

NYS Medicaid Podiatry Services Fee Schedule

Effective Date: January 1, 2017

CODE	DESCRIPTION	FEE	FEE OFFICE	FEE OUTPT	BR
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CA	8.00			
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CA	24.00			
10120	INCISION AND REMOVAL OF FOREIGN BODY, SU	8.00			
10121	INCISION AND REMOVAL OF FOREIGN BODY, SU	16.00			
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROM	8.00			
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA	4.00			
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/	12.00			
11101	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/	12.00			
11420	EXCISION, BENIGN LESION INCLUDING MARGIN	16.00			
11421	EXCISION, BENIGN LESION INCLUDING MARGIN	20.00			
11422	EXCISION, BENIGN LESION INCLUDING MARGIN	24.00			
11423	EXCISION, BENIGN LESION INCLUDING MARGIN	36.00			
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S);	8.00			
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S);	12.00			
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPL	8.00			
11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPL	2.00			
11740	EVACUATION OF SUBUNGUAL HEMATOMA	4.00			
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIA	40.00			
11755	BIOPSY OF NAIL UNIT (EG, PLATE, BED, MAT	12.00			
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF S	8.00			
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF S	10.00			
12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF S	12.00			
12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF S	14.00			
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENC	80.00			
16000	INITIAL TREATMENT, FIRST DEGREE BURN, WH	6.00			
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROS	18.00			BR
17003	DESTRUCTION (EG, LASER SURGERY, ELECTROS	4.00			BR
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROS	80.00			BR
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROS	8.00			
17111	DESTRUCTION (EG, LASER SURGERY, ELECTROS	11.00			
17250	CHEMICAL CAUTERIZATION OF GRANULATION TI	8.00			
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECT	8.00			
20612	ASPIRATION AND/OR INJECTION OF GANGLION	12.00			
28001	INCISION AND DRAINAGE, BURSA, FOOT	12.00			
28008	FASCIOTOMY, FOOT AND/OR TOE	40.00			
28010	TENOTOMY, PERCUTANEOUS, TOE; SINGLE TEND	20.00			

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28011	TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TE	30.00			
28020	ARTHROTOMY, INCLUDING EXPLORATION, DRAIN	120.00			
28022	ARTHROTOMY, INCLUDING EXPLORATION, DRAIN	40.00			
28024	ARTHROTOMY, INCLUDING EXPLORATION, DRAIN	60.00			
28090	EXCISION OF LESION, TENDON, TENDON SHEAT	60.00			
28092	EXCISION OF LESION, TENDON, TENDON SHEAT	40.00			
28100	EXCISION OR CURETTAGE OF BONE CYST OR BE	100.00			
28104	EXCISION OR CURETTAGE OF BONE CYST OR BE	100.00			
28280	SYNDACTYLIZATION, TOES (EG, WEBBING OR K	156.00			
28285	CORRECTION, HAMMERTOE (EG, INTERPHALANGE	80.00			
28292	CORRECTION, HALLUX VALGUS (BUNIONECTOMY)	120.00			
28302	OSTEOTOMY; TALUS	120.00			
28304	OSTEOTOMY, TARSAL BONES, OTHER THAN CALC	120.00			
28306	OSTEOTOMY, WITH OR WITHOUT LENGTHENING,	120.00			
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING,	120.00			
28310	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATI	120.00			
28312	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATI	120.00			
28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROC	60.00			
28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEP	30.00			
28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEP	40.00			
28470	CLOSED TREATMENT OF METATARSAL FRACTURE;	30.00			
28475	CLOSED TREATMENT OF METATARSAL FRACTURE;	40.00			
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE,	12.00			
28495	CLOSED TREATMENT OF FRACTURE GREAT TOE,	20.00			
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR	12.00			
28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR	20.00			
28630	CLOSED TREATMENT OF METATARSOPHALANGEAL	28.00			
28635	CLOSED TREATMENT OF METATARSOPHALANGEAL	28.00			
28660	CLOSED TREATMENT OF INTERPHALANGEAL JOIN	8.00			
28665	CLOSED TREATMENT OF INTERPHALANGEAL JOIN	8.00			
28805	AMPUTATION, FOOT; TRANSMETATARSAL	140.00			
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE	100.00			
28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOI	40.00			
28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT	40.00			
28899	UNLISTED PROCEDURE, FOOT OR TOES				BR
29405	APPLICATION OF SHORT LEG CAST (BELOW KNE	12.00			

