

ORTHOPAEDICS

Preamble

The following preamble applies to the Orthopaedic fee guide and, if in conflict with, supersedes the general preamble.

1. * Items- Operation Only

Items indicated with a * are operation only items and are exempt from the 30 day pre-op and 42 day post-op rule (B.9.d.).

2. Under/With GA

Procedures so indicated are done in an operating room setting, in most cases under general or regional anesthesiology, but at least with anesthetic standby.

3. ADULT / PEDIATRIC

An adult is an individual over 12 years old.

4. Harvest of Bone Autograft

Bone graft harvested through a separate incision is always charged in full in addition to any other procedural fee(s).

5. Harvest of Skin Autograft

Harvest of skin graft is always paid in full in addition to any other procedural fee(s).

6. Open (Compound) Fractures

Primary wound management fee(s) may be charged in addition to the fracture fee and will be paid at the same percent as applies to the fracture fee(s)

The Secondary Wound Management fee(s) are exempt from the 42 day rule (B.9.d.).

Primary and Secondary Wound Management fee(s) are paid for procedures under GA only.

Primary:

Management of the soft tissue component of an open fracture - includes wound excision, debridement, irrigation, implantation of antibiotic beads. Occasionally primary closure/immediate local tissue transfer/skin grafting may be included.

Secondary:

Repeat primary (as above) at a second sitting or return to the operating room for delayed primary closure/closure with skin graft/local skin flap. Includes removal of beads. Does not include muscle flaps or free flaps. These are billed as shown and paid in full.

7. Fasciotomy Wound Management

Fasciotomy wound management fee(s) are for procedures done under GA and are payable within 42 days of the initial procedure.

8. Casts

All casts may be charged in full in addition to the procedure and visit fees except that cast applied at the time of the initial procedure. In the minority of cases where application / change of cast is the sole purpose of the visit, a visit fee is not chargeable. Fees for application of casts are payable only when performed by the physician. Multiple casts (ie., bilateral leg casts) are paid at 100%.

9. Re-Operation

The treatment of a fracture and/or dislocation or a reconstructive procedure where remanipulation or (re)operation is required is chargeable in full. It is chargeable by the physician providing the initial service only if it is carried out more than five days following the index procedure.

10. Non-Operative Management

Non-operative management of injuries not itemized are chargeable on a per visit basis.

ORTHOPAEDICS

These listings cannot be correctly interpreted without reference to the Preamble.

		\$	Anes. Level
Professional Fees			
51010	Consultation: (in office or hospital) To include a history and physical examination, review of X-ray and laboratory findings, and a written report	99.12	
51012	Repeat or limited consultation: To apply where a consultation is repeated for same condition within six months of the last visit by the consultant, or where, in the judgment of the consultant, the consultative service does not warrant a full consultative fee.....	55.00	
51015	Orthopedic Special Consultation: Extended consult for complex problems (i.e. oncology, complex trauma, adult cerebral palsy, etc.), when requested by another Orthopedic Surgeon, Neurosurgeon, Plastic Surgeon or Rehabilitation Physician. Includes history, physical examination, review of x-rays and written report..... <i>Note: If an orthopaedic specialist receives a referral by a physician other than the specialty types noted above and the conditions defined within the consultation service are met, a claim may be submitted under 51015 with correspondence/note record outlining medical necessity. Each case will be reviewed independently.</i>	156.78	
51007	Orthopedic office visit	43.34	
51008	Orthopedic hospital visit	30.00	

Surgical Assistant

51194	First Surgical Assist of the Day - Orthopaedics	75.00	
	Notes:		
	i) Restricted to Orthopaedic Surgeons.		
	ii) Maximum of one per day per physician, payable in addition to 00195,00196, 00197.		
	Total operative fee(s) for procedures(s):		
00195	- less than \$314.00 inclusive	128.78	
00196	- \$314.01 to 523.00 inclusive.....	181.57	
00197	- over \$523.00	237.76	
00198	Time, after 3 hours of continuous surgical assistance for one patient, each 15 minutes or fraction thereof	27.19	
	Notes:		
	i) In those rare situations where an assistant is required for minor surgery a detailed explanation of need must accompany the account to the Plan.		
	ii) Where an assistant at surgery assists at two operations in different areas performed by the same or different surgeon(s) under one anesthetic, s/he may charge a separate assistant fee for each operation, except for bilateral procedures, procedures within the same body cavity or procedures on the same limb.		
T70019	Certified surgical assistant (where it is necessary for one certified surgeon to assist another certified surgeon, an explanation of the need is required except for procedures prefixed by the letter "C") - for up to one hour.....	251.70	
	Note: Time is calculated at the earliest, from the time of physician/patient contact in the operating suite.		

	\$	Anes. Level	
T70020	Time after one hour of continuous certified surgical assistance for one patient, up to and including 3 hours of continuous surgical assistance for one patient - each 15 minutes or fraction thereof.....	26.28	
	Notes:		
	i) After 3 hours of continual surgical assistance for one patient, bill under fee item 00198 (time after 3 hours of continuous surgical assistance for one patient, each 15 minutes or fraction thereof).		
	ii) Please indicate start and end time of service on claim.		

Application of Cast (Includes External Stimulator)

*51016	Short arm (elbow to hand)	22.72	2
*51017	Long Arm (axilla to hand)	22.72	2
*51018	Shoulder spica	85.00	2
*51019	Below knee	22.72	2
*51020	Long leg cylinder	22.72	2
*51021	Long leg	22.72	2
*51022	Hip spica - child	85.00	2
*51023	Hip spica - adult	85.00	2
*51024	Body (shoulder to hips).....	85.00	2
S51025	Cast brace	45.44	2

Miscellaneous - Ortho

51030	Orthopedic interpretation and written report of submitted x-ray films - including CT scan and MRI.	35.00	
	Note: Not payable in addition to consultation rendered within 2 months on the same patient on referral by the same physician.		
*51035	Application of skeletal traction (operation only).....	90.89	2
*51036	Compartment pressure monitoring - extra.....	90.89	2
*51037	Harvesting of iliac crest autograft - extra.....	90.89	2
*51038	Harvesting of skin graft - extra (for orthopaedic procedures only)	99.97	2

Ilizarov Instrumentation (Any Bone/Joint) To Include Corticotomy:			
51065	Simple construction - lengthening/angular correction with or without lengthening/ Nonunion stabilization/fracture stabilization	1,063.40	3
51066	Complex construction - multiplanar corrections/multiple level lengthening/elevator technique.....	1,458.76	4
*51067	Extension/revision of frame	209.04	3

	\$	Anes. Level
Shoulder Girdle, Clavicle and Humerus		
Incision - Diagnostic, Percutaneous:		
S11200	Arthroscopy shoulder joint.....290.85	2
SY00757	Aspiration - other joints.....11.42	2
Incision - Diagnostic, Open:		
11215	Arthrotomy shoulder joint or bursa181.78	2
Incision - Therapeutic, Drainage:		
51039*	Aspiration, bursa (operation only)22.72	
51040*	Aspiration, joint (operation only).....22.72	
*52210	Bursa, I and D, under GA181.78	2
*52215	Abscess, I and D, under GA181.78	2
52220	Hematoma, drainage under GA, when sole procedure.....236.30	2
<i>Note: Payable at 50% in post-op period.</i>		
*52225	Shoulder joint arthrotomy, I and D.....181.78	2
Incision - Therapeutic, Release:		
52250	Soft tissue release (muscle, tendon)370.37	2
52255	Major release (shoulder contracture)527.15	2
Excision - Diagnostic, Percutaneous:		
S11230	Needle biopsy under GA181.78	2
S11232	Arthroscopy - biopsy, shoulder236.30	2
Excision - Diagnostic, Open:		
11245	Biopsy, open.....236.30	2
Excision - Therapeutic, Endoscopic:		
52305	Removal loose body236.30	2
52306	Drilling osteochondral defect, with or without loose body.236.30	2
52307	Pinning osteochondral fragment.....340.84	2
52310	Debridement, synovectomy - total or subtotal.....340.84	2
<i>Note: Includes debridement of articular surface and/or synovium, and/or debridement of partial tears of the rotator cuff.</i>		
52315	Shoulder, abrasion340.84	2
52320	Excision labrum tear236.30	2
52325	Stabilization procedure554.42	2
52330	Endoscopic acromioplasty.....340.84	2
Excision - Therapeutic, Open:		
52355	Bursa, excision, subacromial.....209.04	2
52356	Acromionectomy, acromioplasty, with or without resection of coraco-acromial ligament340.84	2
52357	Clavicle, excision lateral/medial.....209.04	2
52360	Arthrotomy, shoulder: synovectomy, capsulectomy.395.37	2
52365	Benign soft tissue tumour (sub-fascial)395.37	2
52370	Bone tumour, benign395.37	2
*52380	Osteomyelitis, acute, decompression.....181.78	2
*52385	Osteomyelitis, debridement with or without reconstruction.313.57	3
<i>Note: 52380 and 52385 include insertion of antibiotic beads or antibiotic loaded temporary prosthesis, if necessary.</i>		

