed reduction	\$459.00 *	42	L
249M	-- open reduction	\$1,070.00 *	42	L
250M	-- reduction with external fixation device	\$806.80 *	42	L
	Carpal bone			
251M	-- closed reduction	\$295.30 *	42	L
252M	-- open reduction	\$1,070.00 *	42	L
253M	-- reduction with external fixation device	\$765.00 *	42	L
	Metacarpal			
255M	-- closed reduction	\$408.00 *	42	L
257M	-- open reduction	\$714.00	42	L
256M	Reduction of Bennett's fracture by internal fixation	\$714.00 *	42	L
	Phalanx -- finger or thumb			
260M	-- closed reduction	\$408.00 *	42	L
262M	-- open reduction	\$714.00 *	42	L
	Lower Extremity			
	Femur			
	-- neck			
291M	-- internal fixation	\$1,440.00	42	M
	Intertrochanteric			
295M	-- internal fixation	\$1,440.00	42	M
	-- slipped epiphysis			
296M	-- closed reduction	\$763.00	42	L
297M	-- open reduction -- acute	\$1,440.00	42	M
298M	-- reconstructive later	\$1,529.00	42	M
	-- shaft -- including supracondylar			
299M	-- closed reduction	\$689.10 *	42	L
303M	-- open reduction	\$1,427.00	42	M

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		Fee	Class	Anae
	Patella			
305M	-- immobilization only	\$343.00 *	42	L
307M	-- open reduction or excision -- complete or partial	\$714.00	42	L
	Tibia			
	-- shaft			
310M	-- closed reduction -- includes fibular shaft	\$541.40 *	42	L
312M	-- open reduction -- includes fibular shaft	\$1,020.00 *	42	M
314M	-- plateau -- closed reduction	\$430.10	42	L
315M	-- open reduction	\$1,223.00	42	M
316M	-- malleolus -- closed reduction	\$300.00 *	42	L
317M	-- open reduction	\$663.00	42	L
	Fibula			
318M	-- shaft -- closed reduction	\$306.00 *	42	L
319M	-- open reduction	\$663.00	42	L
320M	-- malleolus -- closed reduction	\$492.20 *	42	L
321M	-- open reduction	\$663.00	42	L
330M	Tibia and Fibula -- reduction with external fixation device	\$969.00 *	42	L
	Ankle -- bimalleolar (including Potts)			
323M	-- closed reduction	\$313.50 *	42	L
325M	-- open reduction	\$918.00	42	L
340M	-- reduction with external fixation device	\$969.00	42	L
	-- trimalleolar			
326M	-- closed reduction	\$313.50 *	42	L
328M	-- open reduction	\$1,070.00	42	L
341M	-- reduction with external fixation device	\$969.00	42	L
	Tarsal -- (except astragalus and os calcis)			
329M	-- closed reduction	\$306.00 *	42	L
331M	-- open reduction	\$918.00	42	L
	Astragalus			
332M	-- closed reduction	\$306.00 *	42	
334M	-- open reduction	\$1,070.00 *	42	L
	Os calcis			
335M	-- closed reduction	\$306.00 *	42	L
337M	-- open reduction	\$1,070.00	42	L
338M	-- skeletal pinning with external fixation	\$765.00	42	L
	Metatarsal			
339M	-- closed reduction	\$295.30 *	42	L
343M	-- open reduction	\$510.00	42	L
	Phalanx			
345M	-- closed reduction	\$306.00 *	42	L
348M	-- open reduction	\$510.00 *	42	L
	Treatment of un-united fractures by bone stimulator -- total care not payable for stress fractures			
350M	External application (Bi-Osteogen)	\$445.00		L
351M	Percutaneous insertion	\$879.50		L

