

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

PREAMBLE

- A. Corrective splints must be corrective to qualify for a benefit as such. The corrective splint listings are not applicable to simple immobilization such as with a Jones bandage or metal finger splint following soft tissue injury.
- B. The removal of a wire or pin or other device when used for traction or external fixation (except for rigid external fixators) in the treatment of a fracture or other orthopaedic procedure is to be included in the procedural fee (unless otherwise stated in the *Schedule*) unless a general anaesthetic is required, in which case a fee may be claimed. Removal of devices used for internal fixation more than 30 days after insertion may be claimed for in addition to the procedural benefit.
- C. The benefit for total joint replacement also includes denervation of the joint, all tenotomies and division and repair of muscle.
- D. The benefit for obtaining a bone graft is not to be claimed in cases of pseudoarthrosis repair, fusions or for listings in which bone grafting is included.
- E. For the supervision of limb fitting and 6 *months* post-operative care following amputation, claim visit fees. Amputation with immediate fitting to include supervision of final limb fitting, add 40% (E586).

Note:

Reconstruction or Arthroplasty Procedures: If other procedures are claimed, same joint, same time, e.g. debridement, synovectomy, tendon release etc., the *Medical Consultant* will assess the surgeon's claim.

# E554	- synovectomy requiring a minimum of 30 minutes to resect, to R236, R240, R241, R244, R281, R288, R436, R437, R438, R439, R440, R441, R443, R453, R454, R456, R479, R481, R482, R483, R485, R486, R487, R488, R491, R493, R496, R497, R498, R499, R500, R509, R510	add	175.00
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Payment rules:

Synovectomy codes other than E554 are *not eligible for payment* when rendered in addition to the codes listed above.

FRACTURES AND DISLOCATIONS

1. For fractures or dislocations requiring open or closed reduction or no reduction, the major pre-operative visit, i.e. consultation or appropriate assessment, may be claimed in addition to the listed benefits.
2. **OPEN REDUCTION** shall mean the treatment of a fracture and/or dislocation by either closed intramedullary fixation or by an operative procedure to expose the fracture. The benefits include fixation by internal or external devices.
3. **CLOSED REDUCTION** shall mean the reduction of a fracture or dislocation by non-operative methods (including traction).
4. **NO REDUCTION** shall mean the treatment of a fracture or dislocation by any other method and includes the use of the initial external support other than a simple splint. No reduction, rigid immobilization, means that the device used to achieve a rigid immobilization is custom-molded and is applied by the physician. In cases involving no reduction, application of a simple splint, such as a metal splint, is not billable as rigid immobilization (visit fees only apply).
5. The service includes all related follow-up treatment by the physician for 2 *weeks* from the date of treatment of the fracture or dislocation except:
 - a. for the first and second post-treatment visits to a hospital in-patient;
 - b. for the subsequent visit by the *MRP - day* of discharge (C124);
 - c. for the first post-treatment visit when the patient is no longer a hospital in-patient;
 - d. if additional reductions are necessary;
 - e. if the patient is transferred to another surgeon; or
 - f. if the patient is a paraplegic.

[Commentary:

The first and second post-treatment visits in hospital for 2 *weeks* from the date of treatment of the fracture or dislocation are payable at the specialty specific subsequent visit fee.]

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6. In multiple fractures or dislocations, the benefit for the major fracture or dislocation shall be 100% and the benefit for the other fractures or dislocations is 85%. When no procedural benefit is applicable, but that fracture or dislocation necessitates hospitalization or concurrent care over that demanded by the major injury, a visit benefit may be claimed in addition to other procedural benefits.
7. For repeat reductions (closed or open) for the same fracture or dislocation, the full benefit should be claimed for the final reduction and after care; previous reductions by the same surgeon should be claimed at 85%.
8. Emergency splinting of fractures in the emergency department should be on the basis of appropriate visit benefit, plus application of cast if appropriate.
9. Transferred cases:
 - a. When patients are transferred to a chronic or convalescent facility, additional visit benefits on a chronic care basis shall be allowed to other than the operating surgeon (and also to the surgeon after 2 *weeks*).
 - b. When patients are transferred to another physician for after care of fractures and dislocations treated by closed or no reduction, the physician rendering the initial care should claim 75% of the listed fee and the surgeon rendering subsequent care should claim visit fees except where otherwise specified. In cases involving open reduction, the percentage should be 80% for the surgeon providing the initial care.
 - c. In cases where the original physician's attempts to reduce a fracture or dislocation under *general anaesthesia* is unsuccessful, and the patient is referred to another physician for definitive care, the original physician should claim 75% of the listed fee.
10. Pseudoarthrosis may be allowed as the appropriate benefit after the fracture is 4 *months* old.
11. For fractures and dislocations not requiring reduction, visit fees apply unless a specific fee is listed. If the listed fee is less than the consultation, the consultation should be claimed under the fracture/dislocation fee code number.

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

GENERAL FEES

	Asst	Surg	Anae
BONE/FASCIAL/DERMIS GRAFTS			
Autogenous			
# E551 - separate incision..... add		86.30	
# E552 - same incision..... add		58.45	
# Z279 - different surgeon.....		193.00	
Homogenous			
# E553 - banked bone or bone substitutes..... add		25.15	
Allograft			
# R200 - cadaver - per long bone, each.....		144.80	
Note: Other donor allografts are payable at 85% of the listed excision fee.			
FIXATION			
# E547 - methyl methacrylate (not arthroplasty)..... add		59.40	
# E555 - rigid external fixation (excluding casts) for closed reduction, to closed reduction fee..... add 50%			
# E544 - cast bracing with closed reduction, to closed reduction fee..... add 40%			
# E569 - percutaneous pinning, to closed reduction fee..... add 50%			
# E826 - percutaneous pinning, to F005, F006, F009, F013 or F016..... add 75%			
Note: E569 is <i>not eligible for payment</i> with E826.			
# E590 - rigid external fixation - pseudoarthrosis..... add		76.10	
Removal of internal fixation device			
# R267 - general anaesthetic.....	6	158.65	6
# R268 - local anaesthetic.....	6	54.85	6
# R598 Removal of extensive external fixation device under general anaesthetic.....		48.25	6
Adjustment of circumferential external fixation			
# Z280 - without general anaesthetic.....		72.35	
# Z281 - with general anaesthetic.....		145.70	6
# Z210 - Insertion traction pin - excludes fractures and dislocations.....		33.35	
WOUND CARE			
E550 - insertion of closed irrigation system during a surgical procedure for post-operative management..... add		63.15	
# E556 - extensive debridement of compound fractures or dislocations, to reduction fee..... add 50%			
# Z783 Secondary closure.....		97.35	7
Note: Z783 is <i>only eligible for payment</i> for the delayed surgical closure of a wound. Debridement of a wound with healing by secondary intention is not payable as Z783.			
# R517 Excision of foreign body.....		107.70	6
# Z250 Chronic Electrical Stimulation (not to include T.E.N.S.) external or internal.....		193.00	7
# Z273 Muscle core biopsy using a 6mm or larger Bergstrom muscle biopsy needle or equivalent kit - includes one or more biopsies.....		63.35	
Note: Z219 is <i>not eligible for payment</i> when rendered in addition to Z273.			

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

GENERAL FEES

Asst

Surg

Anae

ORTHOPAEDIC TUMOUR SURGERY

R226	Biopsy of suspected sarcoma, or resection of a complex bone or complex soft tissue tumour(s), per 15 minutes.....	10	100.00	15
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Payment rules:

1. R226 is eligible for payment only to an oncological orthopaedic surgeon with fellowship training in orthopaedic oncology. Documentation of fellowship training must be provided to the ministry prior to submitting a claim for R226.

[Commentary:

Surgeons eligible to claim R226 will typically be working within a multidisciplinary *sarcoma* subspecialty group.]

2. R226 is a time based service. Except when rendering the services of a surgical assistant, time calculation for the purpose of R226A includes all resection and reconstruction components of the procedure rendered by the physician claiming R226A.

[Commentary:

For any period of time that a surgeon claiming R226A renders the services of an assistant, the time spent assisting constitutes surgical assist time and is *not eligible for payment* as time for the purpose of R226A.]

3. Biopsy of suspected *sarcoma*, or resection of a complex bone or complex soft tissue tumour(s) is *not eligible for payment* as R226 when rendered in conjunction with another procedure(s) by the same surgeon when the biopsy or tumour resection is not the major procedure.

[Commentary:

In these circumstances (payment rule 3), use the appropriate fee code listing in the *Schedule* under biopsy or excision of bone or soft tissue.]

4. R226 is eligible for payment for complex tumour resection by amputation only when the tumour resected is malignant.

[Commentary:

For other tumour resection by amputation, use the appropriate fee code listing in the *Schedule* under amputation.]

5. If the nature, complexity and/or length of the procedure require(s) two oncological orthopaedic surgeons to render components of the same procedure simultaneously or sequentially, R226A is eligible for payment to each surgeon.

Claims submission instructions:

Submit R226A claims for a second surgeon using the manual review indicator and accompanied by operative report.

[Commentary:

In accordance with the Surgical Preamble, if a surgeon who is not an oncological orthopaedic surgeon renders a specialized component of the procedure (eg reconstructive flaps or grafts), the surgeon should claim the appropriate fee code(s) from the *Schedule* for the service(s) rendered.]

6. Time calculation commences when the surgeon begins the procedure and ends when the surgeon leaves the operating room.

7. Time unit calculation is based on full 15 minute time units.

Medical record requirements:

This service is eligible for payment only if start and stop times of the service are recorded in the patient's permanent medical record.

[Commentary:

Any surgeon rendering R226A should also record in the patient's permanent medical record the start and stop times of surgical assistant services when rendered.]

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

GENERAL FEES

Asst

Surg

Anae

CASTS

Application of plaster casts or corrective splints are not to be claimed if applied at the time of surgery (except for the application of a cast brace) or applied during the first 2 weeks for a fracture or dislocation when a procedural fee is applicable. The subsequent application of plaster casts may be claimed according to the following *Schedule*.

Direct supervision requires the physical presence of the physician in the office in which the cast is applied at the time the cast is applied unless all conditions listed on page GP43 to GP43 of the General Preamble (Delegated Procedures) are met.