Shoulder Girdle, Clavicle and Humerus (cont'd)

Introduction and/or Removal, Therapeutic:

52405*	Injection joint.....	11.36	
52410*	Injection bursa, tendon sheath, other peri articular structures.	11.36	
52415	Removal of internal fixation device(s), with GA.....	236.30	2
52420*	Removal of internal fixation device(s), without GA (operation only).....	68.17	2

Repair, Revision, Reconstruction (Soft Tissue):

52505	Rotator cuff repair, simple (to include acromioplasty)	422.64	3
52506	Rotator cuff reconstruction, complex (rotation flap or muscle transfer) (to include acromioplasty).....	699.84	4
52515	Acromioclavicular joint stabilization, acute (within six weeks post injury).	263.58	2
52516	Acromioclavicular joint stabilization, chronic (beyond six weeks post injury).....	395.37	2
52525	Shoulder instability: inferior capsular shift	554.42	3
52526	Shoulder instability: Bankart	613.50	3
52535	Shoulder instability: other anterior repairs.....	447.62	3
52540	Shoulder instability, posterior: glenoid osteotomy	699.84	3
52541	Shoulder instability, posterior: soft tissue	581.68	3
52545	Shoulder instability, revision stabilization (post previous stabilization)	699.84	3
52550	Tendon repair, proximal biceps, pectoralis major.....	422.64	3
52555	Tendon transfer, transplant	499.90	3

Repair, Revision, Reconstruction (Bone, Joint):

Osteotomy, Malunion/Nonunion with or without Internal Fixation:

52601	Proximal humerus.....	699.84	3
52602	Clavicle	500.00	2

Glenohumeral Joint Arthroplasty:

52603	Hemi-arthroplasty shoulder	604.41	4
52604	Total shoulder prosthesis	965.00	5
52605	Removal prosthesis shoulder	449.90	3

Note: Includes repair of rotator cuff and/or soft tissues.

52606	Revision total shoulder arthroplasty to hemi-arthroplasty	781.65	5
52607	Revision total shoulder arthroplasty	1,300.00	5

Bone Grafting (ie. onlay grafting):

52651	Proximal humerus.....	236.30	2
52652	Clavicle	145.42	2

Fracture and/or Dislocation:

Clavicle, Acromion, Coracoid:

52705	ORIF	425.00	2
52708*	Open injury, primary wound care (operation only)	90.89	2
52709*	Open injury, secondary wound management.....	181.78	2

Scapula:

52715	ORIF	899.81	3
52718*	Open injury, primary wound care (operation only)	90.89	2
52719*	Open injury, secondary wound management.....	181.78	2

	\$	Anes. Level
Shoulder Girdle, Clavicle and Humerus (cont'd)		
<u>Glenohumeral Dislocation - Acute:</u>		
52721*	Closed reduction without GA (operation only).....90.89	2
52722	Closed reduction with GA236.30	2
52725	Open reduction395.37	2
52728*	Open injury, primary wound care (operation only)90.89	2
52729*	Open injury, secondary wound management.....181.78	2
<u>Proximal Humerus:</u>		
52731*	Closed reduction with GA181.78	2
52732*	Closed reduction with GA, traction/pin181.78	2
52735	ORIF - two part527.15	2
52736	ORIF - three or more parts581.68	2
<i>Note: 52735 and 52736 include repair of rotator cuff if required.</i>		
52737	Hemiprosthesis and wiring for fracture781.65	3
52738*	Open injury, primary wound care (operation only)90.89	2
52739*	Open injury, secondary wound management.....181.78	2
<u>Humerus - Shaft:</u>		
52741	Closed reduction with GA236.30	2
52742	Closed reduction external fixation345.39	2
52745	ORIF/intramedullary nailing554.42	2
52748*	Open injury, primary wound care (operation only)90.89	2
52749*	Open injury, secondary wound management.....181.78	2
Manipulation: Shoulder Joint:		
S52800*	Manipulation under GA.....90.89	2
Arthrodesis:		
52810	Shoulder joint.....927.07	4
52811	Scapula-thoracic joint727.12	4
Amputation:		
52980	Shoulder disarticulation754.38	4
52981	Forequarter899.81	5
52982	Humeral shaft527.15	3
52998*	Open injury, primary wound care (operation only)90.89	3
52999*	Open injury, secondary wound management.....181.78	3
Elbow, Proximal Radius and Ulna		
Incision - Diagnostic, Percutaneous:		
S11300	Arthroscopy elbow joint261.32	2
S11302	Aspiration - bursa, tendon sheath.22.72	2
SY00757	Aspiration - other joints.....11.42	2
Incision - Diagnostic, Open:		
11315	Arthrotomy elbow joint.....181.78	2
Incision - Therapeutic, Drainage:		
51039*	Aspiration, bursa (operation only)22.72	
51040*	Aspiration, joint (operation only)22.72	
*53210	Bursa, I and D (Olecranon, etc.), under GA181.78	2

		\$	Anes. Level
Elbow, Proximal Radius and Ulna (cont'd)			
*53215	Abscess, I and D, under GA	181.78	2
53220	Hematoma, drainage, under GA, when sole procedure	236.30	2
	<i>Note: Payable at 50% in post-op period.</i>		
*53225	Elbow joint arthrotomy, I and D	181.78	2
	Incision - Therapeutic, Release:		
53250	Decompression, neurolysis, nerve	236.30	2
53255	Decompression, neurolysis, submuscular Transposition of nerve	395.37	2
*53260	Fasciotomy, compartment syndrome	209.04	2
*53269	Fasciotomy, secondary wound management.....	181.78	2
	Excision - Diagnostic Percutaneous:		
S11330	Needle biopsy under GA	181.78	2
S11332	Arthroscopy and biopsy	288.58	2
	Excision - Diagnostic, Open:		
11345	Open - biopsy	236.30	2
	<i>Note: Not payable with other procedures on the same joint.</i>		
	Excision - Therapeutic, Endoscopic:		
53305	Removal loose body	288.58	2
53310	Debridement, synovectomy - total.....	625.00	2
	Excision - Therapeutic, Open:		
53355	Bursa/ganglion, excision.....	209.04	2
53360	Arthrotomy, elbow; open synovectomy with or without radial head resection	395.37	2
53365	Benign soft tissue tumour, subfascial	263.58	2
53370	Bone tumour, benign	263.58	2
53380*	Osteomyelitis - acute, decompression	181.78	2
53385*	Osteomyelitis - debridement, with or without reconstruction.....	313.57	2
53386	Radial head resection with or without replacement.....	236.30	2
	Introduction and/or Removal, Therapeutic:		
53405*	Injection joint.....	11.36	
53410*	Injection bursa, tendon sheath, other peri articular structures.	11.36	
53415	Removal of internal fixation device(s), with GA.....	209.04	2
53420*	Removal of internal fixation device(s), without GA (operation only).....	68.17	2
	Repair, Revision, Reconstruction (Soft Tissue):		
53505	Elbow instability, chronic	658.93	2
53510	Recurrent dislocating radial head.....	554.42	2
53515	Triceps tendon, acute	343.11	2
53516	Triceps tendon, fascial reconstruction.....	395.37	2
53520	Biceps tendon, longhead, tenodesis	263.58	2
53521	Biceps tendon, distal insertion.....	554.42	2
53530	Tendon transfer, major	699.84	2
	<i>Note: Includes latissimus/pectoralis to biceps transfer.</i>		
53531	Tendon transfer, minor (steindler or triceps).	422.64	2
53540	Epicondylitis, fascial stripping.....	209.04	2

Elbow, Proximal Radius and Ulna (cont'd)

