

# 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 14 day in hospital post-op rule (D. 5. 2.).

### 2. Under/With GA

Procedures so indicated are done in an operating room setting, in most cases under general or regional anaesthesiology, 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 14 day rule (D. 5. 2.).

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 14 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
<b>Professional Fees</b>			
51010	<b>Consultation:</b> (in office or hospital) To include a history and physical examination, review of X-ray and laboratory findings, and a written report .....	101.60	
51012	<b>Repeat or limited consultation:</b> 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.....	55.18	
51015	<b>Orthopedic Special Consultation:</b> 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>	157.29	
51007	Orthopedic office visit .....	44.43	
51008	Orthopedic hospital visit .....	30.10	
P51009	Pavlic harness – case management; meeting by specific appointment to discuss/plan patient management with parents and/or caregivers - per 15 minutes, or major portion thereof..... <b>Notes:</b> i) <i>Restricted to Orthopedic Surgeons and Pediatricians.</i> ii) <i>When performed in conjunction with visit, counselling or consultations, only the larger fee is paid.</i> iii) <i>Services that are less than 15 minutes should be billed under the appropriate visit fee item.</i> iv) <i>Daily maximum of 3, per patient, per sitting.</i> v) <i>Service to be billed only on child's Personal Health Number.</i> vi) <i>Claim must state start and end times, and should be noted in the patient's medical record.</i> vii) <i>Paid only if the patient has seen the specialist within the preceding 180 days.</i>	45.19	
<b>Surgical Assistant</b>			
51194	First Surgical Assist of the Day - Orthopaedics .....	75.24	
	<b>Notes:</b> i) <i>Restricted to Orthopaedic Surgeons.</i> ii) <i>Maximum of one per day per physician, payable in addition to 00195,00196, 00197.</i>		
	<b>Total operative fee(s) for procedures(s):</b>		
00195	- less than \$317.00 inclusive .....	131.64	
00196	- \$317.01 to 529.00 inclusive.....	185.59	
00197	- over \$529.00 .....	243.04	

		\$	Anes. Level
00198	Time, after 3 hours of continuous surgical assistance for one patient, each 15 minutes or fraction thereof .....	27.80	
	<b>Notes:</b>		
	i) <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.</i>		
	ii) <i>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.</i>		
	iii) <i>Visit fees are not payable with surgical assistance listings on the same day, unless each service is performed at a distinct/separate time. In these instances, each claim must state time service was rendered.</i>		
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	
	<b>Note:</b> <i>Time is calculated at the earliest, from the time of physician/patient contact in the operating suite.</i>		
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	
	<b>Notes:</b>		
	i) <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).</i>		
	ii) <i>Please indicate start and end time of service on claim.</i>		

### Application of Cast (Includes External Stimulator)

*51016	Short arm (elbow to hand) .....	22.79	2
*51017	Long Arm (axilla to hand) .....	22.79	2
*51018	Shoulder spica .....	85.28	2
*51019	Below knee .....	22.79	2
*51020	Long leg cylinder .....	22.79	2
*51021	Long leg .....	22.79	2
*51022	Hip spica - child .....	85.28	2
*51023	Hip spica - adult.....	85.28	2
*51024	Body (shoulder to hips).....	85.28	2
S51025	Cast brace .....	45.59	2

### Miscellaneous - Ortho

51030	Orthopedic interpretation and written report of submitted x-ray films - including CT scan and MRI. ....	38.62	
	<b>Note:</b> <i>Not payable in addition to consultation rendered within 2 months on the same patient on referral by the same physician.</i>		
*51035	Application of skeletal traction (operation only).....	91.57	2
*51036	Compartment pressure monitoring - extra.....	91.18	2
*51037	Harvesting of iliac crest autograft - extra.....	91.57	2
*51038	Harvesting of skin graft - extra (for orthopaedic procedures only) .....	100.71	2

\$      **Anes.  
Level**

<b>Ilizarov Instrumentation (Any Bone/Joint) To Include Corticotomy:</b>		
51065	Simple construction - lengthening/angular correction with or without lengthening/ Nonunion stabilization/fracture stabilization .....	1,071.31      3
51066	Complex construction - multiplanar corrections/multiple level lengthening/elevator technique.....	1,469.60      4
*51067	Extension/revision of frame .....	210.59      3