Z201	Finger.....		10.25	
E584	- application of plaster cast outside hospital	add	11.15	
Z202	Hand		14.90	6
E584	- application of plaster cast outside hospital	add	11.15	
Z203	Arm, forearm or wrist		24.10	6
E584	- application of plaster cast outside hospital	add	11.15	
Z199	Foot.....		14.90	6
E584	- application of plaster cast outside hospital	add	11.15	
# Z213	Below knee, knee splints (Stove pipe, etc.)		24.10	6
# Z211	Whole leg (mid thigh to toes)		28.80	6
Z198	Toes		10.25	6
E584	- application of plaster cast outside hospital	add	11.15	
# Z205	Head and torso	6	97.35	6
# Z208	Shoulder spica	6	97.35	7
# Z206	Body cast.....	6	57.50	6
	Hip spica			
# Z207	- unilateral	6	97.35	6
# Z209	- bilateral	6	121.60	7
Z216	Wedging of casts in other than fracture treatment.....		10.25	
Z200	Application of Unna's paste		14.90	
Z873	Application of cast brace (must include hinge)		67.75	
Z204	Removal of plaster (not associated with fractures or dislocations within 2 weeks of initial treatment)		10.25	

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

HAND AND WRIST

	Asst	Surg	Anae
AMPUTATION			
# R606		161.45	6
# R608		190.20	7
# E583		94.60	
# R610		279.35	7
# R611	6	289.50	6
# R612	6	289.50	6
# R629	6	241.55	6
ARTHRODESIS			
# R465	6	256.15	7
# R466	6	400.00	6
ARTHROPLASTY			
# E564			
Wrist			
# R437	6	374.00	7
# R485	6	426.90	6
# R479	6	193.00	6
Hand - interposition			
# R435	6	254.35	7
# R436	6	459.40	7
# R489			
# R209	6	290.55	7
# R500	6	363.05	7
# R500	6	144.80	6
# R236	6	322.05	7
ARTHROSCOPY			
# R682	6	400.00	7
Note:			
1. A wrist procedure listed in the Hand and Wrist section of the <i>Schedule</i> performed arthroscopically is eligible for payment in addition to R682 if that procedure is not described as a component of R682 or described by an E-add-on code to R682.			
2. Arthroscopic E-add-on codes listed below are <i>not eligible for payment</i> in addition to R682 when the service described by the E-code is a generally accepted component of a procedure described in Note #1.			
# E479		192.00	
# E478		251.55	
Note:			
F-prefix fracture procedures are <i>not eligible for payment</i> with E478 for the same fracture.			
# E480		350.65	
# E482		251.55	
# E483		326.55	
Payment rules:			
1. Synovectomy less than 90 minutes in duration is included in R682.			
2. Only one of E482 or E483 is eligible for payment same patient same day.			

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

HAND AND WRIST

	Asst	Surg	Anae
ARTHROTOMY			
# R409 Finger.....		168.00	6
# R410 Wrist.....	6	212.50	6
ASPIRATION/INJECTION			
See Diagnostic and Therapeutic Procedures - Injections and Infusions.			
BIOPSY			
Bone			
# Z230 - punch, x-ray control		89.70	6
# Z214 - open biopsy or taking of bone graft by other than operating surgeon.....	6	144.80	6
Joint			
Z221 - needle		49.20	
# R409 - open finger		168.00	6
# R410 - open wrist.....	6	212.50	6
Soft tissue			
# Z228 - open		97.35	6
Z219 Muscle needle biopsy, soft tissue, per site.....		31.20	
DECOMPRESSION - DENERVATION			
# N290 Decompression median nerve at wrist (carpal tunnel syndrome).....	6	156.75	6
# N285 Exploration and/or decompression and/or transposition and/or neurolysis of major nerve (excluding carpal tunnel nerve).....	6	256.15	7
INCISION AND DRAINAGE			
# R409 Finger joint.....		168.00	6
# R410 Wrist joint.....	6	212.50	6
Phalanx/metacarpal/carpus			
# R219 - incision and drainage	6	182.90	6
# R218 - sequestrectomy.....	6	144.80	6
# R217 - saucerization and bone graft.....	6	242.25	7
# R534 Tendon sheath	6	225.00	6
EXAMINATION/MANIPULATION			
Z222 Manipulation - under general anaesthetic (see Surgical Preamble SP4).		24.10	6
Note:			
Without general anaesthetic, see Diagnostic and Therapeutic Procedures - Physical Medicine.			

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

HAND AND WRIST

Asst

Surg

Anae

EXCISION

Bone

# R316	Proximal row carpectomy	6	338.75	7
# R285	Carpal - bone (one).....	6	214.45	7
# R317	Dorsal exostosis (triquetrum).....	6	189.75	6
# R286	Radial styloid	6	234.75	7
# R283	Phalanx/metacarpal	6	193.00	7
# R272	Bone tumour (see General Preamble GP8).....	I.C	I.C	I.C

Joint

Synovectomy/capsulectomy/debridement

# R425	- finger joint	6	226.40	6
# R414	- two or more joints.....	6	339.65	7
# R407	Synovectomy of extensor or flexor tendons.....		224.45	6
# R418	Synovectomy/debridement - wrist.....	6	342.55	7
# R492	Radio-ulnar meniscectomy	6	231.10	7

Soft tissue

# R549	Ganglion - Simple or complex.....	6	177.80	6
# R551	Excision of fascia for Dupuytren's (palmar fibromatosis), single ray, with or without flaps.	6	322.15	7
# E832	- excision of fascia for Dupuytren's, one or more additional rays, to R551..add		273.85	
# E831	- use of skin grafts, or revision surgery (with or without skin grafts), to R549 or R551			add 30%

Payment rules:

1. R551 is not payable for treatment of Dupuytren's by aponeurotomy.
2. A maximum of one R551 is eligible for payment per limb, per day.

Note:

1. Services listed under "Skin Flaps and Grafts" are *not eligible for payment* with R549 or R551.
2. R551, E832 and E831 include the palmar and digital components of the Dupuytren's procedure, when rendered.

Muscle

# R522	- simple.....	6	193.00	6
# R523	- complex.....	6	484.35	7

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

HAND AND WRIST

Asst

Surg

Anae

RECONSTRUCTION

Bone - Pseudoarthrosis/non-union/avascular necrosis

# R321	Phalanx, metacarpal	6	260.75	7
# R322	Scaphoid.....	6	500.00	6
# R345	Carpal bone, other than scaphoid.....	6	260.75	6
# E497	- pedicled vascularized bone graft, to R322 or R345..... add		350.00	

Note:

1. R322 and R345 must include fixation and a non-vascularized bone graft.
2. E497 is payable in addition to R322 and R345 if a pedicled vascularized bone graft is used in addition to, or in place of a non-vascularized bone graft.
3. F019 and Z279 rendered in conjunction with R322 and R345 are *not eligible for payment*.

Bone - Deformity

Osteotomy - phalanx

# R257	- terminal		162.65	6
# R258	- middle proximal or metacarpal	6	193.20	7
# E591	- each additional..... add		158.65	

Ligaments

# R597	Simple/single repair - wrist.....	6	301.60	7
# R548	Extensive/multiple repair - wrist.....	6	511.45	7
# R601	Metacarpal phalangeal repair	6	316.75	7

Note:

Reconstruction - Nerve - see page X8.

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

HAND AND WRIST

Asst

Surg

Anae

RECONSTRUCTION

Tendon

Tenoplasty

# R557	- one	6	223.65	7
# E050	- each additional..... add		77.05	

Tendon graft

# R559	- one	6	306.30	7
# E052	- each additional..... add		259.85	

# R586	Reconstruction of flexor tendon pulley, per finger.....		97.35	7
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Silicone rod insertion

# R554	- one	6	294.20	7
# E051	- each additional..... add		245.90	

Transplant/transfer

# R563	- single.....	6	284.95	7
# E054	- each additional..... add		236.10	

Tendon repair - extensor

# R578	- single.....	6	164.10	7
# E580	- each additional*		70.95	

Flexor

# R585	- single.....	6	307.60	7
# E581	- each additional*		128.95	

Mallet finger

UVC	- closed.....		visit.fee	
# R574	- K-wire.....		133.95	7
# R573	- open.....	6	147.20	6

Boutonniere

UVC	- closed.....		visit.fee	
# R577	- open.....	6	147.30	6
# R582	- late	6	246.65	7

Note:

*If additional tendon repair(s) requires a separate incision, bill according to Surgical Preamble SP2.

Extremities

# R602	Pollicization.....	6	596.35	6
# R603	Digital reimplantation involving microvascular and neuro anastomosis.....	8	1586.20	8
# R604	Revision of R602, R603 (see General Preamble GP8)	I.C	I.C	I.C
# R605	Reconstruction and plastic repair of traumatically amputated extremities (see General Preamble GP8)	I.C	I.C	I.C

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

HAND AND WRIST

Asst

Surg

Anae

RELEASE

Tendon

Tenolysis - flexor and/or extensor tendon of

# R575	- one digit	6	194.05	6
# E537	- each additional digit..... add		165.20	
# R541	Flexor tenolysis with pulley preservation	6	309.00	6

Tenotomy or fasciotomy (closed)

Finger

# Z247	- one		49.20	6
# Z248	- two		72.35	7
# Z249	- three or more		99.15	6
# Z231	- palmar or plantar		73.70	7

Tendon release (open)

# R536	- finger/palm		156.50	6
# E592	- more than one, to R536..... add		133.05	
# R537	- wrist.....	6	175.00	6
# E571	- more than one, to R537..... add		148.75	

REDUCTION

Fractures

Phalanx

F004	- no reduction, rigid immobilization.....		49.20	
F005	- closed reduction.....		99.25	6
E584	- application of plaster cast outside hospital		11.15	
E558	- each additional..... add		22.25	
# F007	- open reduction	6	298.45	7

Metacarpal

F008	- no reduction, one or more, rigid immobilization		49.20	
F009	- closed reduction.....		99.25	6
E584	- application of plaster cast outside hospital		11.15	
E504	- each additional..... add		22.20	
# F011	- open reduction	6	262.60	7
E559	- each additional (open)..... add		142.90	

Intra-articular

F006	- closed reduction.....		119.75	
E584	- application of plaster cast outside hospital		11.15	
E503	- each additional..... add		26.85	
# F010	- open reduction	6	335.80	7

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

HAND AND WRIST

Asst

Surg

Anae

REDUCTION

Fractures

Bennett's

F012	- no reduction, rigid immobilization.....		49.20	
E584	- application of plaster cast outside hospital		11.15	
# F013	- closed reduction.....	6	119.80	6
# F015	- open reduction	6	335.80	7

Carpus

F102	- no reduction, rigid immobilization.....		49.20	
E584	- application of plaster cast outside hospital		11.15	
# F016	- closed reduction, one or more		115.10	6
# F017	- open reduction, one or more.....	6	346.15	7

Scaphoid

F018	- no reduction, rigid immobilization.....		49.20	
E584	- application of plaster cast outside hospital		11.15	
# F019	- open reduction	6	480.00	7
# F020	- excision	6	193.00	7

Dislocations

Finger

D001	- closed reduction.....		57.50	6
E584	- application of plaster cast outside hospital		11.15	
E576	- each additional.....		10.25	
# D003	- open reduction	6	196.50	6

Metacarpal/phalangeal

D004	- closed reduction.....		57.50	6
E584	- application of plaster cast outside hospital		11.15	
E577	- each additional.....		10.25	
# D006	- open reduction	6	181.85	7

Carpal

D007	- closed reduction.....		128.05	6
E584	- application of plaster cast outside hospital		11.15	
# D008	- open reduction	6	241.30	7