	\$	Anes. Level
Repair, Revision, Reconstruction (Bone, Joint):		
<u>Osteotomy, Malunion/Nonunion; with or without internal fixation:</u>		
53601	Humeral shaft527.15	2
53602	Distal humerus.....699.84	2
53603	Radius shaft.....579.40	2
53604	Ulna shaft.....422.64	2
53605	Radius and ulna shafts699.84	2
53606	Epiphysiodesis.....263.58	2
53607	Physeal bar excision.....436.26	2
<i>Note: Includes harvest with or without insertion of fat graft, cement or other material.</i>		
<u>Arthroplasty:</u>		
53641	Interposition/distraction arthroplasty.....899.81	3
<i>Note: Includes harvest and insertion of local fascial graft, application of distraction device and neurolysis, if applicable.</i>		
53642	Total elbow arthroplasty965.00	3
53643	Revision total elbow arthroplasty.....1,300.00	3
<i>Note: 53642 and 53643 include ligament balancing, neurolysis and nerve transposition.</i>		
53644	Osteocapsular arthroplasty (elbow, open or arthroscopic).....900.00	4
Notes:		
i) not payable with (11300, 11315, 11332, 11345, 06258, 53250, 53255, 53305, 53310, 53360, 53386, 53641, 53642, 53643, 53800 and 03196).		
ii) includes: complete synovectomy and diagnostic arthroscopy, removal of loose bodies, excision of prominent osteophytes and heterotopic bone, capsular releases, wound closure, post-operative splint and neurolysis when required.		
<u>Bone Grafting (ie. onlay grafting):</u>		
53651	Humerus236.30	2
53652	Radius and/or ulna236.30	2
53653	Olecranon145.42	2
Fracture and/or Dislocation:		
<u>Humeral Epicondyle:</u>		
53701	Closed reduction, with GA, cast236.30	2
53702	Closed reduction percutaneous fixation263.58	2
53705	ORIF263.58	2
53708*	Open injury, primary wound care (operation only)90.89	2
53709*	Open injury, secondary wound management.....181.78	2
<u>Distal Humerus: Supracondylar:</u>		
53711*	Closed reduction, with GA, cast/traction181.78	2
53712	Closed reduction external fixation/percutaneous fixation.....343.11	2
53715	ORIF395.37	2
53718*	Open injury, primary wound care (operation only)90.89	2
53719*	Open injury, secondary wound management.....181.78	2
<u>Distal Humerus: Intra-articular:</u>		
53721*	Closed reduction, with GA, cast/traction/ and/or percutaneous fixation.....181.78	2

53722	Closed reduction external fixation	345.39	2
53725	ORIF - unicondylar/osteochondral.....	395.37	2
53726	ORIF - bicondylar with or without olecranon osteotomy.....	845.27	2
	Note: Includes ulnar nerve transposition, if required.		
53727*	Open Injury, primary wound care (operation only)	90.89	2
53728*	Open injury, secondary wound management.....	181.78	2

Elbow, Proximal Radius and Ulna (cont'd)

	<u>Olecranon:</u>		
53735	ORIF	290.85	2
53738*	Open injury, primary wound care (operation only)	90.89	2
53739*	Open injury, secondary wound management.....	181.78	2
	<u>Radial Head/Neck:</u>		
53741	Closed reduction, with GA, cast	236.30	2
53742	Closed reduction percutaneous fixation	263.58	2
53745	ORIF	395.37	2
53748*	Open injury, primary wound care (operation only)	90.89	2
53749*	Open injury, secondary wound management.....	181.78	2
	<u>Elbow Joint Dislocation:</u>		
53751	Closed reduction, without GA	145.42	2
53752	Closed reduction, with GA	236.30	2
53755	Open reduction	290.85	2
	<u>Radius and Ulna Shaft:</u>		
53761*	Closed reduction, without GA, cast (operation only)	90.89	2
53762	Closed reduction, with GA, cast	290.85	2
53765	ORIF	527.15	2
53768*	Open injury, primary wound care.....	90.89	2
53769*	Open injury, secondary wound management.....	181.78	2
	<u>Radius or Ulna Shaft/Monteggia:</u>		
53771	Closed reduction, with GA, cast	263.58	2
53772	Closed reduction external fixation	263.58	2
53775	ORIF	370.37	2
	Notes:		
	i) Includes closed reduction of associated proximal or distal radial ulnar joint dislocation.		
	ii) Cases requiring an open reduction of the associated proximal or distal radial ulnar joint dislocation should be billed as 53765.		
53778*	Open injury, primary wound care (operation only)	90.89	2
53779*	Open injury, secondary wound management.....	181.78	2
	Manipulation: Elbow Joint:		
S53800*	Manipulation under GA.....	90.89	2
	Arthrodesis:		
53810	Elbow joint	699.84	3
	Amputation:		
53980	Elbow	395.37	3

		\$	Anes. Level
53981	Forearm	395.37	3
53998*	Open injury, primary wound care (operation only)	90.89	3
53999*	Open injury, secondary wound management.....	181.78	3

Hand and Wrist

Incision - Diagnostic, Percutaneous:			
S11400	Arthroscopy wrist joint	280.00	2
S11402	Aspiration bursa, synovial sheath, etc.	22.72	2
SY00757	Aspiration - other joints.....	11.42	2
Incision - Diagnostic, Open:			
11415	Arthrotomy wrist joint - isolated procedure	181.78	2
11416	Arthrotomy MP, PIP, DIP Joints – isolated procedure.....	181.78	2
Incision - Therapeutic, Drainage:			
51039*	Aspiration, bursa (operation only)	22.72	
51040*	Aspiration, joint (operation only).....	22.72	
Excision - Diagnostic, Percutaneous:			
S11430	Needle biopsy, under GA	181.78	2
S11432	Arthroscopy and biopsy, wrist /hand joint(s).....	181.78	2
Excision - Diagnostic, Open:			
11445	Open biopsy, hand or wrist.....	236.30	2
Excision - Therapeutic, Endoscopic:			
54305	Removal loose body	236.30	2
54310	Debridement synovectomy, total	315.84	2
54315	Excision triangular fibro cartilage complex (TFCC).....	315.84	2
Excision - Therapeutic, Open:			
54350	Foreign body from wound under GA	209.04	2
54351	Meniscus, radiocarpal.....	315.84	2
V07055	Ganglia - of the wrist.....	134.68	2
Bone Tumour, Benign:			
54372	Carpals, distal radius	315.84	2
54380*	Osteomyelitis, acute, decompression.....	181.78	2
54385*	Osteomyelitis, debridement with or without reconstruction.	313.57	2
54386	Excision of radial or ulnar styloid.....	209.04	2
<i>Note: Not payable with other wrist procedures.</i>			
54387	Proximal row carpectomy	527.15	2
<i>Note: Not payable with wrist arthrodesis.</i>			
Introduction and/or Removal, Therapeutic:			
54405*	Injection joint.....	22.72	
54410*	Injection bursa, tendon sheath, other peri articular structures.	22.72	
54415	Removal of internal fixation device(s), with GA.....	209.04	2
54420*	Removal of internal fixation device(s), without GA (operation only).....	45.44	2

\$ Anes.
Level

Repair, Revision, Reconstruction (Soft Tissue):

Ligament:

54505	Carpal instability: acute	581.68	2
54510	Carpal instability: chronic.....	640.77	2
54515	Distal radio-ulnar instability: chronic.....	474.89	2

Hand and Wrist (cont'd)

Repair, Revision, Reconstruction (Bone, Joint):

Osteotomy, Malunion or Nonunion:

54601	Distal radius	640.77	2
54602	Distal ulna	318.12	2

Note: Darrach resection or limited resection/hemiresection arthroplasties are not payable under this item.