### Shoulder Girdle, Clavicle and Humerus

<b>Incision - Diagnostic, Percutaneous:</b>		
S11200	Arthroscopy shoulder joint .....	293.02      2
SY00757	Aspiration - other joints.....	11.42      2

<b>Incision - Diagnostic, Open:</b>		
11215	Arthrotomy shoulder joint or bursa .....	183.13      2

<b>Incision - Therapeutic, Drainage:</b>		
51039	Aspiration, bursa (operation only) .....	22.79
51040	Aspiration, joint (operation only).....	22.79
*52210	Bursa, I and D, under GA .....	183.13      2
*52215	Abscess, I and D, under GA .....	182.54      2
52220	Hematoma, drainage under GA, when sole procedure.....	238.06      2

*Note: Payable at 50% in post-op period.*

*52225	Shoulder joint arthrotomy, I and D.....	183.13      2
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<b>Incision - Therapeutic, Release:</b>		
52250	Soft tissue release (muscle, tendon) .....	373.12      2
52255	Major release (shoulder contracture) .....	531.06      2

<b>Excision - Diagnostic, Percutaneous:</b>		
S11230	Needle biopsy under GA .....	183.13      2
S11232	Arthroscopy - biopsy, shoulder.....	238.06      2

<b>Excision - Diagnostic, Open:</b>		
11245	Biopsy, open.....	238.06      2

<b>Excision - Therapeutic, Endoscopic:</b>		
52305	Removal loose body .....	282.08      2
52306	Drilling osteochondral defect, with or without loose body. ....	282.08      2
52307	Pinning osteochondral fragment.....	343.37      2
52310	Debridement, synovectomy - total or subtotal .....	402.97      2

*Note: Includes debridement of articular surface and/or synovium, and/or debridement of partial tears of the rotator cuff.*

52315	Shoulder, abrasion .....	343.37      2
52320	Excision labrum tear .....	238.06      2
52325	Stabilization procedure .....	558.54      2
52330	Endoscopic acromioplasty.....	402.97      2

## Shoulder Girdle, Clavicle and Humerus (cont'd)

P52335	Arthroscopic clavicle excision-medial/lateral (extra).....	104.52	
	<b>Notes:</b>		
	i) Paid only with 52330.		
	ii) Not paid with 52505, 52506, 52515, 52516, 52525, 52526, 52535, 52540, 52541, 52545, 52602.		
	<b>Excision - Therapeutic, Open:</b>		
52355	Bursa, excision, subacromial.....	210.59	2
52356	Acromionectomy, acromioplasty, with or without resection of coraco- acromial ligament .....	343.37	2
52357	Clavicle, excision lateral/medial.....	210.59	2
52360	Arthrotomy, shoulder: synovectomy, capsulectomy.....	398.30	2
52365	Benign soft tissue tumour (sub-fascial) .....	398.30	2
52370	Bone tumour, benign .....	398.30	2
*52380	Osteomyelitis, acute, decompression.....	182.54	2
*52385	Osteomyelitis, debridement with or without reconstruction.....	315.90	3
	<i>Note: 52380 and 52385 include insertion of antibiotic beads or antibiotic loaded temporary prosthesis, if necessary.</i>		
	<b>Introduction and/or Removal, Therapeutic:</b>		
52405*	Injection joint.....	11.40	
52410*	Injection bursa, tendon sheath, other peri articular structures.....	11.40	
52415	Removal of internal fixation device(s), with GA.....	238.06	2
52420*	Removal of internal fixation device(s), without GA (operation only).....	68.67	2
	<b>Repair, Revision, Reconstruction (Soft Tissue):</b>		
52505	Rotator cuff repair, simple (to include acromioplasty) .....	425.78	3
52506	Rotator cuff reconstruction, complex (rotation flap or muscle transfer) (to include acromioplasty).....	705.04	4
52515	Acromioclavicular joint stabilization, acute (within six weeks post injury).....	265.54	2
52516	Acromioclavicular joint stabilization, chronic (beyond six weeks post injury).....	398.30	2
52525	Shoulder instability: inferior capsular shift .....	558.54	3
52526	Shoulder instability: Bankart .....	618.05	3
52535	Shoulder instability: other anterior repairs.....	450.94	3
52540	Shoulder instability, posterior: glenoid osteotomy .....	705.04	3
52541	Shoulder instability, posterior: soft tissue .....	586.00	3
52545	Shoulder instability, revision stabilization (post previous stabilization) .....	705.04	3
52550	Tendon repair, proximal biceps, pectoralis major.....	425.78	3
52555	Tendon transfer, transplant .....	503.61	3
	<b>Repair, Revision, Reconstruction (Bone, Joint):</b>		
	<u>Osteotomy, Malunion/Nonunion with or without Internal Fixation:</u>		
52601	Proximal humerus.....	705.04	3
52602	Clavicle .....	503.71	2
	<u>Glenohumeral Joint Arthroplasty:</u>		
52603	Hemi-arthroplasty shoulder .....	608.90	4
52604	Total shoulder prosthesis .....	972.17	5
52605	Removal prosthesis shoulder .....	453.24	3
	<i>Note: Includes repair of rotator cuff and/or soft tissues.</i>		
52606	Revision total shoulder arthroplasty to hemi-arthroplasty .....	787.46	5
52607	Revision total shoulder arthroplasty .....	1,309.65	5