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

ELBOW AND FOREARM

	Asst	Surg	Anae
AMPUTATION			
# R613 Through radius and ulna	6	306.30	7
# R614 Elbow disarticulation	6	289.50	6
ARTHRODESIS			
# R466 Elbow	6	400.00	6
ARTHROPLASTY			
# E564 revision of elbow arthroplasty add 35%			
# R281 Ulna replacement (lower end).....	6	296.90	6
# R288 Implant radial head	6	251.55	6
# R499 Removal of total replacement	6	402.75	7
# R486 Complete arthroplasty replacement.....	6	619.90	8
# R510 Interposition arthroplasty	6	435.20	7
ARTHROSCOPY			
# R683 Elbow arthroscopy setup, includes when rendered debridement, synovectomy, synovial biopsy, removal of loose body(ies) and/or screw, drilling of defect or microfracture, and/or arthroscopic epicondylar release	6	400.00	7
Note:			
1. An elbow procedure listed in the Elbow section of the <i>Schedule</i> performed arthroscopically is eligible for payment in addition to R683 if that procedure is not described as a component of R683 or described by an E-add-on code to R683.			
2. Arthroscopic E-add-on codes listed below are <i>not eligible for payment</i> in addition to R683 when the service described by the E-code is a generally accepted component of a procedure described in Note #1.			
# E478 Pinning of osteochondral fragment, to R683		251.55	
Note:			
F-prefix fracture procedures are <i>not eligible for payment</i> with E478 for the same fracture.			
# E481 Osteochondroplasty (extensive bone and arthrofibrotic tissue removal requiring a minimum of 2 hours to resect), to R683.....		500.00	
# E482 Soft tissue capsular release for contractures without bone procedure, to R683		251.55	
# E483 Synovectomy for inflammatory arthritis requiring a minimum of 90 minutes to resect, to R683		326.55	
Payment rules:			
1. Only one of E481, E482 or E483 is eligible for payment same patient same <i>day</i> .			
2. Synovectomy less than 90 minutes in duration is included in R683.			
3. Osteochondroplasty less than 2 hours in duration is included in R683.			
ARTHROTOMY			
# R445 Elbow, loose body, etc.	6	199.55	7
ASPIRATION/INJECTION			
See Diagnostic and Therapeutic Procedures - Injections and Infusions.			

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

ELBOW AND FOREARM

Asst

Surg

Anae

BIOPSY

Bone

Z225	- needle		72.35	6
# Z214	- open	6	144.80	6

Joint

# R432	- open	6	171.45	6
# Z228	- Muscle/soft tissue		97.35	6
Z219	- Muscle needle biopsy, soft tissue, per site		31.20	

DECOMPRESSION/DENERVATION

# R495	Fasciotomy for compartment syndrome (not including secondary closure wound) .	6	320.20	7
# Z783	- Secondary closure		97.35	7

Catheter

# Z251	- insertion		49.20	
UVC	- monitoring		visit.fee	
# N190	Exploration and/or decompression and/or neurolysis of ulnar nerve (elbow)	6	215.35	7
# N189	Ulnar nerve transposition at elbow - may include exploration, decompression and/or neurolysis	6	279.25	7
# R426	Denervation - elbow	6	258.00	7

INCISION AND DRAINAGE

# R228	Acute	6	302.55	7
# Z226	Soft tissue or bursa, incision and drainage		97.35	7
# R445	Elbow	6	199.55	7
# R231	Sequestrectomy	6	355.35	7
# R229	Saucerization and bone grafting	6	452.90	7

EXAMINATION/MANIPULATION

Z222	Manipulation - under general anaesthetic (see Surgical Preamble SP4).		24.10	6
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Note:

Without general anaesthetic, see Diagnostic and Therapeutic Procedures - Physical Medicine.

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

ELBOW AND FOREARM

	Asst	Surg	Anae	
EXCISION				
Bone				
# R287	Radial head.....	6	217.95	7
# R286	Radial styloid	6	234.75	7
# R643	Ulna lower end.....	6	193.00	7
# R290	Olecranon	6	207.90	6
# R291	Olecranon with fascial repair	6	309.00	7
Bursae				
# R595	Olecranon	6	101.25	6
Joint Contents				
# R421	Synovectomy/capsulectomy/debridement, etc.	6	311.85	7
Muscles				
# R524	Myositis ossificans	6	289.50	7
# R517	Foreign body removal		107.70	6
Tumours				
Soft tissues				
# R591	- superficial.....	6	196.05	6
# R592	- deep	6	484.35	7
Bone tumours				
# R294	- exostosis	6	165.20	7
# R295	- simple excision.....	6	289.50	7
# R293	- extensive with replacement.....	6	677.50	6
RECONSTRUCTION				
Bone - Pseudoarthrosis				
# R323	Radius or ulna.....	6	304.40	7
# R473	Radius and ulna.....	6	411.20	6
# R950	Radius and ulna - circular external fixation.....	6	291.40	7
Bone - Deformity				
Osteotomy				
# R259	- ulna	6	297.85	7
# R261	- radius with or without ulna	6	411.20	6
# R324	- radius and/or ulna with reconstruction congenital abnormality, synostosis etc. .	6	398.10	6
# R951	Single level correction - circular external fixation.....	6	638.40	7
# R952	Double level correction - circular external fixation	6	798.10	6
Bone transport				
# R953	- circular external fixation (less than or equal to 6 cm).....	6	655.15	6
# R954	- circular external fixation (greater than 6 cm).....	6	763.80	7

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

ELBOW AND FOREARM

	Asst	Surg	Anae
RECONSTRUCTION			
Fascia			
Repair fascial defects			
# R476 - small.....	6	144.80	7
# R478 - large with or without synthetic graft or rotation flap.....	6	290.55	7
Ligaments			
# R597 Simple/single repair.....	6	301.60	7
# R548 Extensive/multiple repair.....	6	511.45	7
Tendons			
Suture extensor tendon			
# R578 - single.....	6	164.10	7
# E580 - each additional add		70.95	
Suture flexor tendon			
# R585 - single.....	6	307.60	7
# E581 - each additional add		128.95	
Tenoplasty			
# R557 - single.....	6	223.65	7
# E050 - each additional add		77.05	
Tenolysis			
# R556 - single.....	6	202.25	6
# E599 - each additional add		87.20	
Transposition/transplantation/transfer			
# R563 - single.....	6	284.95	7
# E056 - each additional add		91.90	
# R583 Steindler flexoplasty.....	6	344.85	7
RELEASE			
Muscles and tendons			
# R519 - simple, e.g. tennis elbow.....	6	136.35	6
# R521 - radical, e.g. muscle slide.....	6	314.60	7
REDUCTION			
Dislocations			
Elbow joint			
# D009 - closed reduction.....		84.45	6
# D010 - open reduction - acute.....	6	252.45	7
# R400 - repair chronic, recurrent.....	6	379.50	6
Radial head			
# D012 - closed reduction, pulled elbow.....		39.00	6
# D011 - open reduction - acute.....	6	193.00	7
# R540 - open reduction - recurrent.....	6	227.40	7
# R558 - open reduction - late.....	6	357.20	7

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

ELBOW AND FOREARM

Asst

Surg

Anae

REDUCTION

Fractures

Epicondyle

# F029	- no reduction		67.75	
# F037	- closed reduction.....	6	126.25	6
# F038	- open reduction	6	214.45	7

Transcondylar/condylar

# F039	- no reduction		67.75	
# F040	- closed reduction.....	6	298.35	6
# F045	- closed reduction with traction.....	6	312.70	6
# F041	- open reduction	6	375.80	7

Olecranon

# F034	- no reduction, rigid immobilization.....		126.25	6
# F035	- closed reduction.....	6	129.00	6
# F036	- open reduction	6	224.55	7

Radius and ulnar shaft

# F024	- no reduction, rigid immobilization.....		67.75	
# F025	- closed reduction.....	6	148.50	6
# F026	- open reduction	6	368.40	7

Radius and ulna - Monteggia

# F014	- no reduction, rigid immobilization.....		67.75	
# F022	- closed reduction.....		144.80	6
# F023	- open reduction of ulna plus closed reduction radial head.....	6	242.25	7

Radius or ulna

F031	- no reduction, rigid immobilization.....		81.30	
E584	- application of plaster cast outside hospital		11.15	
# F032	- closed reduction.....	6	117.85	6
# F033	- open reduction	6	274.00	7

Radius - distal, e.g. Colles', Smith's, or Barton's fracture

F027	- no reduction, rigid immobilization.....		67.75	
E584	- application of plaster cast outside hospital		11.15	
# F028	- closed reduction, under local or regional anaesthetic.....		109.45	
# F046	- closed reduction, under general anaesthetic	6	149.35	6
# F030	- open reduction	6	420.00	7

Osteochondral

# F021	- open reduction	6	392.40	7
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MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

SHOULDER, ARM AND CHEST

	Asst	Surg	Anae
AMPUTATION			
# R617 Forequarter	10	490.95	15
# R616 Shoulder disarticulation	9	373.10	9
# R615 High humerus	6	369.35	6
ARTHRODESIS			
# R467 Shoulder	6	468.65	6
ARTHROPLASTY			
# E564 - revision of prosthesisadd 35%			
# R438 Humeral prosthesis	6	449.20	10
# R487 Total prosthesis	8	695.10	10
# R240 Revision total arthroplasty shoulder.....	8	942.95	15
# R498 Removal prosthesis/no replacement	6	397.20	8
ARTHROSCOPY			
# R684 Shoulder arthroscopy setup, includes when rendered debridement, synovectomy, removal of loose body(ies) and/or screw, drilling of defect or microfracture, and/or synovial biopsy	6	400.00	10
Note:			
1. A shoulder procedure listed in the Shoulder section of the <i>Schedule</i> performed arthroscopically is eligible for payment in addition to R684 if that procedure is not described as a component of R684 or described by an E-add-on code to R684.			
2. Arthroscopic E-add-on codes listed below are <i>not eligible for payment</i> in addition to R684 when the service described by the E-code is a generally accepted component of a procedure described in Note #1.			
# E478 Pinning of osteochondral fragment, to R684		251.55	
Note:			
F-prefix fracture procedures are <i>not eligible for payment</i> with E478 for the same fracture.			
# E484 Superior labral anterior posterior (SLAP) repair, to R684		336.65	
# E485 Arthroscopic capsular release for frozen shoulder, to R684		240.50	
Payment rules:			
E484 is <i>not eligible for payment</i> in addition to R401.			
ARTHROTOMY			
# R411 Shoulder	6	223.65	7
ASPIRATION/INJECTION			
See Diagnostic and Therapeutic Procedures - Injections and Infusions.			