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29425	APPLICATION OF SHORT LEG CAST (BELOW KNE	14.00			
29580	STRAPPING; UNNA BOOT	8.00			
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIP	12.00			
64455	NJECTION(S), ANESTHETIC AGENT AND/OR STE	18.11			
64632	DESTRUCTION BY NEUROLYTIC AGENT; PLAN	29.62			
64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE	40.00			
64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH	6.00			
64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEP	60.00			
64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH	6.00			
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	10.00			
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE,	12.50			
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	10.00			
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE,	12.50			
73660	RADIOLOGIC EXAMINATION; TOE(S), MINIMUM	7.50			
81000	URINALYSIS, BY DIP STICK OR TABLET REAGE	4.00			
81002	URINALYSIS, BY DIP STICK OR TABLET REAGE	2.00			
81015	URINALYSIS; MICROSCOPIC ONLY	2.00			
85007	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EX	1.43			
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT	2.00			
85018	BLOOD COUNT; HEMOGLOBIN (HGB)	2.00			
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (3.17			
85041	BLOOD COUNT; RED BLOOD CELL (RBC), AUTOM	3.17			
85048	BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED	3.17			
85651	SEDIMENTATION RATE, ERYTHROCYTE; NON-AUT	2.00			
85652	SEDIMENTATION RATE, ERYTHROCYTE; AUTOMAT	2.00			
99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLE				BR
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE		5.00	8.00	
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE		5.00	8.00	
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE		6.50	8.00	
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE		6.50	8.00	
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE		6.50	8.00	
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE		5.00	5.00	
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE		5.00	5.00	
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE		6.50	5.00	
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE		6.50	5.00	
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE		6.50	5.00	

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CODE	DESCRIPTION	FEE	FEE OFFICE	FEE OUTPT	BR
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE	8.00			
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE	8.00			
99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE	8.00			
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T	5.00			
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T	5.00			
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T	5.00			
99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MI	5.00			
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE	5.00			
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALU	8.00			
99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALU	8.00			
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALU	8.00			
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALU	8.00			
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALU	8.00			
99304	INITIAL NURSING FACILITY CARE, PER DAY,	8.00			
99305	INITIAL NURSING FACILITY CARE, PER DAY,	8.00			
99306	INITIAL NURSING FACILITY CARE, PER DAY,	8.00			
99307	SUBSEQUENT NURSING FACILITY CARE, PER DA	7.00			
99308	SUBSEQUENT NURSING FACILITY CARE, PER DA	7.00			
99309	SUBSEQUENT NURSING FACILITY CARE, PER DA	7.00			
99310	SUBSEQUENT NURSING FACILITY CARE, PER DA	7.00			
99324	DOMICILIARY OR REST HOME VISIT FOR THE E	7.00			
99325	DOMICILIARY OR REST HOME VISIT FOR THE E	7.00			
99326	DOMICILIARY OR REST HOME VISIT FOR THE E	8.00			
99327	DOMICILIARY OR REST HOME VISIT FOR THE E	8.00			
99328	DOMICILIARY OR REST HOME VISIT FOR THE E	8.00			
99334	DOMICILIARY OR REST HOME VISIT FOR THE E	7.00			
99335	DOMICILIARY OR REST HOME VISIT FOR THE E	7.00			
99336	DOMICILIARY OR REST HOME VISIT FOR THE E	8.00			
99337	DOMICILIARY OR REST HOME VISIT FOR THE E	8.00			
99341	HOME VISIT FOR THE EVALUATION AND MANAGE	7.00			
99342	HOME VISIT FOR THE EVALUATION AND MANAGE	8.00			
99343	HOME VISIT FOR THE EVALUATION AND MANAGE	8.00			
99344	HOME VISIT FOR THE EVALUATION AND MANAGE	8.00			
99345	HOME VISIT FOR THE EVALUATION AND MANAGE	8.00			
99347	HOME VISIT FOR THE EVALUATION AND MANAGE	7.00			
99348	HOME VISIT FOR THE EVALUATION AND MANAGE	7.00			

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99349	HOME VISIT FOR THE EVALUATION AND MANAGE	8.00			
99350	HOME VISIT FOR THE EVALUATION AND MANAGE	8.00			
J3490	UNCLASSIFIED DRUGS				BR
T1013	SIGN LANGUAGE OR ORAL INTERPRETIVE SER	11.00			

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