	\$	Anes. Level
<b>Shoulder Girdle, Clavicle and Humerus (cont'd)</b>		
<u>Bone Grafting (ie. onlay grafting):</u>		
52651	Proximal humerus.....238.06	2
52652	Clavicle .....146.50	2
<b>Fracture and/or Dislocation:</b>		
<u>Clavicle, Acromion, Coracoid:</u>		
52705	ORIF .....428.16	2
52708*	Open injury, primary wound care (operation only) .....110.30	2
52709*	Open injury, secondary wound management.....183.13	2
P52710	Sterno-clavicular joint stabilization .....503.71	2
<b>Notes:</b>		
i) Restricted to Orthopedic Surgeons.		
ii) Not paid with 52357, 52602, 52652, 52705, 52708 or 52709.		
<u>Scapula:</u>		
52715	ORIF .....906.49	3
52718*	Open injury, primary wound care (operation only) .....100.30	2
52719*	Open injury, secondary wound management.....183.13	2
<u>Glenohumeral Dislocation - Acute:</u>		
52721*	Closed reduction without GA (operation only).....91.57	2
52722	Closed reduction with GA .....238.06	2
52725	Open reduction .....398.30	2
<u>Proximal Humerus:</u>		
52731*	Closed reduction with GA .....183.13	2
52732*	Closed reduction with GA, traction/pin .....183.13	2
52735	ORIF - two part .....531.06	2
52736	ORIF - three or more parts .....641.92	2
<b>Note:</b> 52735 and 52736 include repair of rotator cuff if required.		
52737	Hemiprosthesis and wiring for fracture .....787.46	3
52738*	Open injury, primary wound care (operation only) .....100.30	2
52739*	Open injury, secondary wound management.....183.13	2
<u>Humerus - Shaft:</u>		
52741	Closed reduction with GA .....238.06	2
52742	Closed reduction external fixation .....347.95	2
52745	ORIF/intramedullary nailing .....558.54	2
52748*	Open injury, primary wound care (operation only) .....100.30	2
52749*	Open injury, secondary wound management.....183.13	2
<b>Manipulation: Shoulder Joint:</b>		
S52800*	Manipulation under GA .....91.57	2
<b>Arthrodesis:</b>		
52810	Shoulder joint.....933.96	4
52811	Scapula-thoracic joint .....732.52	4
<b>Amputation:</b>		
52980	Shoulder disarticulation .....759.98	4

### Shoulder Girdle, Clavicle and Humerus (cont'd)

52981	Forequarter .....	906.49	5
52982	Humeral shaft .....	531.06	3
52998*	Open injury, primary wound care (operation only) .....	100.30	3
52999*	Open injury, secondary wound management.....	183.13	3

### Elbow, Proximal Radius and Ulna

<b>Incision - Diagnostic, Percutaneous:</b>			
S11300	Arthroscopy elbow joint .....	263.26	2
S11302	Aspiration - bursa, tendon sheath. ....	22.79	2
SY00757	Aspiration - other joints.....	11.42	2

<b>Incision - Diagnostic, Open:</b>			
11315	Arthrotomy elbow joint .....	183.13	2