54603	Carpal bone (scaphoid)	527.15	2
54604	Epiphysiodesis, epiphysioplasty, radius and/or ulna, or hand.....	395.37	2

Arthroplasty Joint

54631	Ulna, distal excision with or without silastic.....	236.30	2
54632	Total wrist joint replacement, includes tenosynovectomy & distal ulnar reconstruction	699.84	2
54633	Silastic wrist arthroplasty, includes tenosynovectomy & distal ulnar reconstruction	527.15	2
54634	Removal prosthesis	263.58	2
54635	Revision total wrist arthroplasty.....	927.07	3

Bone Grafting (ie. onlay grafting)

54651	Distal radius and/or ulna.....	236.30	2
54652*	Metacarpal or phalanx (operation only).....	118.15	2

Fracture and/or Dislocation:

Radius with or without Ulna - Distal, Fracture

54701	Closed reduction without GA	245.40	2
54702	Closed reduction with GA	290.85	2
54703	Closed reduction, external or percutaneous fixation	318.12	2
54705	ORIF	504.44	2
54708*	Open injury, primary wound care (operation only)	45.44	2
54709*	Open injury, secondary wound management (operation only).....	90.89	2

Carpal Bone Fracture (Scaphoid)

54715	Open reduction, internal fixation.....	422.64	2
-------	--	--------	---

Carpus: Dislocations: with or without Fracture

54721	Closed reduction without GA	245.40	2
54722	Closed reduction, percutaneous fixation	290.85	2
54725	Open reduction, internal and/or external fixation.....	581.68	2
54728*	Open injury, primary wound care (operation only)	45.44	2
54729*	Open injury, secondary wound management (operation only).....	90.89	2

Manipulation: Hand/Wrist Joint:

S54800	Manipulation under GA.....	90.89	2
--------	----------------------------	-------	---

	\$	Anes. Level
Arthrodesis/Tenodesis:		
54810	Wrist arthrodesis, limited or total640.77	2
Amputation:		
06218	Transmetacarpal.....147.43	2
06219*	Finger, any joint or phalanx (operation only)124.00	2
Pelvis, Hip and Femur		
Incision - Diagnostic, Percutaneous:		
S11500	Arthroscopy hip joint504.44	3
S11501	Aspiration hip joint22.72	2
S11502	Aspiration bursa, tendon sheath.....11.36	2
Incision - Diagnostic, Open:		
11515	Arthrotomy hip joint.....290.85	3
Incision - Therapeutic, Drainage:		
51039*	Aspiration, bursa (operation only)22.72	
51040*	Aspiration, joint (operation only).....22.72	
55210*	Bursa, I and D (trochanteric, etc.), under GA181.78	2
55215*	Abcess, I and D, under GA.....181.78	2
55220	Hematoma, drainage under GA, when sole procedure.....290.85	2
<i>Note: Payable at 50% in post-op period</i>		
55225*	Hip Joint - arthrotomy, I and D.....313.57	3
Incision - Therapeutic, Release:		
55255	Soft tissue release: percutaneous263.58	2
55270	Minor release hip, one tendon290.85	2
55275	Major release hip, two or more395.37	3
Excision - Diagnostic, Percutaneous:		
S11530	Needle biopsy, under GA181.78	2
S11532	Arthroscopy and biopsy, hip504.44	3
Excision - Diagnostic, Open:		
11545	Arthrotomy and biopsy, hip.....236.30	3
11546	Biopsy open, soft tissue or bone236.30	2
Excision - Therapeutic, Endoscopic:		
55305	Removal loose body368.09	3
55310	Debridement or synovectomy, total581.68	3
Excision - Therapeutic, Open:		
55355	Bursa, excision, trochanteric, etc..209.04	2
55360	Arthrotomy, hip: open synovectomy, total554.42	3
55365	Benign soft tissue tumour subfascial.....395.37	3
55370	Bone tumour, benign422.64	3
55380*	Osteomyelitis, acute, decompression.....181.78	3
55385*	Osteomyelitis, debridement with or without reconstruction313.57	3

\$ **Anes.
Level**

Introduction and/or Removal, Therapeutic:

55405*	Injection joint.....	11.36	
55410*	Injection bursa, tendon sheath, other peri articular structures.	11.36	
55415	Removal of internal fixation device(s), with GA.....	236.30	3
55420*	Removal of internal fixation device(s), without GA (operation only).....	68.17	3

Pelvis, Hip and Femur (cont'd)

Repair, Revision, Reconstruction (Soft Tissue):

55505	Hip instability: soft tissue repair.....	636.23	3
55510	Tendon-muscle transfer, hip.....	640.77	3
55515	Tendon avulsion repair.....	318.12	3

Repair, Revision, Reconstruction (Bone, Joint):

Osteotomy:

55601	Pelvis, adult	727.12	6
55602	Pelvis, pediatric	581.68	6
55603	Proximal femur, adult.....	727.12	4
55604	Proximal femur, pediatric.....	527.15	4
55605	Femoral shaft, adult.....	754.38	4
55606	Femoral shaft, pediatric.....	422.64	4
55607	Multiple for Osteogenesis Imperfecta.....	867.99	6

Malunion or Nonunion:

55631	Pelvis	1,326.98	4
55632	Acetabulum.....	1,799.60	4
55633	Proximal femur (ie. subtrochanteric)	872.54	4
55634	Shaft, femur (includes closed femoral lengthening and open femoral shortening).....	754.38	4
55635	Femoral lengthening, open.....	872.54	4
55636	Femoral shortening, closed	872.54	4

Bone Grafting (ie. onlay grafting):

55651	Femur: Intertrochanteric, shaft	263.58	4
55652	Epiphysiodesis, greater trochanter.....	318.12	4

Arthroplasty:

55661	Hip resection arthroplasty.....	477.17	5
55662	Hemi-arthroplasty hip	504.44	5
55663	Total hip prosthesis	781.65	5

Revision Total Hip Arthroplasty:

55671	Components, removal only (isolated procedure).....	781.65	5
55672	Exchange of modular component.....	422.64	5
55673	Revision femur or acetabulum.....	963.42	6
55674	Revision femur and acetabulum,includes PROSTALAC.....	1,272.44	6

Note: 55673 and 55674 include trochanteric osteotomies if required.

	\$	Anes. Level	
55675	Proximal femoral replacement, allograft or custom prosthesis and/or acetabular reconstruction with internal fixation	1,590.56	6
Notes:			
i) When a total hip replacement is revised in conjunction with a peri-prosthetic fracture, the revision of the pre-existing femoral fracture may be billed under fee item 55675 for the failed total hip arthroplasty + 50% of 55785 for open reduction and fixation of the fracture of the proximal femur.			
ii) When fracture of the femur occurs during a revision total hip, the procedure will be paid at the rate for revision total hip, only.			

Pelvis, Hip and Femur (cont'd)

Fracture with or without Dislocation:			
<u>Pelvis: Operative Rx. Unstable:</u>			
55701*	Closed reduction - skeletal traction (operation only)	90.89	3
55702	Closed reduction - external fixation	481.72	4
55705	External fixation and ORIF	1,063.40	5
55706	ORIF - anterior or posterior	745.28	5
55707	ORIF - anterior and posterior.....	1,140.65	5
<u>Hip: Dislocation, Traumatic (Includes Total Hip Arthroplasty):</u>			
55711*	Reduction hip without anesthetic (operation only).....	90.89	2
55712*	Reduction hip, with GA	181.78	2
55715	Open reduction	477.17	4
55718*	Open injury, primary wound care (operation only)	90.89	2
55719*	Open injury, secondary wound management.....	181.78	2
<u>Hip: Dislocation, Congenital: Conservative Management:</u>			
55721	Closed reduction under GA, with or without tenotomy	263.58	2
<u>Hip: Dislocation, Congenital: Operative Management:</u>			
55725	Open reduction	695.30	2
55726	Open reduction and femoral or pelvic osteotomy.....	1,020.22	4
55727	Open reduction and femoral and pelvic osteotomy	1,283.81	4
<u>Hip:Fracture Dislocation, (includes lip and/or head fractures):</u>			
55731*	Reduction hip without anesthetic (operation only).....	90.89	2
55732*	Reduction hip, with GA	181.78	2
55735	Open reduction	477.17	4
55736	ORIF	927.07	5
55738*	Open injury, primary wound care (operation only)	90.89	2
55739*	Open injury, secondary wound management.....	181.78	2
<u>Hip: Acetabulum Fracture (one or two column fractures):</u>			
55741*	Closed reduction.....	181.78	2
55745	ORIF - one approach.....	1,272.44	5
55746	ORIF - two approach/extensile approach.....	1,799.60	6
<u>Hip:Fracture Femoral Neck or Subcapital:</u>			
55751	Closed reduction, internal fixation	504.44	5
55755	ORIF (with supporting documentation).....	808.91	5
55758*	Open injury, primary wound care (operation only)	90.89	2
55759*	Open injury, secondary wound management.....	181.78	2