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

SHOULDER, ARM AND CHEST

		Asst	Surg	Anae
BIOPSY				
Bone				
Z220	- needle/punch, x-ray control.....		89.70	6
# Z214	- open.....	6	144.80	6
Joint				
# R411	- open.....	6	223.65	7
# Z228	Soft tissue - open.....		97.35	6
Z219	Muscle needle biopsy, soft tissue, per site.....		31.20	
Incision and Drainage				
# R222	Humerus/clavicle/scapula.....	6	262.60	7
# Z226	Bursae/soft tissue.....		97.35	7
# R411	Joint.....	6	223.65	7
# R225	Sequestrectomy.....	6	290.55	7
# R223	Saucerization with bone graft.....	6	387.90	7
EXAMINATION AND MANIPULATION				
Z223	Manipulation under general anaesthetic (see Surgical Preamble SP4).....		49.20	6
Note: Without general anaesthetic, see Diagnostic and Therapeutic Procedures - Physical Medicine.				
EXCISION				
Clavicle or Acromion				
# R298	Simple (includes ligament).....	6	211.60	7
Note: When R298 is rendered in association with R416, R298 is payable at 100% and R416 is payable at 85%.				
# R641	Major tumour.....	6	290.55	7
# R214	Malignant tumour with reconstruction.....	6	484.35	6
Humerus				
# R292	Head.....	6	299.75	6
# R294	Exostosis.....	6	165.20	7
# R295	Benign tumour.....	6	289.50	7
# R297	Malignant tumour with reconstruction.....	6	681.10	6
EXCISION				
Joint				
# R422	Synovectomy and debridement.....	6	425.10	10
# R512	Excision of subacromial bursa (not to be claimed with R416, R593 or R594).....	6	211.60	7
Muscle/fascia				
# R522	- simple.....	6	193.00	6
# R523	- complex.....	6	484.35	7
# R416	Rotator cuff exploration - includes acromioplasty, excision of coraco-acromial ligament and subacromial bursa but excludes simple excision of clavicle.....	6	206.90	10
Note: When R416 is rendered in association with R298, R416 is payable at 85% and R298 is payable at 100%.				

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

SHOULDER, ARM AND CHEST

Asst

Surg

Anae

RECONSTRUCTION

Pseudoarthrosis

# R329	Clavicle	6	269.10	6
# R325	Humerus	6	346.15	6
# R956	Humerus - circular external fixation	6	291.40	7

DEFORMITY

Osteotomy

# R260	- humerus	6	292.35	7
# R298	- clavicle	6	211.60	7
# R235	- glenoid	6	279.35	6
# R957	Single level correction - circular external fixation.....	6	510.35	6
# R958	Double level correction - circular external fixation.	6	638.40	6

Bone transport

# R959	- circular external fixation (less than or equal to 6 cm).....	6	655.15	6
# R960	- circular external fixation (greater than 6 cm).....	6	763.80	6

Humeral lengthening

# R961	- circular external fixation (less than or equal to 6 cm).....	6	438.00	6
# R962	- circular external fixation (greater than 6 cm).....	6	655.15	6

Note:

Reconstruction - Nerves - see Operations on the Nervous System.

RECONSTRUCTION

Muscles/soft tissues

# R527	Muscle transplant - pectoralis major	6	434.25	6
# R353	Scapulopexy congenital elevation	6	385.15	6
# R568	Trapezius/sternomastoid transplant.....	6	338.65	7
# R589	Tendon repair or release - biceps	6	227.40	7
# R685	Tendon release with tenodesis - biceps.....	6	314.60	7

Rotator cuff repair

# R593	- simple, end-to-end or side-to-side (includes acromioplasty, excision of coraco-acromial ligament and subacromial bursa)	6	345.35	10
# R594	- complex (includes implantation into bone, and as required, acromioplasty, excision of coraco-acromial ligament, subacromial bursa and excision of distal clavicle).....	6	498.30	10
# E057	- revision/repair following previous rotator cuff surgery, to R594add 30%			

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

SHOULDER, ARM AND CHEST

	Asst	Surg	Anae
RELEASE			
# R521 Muscle/tendon (other than biceps)	6	314.60	7
# R526 Sternomastoid	6	296.05	7
REDUCTION			
Fractures			
Tuberosity			
# F047 - no reduction		67.80	
# F048 - closed reduction	6	117.85	6
# F049 - open reduction (without cuff tear)	6	290.55	6
Neck without dislocation of head			
# F053 - no reduction		67.80	
# F054 - closed reduction		133.60	6
# F055 - open reduction	6	327.55	6
Neck with dislocation of head			
# F050 - no reduction		67.80	
# F051 - closed reduction	6	183.80	6
# F052 - open reduction	6	385.15	6
Shaft			
# F042 - no reduction		67.80	
# F043 - closed reduction	6	147.60	6
# F044 - open reduction	6	323.05	6
Clavicle			
UVC - no reduction		visit.fee	
# F110 - closed reduction with anaesthetic	6	62.20	7
# F118 - open reduction	6	300.00	7
Scapula			
# F119 - no reduction		67.80	
# F121 - open reduction	6	242.25	6
Sternum			
# F123 - closed reduction		115.95	
# F124 - open reduction - pleura open (see General Preamble GP8)	9	I.C	13
# F125 - pleura closed (see General Preamble GP8)	6	I.C	6
Ribs			
UVC - no reduction		visit.fee	
# F131 - pleura closed (see General Preamble GP8)	6	I.C	6
Dislocations			
Acromio-clavicular/sterno-clavicular			
# D014 - no reduction		67.80	
# D025 - closed with anaesthetic	6	134.55	6
# D023 - open reduction	6	231.10	7
# R596 - late	6	286.70	6
Glenohumeral joint			
# D015 - closed reduction without anaesthetic		49.20	
# D016 - closed reduction with anaesthetic		111.40	6
# D017 - open reduction, early	6	323.85	6
# R472 - open reduction, late	6	580.90	10
# R401 - open reduction, recurrent	6	379.50	10
# E058 - revision/repair following previous glenohumeral joint surgery, to R401			add 30%

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

SKULL AND MANDIBLE

	Asst	Surg	Anae
ARTHROPLASTY			
# R433 Temporomandibular joint - unilateral.....	6	349.30	10
BIOPSY			
Bone			
# Z869 - punch, simple.....		48.50	7
# Z870 - punch, x-ray control		120.70	6
# Z242 - open	6	193.00	7
INCISION AND DRAINAGE			
# Z234 Mandibular sequestrectomy.....	7	281.25	7
EXCISION			
# R272 Bone - tumour (see General Preamble GP8)	I.C	I.C	I.C
# R278 Maxilla, with exenteration of orbit and skin graft.....	6	532.95	7
# R279 Maxilla advancement.....	6	440.15	8
# R280 Mandible	6	353.10	7
# R284 Mandibular condyle.....	6	276.55	7
# R428 Temporomandibular meniscectomy.....	6	249.75	7
RECONSTRUCTION			
Facial paralysis			
# R531 - static slings	6	307.15	6
# R532 - dynamic slings	6	399.00	6
# R533 Composite repair for facial paralysis, plication of paralyzed muscles, and resection for paralysis of over active muscles	6	511.90	7
# E597 - with meloplasty		87.05	

Note:

Claims for R533 will be assessed by the *Medical Consultant*.

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

SKULL AND MANDIBLE

Asst

Surg

Anae

ORTHOGNATHIC SURGERY

Anterior dento-alveolar osteotomy, maxilla or mandible

# R382	- one segment	6	803.80	15
# R383	- two segments.....	6	932.10	15

Posterior dento-alveolar osteotomy, maxilla

# R349	- one side	6	803.80	15
# R351	- both sides, single segment	6	932.10	15
# R385	- both sides, separate segments	6	1187.50	15

Posterior dento-alveolar osteotomy, mandible

# R462	- one side	6	803.80	15
# R463	- both sides.....	6	1187.50	15

Total U dento-alveolar osteotomy

# R502	- mandible	6	1228.70	15
# R507	- maxilla.....	6	1315.70	15
# R511	Mandibular or maxillary visor osteotomy for alveolar hypoplasia	6	1146.40	15

Genioplasty

# R386	- one segment	6	384.60	10
# R387	- two segments, or for laterognathia.....	6	575.45	10
# R388	- three segments	6	767.85	10

Mandibular osteotomies for prognathism

# R480	- subcondylar.....	6	420.10	7
# R384	- vertical ramus.....	6	932.10	15
# R518	- sagittal split	6	932.10	15

Mandibular osteotomies for retrognathia, any technique

# R520	- advancement - up to 10 mm	6	932.10	15
# R529	- advancement - 10 to 20 mm, inclusive	6	1058.40	15
# R535	- advancement - greater than 20 mm.....	6	1356.90	15
# E588	- for apertognathia or laterognathia.....add		256.40	

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

SKULL AND MANDIBLE

	Asst	Surg	Anae
ORTHOGNATHIC SURGERY			
LeFort I advancement			
# R379 - in one segment	10	803.80	20
# E961 - in two segments..... add		296.60	
# E962 - in three segments..... add		594.20	
LeFort I intrusion			
# R538 - in one segment	10	1059.35	20
# E963 - in two segments..... add		296.60	
# E964 - in three segment..... add		594.20	
LeFort I extrusion			
# R567 - in one segment*	10	1315.70	20
# E965 - in two segments..... add		296.60	
# E966 - in three segments..... add		594.20	
LeFort I cleft palate			
# R580 - in one segment*	10	1525.30	20
# E967 - in two segments..... add		256.40	
# E968 - in three segments..... add		511.90	
# E969 - with SMR		204.80	
# E970 - with pharyngoplasty..... add		307.15	
# E971 - with closure alveolar fistula with or without bone graft..... add		383.65	
# E972 - with closure hard palate fistula with or without bone graft..... add		511.90	
# R588 Naso-maxillary osteotomy without LeFort I*	6	803.80	15
# R389 LeFort II maxillary osteotomy and advancement*	10	1443.95	20
# R395 Construction glenoid fossa and zygomatic arch* (Obwegeser technique)	10	1402.75	20
# R396 Construction absent condyle and ascending ramus*.....	6	803.80	10
# R609 Combined LeFort I and LeFort III osteotomy in hemifacial microsomia.....	10	1586.20	20
# R145 Mandibular condylectomy.....	6	204.80	7
# R618 Coronoidotomy	6	204.80	7
# R644 Coronoidectomy.....	6	307.15	6

Note:

* Includes harvesting and grafting of bone or cartilage grafts.

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

SKULL AND MANDIBLE

Asst

Surg

Anae

ORTHOGNATHIC SURGERY

Reconstruction mandible with bone grafts* and/or plate or prosthesis.

Unilateral

# R334	- partial	6	409.55	15
# R335	- complete	6	819.15	15

Bilateral

# R645	- partial	6	819.15	15
# R646	- complete	6	1023.95	15

Oral vestibuloplasty

# R647	- with secondary epithelization	6	204.80	6
# R648	- with skin graft	6	307.15	6

Temporomandibular ankylosis

# R649	- excision bone or fibrous block.....	6	461.30	7
# R650	- with insertion of prosthetic device or muscle flap.....	6	511.90	13
# R651	- with construction of condyle and ascending ramus*	6	666.00	15

Onlay bone grafts or alloplastic reconstruction to face when not part of standard osteotomy for reconstruction

Mandible

# Z253	- unilateral		394.80	
# Z254	- bilateral		507.45	

Maxilla

# Z255	- unilateral		394.80	
# Z256	- bilateral		507.45	

Zygoma

# Z257	- unilateral		337.85	
# Z258	- bilateral		450.50	

Temporal

# Z259	- unilateral		450.50	
# Z260	- bilateral		563.10	

Frontal

# Z261	- unilateral		450.50	
# Z262	- bilateral		563.10	

Note:

For Z253 to Z262, services described as harvesting and/or use of homogenous bone grafts may be claimed in addition. See page N3 for the appropriate listing(s).