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		Fee	Class	Anae
352M	Operative implantation -- add 100% of benefit rate for open reduction (50% for ununited fracture; 50% for operative implantation) -- with bone bank graft -- add 25% of benefit rate of open reduction, under code 134M -- with autogenous bone graft -- add 50% of benefit rate of open reduction, under code 133M			M
	Note: Specialist in Orthopaedic Surgery only			
	Joints			
359M	Arthroscopy	\$357.00	D	L
	Incision			
	Arthrotomy or capsulotomy with exploration, drainage or removal of loose body, e.g. osteochondritis or foreign body			
360M	Shoulder	\$969.00	42	L
361M	Elbow	\$969.00	42	L
362M	Wrist	\$969.00	42	L
363M	Other joints of upper extremity	\$969.00	42	L
364M	Hip	\$969.00	42	L
365M	Knee	\$969.00	42	L
366M	Ankle	\$969.00	42	L
367M	Other joints of lower extremity	\$969.00	42	L
379M	Sesamoid bone -- excision -- one or more -- unilateral	\$250.00 *	42	L
	Arthrocentesis -- puncture for aspiration of joint and/or injection of medication			
380M	-- hip	\$66.30 *	0	L
381M	-- shoulder, elbow, knee	\$50.00 *	0	L
382M	-- others	\$51.00 *	0	L
	Excision			
	Arthrectomy -- Excision of joint			
390M	Punch biopsy of synovial membrane Temporomandibular joint	\$79.20	D	L
391M	-- meniscectomy	\$572.50	42	L
392M	-- condylectomy	\$682.70	42	L
384M	Chemoneucleolysis of intervertebral disc	\$898.80	42	L
385M	Percutaneous automated discectomy	\$744.70	42	L
398M	Excision of neural arch and nerve exploration for spondylolisthesis	\$1,679.90	42	L
	Major meniscal tears and extensive articular debridement are each billable.			
399M	Meniscectomy -- knee	\$589.00	42	L
397M	meniscus repair includes limited trimming of The fee for open or arthroscopic meniscectomy or meniscus repair includes limited trimming of chondromalacia, plica and minor tears of other meniscus.	\$774.70	42	L
840M	Debridement of Shoulder Joint (Arthroscopic -- major debridement should take more than 20 minutes. Minor debridement, taking less than 20 min. is included in arthroscopy code 359M)	\$693.00	42	L
841M	Debridement of Knee Joint (Arthroscopic -- major debridement should take more than	\$589.00	42	L

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20 minutes. Minor debridement, taking less than 20 min. is included in arthroscopy code 359M)

170M	Acetabular labral debridement or repair	\$1,772.00	42	L
Synovectomy (not paid in addition to major joint surgery)				
400M	-- elbow	\$969.00	42	L
401M	-- wrist	\$918.00	42	L
402M	-- finger -- MP joint -- one	\$714.00	42	L
404M	-- finger -- IP joint	\$612.00	42	L
406M	-- thumb -- MP joint -- one	\$714.00	42	L
407M	-- thumb -- IP joint	\$612.00	42	L
408M	-- toe -- one	\$612.00	42	L
410M	-- hip	\$879.50	42	L
411M	-- knee	\$731.90	42	L
412M	-- ankle	\$731.90	42	L
413M	-- foot	\$714.00	42	L

(Arthrodesis - see page M16) (Excision of ganglion see 671M)

Arthroplasty

Plastic or reconstructive operation on joint, any type includes reconstruction of ligaments, etc. (Payment for revision of a previous hip arthroplasty, revision of a total hip replacement or reconstructive arthroplasty and total replacement knee arthroplasty, is made at 150% of the benefit rates of service codes 435M, 445M and 444M respectively).

The reduction of a dislocated hip within the post-operative period is included in the payment for the arthroplasty.

For a two stage revision of a total hip replacement, the payment is made on the basis of 435M for the first stage and 885M for the second stage.

Synovectomy is an inclusion within the payment for major joint surgery.

430M	Shoulder	\$969.00	42	M
446M	Total	\$1,655.30	42	M
846M	Total shoulder replacement -- revision	\$3,059.00	42	M
431M	Elbow	\$969.00	42	L
442M	Total elbow replacement	\$1,937.00	42	L
842M	Total elbow replacement -- revision .	\$3,874.00	42	L
432M	Wrist .	\$1,223.00	42	L
448M	Total wrist replacement	\$1,937.00	42	L
848M	Total wrist replacement -- revision	\$3,874.00	42	L
433M	Finger -- one joint	\$714.00	42	L
434M	Arthroplasty - finger - one joint - with prosthesis	\$492.20	42	L
834M	Arthroplasty - finger - one joint - with prosthesis -- revision	\$803.00	42	L
634M	-- with extensor tendon transfer	\$602.00	42	L
435M	Hip	\$1,082.80	42	M
835M	Hip -- revision	\$2,141.00	42	M
445M	Total hip replacement or reconstructive arthroplasty -- revision	\$1,655.30	42	M
845M	-- with extensive acetabular reconstruction with bone graft, add	\$430.10	42	M
885M	Total hip replacement or reconstructive arthroplasty -- revision	\$3,059.00	42	M
436M	Knee	\$969.00	42	M