	\$	Anes. Level
55760	SCFE insitu fixation474.89	5
<u>Hip:Fracture Intertrochanteric with or without Subtrochanteric Extension:</u>		
55761	Reduction internal fixation636.23	5
55768*	Open injury, primary wound care.....90.89	2
55769*	Open injury, secondary wound management.....181.78	2
<u>Hip:Fracture Subtrochanteric:</u>		
55771	Internal fixation867.99	5
55778*	Open injury, primary wound care.....90.89	2
55779*	Open injury, secondary wound management.....181.78	2

Pelvis, Hip and Femur (cont'd)

<u>Femur: Shaft:</u>		
55780*	Closed reduction, without GA, cast/traction (operation only)118.15	2
55781*	Closed reduction, with GA, cast/traction (operation only)209.04	2
<i>Note: If 55780 or 55781 is followed by an ORIF/IM nailing after 48 hours, both paid in full.</i>		
55782	Closed reduction, external skeletal fixation345.39	4
55783	Closed reduction, IM nail754.38	5
55785	ORIF754.38	5
55788*	Open injury, primary wound care (operation only)90.89	2
55789*	Open injury, secondary wound management.....181.78	2
Manipulation: Hip Joint:		
S55800*	Manipulation under GA.....90.89	2
Arthrodesis:		
55810	Hip joint.....1,195.19	6
Amputation:		
55980	Hemicorpsectomy.....2,381.28	6
55981	Hemipelvectomy1,326.98	6
55982	Hip Disarticulation.....1,008.87	6
55983	Above knee636.23	4
55984	Knee disarticulation636.23	4
55998*	Open injury, primary wound care.....90.89	4
55999*	Open injury, secondary wound management.....181.78	4

Femur, Knee Joint, Tibia and Fibula

Incision - Diagnostic, Percutaneous:		
S11600	Arthroscopy knee joint209.04	2
SY00757	Aspiration - other joints11.42	2
S11602	Aspiration bursa, tendon sheath or other periarticular structures22.72	2
Incision - Diagnostic, Open:		
11615	Arthrotomy knee joint.....236.30	3
Incision - Therapeutic, Drainage:		
51039*	Aspiration, bursa (operation only)22.72	

	\$	Anes. Level	
51040*	Aspiration, joint (operation only).....	22.72	
56210*	Bursa, I and D (Prepatellar, etc.), under GA	181.78	2
56215*	Abcess, I and D, under GA.....	181.78	2
56220	Hematoma, drainage under GA, when sole procedure.....	290.85	2
	<i>Note: Payable at 50% in post-op period.</i>		
56225*	Knee Joint - arthrotomy, I and D	181.78	3
	Incision - Therapeutic, Release:		
56250	Decompression, neurolysis, nerve	209.04	2
56260*	Fasciotomy, compartment syndrome	209.04	3
56269*	Fasciotomy, secondary closure wound, with or without Graft.....	181.78	2
 Femur, Knee Joint, Tibia and Fibula (cont'd)			
	<u>Soft Tissue Release:</u>		
56270	Minor release knee - tendons only, uni- or bilateral	336.30	2
56275	Major release knee - includes posterior capsulotomy, uni- or bilateral	474.89	3
56280	Knee liberation/major release (post ligament reconstruction)	749.83	3
56285	Quadriceps plasty.....	608.95	3
56290	Open lateral / medial retinacular release.....	236.30	2
	Excision - Diagnostic, Percutaneous:		
S11630	Needle biopsy, under GA	181.78	2
S11632	Arthroscopy - biopsy	209.04	2
	Excision - Diagnostic, Open:		
11645	Biopsy, open	236.30	2
	Excision - Therapeutic, Endoscopic:		
56305	Removal loose body	280.00	2
56306	Pinning/drilling osteochondral fragment(s)	400.00	2
56310	Synovectomy knee, total	475.00	2
56315	Resection 'plica' (isolated procedure).....	280.00	2
56320	Meniscectomy knee.....	280.00	2
56325	Meniscal repair	400.00	2
56330	Abrasion / debridement	280.00	2
56335	Lateral or medial release, endoscopic (isolated procedure)	280.00	2
	Excision - Therapeutic, Open:		
56353	Ganglion or cyst.....	209.04	2
56354	Popliteal cyst.....	290.85	2
56355	Bursa, prepatellar	209.04	2
	<u>Arthrotomy Knee:</u>		
56356	Removal loose body	236.30	3
56357	Pinning/drilling osteochondral fragments	343.11	3
56360	Synovectomy knee, total	452.17	3
56361	Meniscectomy knee.....	236.30	3
56362	Meniscal repair	343.11	3
56365	Benign soft tissue tumour subfascial.....	318.12	3

	\$	Anes. Level
56370	Bone tumour, benign263.58	3
56380*	Osteomyelitis, acute, decompression.....181.78	3
56385*	Osteomyelitis, debridement, with or without reconstruction209.04	3
56390	Patellectomy318.12	3
Introduction with or without Removal, Therapeutic:		
56405*	Injection joint.....22.72	
56410*	Injection bursa, tendon sheath, other peri articular structures.22.72	
56415	Removal of internal fixation device(s), with GA.....236.30	2
56420*	Removal of internal fixation device(s), without GA (operation only).....68.17	2
Repair, Revision, Reconstruction (Soft Tissue):		
<u>Knee ligament, Instability (with or without arthroscopy)</u>		
56505	One ligament repair/reconstruction, acute or chronic600.00	3
56510	Posterior cruciate repair/reconstruction, acute or chronic.....727.12	3
56515	Two ligament repair/reconstruction, acute or chronic606.28	3
56520	Three ligament repair/reconstruction, acute or Chronic (includes PCL)813.46	3
56525	Revision knee ligament reconstruction (post previous ligament reconstruction)699.84	3
<i>Note: 56505 to 56525 include meniscectomy, graft harvest plus use of synthetic device. Meniscus repair is payable in addition at 50%.</i>		
56528*	Open injury, primary wound care (operation only)90.89	2
56529*	Open injury, secondary wound care181.78	2
Recurrent Subluxation/Dislocation Patella:		
56530	Extensor realignment procedures, soft tissue/bone.422.64	3
56531	Lateral release, open or endoscopic236.30	2
56540	Quadriceps tendon rupture, acute (within six weeks post injury)336.30	2
56541	Quadriceps tendon rupture, chronic (beyond six weeks post injury).....477.17	2
56545	Tendon transfer, transplant318.12	2
Repair Reconstruction Bone/Joint:		
<u>Osteotomy and/or Internal Fixation: Arthritis, Malunion or Nonunion</u>		
56601	Distal femur.....781.65	3
56602	Proximal tibia554.42	3
56603	Tibia, shaft, includes fibula727.12	3
56604	Fibula263.58	3
<u>Bone Grafting (ie. onlay grafting)</u>		
56651	Femur263.58	3
56652	Tibia, with or without fibular osteotomy263.58	3
56653	Epiphysiodesis.....290.85	3
56654	Physeal bar excision.....495.35	3
<u>Arthroplasty: Knee Joint</u>		
56661	Knee replacement unicompartmental.....663.48	4
56662	Total knee replacement.....781.65	4
56663	Total knee, removal prosthesis knee, includes PROSTALAC477.17	4
56664	Revision total knee1,074.75	4
56665	Revision patellar component395.27	3

\$ Anes.
Level

Fracture and/or Dislocation:

Metaphysis Femur: Supracondylar

56701*	Closed reduction, without GA, cast/traction (operation only)	118.15	2
56702*	Closed reduction, with GA, cast/traction	209.04	2
56703	Closed reduction, external fixation / percutaneous fixation	345.39	2
56704	Closed reduction, IM nail	754.38	5
56705	ORIF	754.38	4
56708*	Open injury, primary wound care (operation only)	90.89	2
56709*	Open injury, secondary wound management.....	181.78	2

Metaphysis Femur: Condyle or Intracondylar

56711*	Closed reduction, without GA, cast/traction (operation only)	90.89	2
56712*	Closed reduction with GA, cast/traction	181.78	2
56713	Closed reduction, external fixation /percutaneous fixation	345.39	2
56715	ORIF - unicondylar	754.38	4
56716	ORIF - bicondylar	1,086.13	4
56718*	Open injury, primary wound care (operation only)	90.89	2
56719*	Open injury, secondary wound management.....	181.78	2