[Commentary:

Alloplastic materials include high density polyethylene, titanium mesh, resorbable mesh plus composites, calcium phosphate bone cements and other materials.]

Application of dental arch bars, or splint, for facial osteotomy

# Z239	- one arch bar.....	6	133.00	6
# Z240	- two arch bars	6	204.80	7
# R354	Interdental wiring for temporomandibular joint disorder.....	6	154.00	7
# R652	- Removal intermaxillary fixation devices under general anaesthesia - as sole procedure.....		102.35	6

Note:

* Includes harvesting and grafting of bone or cartilage grafts.

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

SKULL AND MANDIBLE

	Asst	Surg	Anae
ORBITO-CRANIAL SURGERY			
Bilateral periorbital correction Treacher-Collins Syndrome			
# R390 - with or without bone grafts* (extra-cranial).....	10	1699.45	20
# R653 - with skull and muscle transpositions* (includes skull reconstruction) (intracranial).....	10	2196.35	25
Pericranial flap to orbit or face			
# R654 - unilateral		307.15	6
E973 - when in conjunction with coronal approach for main operation		178.90	
# R655 - bilateral		409.55	7
# E974 - when in conjunction with coronal approach for main operation		297.55	
# R378 LeFort III total maxillary advancement*	12	2037.35	25
# R656 LeFort III and subcranial hypertelorism correction*	12	2590.35	25
# R657 LeFort III and LeFort I maxillary advancement*	12	2334.85	25
# R658 LeFort II, subcranial hypertelorism correction Le Fort I maxillary advancement*	12	2928.10	25
Upper LeFort III advancement without occlusal change*			
# R659 - unilateral	6	932.10	10
# R675 - bilateral	12	1443.95	25
Forehead advancement (bone grafts not included)			
# R676 - unilateral	12	1187.50	25
# R393 - bilateral	12	1443.95	25
# R394 Cranial vault reshaping* - anterior or posterior half	10	1525.30	20
# R677 Total cranial vault reshaping*	12	2078.35	25
Medial transnasal canthopexy			
# R398 - unilateral	6	414.30	6
# E557 - when done in conjunction with another procedure		154.00	

Note:

* Includes harvesting and grafting of bone or cartilage grafts.

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

SKULL AND MANDIBLE

Asst

Surg

Anae

ORBITO-CRANIAL SURGERY

Lateral canthoplasty

# R399	unilateral	6	204.80	6
# E930	- when done in conjunction with another procedure		102.35	

Hypertelorism correction

# R376	- intracranial approach*	12	2334.85	25
# R377	- subcranial U osteotomies*	12	1950.15	25
# R678	- medial orbital wall osteotomies*	10	1228.70	20
# R679	- medial and lateral orbital wall osteotomies*	10	1612.30	20

Orbital dystopia*

# R391	- intracranial approach	12	1950.15	25
# R392	- extracranial approach	10	1485.10	20

Orbital cranial osteotomy*

# R380	- intracranial approach	12	1495.50	25
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Note:

Claims for R380 with N153 rendered for the same patient should be submitted using the manual review indicator and accompanied by supporting documentation.

# R381	- extracranial approach	10	1121.50	20
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Late correction traumatic enophthalmos

Tessier Technique - total periorbital stripping and bone grafts.

# R680	- intracranial	12	1997.05	25
# R681	- extracranial	10	1443.95	20

Harvesting of bone graft when not included

# Z263	Iliac bone graft		102.35	
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Rib graft

# Z264	- one rib		154.00	
# E975	- each subsequent rib		76.50	

Costochondral or chondral graft

# Z265	- one rib		230.65	
# E976	- each subsequent rib		154.00	
# Z266	- split cranial graft		204.80	

Note:

* Includes harvesting and grafting of bone or cartilage grafts.

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

SKULL AND MANDIBLE

Asst

Surg

Anae

SURGERY FOR CORRECTION OF DOWN'S SYNDROME FACIAL STIGMATA

Augmentation of zygoma (bilateral)

# Z267	- with prosthetic implant	184.60
# Z268	- with autogenous bone or cartilage*.....	230.65

Augmentation of chin

# Z269	- with prosthetic implant	154.00
# Z270	- with autogenous bone or cartilage*.....	189.45
# Z271	Horizontal resection, red lower lip.....	184.60

Note:

* Includes harvesting and grafting of bone or cartilage grafts.

Bicoronal flaps

R347	Bicoronal flaps	200.00
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Note:

R347 requires elevation of bicoronal flaps with exposure of the upper half facial skeleton and subsequent closure and re-suspension of soft tissues.

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

SKULL AND MANDIBLE

	Asst	Surg	Anae	
REDUCTION				
Fractures				
Orbit - open reduction rim/wall fracture				
# E173	Zygomatic fracture dislocation	6	594.70	7
# E933	- with miniplate(s)** , per major fracture line		99.85	
# E934	- with primary bone graft (separate site)		204.80	
Orbit				
# E174	- blowout fracture of floor	6	667.00	7
# E934	- with primary bone graft (separate site)		204.80	
Nasal bones - to include manipulation of nasal septum				
# F136	- closed reduction		102.35	6
# F137	- open reduction		316.35	10
# E825	- with miniplate(s)** , per major fracture line		63.95	
Orbit with maxilla				
# F150	- closed reduction and dental wiring		256.40	7
# F142	- with wiring and local fixation	6	685.20	7
# E830	- with miniplate(s)** , per major fracture line		107.20	
# E932	- unilateral		205.00	
# E935	- bilateral		307.70	
Note:				
E932, E934, and E935 are not to be billed with Z263, Z264, Z265, Z266, E975, or E976.				
Midface fractures				
Application of craniofacial suspension wires and external fixation devices (not to be billed in addition to maxillary repair).				
# F143	- middle ¼ facial	6	577.65	8
# E830	- with mini-plate(s)** , per major fracture line		107.20	
# F144	- cranial-facial separation	6	1594.90	10
# E830	- with mini-plate(s)** , per major fracture line		107.20	

Note:

** Where mini-plate(s) are used, one mini-plate fee per each major fracture line (e.g. infraorbital, malar-zygomatic, nasal-frontal, LeFort I, LeFort II and III) (per major fracture line per side) should be billed.

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

SKULL AND MANDIBLE

		Asst	Surg	Anae
Mandible				
UVC	- no reduction		visit fee	
# F138	- closed reduction, includes maxillary-mandibular fixation	6	350.00	7
Note: Maxillary-mandibular fixation includes any external fixation technique.				
# F139	- open reduction, per fracture, to include intermaxillary fixation	6	575.00	6
# E828	- rigid internal fixation, any method, to F139.....add		104.00	
Note: Rigid internal fixation <i>may include</i> the use of a miniplate(s), or other internal fixation device(s).				
Payment rules:				
1. E828 is limited to one service for each major fracture line (e.g. infraorbital, malar zygomatic, nasal-frontal, LeFort I, LeFort II and III) when a mini-plate is used.				
2. Z239, Z240, R652 or D062 are <i>not eligible for payment</i> in addition to F138 or F139.				
# F140	- removal of intermaxillary fixation device(s)		100.00	
Payment rules:				
1. A maximum of one F140 is eligible for payment per patient per <i>day</i> .				
2. F140 is <i>not eligible for payment</i> in addition to F138 or F139.				
[Commentary: For removal of intermaxillary fixation devices under <i>general anaesthesia</i> , see R652.]				
# F146	- complicated (see General Preamble GP8)	I.C	I.C	I.C
Dislocations				
Temporomandibular joint				
# D062	- closed reduction		51.65	6
# D063	- open reduction	6	256.40	7

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

PELVIS AND HIP

	Asst	Surg	Anae
AMPUTATION			
# R631 Hemipelvectomy - hindquarter	10	796.20	15
# R630 Hip disarticulation	10	449.20	10
ARTHRODESIS			
# R469 Sacro-iliac joint	6	395.25	7
# R514 Symphysis pubis.....	6	387.00	7
# R470 Hip	6	703.45	8
ARTHROPLASTY			
# R439 Unipolar	6	490.95	10
# R440 Total hip replacement - acetabulum and femur.....	8	696.00	10
# R553 Total hip replacement with take down of fusion	8	972.90	15
Revision total arthroplasty hip - one or both components			
# R241 - acetabular or femoral	8	1304.80	15
# E589 - bone graft to acetabulum		101.25	
# E593 - acetabular reconstruction (extensive, including bone grafts).....		194.00	
# R481 Reattachment of greater trochanter (late).....	6	290.55	8
Removal only			
# R443 - non-cemented	6	447.30	8
# R488 - cemented	6	557.75	8
# R491 Replacement acetabular liner and/or femoral head	8	353.25	10
ARTHROSCOPY			
# R686 Hip arthroscopy set up, includes when rendered debridement, synovectomy, removal of loose body(ies) and/or screw, drilling of defect, microfracture, abrasion arthroplasty, and/or synovial biopsy	6	669.80	10
# E487 Resection of labrum, to R686		240.00	
# E488 Repair of labrum, to R686.....		350.00	
# E482 Soft tissue capsular release without bone procedure, to R686.....		251.55	
# E490 Osteochondroplasty (extensive bone and arthrofibrotic tissue removal requiring a minimum of 2 hours to resect), to R686.....		500.00	

Payment rules:

1. E487 is *not eligible for payment* in addition to E488.
2. Only one of E482 or E490 is eligible for payment same patient same *day*.
3. Osteochondroplasty requiring less than 2 hours is included in R686.

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

PELVIS AND HIP

	Asst	Surg	Anae
ARTHROTOMY			
# R547 Sacro-iliac joint	6	290.55	7
# R415 Hip - with removal of loose body.....	6	301.60	7
ASPIRATION/INJECTION			
See Diagnostic and Therapeutic Procedures - Injections and Infusions.			
# Z290 Hip - infant or child, under general anaesthesia	6	63.95	6
BIOPSY			
Bone			
Z212 - punch needle		89.70	
# Z217 - under general anaesthetic		72.35	7
# Z214 - open	6	144.80	6
Joint			
# R415 - open	6	301.60	7
Soft tissue			
# Z228 - open		97.35	6
Z219 Muscle needle biopsy, soft tissue, per site.....		31.20	
DENERVATION/DECOMPRESSION			
Exploration, decompression, division, excision, biopsy, neurolysis and/or transposition			
# N188 - minor nerve - including digital, cutaneous or lateral femoral cutaneous nerve ..	6	153.70	7
# N285 - major nerve - excluding carpal tunnel or ulnar nerve at elbow	6	256.15	7
# N177 Sciatic nerve in buttock.....	6	430.75	7
R427 Denervation of hip.....	6	387.00	6
Note:			
N188 or N285 when performed through the same incision as flexor tendon repairs R585 or E581 is an insured service payable at nil.			
INCISION AND DRAINAGE			
# R269 Bone	6	290.55	7
# Z226 Bursae/soft tissue		97.35	7
# R415 Joint	6	301.60	7
# R249 Sequestrectomy.....	6	379.50	7
# R250 Saucerization and bone graft.....	6	627.30	6
EXAMINATION/MANIPULATION			
Z252 Manipulation - under general anaesthetic.....		39.00	6
Note:			
Without general anaesthetic, see Diagnostic and Therapeutic Procedures - Physical Medicine.			