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444M	Total knee arthroplasty includes unicompartmental knee and patellar replacement	\$1,655.30	42	M
844M	Total knee arthroplasty includes unicompartmental knee and patellar replacement -- revision	\$3,059.00	42	M
437M	Ankle	\$969.00	42	L
449M	Total ankle replacement -- revision	\$1,937.00	42	L
849M	Total ankle replacement -- revision	\$3,059.00	42	L
438M	Toe--one joint (except great toe)	\$714.00	42	L
439M	Metatarsophalangeal joint -- first -- bunion operation -- unilateral	\$387.30	42	L
441M	Bunionectomy with metatarsal osteotomy -- unilateral	\$816.00	42	L
460M	Hallux rigidus -- repair	\$816.00	42	L
	Arthrodesis			
450M	Shoulder	\$2,243.00	42	M
451M	Elbow	\$1,529.00	42	L
452M	Wrist	\$1,529.00	42	L
453M	Finger or thumb -- one joint	\$714.00	42	L
853M	Arthrodesis - finger or thumb - one joint - with autogenous bone graft (includes harvesting)	\$1,837.00	42	L
454M	Hip	\$2,243.00	42	M
455M	Knee	\$2,243.00	42	M
456M	Ankle	\$1,529.00	42	L
	Triple arthrodesis			
464M	-- unilateral	\$1,631.00	42	L
467M	-- with tendon transplantation, add	\$612.00	42	L
	Hammer and claw toe -- repair includes excision, arthrodesis and arthroplasty of IP joints; capsulotomy of MTP joint; all tenotomies, tendon lengthening and transfers			
457M	-- one toe (except great toe)	\$357.00 *	42	L
459M	-- great toe -- interphalangeal joint	\$714.00	42	L
462M	Tarsal joints -- one or more	\$816.00	42	L
463M	Other joints -- lower extremity	\$816.00	42	L
468M	Flat foot plasty or Grice	\$1,529.00	42	L
469M	Stabilization of joints by bone block	\$714.00	42	L
470M	Sacro-iliac fusion	\$1,223.00	42	M
	Capsulorrhaphy -- suture or repair of joint capsule and ligaments			
	Shoulder			
480M	-- recurrent dislocation Acromioclavicular joint	\$1,020.00	42	M
489M	-- repair	\$714.00	42	M
490M	-- reconstruction	\$1,223.00	42	L
	Knee Reconstruction			
370M	Knee anterior cruciate ligament-reconstruction, repair or reattachment of bony avulsion	\$1,070.00	42	M
371M	Knee posterior cruciate ligament-reconstruction, repair or reattachment of bony avulsion	\$1,070.00	42	M
372M	Knee posterior cruciate ligament-reconstruction with allograft or autograft	\$1,607.00	42	M
373M	Knee medial collateral ligament-reconstruction with allograft or autograft	\$1,070.00	42	M
374M	Knee medial collateral ligament-repair, reattachment or	\$714.00	42	M

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375M	advancement Knee lateral collateral ligament and/or posterolateral corner-reconstruction with autograft or allograft	\$1,835.00	42	M
376M	Knee lateral collateral ligament and/or posterolateral corner-repair, reattachment or advancement	\$1,070.00	42	M
Ankle				
486M	-- repair of ligament(s)	\$600.00	42	L
487M	-- reconstruction of ligament(s)	\$867.00	42	L
Hand				
488M	-- reconstruction metacarpophalangeal or interphalangeal ligament(s)	\$714.00	42	L
500M	Manipulation of any peripheral joint under general anaesthesia -- (includes shoulder or hip)	\$141.20 *	0	L
Clubfoot				
520M	-- extensive posterior release (includes Achilles tendon lengthening, flexor hallucis longus lengthening, capsulotomy of the ankle and subtalar joints)	\$2,039.00	42	M
521M	-- complete extensive postero-medial release (includes code 520M) Club foot -- non operative management	\$1,194.10 By report	42	M
Dislocations				
1. The fee listed includes:				
(i) all manipulations to achieve and maintain satisfactory reduction, and				
(ii) visits and the reapplication of any casts or fixation media for a related condition on the date of reduction and during the period prior to the discharge of hospital in patients.				
2. Subsequent attempts at reduction are subject to the rules within the preamble to "Fractures".				
3. Payment for compound dislocations is based on 150% of the fee for closed reduction.				
4. Only the greater listed amount is paid when a fracture and dislocation are billed for the same day, same site.				
Temporomandibular				
530M	-- closed reduction with or without anaesthesia	\$53.30 *	10	L
Clavicle				
-- sternoclavicular				
537M	-- closed reduction	\$250.00 *	10	L
539M	-- open reduction	\$900.00	42	L
-- acromioclavicular				
540M	-- closed reduction	\$400.00 *	42	L
541M	-- open reduction	\$572.50	42	L
Shoulder (humerus)				
542M	-- closed reduction	\$408.00 *	42	L
	-- open reduction			
543M	-- fresh	\$430.10	42	L
544M	-- old	\$744.70	42	L
Elbow				
545M	-- closed reduction	\$460.00	42	L