Femur, Knee Joint, Tibia and Fibula (cont'd)

Patellar Dislocation

56725	Open reduction and repair.....	236.30	2
56728*	Open injury, primary wound care (operation only)	90.89	2
56729*	Open injury, secondary wound management.....	181.78	2

Femur, Knee Joint, Tibia and Fibula (cont'd)

Patellar Fractures

56734	Patellectomy	318.12	2
56735	ORIF	449.90	2
56738*	Open injury, primary wound care (operation only)	90.89	2
56739*	Open injury, secondary wound management.....	181.78	2

Tibial Plateau Fractures

56741*	Closed reduction, with GA, cast/traction	181.78	2
56742	Closed reduction, external fixation with or without minimal internal fixation	372.64	2
56745	ORIF - unicondylar	636.23	3
56746	ORIF - bicondylar	899.81	3
56748*	Open injury, primary wound care (operation only)	90.89	2
56749*	Open injury, secondary wound management.....	181.78	2

Tibial Shaft Fractures

56751*	Closed reduction, without GA, cast/traction (operation only)	90.89	2
56752*	Closed reduction, with GA, cast/traction	209.04	2
56753	Closed reduction, external fixation with or without minimal internal fixation	345.39	2
56754	Closed reduction, IM nail	668.02	3
56755	ORIF	554.42	3
56758*	Open injury, primary wound care (operation only)	90.89	2
56759*	Open injury, secondary wound management.....	181.78	2

Fibular Shaft Fractures

56769*	Open injury, primary/secondary wound care.....	181.78	2
--------	--	--------	---

	\$	Anes. Level
Manipulation: Knee Joint:		
S56800*	Manipulation, with GA.....90.89	2
Arthrodesis:		
56810	Knee joint.....781.65	3
Amputation:		
56980	Below knee504.44	3
56998*	Open injury, primary wound care (operation only)90.89	3
56999*	Open injury, secondary wound management.....181.78	3

Tibial Metaphysis (Distal), Ankle and Foot

Incision - Diagnostic, Percutaneous:		
S11700	Arthroscopy - ankle joint / subtalar joint181.78	2
S11702	Aspiration bursa, tendon sheath.....22.72	2
SY00757	Aspiration - other joints.....11.42	2
Incision - Diagnostic, Open:		
11715	Ankle joint,181.78	2
11716	Subtalar joint181.78	2
11717	Midtarsal joint181.78	2
11718	Tarsal-metatarsal, metatarsal-phalangeal, interphalangeal joint.181.78	2
Incision - Therapeutic, Drainage:		
51039*	Aspiration – bursa (operation only)22.72	
51040	Aspiration - joint.....22.72	
57210*	Bursa, I and D (Tendo-achilles, etc.), under GA181.78	2
57215*	Abcess, I and D, under GA.....181.78	2
57220	Hematoma, drainage under GA, when sole procedure290.85	2
<i>Note: Payable at 50% in post-op period.</i>		
57225*	Ankle/foot Joint, I and D, under GA.....181.78	2
Incision - Therapeutic, Release:		
57250	Decompression, neurolysis, nerve (isolated procedure)290.85	2
57260*	Fasciotomy, compartment syndrome209.04	2
57269*	Fasciotomy, secondary closure wound181.78	2
Soft Tissue Release: Musculo-tendonous		
57270	Plantar fascia: open release or partial excision, uni- or bilateral.....263.58	2
57275	Plantar fasciectomy - total395.37	2
57280	Achilles tendon lengthening, percutaneous, uni- or bilateral.....209.04	2
57285	Posterior hindfoot release.....422.64	2
57286	Posteromedial release (club foot /vertical talus).....699.84	2
57290	Tendon lengthening, open.....263.58	2
57295	Tenosynovectomy263.58	2
Excision – Diagnostic:		
S11730	Needle biopsy, under GA181.78	2
11745	Open biopsy, under GA.....236.30	2

	\$	Anes. Level
Excision - Therapeutic, Endoscopic:		
57305	Removal loose body280.00	2
57306	Pinning/drilling osteochondral fragments400.00	2
57310	Synovectomy ankle, total.....450.00	2
57330	Abrasion or debridement280.00	2
Excision - Therapeutic, Open:		
57354	Ganglion: tendon sheath, or joint209.04	2
57355	Bursa, excision, achilles.209.04	2
57356	Neuroma (ie. sensory, digital, etc.).....209.04	2
57360	Total synovectomy / debridement.345.39	2
57365	Benign soft tissue tumour209.04	2
Tibial Metaphysis (Distal), Ankle and Foot (cont'd)		
57370	Bone tumour, benign343.11	2
57371	Tarsal coalition343.11	2
	<i>Note: Includes harvesting of interposition material, if required.</i>	
57372	Sesamoidectomy236.30	2
57373	Excision - accessory navicular236.30	2
57374	Talectomy527.15	2
57375	Excision - nail bed, under GA, single or multiple.....209.04	2
57380*	Osteomyelitis, acute, decompression.....181.78	2
57385*	Osteomyelitis, debridement with or without reconstruction.313.57	2
Introduction and/or Removal, Therapeutic:		
57405*	Injection joint.....11.36	
57410*	Injection bursa, tendon sheath, other peri articular structures.11.36	
57415	Removal of internal fixation device(s), with GA.....209.04	2
57420*	Removal of internal fixation device(s), without GA (operation only).....45.44	2
Repair, Revision, Reconstruction (Soft Tissue):		
<u>Ankle Instability: Capsule or Ligament Repair</u>		
57505	Acute ligament repair - medial and/or lateral.....236.30	2
57510	Reconstruction for ankle instability370.37	2
<u>Tendon Muscle Repair</u>		
57515	Tendo achilles repair - acute (within six weeks post injury)343.11	2
57516	Tendo achilles repair - chronic (beyond six weeks post injury).....527.15	2
57520	Flexor tendon repair, ankle or foot, single or multiple343.11	2
57525*	Extensor tendon(s), without GA (operation only)118.15	2
57526	Extensor tendon, single, under GA236.30	2
57527	Extensor tendon, multiple, under GA327.20	2
57535	Repair/reconstruction of tendon sheath370.37	2
<u>Tendon Muscle Transfer, Transplant, Tenoplasty</u>		
57550	Tendon transfer422.64	2
57555	Jones' procedure318.12	2
Repair, Revision, Reconstruction (Bone, Joint):		
<u>Osteotomy/Malunion</u>		
57601	Distal tibial631.68	2

		\$	Anes. Level
57602	Malleolus: lateral and/or medial.....	422.64	2
57603	Calcaneal osteotomy (not to include Hagelund's).....	422.64	2
57604	Midtarsal osteotomy	581.68	2
57605	Metatarsals: base, shaft, neck.....	343.11	2
57606	Phalanges, open osteotomy	236.30	2
	<u>Osteotomy/Nonunion</u>		
57631	Distal tibial	527.15	2
57632	Malleolus: lateral and/or medial.....	318.12	2
57633	Tarsals.....	370.37	2
57634	Metatarsals: base, shaft, neck.....	209.04	2
57635	Phalanges.....	209.04	2
57636	Epiphysiodesis.....	290.85	2
57637	Physeal bar excision.....	395.37	2

Tibial Metaphysis (Distal), Ankle and Foot (cont'd)