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

PELVIS AND HIP

	Asst	Surg	Anae
EXCISION			
Bone			
# R639 Simple cyst, etc.....	6	338.75	7
# R330 Major resection tumour	6	629.65	7
# R216 Radical resection tumour	8	1007.35	8
# F115 Coccyx	6	208.80	6
# R315 Head and neck, femur	6	452.90	6
Muscle			
# R522 - simple.....	6	193.00	6
# R523 - complex.....	6	484.35	7
# R524 - myositis	6	289.50	7
Joint			
# R423 Synovectomy/debridement	6	470.50	7
Bursae			
# R590 GT trochanteric/ischial	6	201.40	7
RECONSTRUCTION			
Pseudoarthrosis			
# R364 Pelvis	8	580.90	10
# R328 Hip	6	477.90	6
Osteotomy			
Pelvis			
# R265 - infant	8	399.00	8
# R273 - other.....	8	580.90	8
# R263 Hip	6	539.15	7
Muscle/tendon			
# R521 Muscle release.....	6	314.60	7
Tenotomy			
# Z232 - closed adductors.....		49.20	6
# Z233 - open adductors		97.35	7
# R545 - iliopsoas	6	266.35	6
Tendon transfer			
# R570 Iliopsoas.....	6	520.60	7
# R569 Abductor	6	339.65	6

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

PELVIS AND HIP

	Asst	Surg	Anae
REDUCTION			
Fractures			
Coccyx			
UVC - no reduction		visit.fee	
# F115 - excision	6	208.80	6
Pelvic ring			
UVC - no reduction		visit.fee	
# F134 - closed reduction	6	442.45	6
# F135 - open reduction	6	680.30	8
Sacrum			
UVC - no reduction		visit.fee	
Femoral neck trochanteric, subtrochanteric			
UVC - no reduction		visit.fee	
# F098 - closed reduction/traction	6	426.90	6
# F099 - open reduction - pin only	6	408.30	8
# F100 - open reduction - pin and plate/screws (cannulated included)	6	498.95	10
# F101 - open reduction - primary prosthesis, femur only (includes Moore, Thompson, Unipolar, Bipolar)	6	490.95	10
# R600 - delayed/staged graft	6	289.50	8
Slipped epiphysis			
# R607 - closed reduction/traction	6	387.00	8
# R642 - closed reduction/internal fixation	6	387.00	8
# R627 - open reduction/fixation	6	580.90	8
Dislocations			
Acetabulum			
UVC - no reduction		visit.fee	
# D052 - open reduction - lips	7	612.45	8
# D046 - open reduction - one pillar	6	967.90	10
# D047 - open reduction - two pillars	8	1451.45	12
Hip			
# D042 - closed reduction		268.25	6
# D043 - open reduction	7	406.45	7
# R628 - late, after four weeks - open	7	774.90	10
Note:			
May not be claimed with D042 at the same time.			
Sacro-iliac			
# D059 - closed, traction, spica, etc		428.50	6
# D060 - open reduction	6	593.00	6
Sacro-coccygeal			
UVC - closed reduction		visit.fee	
# D061 - open, removal of coccyx	6	193.00	6
Congenital hip			
# R404 - closed reduction (includes tenotomy and cast)		190.20	7
# R405 - repeat (includes cast)		131.80	6
# R406 - open reduction (includes tenotomy and arthrotomy)	7	472.35	7
Z291 - Application Pavlik Harness or C.D.H. Splint		24.10	

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

FEMUR

	Asst	Surg	Anae
AMPUTATION			
# R625 Gritti-Stokes or Callander.....	6	305.25	7
# R626 Through femur	6	306.30	7
BIOPSY			
Bone			
# Z869 - core, punch		48.50	7
# Z870 - x-ray control/general anaesthetic.....		120.70	6
# Z242 - open.....	6	193.00	7
Soft tissue			
# Z228 - open.....		97.35	6
Z219 Muscle needle biopsy, soft tissue, per site.....		31.20	
# R256 Injection into bone cysts		117.00	
INCISION AND DRAINAGE			
# R242 Bone	6	325.75	7
# R245 Sequestrectomy.....	6	395.25	7
# R243 Saucerization and graft.....	6	619.90	6
# Z226 Soft tissue		97.35	7
EXCISION			
Bone			
# R314 Simple cyst/exostosis	6	225.50	6
Bone tumour			
# R330 - simple.....	6	629.65	7
# R216 - with reconstruction/graft.....	8	1007.35	8
Muscle			
# R522 - simple.....	6	193.00	6
# R523 - complex.....	6	484.35	7
RECONSTRUCTION			
Fascial			
# R632 - simple.....	6	193.00	7
# R633 - complex with or without synthetic graft or rotation flap	6	402.75	7
Pseudoarthrosis			
# E048 - intramedullary nail with distal and proximal locking screws - femuradd		108.75	
# R328 Bone graft with or without external fixation	6	477.90	6
# R967 Circular external fixation	6	291.40	6

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

FEMUR

Asst

Surg

Anae

RECONSTRUCTION

Deformity

# R262	Osteotomy femoral shaft.....	6	532.65	6
# R215	Osteotomy supracondylar.....	6	387.00	6
# R963	Single level correction - circular external fixation.....	6	638.40	7
# R964	Double level correction - circular external fixation.....	6	798.10	6
# R965	Bone transport - circular external fixation (less than or equal to 6 cm).....	6	655.15	6
# R966	Bone transport - circular external fixation (greater than 6 cm).....	6	763.80	6

Leg length discrepancy

# R333	Femoral shortening.....	6	480.70	6
# R332	Femoral lengthening.....	6	541.95	6
# R968	Lengthening with circular external fixation (less than or equal to 6 cm).....	6	546.55	6
# R969	Lengthening with circular external fixation (greater than 6 cm).....	6	763.80	6
# R340	Femoral epiphysiodesis.....	6	301.60	7
# R341	Tibial and femoral epiphysiodesis.....	6	426.90	7
# R343	Femoral stapling.....	6	313.65	7
# R344	Tibial and femoral stapling.....	6	387.00	6

Muscles/tendons

Quadriceps repair

# R589	- simple.....	6	227.40	7
# R587	- reconstructive.....	6	387.00	7
# R530	Quadricepsplasty - all types.....	6	381.40	7
# R561	Ilio-tibial band.....	6	190.10	6
# Z197	Closed release of ilio-tibial band.....		49.20	6

Tenotomy of hamstrings

# R543	- single.....	6	168.85	7
# R562	- multiple.....	6	193.00	6

Lengthening of hamstrings

# R557	- single.....	6	223.65	7
# E050	- each additional..... add		77.05	
# R571	Tendon or muscle transfer.....	6	307.15	7
# E049	- each additional..... add		87.20	
# R524	Excision of myositis.....	6	289.50	7

Fractures

No reduction

UVC	- cast and bed rest.....			visit.fee
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Closed reduction

F094	- traction - infant or child.....	6	258.00	6
# F095	- traction - adult or adolescent.....	6	407.35	6
# F097	- cast.....	6	258.90	6
# F096	- open reduction.....	6	493.80	8

Femoral shaft/supracondylar

# E048	- intramedullary nail with distal and proximal locking screws - femur..... add		108.75	
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MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

KNEE

	Asst	Surg	Anae
AMPUTATION			
# R625 Through knee - disarticulation	6	305.25	7
ARTHRODESIS			
# R468 Knee	6	402.75	6
ARTHROPLASTY			
# E564 - revision of arthroplasty.....add 35%			
# R509 Patellar arthroplasty.....	6	241.60	7
Hemiarthroplasty			
# R482 - single component (e.g. MacIntosh).....	6	351.70	6
# R483 - double component (e.g. Marmar).....	8	619.90	7
# R441 Total replacement/both compartments.....	8	619.90	8
# R248 Total knee replacement with take down of fusion	8	838.00	8
# R244 Revision total arthroplasty knee.....	8	1174.30	8
# E598 - with associated patellar replacement or patelloplasty, to R482, R483, R441, R248 or R244		94.60	
# R442 Replacement Liner.....	8	353.25	8
Claims submission instructions:			
When a unicondylar knee arthroplasty is revised to a total knee replacement without use of stems and/or augments, submit claim using R441 total replacement/both compartments.			
# R496 Removal of hemiarthroplasty - without replacement.....	6	242.25	7
# R497 Removal of total arthroplasty - without replacement.....	6	368.40	6

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

KNEE

Asst

Surg

Anae

ARTHROSCOPY

Degenerative Diseases of the Knee

# R687	Knee arthroscopy set-up, degenerative disease of the knee. Includes when rendered for synovial biopsy and/or resection or trimming of plica	6	97.35	7
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Non-Degenerative Disorders of the Knee or Acutely Locked Knee

# R699	Knee arthroscopy set-up, non-degenerative disorders of the knee or acutely locked knee. Includes when rendered for synovial biopsy and/or resection or trimming of plica	6	97.35	7
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Payment rules:

1. A knee procedure listed in the Knee section of the *Schedule* performed arthroscopically is eligible for payment in addition to R687 or R699 if that procedure is not described as a component of R699 or described by an E-add-on code to R699.
2. Arthroscopic E-add-on codes listed below are *not eligible for payment* in addition to R687 or R699 when the service described by the E-code is a generally accepted component of a procedure described in Payment Rule #1.
3. E476 is *not eligible for payment* with R687 or R699 unless there is:
 - a. evidence of an intra-articular loose body causing mechanical symptoms; or
 - b. a symptomatic loose screw.
4. E-codes from the arthroscopy section other than E494, E495 and E476 are *not eligible for payment* with R687.
5. Except where prior approval has been given by a *MOH medical consultant*, E494 and E495 are *not eligible for payment* with R687 unless all of the following criteria are met:
 - a. Kellgren-Lawrence knee osteoarthritis grade less than 3 as documented on standing knee x-rays performed within the last 12 months; and
 - b. Unstable chondral pathology or meniscal tear causing mechanical symptoms which have not responded to a minimum of six months active non-surgical treatment.
6. R687 is eligible for payment in all patients with degenerative disease when a diagnostic arthroscopy is required prior to or in conjunction with reconstructive proximal tibial or distal femoral osteotomy.

[Commentary:

1. R687 is an *uninsured service* for any of the following:
 - a. arthroscopic lavage of the knee alone (without debridement) for osteoarthritis;
 - b. when the criteria in payment rule 5 are not met and no other arthroscopic E-add-on codes are medically necessary; or
 - c. when prior approval of R687 and E494 or E495 is denied by the ministry.
2. Arthroscopic lavage of the knee alone (without debridement) is not recommended for any stage of osteoarthritis.
3. The routine use of debridement for treatment of osteoarthritis of the knee is not recommended by the Ontario Health Technology Advisory Committee (OHTAC). See <http://www.hqontario.ca/evidence/publications-and-ohtac-recommendations/ohtas-reports-and-ohtac-recommendations/arthroscopic-lavage-and-debridement>.
4. Prior approval may be granted for E494 or E495 in patients with Kellgren-Lawrence grade 3 or 4 osteoarthritis (see Kohn MD, Sassoon AA, Fernando ND. Classifications in brief: Kellgren-Lawrence classification of osteoarthritis. *Clin Orthop Relat Res.* 2016 Aug; 474(8):1886-93) if the clinical record supports:
 - a. Significant functional impairment caused by an unstable articular chondral flap or degenerative meniscal tear which has not responded to a minimum of six months active non-surgical treatment; and
 - b. the patient is not a current candidate for knee realignment or arthroplasty.]