SECTION M:

ORTHOPAEDIC SURGERY

		Fee	Class	Anae
	-- open reduction			
547M	-- fresh	\$510.00	42	L
548M	-- old	\$1,020.00	42	L
546M	Radial head -- closed reduction (pulled elbow)	\$250.00 *	0	L
	Wrist -- carpal			
	-- one bone			
549M	-- closed reduction	\$250.00 *	10	L
551M	-- open reduction	\$510.00	42	L
	Metacarpal			
555M	-- closed reduction	\$250.00 *	10	L
557M	-- open reduction	\$612.00	42	L
	Metacarpophalangeal joint			
558M	-- closed reduction	\$250.00 *	10	L
560M	-- open reduction	\$561.00	42	L
	Interphalangeal joint			
561M	-- closed reduction	\$250.00 *	42	L
562M	-- open reduction	\$561.00	42	L
	Hip (femur)			
568M	-- closed reduction	\$510.00 *	42	L
569M	-- open reduction	\$1,020.00	42	M
570M	-- with fracture of posterior portion of acetabulum	\$1,325.00	42	M
	-- congenital -- closed treatment	By report		
573M	-- open reduction	\$1,529.00	42	M
574M	-- with shelving	\$1,325.00	42	M
575M	Pelvic osteotomy -- Salter, etc.	\$2,243.00	42	M
576M	-- with arthrotomy	\$1,310.80	42	M
	Knee (tibia)			
577M	-- closed reduction	\$250.00 *	42	L
579M	-- open reduction	\$663.00	42	L
	Patella			
580M	-- closed reduction	\$250.00 *	10	L
582M	-- open reduction	\$313.50	42	L
	Reconstruction for recurrent patellar dislocation			
583M	-- lateral retinacular release	\$408.00	42	L
581M	-- soft tissue realignment	\$1,427.00	42	L
589M	-- bony realignment including soft tissue realignment	\$703.00	42	L
	Ankle			
584M	-- closed reduction	\$408.00 *	42	L
585M	-- open reduction	\$663.00	42	L
	-- subastragalar			
586M	-- closed reduction	\$408.00	42	L
587M	-- open reduction	\$663.00	42	L
	Tarsal			
588M	-- closed reduction	\$408.00 *	42	L
590M	-- open reduction	\$663.00	42	L
	Metatarsal -- one bone			
591M	-- closed reduction	\$250.00 *	10	L
594M	-- open reduction	\$510.00	42	L
	Toe			

SECTION M:

ORTHOPAEDIC SURGERY

		Fee	Class	Anae
596M	-- closed reduction	\$250.00 *	10	L
598M	-- open reduction	\$510.00 *	42	L
Bursae				
610M	Incision & drainage of infected bursa	\$61.00 *	10	L
611M	Removal of subdeltoid calcareous deposits	\$313.50	42	L
612M	Removal of subtrochanteric calcareous deposits	\$313.50	42	L
	Removal of calcareous deposits -- other joints -- see Arthroscopy			
614M	Puncture for aspiration or needling with or without irrigation or injection of medication	\$31.00 *	0	L
620M	Radical excision of bursae -- forearm, viz. tenosynovitis, fungosa, Tbc., and other granulomas	\$541.40	42	L
Excision of bursa				
621M	-- olecranon	\$510.00 *	42	L
622M	-- prepatellar	\$510.00 *	42	L
623M	-- subacromial	\$357.00	42	L
624M	-- ischial	\$430.10	42	L
Muscles				
630M	Quadriceps plasty	\$918.00	42	L
631M	Repair of ruptured limb muscle -- belly, origin, or insertion (for lacerations -- see 890L, 896L)	\$387.30	42	L
Tendons, Tendon Sheaths and Fascia				
Incision				
	Drainage of tendon sheath			
640M	-- one digit	\$408.00 *	42	L
641M	-- single palm and/or wrist, ulnar or radial bursa -- in hospital	\$510.00	42	L
642M	Injection of tendon sheath	\$58.40 *	0	L
643M	Incision of fibrous sheath of tendon for stenosing tenosynovitis	\$510.00	42	L
644M	Division of iliotibial band -- open reduction Ober and Yount fasciotomy, combine (or Soutter procedure) with spica cast, pins in tibia, wedging of casts, etc.	\$326.00	42	L
645M	-- unilateral	\$1,692.00	42	L
646M	Compartment Pressure Monitoring	\$154.10	D	L
Hip adductors				
	-- unilateral			
649M	-- percutaneous	\$306.00	42	L
650M	-- open	\$765.00	42	L
	-- bilateral			
651M	-- percutaneous	\$408.00	42	L
652M	-- open	\$918.00	42	L
	-- with peripheral obturator neurectomy			
653M	-- unilateral	\$308.00	42	L
	Intrapelvic obturator neurectomy			
655M	-- unilateral	\$361.00	42	M
657M	Sever (or similar procedure) of shoulder for Erb's palsy	\$1,631.00	42	L

Excision

SECTION M:

ORTHOPAEDIC SURGERY

		Fee	Class	Anae
671M	Excision of lesion of tendon or fibrous sheath, or ganglion Radical excision of bursae, forearm, viz. tenosynovitis, fungosa, Tbc., and other granulomas -- See 620M	\$510.00 *	42	L
673M	Excision of Baker's cyst	\$612.00	42	L
674M	Fasciotomy -- single -- palm or sole -- subcutaneous -- blind Fasciectomy -- open -- plantar	\$408.00	42	L
677M	-- unilateral	\$714.00	42	L
678M	Compartment syndrome release -- for trauma	\$744.70	42	L
	Repair			
680M	Tendon sheath reconstruction -- insertion of silastic rod	\$663.00	42	L
681M	-- each additional	\$357.40	42	L
780M	Repair boutonniere deformity	\$393.80	42	L
	Repair or suture -- extensor tendon			
690M	-- single hand or foot -- distal to wrist or ankle -- each additional tendon	\$561.00 *	42	L
691M	-- foot	\$306.00 *	42	L
692M	-- hand	\$561.00 *	42	L
693M	-- single -- forearm or leg -- each additional tendon	\$510.00 *	42	L
694M	-- leg	\$56.00 *	42	L
695M	-- forearm	\$510.00 *	42	L
	Repair or suture -- flexor tendon			
696M	-- single unless otherwise listed	\$816.00	42	L
697M	-- each additional	\$612.00 *	42	L
	Transfer or transplant of tendon -- single			
698M	-- distal to elbow, distal to knee	\$867.00	42	L
700M	-- each additional	\$714.00	42	L
701M	-- elbow or shoulder, knee or hip	\$867.00	42	L
702M	-- each additional	\$306.00	42	L
781M	Free extensor tendon graft -- single	\$800.00	42	L
782M	-- each additional	\$418.00	42	L
703M	Free flexor tendon graft -- single	\$1,070.00	42	L
704M	-- each additional	\$1,033.60	42	L
	Tenolysis			
705M	-- single -- flexor	\$714.00	42	L
706M	-- each additional	\$459.00	42	L
725M	-- single -- extensor	\$510.00	42	L
726M	-- each additional	\$408.00	42	L
727M	Tenodesis	\$867.00 *	42	L
707M	Lengthening or shortening tendon	\$612.00	42	L
708M	Opponens transfer	\$816.00	42	L
709M	Intrinsic transplant active or passive	\$603.50	42	L
710M	Intrinsic release (Littler) or incision	\$510.00	42	L
711M	-- additional fingers	\$306.00	42	L
712M	Free fascial graft for reconstruction tendon pulley or repair bowstring tendon -- single	\$612.00	42	L
714M	Abdominal fascial transplants -- bilateral	\$639.90	42	L
716M	Ruptured quadriceps tendon - repair	\$714.00	42	L

SECTION M:

ORTHOPAEDIC SURGERY

		Fee	Class	Anae
481M	Raptured patellar ligament - repair	\$900.00	42	L
721M	Ruptured patellar ligament or Achilles tendon -- repair with fascial or tendon graft	\$900.00	42	L
717M	Ruptured biceps tendon - elbow - repair	\$714.00	42	L
718M	Flexor-plasty -- elbow	\$900.00	42	L
719M	Repair ruptured supraspinatus tendon or musculotendinous shoulder cuff -- with or without acromioplasty	\$969.00	42	M
Tenotomy				
722M	-- percutaneous	\$510.00 *	10	L
723M	-- open	\$510.00 *	10	L
724M	-- each additional (of either 722M or 723M)	\$306.00 *	10	L
Extremities				
Incision				
731M	Drainage of single infected space of hand (lumbrical, hypothenar, thenar, middle palmar, etc.) with or without tendon sheath involvement	\$714.00	42	L
732M	Drainage of multiple infected spaces of hand with or without tendon sheath involvement	\$1,121.00	42	L
Amputation				
Upper Extremity				
740M	Interthoracoscapular	\$1,529.00	42	M
741M	Disarticulation of shoulder	\$1,529.00	42	M
742M	Arm through humerus	\$1,600.00	42	M
743M	Forearm, through radius and ulna	\$1,529.00	42	M
745M	-- with subsequent revision or reamputation	\$1,529.00	42	M
746M	Cineplasty -- complete procedure	\$1,253.00	42	M
747M	Disarticulation of wrist	\$1,529.00	42	M
748M	Hand, through metacarpal bones	\$1,529.00	42	M
749M	Metacarpal, with finger or thumb, one with split or Wolff graft, or skin-plasty and/or tenodesis with definitive resection palmar digital nerves	\$1,529.00	42	L
750M	Finger, any joint, or phalanx, one -- with split or Wolff graft, or skin-plasty and/or tenodesis, with definitive resection volar digital nerves	\$816.00 *	10	L
Lower Extremity				
760M	Interpelviabdominal	\$1,365.30	42	H
761M	Disarticulation of hip	\$1,937.00	42	M
762M	Disarticulation of knee	\$1,179.00	42	M
763M	Thigh through femur, including supracondylar	\$1,199.00	42	M
765M	-- Revision or reamputation	\$261.00	42	M
766M	Leg, through tibia and fibula	\$1,600.00	42	M
768M	-- Revision or reamputation	\$265.00	42	M
769M	Ankle (Syme, Pirogoff) -- with skin-plasty and resection nerves	\$1,529.00	42	M
770M	Foot -- transmetatarsal	\$1,600.00	42	M
771M	Midtarsal	\$1,529.00	42	M
772M	Metatarsal, with toe, split or Wolff graft or skin-plasty and/or tenodesis, with definitive resection digital nerves	\$816.00	42	L
774M	Toe, any joint or phalanx, one -- with split	\$612.00 *	10	L

SECTION M:

ORTHOPAEDIC SURGERY

Fee Class Anae

or Wolff graft, or skin-plasty and/or tenodesis, with definitive resection digital nerves

Plaster Casts

Service codes 800M to 822M are payable in conjunction with a consultation, complete assessment or initial assessment service when the physician personally the casts.

Payment may be made for the reapplication of casts the day of surgery.

Finger or Toe -- bill as a visit fee

		Fee	Class	Anae
	Plaster Casts			
800M	-- forearm	\$93.20 *		0
801M	-- elbow to fingers	\$93.20 *		0
802M	-- hand or wrist	\$91.80 *		0
803M	-- shoulder to hand	\$102.00 *		0
804M	-- shoulder spica	\$102.00 *		0
805M	-- ankle (foot to midleg)	\$102.00 *		0
806M	-- knee (foot to thigh)	\$114.00 *		0
808M	Ambulatory leg cast	\$102.00 *		0
809M	Molded plaster to leg Spica	\$153.00 *		0
810M	-- unilateral (rib margin to toe)	\$1,070.00 *		0
	Body			
812M	-- shoulder to hip	\$510.00 *		0
813M	-- including head	\$160.50 *		0
814M	Unna boot	\$104.00 *		0
815M	Wedging of cast	\$102.00 *		0
820M	Risser, or similar, cast for scoliosis	\$1,070.00		0
821M	Halo cast	\$406.60		42
822M	Application of hinged brace on knee cast -- composite fee for brace and cast	\$154.10 *		0
825M	Cast removal (when physician personally removes the cast)	\$30.60 *		0
	Bracing			
	Billable only when the physician personally applies the brace -- adjustments performed by the physician are billable as visits/assessments -- billable by only one physician once per brace			
830M	Thoracolumbar brace for spine deformity	\$469.00		0