	<u>Bone Grafting (ie. onlay grafting)</u>		
57651	Distal tibia	236.30	2
57652	Malleolus - medial and/or lateral-tarsals, metatarsals, phalanges	145.42	2
	<u>Arthroplasty: Ankle Joint</u>		
57661	Total ankle prosthesis	965.00	3
57662	Revision total ankle	1,300.00	3
57663*	Removal of total ankle arthroplasty	181.78	3
	<u>Metatarsal Phalangeal Joint: Arthroplasty</u>		
57671	Excision arthroplasty great toe (Keller's cheilectomy).....	263.58	2
57672	Resection/soft tissue reconstruction.....	290.85	2
57673	Distal metatarsal osteotomy	290.85	2
57674	Proximal metatarsal osteotomy with distal realignment.	422.64	2
57675	Implant arthroplasty	290.85	2
57676	Interphalangeal joint arthroplasty, single or multiple	263.58	2
57677	Minor forefoot reconstruction (lesser toes).....	370.37	2
57678	Major forefoot reconstruction - (includes excision arthroplasty, stabilization with or without implant, includes great toe)	579.40	2
	Fracture and/or Dislocation:		
	<u>Ankle Fracture: Intra-articular Tibial Metaphyseal (PILON)</u>		
57701*	Closed reduction, with GA, cast/traction	181.78	2
57702	Closed reduction, external fixation with or without percutaneous fixation, with or without minimal internal fixation, with or without ORIF distal fibula.....	477.17	2
57705	ORIF (include fibular fracture)	872.54	2
57708*	Open injury, primary wound care (operation only)	90.89	2
57709*	Open injury, secondary wound management.....	181.78	2
	<u>Ankle (Malleolar) Fracture</u>		
57711*	Closed reduction without GA, application of cast (operation only).....	90.89	2
57712*	Closed reduction, with GA, application of cast.....	263.58	2
57713	Closed reduction, external fixation/percutaneous fixation.....	263.58	2
57715	ORIF - one malleolus.....	343.11	2
	<i>Note: Injuries requiring opposite side soft tissue repairs (i.e. deltoid ligament repair with lateral malleolar fracture ORIF) are payable under 57716.</i>		
57716	ORIF - two or more	395.37	2

	\$	Anes. Level
57718*	Open injury, primary wound care (operation only)	90.89 2
57719*	Open injury, secondary wound management.....	181.78 2
	<u>Hindfoot/Midfoot/Lisfranc Dislocation with or without Fracture</u>	
57721*	Closed reduction without GA, cast (operation only)	90.89 2
57722*	Closed reduction, with GA, cast	181.78 2
57723	Closed reduction, fixation	290.85 2
57725	Open reduction with or without internal fixation.....	422.64 2
57728*	Open injury, primary wound care (operation only)	90.89 2
57729*	Open injury, secondary wound management.....	181.78 2
	<u>Os Calcis Fracture</u>	
57732*	Closed reduction, with GA, cast	181.78 2
57733	Closed reduction, fixation	290.85 2
57735	ORIF	608.95 2
Tibial Metaphysis (Distal), Ankle and Foot (cont'd)		
57738*	Open injury, primary wound care (operation only)	90.89 2
57739*	Open injury, secondary wound management.....	181.78 2
	<u>Talus Fracture</u>	
57741*	Closed reduction, without GA, cast (operation only)	90.89 2
57742*	Closed reduction, with GA, cast	181.78 2
57743	Closed reduction, fixation	318.12 2
57745	ORIF	474.89 2
57748*	Open injury, primary wound care (operation only)	90.89 2
57749*	Open injury, secondary wound management.....	181.78 2
	<u>Tarsal Fracture</u>	
57751*	Closed reduction, without GA, cast (operation only)	90.89 2
57752*	Closed reduction, with GA, cast	181.78 2
57753	Closed reduction, fixation	290.85 2
57755	ORIF	318.12 2
57758*	Open injury, primary wound care (operation only)	90.89 2
57759*	Open injury, secondary wound management.....	181.78 2
	<i>Note: Multiple tarsal fractures are payable under hind/mid foot Lisfranc dislocation with or without fracture items 57721 to 57729.</i>	
	<u>Metatarsal Fractures</u>	
57761	Closed reduction, fixation	263.58 2
57765	ORIF - one	290.85 2
57766	ORIF - two or more.....	343.11 2
57768*	Open injury, primary wound care (operation only)	90.89 2
57769*	Open injury, secondary wound management.....	181.78 2
	<u>Metatarso-Phalangeal Dislocation</u>	
57771*	Closed reduction, without GA, cast, single or multiple (operation only).....	90.89 2
57772*	Closed reduction, with GA, cast, single or multiple	181.78 2
57773	Closed reduction, fixation, single or multiple	209.04 2
57775	ORIF	290.85 2
57778*	Open injury, primary wound care (operation only)	90.89 2
57779*	Open injury, secondary wound management.....	181.78 2

	\$	Anes. Level
<u>Phalangeal Fracture</u>		
57781	Closed reduction, fixation, single or multiple263.58	2
57785	ORIF290.85	2
57788*	Open injury, primary wound care (operation only)45.44	2
57789*	Open injury, secondary wound management (operation only).....90.89	2
<u>Interphalangeal Dislocations with or without Fracture</u>		
57791*	Closed reduction, without GA, cast, single or multiple (operation only).....45.44	2
57792*	Closed reduction, with GA, cast, single or multiple181.78	2
57793	Closed reduction, fixation, single or multiple263.58	2
57795	Open reduction with or without fixation290.85	2
57798*	Open injury, primary wound care (operation only)45.44	2
57799*	Open injury, secondary wound management (operation only).....90.89	2
Manipulation: Ankle/Foot:		
S57800*	Manipulation, with GA.....90.89	2

Tibial Metaphysis (Distal), Ankle and Foot (cont'd)

Arthrodesis:		
57810	Tibiocalcaneal.....581.68	2
57811	Pantalar817.99	2
57812	Ankle joint699.84	3
57813	Subtalar joint/triple581.68	2
57814	Midtarsal joint.....527.15	2
57815	Tarso-Metatarsal joints640.77	2
57816	Metatarsophalangeal343.11	2
57817	Interphalangeal, single or multiple.....263.58	2
Amputation:		
57980	SYME.....518.05	2
57981	Midtarsal477.17	2
57982	Transmetatarsal.....395.37	2
57983	Single metatarsal/ray resection345.39	2
57984	Toe181.78	2
57998*	Open injury, primary wound care (operation only)45.44	2
57999*	Open injury, secondary wound management (operation only).....90.89	2

Vertebra, Facette and Spine

Incision - Diagnostic, Percutaneous:		
SY00757	Aspiration - other joints.....11.42	2
Incision - Therapeutic, Percutaneous:		
58205*	Injection/aspiration facet joint90.89	2
58210*	Discogram.....90.89	2
Incision - Therapeutic, Drainage:		
51039*	Aspiration – bursa (operation only)22.72	
58250*	Abscess or hematoma, extraspinal, under GA.....181.78	4

	\$: Anes. Level
Excision - Diagnostic, Percutaneous		
S11830	Needle biopsy - soft tissue/bone - thoracic spine, under GA209.04	2
S11831	Needle biopsy - soft tissue/bone - lumbar spine, under GA.....181.78	2
Excision - Diagnostic, Open:		
11845	Biopsy, with GA236.30	3
	<i>Note: Not payable with definitive spinal surgery.</i>	
Excision - Therapeutic, Endoscopic:		
58305	Percutaneous discectomy263.58	3
Excision - Therapeutic, Open:		
<u>Decompression - Posterior</u>		
<u>Laminectomy:</u>		
03155	- for hematoma, tumour or vascular malformation930.59	6
03161	- for localized spinal stenosis (two levels or less).....757.94	5
03162	- for generalized spinal stenosis (more than two levels)1,180.87	5
03160	- for congenital spinal malformation or tethered spinal cord1,333.45	5
03180	Multiple level laminectomy for cervical cord compression, three or more levels1,391.73	6
Vertebra, Facette and Spine (cont'd)		
<u>Decompression - Anterior</u>		
Discectomy with or without Fusion:		
58370	Cervical - single level.....608.95	6
58375	Cervical - two or more levels786.20	6
58376	Thoracolumbar- includes decompression1,404.22	8
Vertebral body resection:		
58385	Cervical.....1,590.56	6
58386	Thoracolumbar1,854.12	8
Introduction and/or Removal, Therapeutic:		
58410	Removal of spinal instrumentation499.90	5
S03167*	Insertion of skull tongs (operation only).....123.85	4
Repair, Revision, Reconstruction (Bone, Joint):		
<u>Stabilization - Posterior</u>		
58605	Cervical - simple, single or multiple level (includes Gallie fusion).....527.15	6
58610	Cervical - segmental (includes C1-2 transarticular screws)1,058.85	6
58615	Thoracolumbar - without instrumentation477.17	5
58620	Thoracolumbar - simple instrumentation (Harrington or wires or screws, etc.).....754.38	7
58625	Thoracolumbar - segmental instrumentation and spinal fusion.....1,217.19	7
58630	Thoracolumbar - segmental instrumentation and fusion with decompression - single level1,536.02	7
58635	Thoracolumbar - segmental instrumentation and fusion with decompression - multiple levels1,799.60	7
<u>Stabilization - Anterior</u>		
58640	Cervical - stabilization alone (with Neurosurgeon)490.80	6
58645	Cervical - with plates and discectomy963.42	6
58650	Cervical - with plates and vertebrectomy1,722.34	6
58655	Thoracolumbar - approach and stabilization alone (with Neurosurgeon)927.07	8