# E476	Removal of symptomatic loose body(ies) and/or screw	add	192.00
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Note:

Removal of iatrogenic loose body(ies) is *not eligible for payment*.

# E491	Lateral release	add	161.45
# E492	Synovectomy - for diseased synovium, anterior, posterior or complete	add	231.30
# E493	Drilling of defect (includes removal of loose body(ies)	add	251.55
# E478	Pinning of osteochondral fragment	add	251.55

Note:

F-prefix fracture procedures are *not eligible for payment* with E478 for the same fracture.

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

KNEE

		Asst	Surg	Anae
# E494	Debridement (degenerative cartilage) – substantial debridement of 1 or more focal flaps of unstable degenerative articular cartilage causing mechanical symptoms, includes when rendered for synovectomy, meniscal trimming and/or chondroplasty.....add		299.00	
# E498	Debridement (trauma) - substantial debridement of 1 or more focal flaps of unstable post-traumatic articular cartilage causing mechanical symptoms, includes when rendered for synovectomy, meniscal trimming and/or chondroplastyadd		299.00	
Payment rules:				
1. E492 is <i>not eligible for payment</i> in addition to E494 or E498.				
2. E498 is <i>not eligible for payment</i> with R687 or E494.				
3. E494 or E498 are <i>not eligible for payment</i> for the debridement of cartilage flaps for the purpose of surgical visualization alone.				
[Commentary:				
When E494 or E495 are claimed with R687, or E498 is claimed with R699 it is recommended that the intra-articular pathology be documented with pre- and post-procedural photographic images taken during arthroscopy which are archived in the permanent medical record where possible.]				
# E489	Microfracture and/or abrasion arthroplasty, for cartilage deficiency (includes removal of loose body(ies).....add		250.00	
# E495	Meniscectomy, partial or total, for symptomatic meniscal tearadd		240.45	
# E496	Repair medial or lateral meniscus, includes when rendered debridement of attachment site.....add		336.65	

Note:

1. E495 is *not eligible for payment* in addition to E496 for the same meniscus.
2. Trimming of a meniscus does not constitute E495 or E496.
3. E489 and/or E494 and/or E498 are *not eligible for payment* in addition to E496 for debridement of attachment site.

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

KNEE

Asst

Surg

Anae

ARTHROTOMY

# R412	Knee - with or without removal of loose body	6	207.90	7
# R413	Osteochondritis dissecans with drilling and/or internal fixation.....	6	267.25	7

ASPIRATION

See Diagnostic and Therapeutic Procedures - Injections or Infusions.

BIOPSY

Bone/joint

Z870	- needle		120.70	6
# Z242	- open	6	193.00	7

Soft tissue

# Z228	- open		97.35	6
Z219	Muscle needle biopsy, soft tissue, per site.....		31.20	

DENERVATION/DECOMPRESSION

# R426	Denervation of knee.....	6	258.00	7
# N285	Denervation of gastrocnemius	6	256.15	7

INCISION AND DRAINAGE

# Z226	Soft tissue		97.35	7
# R444	Joint	6	193.00	7

EXAMINATION/MANIPULATION

Z222	Manipulation - under general anaesthetic (see Surgical Preamble SP4).		24.10	6
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Note:

Without general anaesthetic, see Diagnostic and Therapeutic Procedures - Physical Medicine.

Excision

Baker's cyst

# R431	- simple.....	6	148.50	6
# R434	- extensive.....	6	264.50	7
# R501	Cysts of meniscus.....	6	126.25	6
# R429	Meniscectomy.....	6	241.30	6
# R417	Debridement of joint without synovectomy	6	290.55	7
# R424	Synovectomy	6	430.65	7
# R506	Prepatellar bursae	6	149.45	6
# R312	Patella - to include fascial repair.....	6	276.55	7
# R318	Excision exostosis/cyst patella	6	126.25	6

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

KNEE

Asst

Surg

Anae

RECONSTRUCTION

Meniscus

R508 Suturing of medial or lateral meniscus..... 6 242.25 7

Muscles/Tendons

Tenoplasty

R584 - one 6 144.80 7
 # E050 - each additional..... add 77.05

Suture of patellar or quadriceps tendon

R589 - early 6 227.40 7
 # R587 - late 6 387.00 7

Transplant of tendon

R571 - single..... 6 307.15 7
 # E049 - each additional..... add 87.20

Tenotomy

- closed

Z237 - one 49.20 6
 # Z238 - multiple..... 72.35 7

- open

R564 - one 6 232.00 7
 # R566 - multiple..... 6 253.30 6
 # R516 Release patellar retinaculum 6 161.45 7

Ligaments

R599 - simple - one 6 361.95 6
 # R542 - extensive ligament reconstruction (including synthetics) includes when rendered preparation of intracondyral notch 6 517.85 7
 # E059 - revision/repair following previous reconstruction of knee ligaments, to R542 add 30%
 # R539 - removal of synthetics 6 213.45 7

REDUCTION

Fractures

Patella

F085 - no reduction 67.75
 # F087 - open reduction or excision with or without repair 6 275.65 7
 # F021 Osteochondral fracture - open reduction 6 392.40 7

Dislocations

Knee

D038 - closed reduction..... 207.90 6
 # D039 - open reduction 6 309.00 7

Patella

- closed reduction

D040 - without anaesthetic 62.20
 # D031 - with anaesthetic 97.35 6

- open reduction

D041 - early 290.55 7
 # R255 - late 6 484.35 7
 # R403 - repair recurrent dislocation (includes inspection of joint) 6 393.40 7
 # R515 Congenital dislocation - knee (open) 6 484.35 7

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

FIBULA AND TIBIA

	Asst	Surg	Anae
AMPUTATION			
# R624 Tibia/fibula	6	306.30	7
BIOPSY			
Bone			
# Z870 - simple - punch.....		120.70	6
# Z242 - open	6	193.00	7
Soft tissue			
# Z228 - open		97.35	6
Z219 Muscle needle biopsy, soft tissue, per site.....		31.20	
# R256 Injection into bone cysts		117.00	
DECOMPRESSION/DENERVATION			
# R495 Decompression of fascial compartments.....	6	320.20	7
# Z783 Secondary closure		97.35	7
# Z251 Catheter insertion		49.20	
UVC Monitoring of pressure monitoring device.....		visit.fee	
# N184 Decompression of posterior tibial or common perineal nerve.....	6	165.20	7
INCISION AND DRAINAGE			
# R237 Bone	6	308.10	7
# R239 Sequestrectomy.....	6	329.40	7
# R238 Saucerization and bone grafting.....	6	411.20	7
# Z226 Soft tissue		97.35	7
EXCISION			
# R311 Exostosis/cyst.....	6	201.40	6
# R210 Fibular head.....	6	193.00	7
Tumour			
# R295 - simple.....	6	289.50	7
# R253 - extensive with repair	6	648.20	6
# R246 Excision bony ridge to include interpositional materials	6	385.15	7
Muscle/soft tissue			
# R522 - simple.....	6	193.00	6
# R523 - complex.....	6	484.35	7

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

FIBULA AND TIBIA

	Asst	Surg	Anae
RECONSTRUCTION			
Pseudoarthrosis			
# E041 - intramedullary nail with distal and proximal locking screws - tibia add		81.55	
# R326 Tibia/fibula.....	6	348.00	6
# R327 By-pass fibular graft.....	6	341.45	6
# R372 Congenital pseudoarthrosis.....	6	484.35	6
# R970 Circumferential external fixation.....	6	291.40	6
Deformity			
# R289 Osteotomy tibia and fibula - adult or child.....	6	376.80	6
# R971 Single level correction - circular external fixation.....	6	510.35	6
# R972 Double level correction - circular external fixation.....	6	638.40	6
Bone transport			
# R973 - circular external fixation (less than or equal to 6 cm).....	6	634.70	6
# R974 - circular external fixation (greater than 6 cm).....	6	763.80	6
# R403 Osteotomy repair recurrent dislocation (includes inspection of the joint).....	6	393.40	7
Leg length discrepancy			
# R331 Tibial lengthening.....	6	470.50	6
# R458 Tibial shortening.....	6	387.00	6
# R341 Tibial and femoral epiphysiodesis.....	6	426.90	7
# R339 Tibial epiphysiodesis.....	6	322.05	7
Tibial stapling			
# R342 - one side.....	6	193.00	7
# R460 - both sides.....	6	242.25	6
# R344 Tibial and femoral stapling.....	6	387.00	6
# R975 Lengthening with circular external fixation (less than or equal to 6 cm).....	6	438.00	6
# R976 Lengthening with circular external fixation (greater than 6 cm).....	6	655.15	6
REDUCTION			
Fractures			
Tibia with or without fibula			
# F078 - no reduction, rigid immobilization.....		115.95	
# F079 - closed reduction.....	6	180.05	6
# F080 - open reduction - shaft.....	6	356.40	6
Intramedullary nail with distal and proximal locking screws			
# E041 - tibia..... add		81.55	
# F081 - medial or lateral tibial plateau.....	6	394.45	6
# E532 - both tibial plateaus, same knee..... add 50%			
Fibula			
# F082 - no reduction, rigid immobilization.....		67.75	
# F083 - closed reduction.....		101.25	6
# F084 - open reduction.....	6	230.20	7

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

FOOT AND ANKLE

		Asst	Surg	Anae
AMPUTATION				
# R620	Metatarsal/phalanx disarticulation.....	6	155.90	6
# E585	- each additional..... add		47.30	
# R621	Ray (single).....	6	217.15	6
# R623	Symes.....	6	285.80	7
# R622	Transmetatarsal/transarsal	6	235.75	7
# R619	Terminal Symes	6	144.80	6
ARTHRODESIS				
# R466	Ankle.....	6	400.00	6
# R552	- revision of arthrodesis	6	506.65	7
# R471	Interphalangeal.....	6	151.85	6
# E575	- each additional..... add		41.70	
# R477	Metatarsophalangeal	6	247.25	7
# R695	Subtalar	6	450.00	6
# E511	- additional midtarsal(s), to R695		100.00	
# R696	Midtarsal, single joint	6	500.00	6
# E512	- additional midtarsal(s), to R696		100.00	
# R697	Metatarsal-tarsal (fusion of one or more joints)	6	300.00	6
# R475	Pan-talar, one stage.....	6	626.45	6
Note:				
1. R695, R696, and R697 include any neurovascular exploration and/or protection and tenolysis, when rendered.				
2. R696 is not payable in addition to R695 same patient, same day.				
ARTHROPLASTY				
# E564	- revision of arthroplasty..... add 35%			
# R493	Ankle - total replacement	8	1177.50	10
# R694	Ankle - liner replacement.....	8	353.25	10
Note:				
E564 is <i>not eligible for payment</i> with R694.				
# R479	Removal of prosthesis without replacement.....	6	193.00	6
Metatarsophalangeal interposition				
# R456	- single.....	6	144.80	6
# E538	- each additional..... add		38.00	
# R453	Metatarsophalangeal (Swansons, etc.).....	6	289.50	7
# R454	- multiple.....	6	387.00	7
# R500	Removal - prosthesis without replacement.....	6	144.80	6

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

FOOT AND ANKLE

Asst

Surg

Anae

ARTHROSCOPY

# R688	Ankle arthroscopy setup, includes when rendered debridement, synovectomy, removal of loose body(ies) and/or screw, drilling of defect or microfracture and/or synovial biopsy.....	6	400.00	7
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Note:

1. An ankle procedure listed in the Foot and Ankle section of the *Schedule* performed arthroscopically is eligible for payment in addition to R688 if that procedure is not described as a component of R688 or described by an E-add-on code to R688.
2. Arthroscopic E-add-on codes listed below are *not eligible for payment* in addition to R688 when the service described by the E-code is a generally accepted component of a procedure described in Note #1.