	\$	Anes. Level
58660	Thoracolumbar - instrumentation with anterior release or vertebrectomy.....1,985.91	8
	<i>Note: 58655 and 58660 are payable in full when done in conjunction with posterior instrumentation and fusion.</i>	
	<u>Deformity Correction</u>	
	Anterior release/osteotomy:	
58670	Thoracolumbar1,404.22	8
58675	Thoracolumbar - with anterior instrumentation and correction.....1,667.81	8
	Posterior osteotomy with instrumentation	
58680	Cervical.....2,381.28	6
58685	Thoracolumbar2,381.28	7
	Posterior Instrumentation and Fusion	
58690	Adult1,722.34	7
58695	Pediatric.....1,404.22	7
	Fracture and/or Dislocation (Cervical Spine):	
	<u>Cervical</u>	
S03167*	Insertion of skull tongs (operation only).....123.85	4
58710*	Application of Halo.....181.78	4
58715	ORIF981.60	7
	<u>Thoracolumbar</u>	
58725	ORIF with segmental fixation alone.....1,272.44	7
58726	ORIF with segmental fixation and decompression.....1,536.02	7

Musculoskeletal Oncology

51051	Resection of subfascial malignant soft tissue tumour, simple581.68	5
51052	Resection of subfascial malignant soft tissue tumour, complex (involvement of neuro/vascular structures)1,245.17	6
51053*	Resection of malignant bone tumour limb, limb sparing.1,054.32	6
51054	Reconstruction of skeletal defect following excision1,063.40	6
51055	Resection of malignant girdle tumour, scapula1,054.32	6
51056*	Resection of malignant girdle tumour, pelvis and/or sacrum.1,581.47	6
51057	Reconstruction of shoulder/pelvis or sacrum1,063.40	6
51058	Resection of malignant tumour, rotation plasty2,117.71	6
	<i>Note: Fee items 51053 to 51058. Reconstruction items are payable in full with the resection, if applicable.</i>	

Minor Procedures

13610*	Minor laceration or foreign body - not requiring anesthesia - operation only.....33.20	
	Notes:	
	i) Intended for primary treatment of injury.	
	ii) Not applicable to dressing changes or removal of sutures.	
	iii) Applicable for steri-strips or glue to repair a primary laceration	
13611*	- requiring anesthesia - operation only61.84	2
13612*	- extensive laceration greater than 5 cm (maximum charge 35 cm) - operation only - per cm.....12.40	2

		\$	Anes. Level
13620*	Excision of tumour of skin or subcutaneous tissue or small scar under local anesthetic - up to 5 cm (operation only)	61.84	2
	<i>Note: The treatment of benign skin lesions for cosmetic reasons, including common warts (verrucae) is not a benefit of the Plan. Refer to Preamble B.16 (4)(a) and (b) "Surgery for the Alteration of Appearance."</i>		
13630*	Paronychia - operation only	33.12	2
13631*	Removal of nail - simple operation only	33.12	2
13632*	- with destruction of nail bed (operation only).....	67.01	2
13633*	Wedge excision of one nail (operation only)	59.12	2

Peripheral Nerve

S03196	Exploration, mobilization and transposition	276.06	2
03198	Neurectomy of major nerve	218.14	2
S06258	Exploration of peripheral nerve and neurolysis	251.19	2
	<i>Note: Multiple neurolyses are paid in accordance with preamble Clause B.9.(e) to a maximum of four Neurolyses per sitting.</i>		

Spinal

03151	Stereotaxic surgery - spine	775.93	5
03152	Bischoff's or longitudinal myelotomy	918.07	5
03153	Laminectomy with DREZ lesion for pain	1,381.55	6
03155	Laminectomy for haematoma, tumour or vascular malformation	930.59	6
	<u>Laminectomy for cervical disc:</u>		
03156	- one level	722.59	6
03157	- multiple levels	792.88	6
	<u>Laminectomy for lumbar disc:</u>		
03158	- one level	652.65	5
03159	- multiple levels	655.18	5
03160	Laminectomy for congenital spinal malformation or tethered spinal cord	1,333.45	5
03161	Laminectomy for localized spinal stenosis (two levels or less)	757.94	5
03162	Laminectomy for generalized spinal stenosis (more than two levels)	1,180.87	5
03168	Laminectomy for intradural spinal cord or extra-medullary tumour or vascular malformation by micro-surgical technique	1,785.32	7
03180	Multiple level laminectomy for cervical cord compression, 3 or more levels...	1,391.73	6
03163	Anterior cervical discectomy and fusion - one level	792.88	6
03164	- multiple levels	1,010.40	6
03166	Removal of thoracic disc	845.51	8
03185	Postero-lateral microsurgical thoracic discectomy	1,264.78	8
S03167*	Insertion of skull tongs (operation only).....	123.85	4
03169	Fracture of spine without cord injury - open reduction and fusion.....	673.51	7
03231	Repair of spinal CSF leak or pseudomeningocele	587.42	5

Skin Grafts

Note: Additional procedures, other than skin grafts, are extra; e.g.: bone or tendon grafts, inlay grafts, etc.

Local tissue shifts: Advancements, rotations, transpositions, "Z" plasty, etc.

06019*	Single or multiple flaps under 2 cm. in diameter used in repair of a defect (except for special areas as in 06024) (operation only)	124.00	2
<u>Tumours of skin - removal not requiring skin graft:</u>			
06015*	Removal of extensive scars - 5 cm or more - per cm over 5 cm (in addition to 06069, 13620 or 06016) (operation only)	8.35	2
Notes:			
1. Payment for scar revision based on length of scar, not length of incision.			
2. A note record is required for scars >30 cm.			
06016*	Removal of tumour (including intraoral) or scar under general anesthetic or regional block - up to 5 cm	124.00	2
06017	Removal of tumour (including intraoral) - 5 cm to 10 cm	256.31	2
06018	Removal of tumour (including intraoral) - more than 10 cm	442.91	2
Note: Items 06016, 06017, 06018 are not intended to apply to the removal of localized malignant soft tissue tumours - use 06999 instead and submit a written report (see Preamble, Clause A.7).			
Hand and Wrist, Incision; Open:			
06051*	Finger tip (operation only).....	124.00	2
06050	Regions of major joints and hands - early	423.43	2
Hand and Wrist, Excision; Therapeutic, Open:			
V07055	Ganglia - of the wrist.....	134.68	2

Debridement of Soft Tissues for Necrotizing Infections or Severe Trauma

V70155	Debridement of skin and subcutaneous tissue restricted to genitalia and perineum for necrotizing infection (Fournier's Gangrene) (stand alone procedure)	403.66	5
V70158	Debridement of skin and subcutaneous tissue; up to the first 5% of body surface area.....	231.19	3
V70159	Debridement of skin and subcutaneous tissue; for each subsequent 5% of body surface area or major portion thereof	115.59	
V70162	Debridement of skin, subcutaneous tissue and necrotic fascia OR muscle; up to the first 5% of body surface area.....	256.88	4
V70163	Debridement of skin, subcutaneous tissue and necrotic fascia OR muscle; for each subsequent 5% of body surface area or major portion thereof	128.44	
V70165	Debridement of skin, fascia, muscle and bone; up to the first 5% of body surface area.....	282.56	4
V70166	Debridement of skin, fascia, muscle and bone; for each subsequent 5% of body surface area or major portion thereof	141.28	

		\$	Anes. Level
70168	Active wound management during acute phase after debridement of soft tissues for necrotizing infection or severe trauma – per 5% of body surface area.....	77.06	
	Notes:		
	i) Payable when rendered at the bedside but only when performed by a medical practitioner.		
	ii) Requires wound assessment and dressing change and may include VAC application.		
	iii) Applicable with or without anesthesia.		
70169*	Active wound management during acute phase after debridement of soft tissue for necrotizing infection or severe trauma – per 5% of body surface area (operation only).....	123.30	4
	Notes:		
	i) Payable only when performed by a medical practitioner in the operating room under general anesthesia or conscious sedation.		
	ii) Requires wound assessment and dressing change and may include VAC application.		
	iii) Debridement not payable in addition.		