# E477	Arthroscopy of subtalar and/or intratarsal joint(s), through separate portals, to R688		192.00	
	add			
# E478	Pinning of osteochondral fragment, to R688		251.55	
	add			

Note:

F-prefix fracture procedures are *not eligible for payment* with E478 for the same fracture.

# E481	Osteochondroplasty (extensive bone and arthrofibrotic tissue removal requiring a minimum of 2 hours to resect), to R688		500.00	
	add			
# E483	Synovectomy for inflammatory arthritis requiring a minimum of 90 minutes to resect, to R688		326.55	
	add			
# R689	Excision of Os Trigonum (sole procedure)	6	230.00	7

Payment rules:

1. Only one of E481 or E483 is eligible for payment same patient same *day*.
2. R688 is *not eligible for payment* in addition to R689.

ARTHROTOMY

Ankle

# R503	- removal of loose body, etc.	6	167.10	6
# E539	- with osteotomy of malleolus.....		117.85	
	add			
# R504	Midtarsals	6	144.80	7
# R505	Metatarsal/phalangeal	6	144.80	6

ASPIRATION

See Diagnostic and Therapeutic Procedure - Injections or Infusions.

BIOPSY

Bone

Needle

Z869	- punch		48.50	7
# Z870	- under general anaesthetic		120.70	6
# Z242	- open	6	193.00	7

Joint

# R409	- open		168.00	6
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Soft tissue

# Z228	- open		97.35	6
Z219	Muscle needle biopsy, soft tissue, per site.....		31.20	

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

FOOT AND ANKLE

		Asst	Surg	Anae
INCISION AND DRAINAGE				
# R220	Bone	6	227.40	7
# Z226	Bursae		97.35	7
# R503	Joints	6	167.10	6
# Z228	Soft tissue - open		97.35	6
# R201	Sequestrectomy	6	193.00	7
# R202	Saucerization and bone graft	6	387.00	7
EXAMINATION/MANIPULATION				
Z222	Manipulation - under general anaesthetic (see Surgical Preamble SP4)		24.10	6
Note: Without general anaesthetic, see Diagnostic and Therapeutic Procedures - Physical Medicine.				
Club foot, etc. - manipulation and cast/strapping				
Z235	- without anaesthetic		19.45	
E584	- application of plaster cast outside hospital		11.15	
# Z224	- with anaesthetic		39.00	6
EXCISION				
Bone				
# R299	Phalanx	6	127.15	6
# R309	Metatarsal head	6	175.45	6
# E587	- each additional		41.70	
# R305	Accessory navicular (scaphoid)	6	155.90	6
# R302	Bunion/bunionette	6	150.30	6
# R307	Calcaneal spur	6	139.25	6
# R282	Exostosis (dorsal, subungual)	6	100.15	6
# R308	Os calcis, talus	6	283.95	7
# R301	Sesamoid, one or both	6	142.00	6
# R306	Tarsal bar	6	230.20	7
# R266	Tumour (foot)	6	241.30	6
Joint				
# R420	Ankle synovectomy	6	273.75	7
Metatarsophalangeal synovectomy				
# R425	- one	6	226.40	6
# R414	- two or more	6	339.65	7
Soft Tissue				
# R506	Bursa	6	149.45	6
# R549	Ganglion - simple or complex	6	177.80	6
# R576	Excision of fascia for Dupuytren's (planter fibromatosis), one or more rays	6	322.15	6
# E831	- use of skin grafts, or revision surgery (<i>with or without</i> skin grafts), to R549 or R576			
	add 30%			
Payment rules:				
1. R576 is not payable for treatment of Dupuytren's by aponeurotomy.				
2. A maximum of one R576 is eligible for payment per limb, per day.				
Note:				
1. Services listed under "Skin Flaps and Grafts" are <i>not eligible for payment</i> with R549 or R576.				
2. R576 and E831 include the plantar and digital components of the Dupuytren's procedure, when rendered.				
Muscle				
# R522	- simple	6	193.00	6
# R523	- complex	6	484.35	7

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

FOOT AND ANKLE

Asst

Surg

Anae

RECONSTRUCTION

Pseudoarthrosis

# R363	Malleoli.....	6	296.05	7
# R321	Tarsals/metatarsals/phalanx	6	260.75	7

Deformity

Osteotomy

# R259	- os calcis	6	297.85	7
# R276	- metatarsals and phalanx.....	6	144.80	7
# E596	- each additional..... add		41.70	
# R277	- midtarsal/tarsal.....	6	242.25	7

Shortening metatarsal

# R337	- one	6	225.50	6
# R338	- two or more	6	272.80	7
# R977	Circular external fixation without osteotomy*.....	6	583.75	6
# R978	Circular external fixation with osteotomy*.....	6	729.45	6
# R979	Circular external fixation with multiple osteotomies*.....	6	911.30	6

Note:

* This requires the application of tibial apparatus.

Forefoot

# R430	Claw and hammer toe.....	6	151.25	6
# E594	- each additional hammer toe		41.70	

Hallux Valgus

# R304	- e.g. Mayo, Keller	6	217.15	7
# R355	- e.g. Joplin, McBride	6	267.25	7
# R360	Major forefoot reconstruction, must include the first MP joint and a minimum of 2 other MP joints	6	459.45	7
# R446	Overlapping 5th toe	6	136.35	7

Club Foot

# R408	Posterior or medial release.....	6	312.70	7
# R448	Posteromedial release, lateral shortening, tendon transfers and fusion.....	6	371.20	7
# R313	Complex reconstruction or revision of previous club foot repair (not to include simple tendon releases).....	6	468.65	6
# R546	Plantar fascia release (Steindler).....	6	165.20	6

Ligaments

Ankle

# R597	- one	6	301.60	7
# R548	- extensive/multiple	6	511.45	7

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

FOOT AND ANKLE

	Asst	Surg	Anae
Tendons			
# R640 Exploration - tendon sheath.....	6	126.25	7
Tenolysis - extensive release			
# R556 - one	6	202.25	6
# E599 - each additional digit..... add		87.20	
Tendon transfer foot and ankle			
# R565 - single.....	6	253.30	7
# E055 - each additional..... add		94.60	
# R572 Tenodesis.....	6	258.90	7
# R560 Graft.....	6	253.30	6
# E053 - each additional..... add		94.60	
Lengthening or shortening			
# R557 - one	6	223.65	7
# E050 - each additional..... add		77.05	
Suture extensor tendon			
# R578 - one	6	164.10	7
# E580 - each additional..... add		70.95	
Suture flexor tendon			
# R585 - one	6	307.60	7
# E581 - each additional..... add		128.95	
Achilles tendon repair			
# R589 - early	6	227.40	7
# R587 - late	6	387.00	7
Tenotomy - open			
# R579 - one toe		87.20	6
# R581 - more than one toe.....		193.00	7
Tenotomy - closed			
# Z229 - one toe		49.20	7
# Z243 - more than one toe.....		97.35	7
Achilles or tibialis anterior/posterior tenotomy			
# R544 - open.....	6	171.70	7
# R555 - closed.....		132.70	6

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

FOOT AND ANKLE

Asst

Surg

Anae

REDUCTION

Fractures

Ankle

# F074	- no reduction - rigid immobilization		67.75	
# F075	- closed reduction.....	6	144.80	6
	- open reduction			
# F076	- one malleolus.....	6	237.50	7
# F077	- multiple malleoli or ligaments.....	6	400.00	7

Ankle fracture with tibial Plafond burst

# F104	- closed reduction.....	6	242.25	6
# F108	- open reduction	6	362.95	6

Metatarsus

F061	- one or more.....		49.20	
F062	- with rigid immobilization		67.75	
	- closed reduction			
F063	- one or more.....	6	98.35	6
E584	- application of plaster cast outside hospital		11.15	
	- open reduction			
# F064	- one	6	178.20	7
# F065	- two or more	6	249.65	7

Os calcis

F070	- no reduction - rigid immobilization		97.35	
F071	- closed reduction.....		161.45	7
E584	- application of plaster cast outside hospital		11.15	
	- open reduction			
# F072	- with repair of both the subtalar and calcaneocuboid joints	6	500.00	6

Phalanx

F056	- no reduction - rigid immobilization		49.20	
E584	- application of plaster cast outside hospital		11.15	
E560	- each additional		12.05	
F058	- closed reduction - one.....		72.35	6
E584	- application of plaster cast outside hospital		11.15	
E561	- each additional		14.90	
# F060	- open reduction	6	172.30	7

Tarsus excluding os calcis

F066	- no reduction - rigid immobilization		98.10	
F067	- closed reduction.....	6	165.20	6
E584	- application of plaster cast outside hospital		11.15	
# F068	- open reduction	6	237.50	7

Intra-articular fracture - I.P. Joint

F057	- closed reduction.....		77.95	
E584	- application of plaster cast outside hospital		11.15	
# F059	- open reduction	6	144.80	7

MUSCULOSKELETAL SYSTEM SURGICAL PROCEDURES

FOOT AND ANKLE

Asst

Surg

Anae

REDUCTION

Dislocations

Ankle

# D035	- closed reduction.....	6	111.35	6
# D036	- open reduction	6	252.45	7
# R402	- recurrent dislocation and/or subluxation	6	367.45	7

Interphalangeal

D027	- closed reduction.....		57.50	6
E584	- application of plaster cast outside hospital		11.15	
E578	- each additional		10.25	
# D029	- open reduction	6	151.25	6

Metatarsophalangeal

D030	- closed reduction.....		57.50	6
E584	- application of plaster cast outside hospital		11.15	
E579	- each additional		10.25	
# D032	- open reduction	6	163.35	7

Tarsus

D033	- closed reduction.....		147.60	6
E584	- application of plaster cast outside hospital		11.15	
# D034	- open reduction	6	252.45	7

Tarso-metatarsal

D026	- closed reduction, one or more joints		147.60	6
D028	- open reduction, one joint.....	6	300.00	6
E508	- each additional joint, to D028		85.00	

[Commentary:

The applicable fracture service (i.e. F063, F065) may be eligible for payment when rendered in addition to D026 or D028.]