<b>Incision - Therapeutic, Drainage:</b>			
51039	Aspiration, bursa (operation only) .....	22.79	
51040	Aspiration, joint (operation only) .....	22.79	
*53210	Bursa, I and D (Olecranon, etc.), under GA .....	183.13	2

*53215	Abscess, I and D, under GA .....	183.13	2
53220	Hematoma, drainage, under GA, when sole procedure .....	238.06	2

*Note: Payable at 50% in post-op period.*

*53225	Elbow joint arthrotomy, I and D .....	183.13	2
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<b>Incision - Therapeutic, Release:</b>			
53250	Decompression, neurolysis, nerve .....	238.06	2
53255	Decompression, neurolysis, submuscular Transposition of nerve .....	398.30	2
*53260	Fasciotomy, compartment syndrome .....	210.59	2
*53269	Fasciotomy, secondary wound management.....	183.13	2

<b>Excision - Diagnostic Percutaneous:</b>			
S11330	Needle biopsy under GA .....	183.13	2
S11332	Arthroscopy and biopsy .....	290.73	2

<b>Excision - Diagnostic, Open:</b>			
11345	Open - biopsy .....	238.06	2

*Note: Not payable with other procedures on the same joint.*

<b>Excision - Therapeutic, Endoscopic:</b>			
53305	Removal loose body .....	327.42	2
53310	Debridement, synovectomy - total .....	629.64	2

<b>Excision - Therapeutic, Open:</b>			
53355	Bursa/ganglion, excision.....	210.59	2
53360	Arthrotomy, elbow; open synovectomy with or without radial head resection .....	398.30	2



### Elbow, Proximal Radius and Ulna (cont'd)

53365	Benign soft tissue tumour, subfascial .....	265.54	2
53370	Bone tumour, benign .....	265.54	2
53380*	Osteomyelitis - acute, decompression .....	183.13	2
53385*	Osteomyelitis - debridement, with or without reconstruction.....	315.90	2
53386	Radial head resection with or without replacement.....	238.06	2

**Introduction and/or Removal, Therapeutic:**

53405*	Injection joint.....	11.40	
53410*	Injection bursa, tendon sheath, other peri articular structures. ....	11.40	
53415	Removal of internal fixation device(s), with GA.....	210.59	2
53420*	Removal of internal fixation device(s), without GA (operation only).....	68.67	2

**Repair, Revision, Reconstruction (Soft Tissue):**

53505	Elbow instability, chronic .....	663.82	2
53510	Recurrent dislocating radial head.....	558.54	2
53515	Triceps tendon, acute .....	345.65	2
53516	Triceps tendon, fascial reconstruction.....	398.30	2
53520	Biceps tendon, longhead, tenodesis .....	265.54	2
53521	Biceps tendon, distal insertion.....	558.54	2
53530	Tendon transfer, major .....	705.04	2

*Note: Includes latissimus/pectoralis to biceps transfer.*

53531	Tendon transfer, minor (steindler or triceps). ....	425.78	2
53540	Epicondylitis, fascial stripping.....	210.59	2

**Repair, Revision, Reconstruction (Bone, Joint):**

Osteotomy, Malunion/Nonunion; with or without internal fixation:

53601	Humeral shaft .....	698.18	2
53602	Distal humerus.....	705.04	2
53603	Radius shaft.....	583.70	2
53604	Ulna shaft.....	510.90	2
53605	Radius and ulna shafts .....	705.04	2
53606	Epiphysiodesis.....	265.54	2
53607	Physal bar excision.....	439.50	2

*Note: Includes harvest with or without insertion of fat graft, cement or other material.*

Arthroplasty:

53641	Interposition/distraction arthroplasty.....	906.49	3
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*Note: Includes harvest and insertion of local fascial graft, application of distraction device and neurolysis, if applicable.*

53642	Total elbow arthroplasty .....	972.17	3
53643	Revision total elbow arthroplasty.....	1,309.65	3

*Note: 53642 and 53643 include ligament balancing, neurolysis and nerve transposition.*

53644	Osteocapsular arthroplasty (elbow, open or arthroscopic).....	906.68	4
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**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.

	\$	Anes. Level
<b>Elbow, Proximal Radius and Ulna (cont'd)</b>		
<u>Bone Grafting (ie. onlay grafting):</u>		
53651	Humerus .....238.06	2
53652	Radius and/or ulna .....238.06	2
53653	Olecranon .....146.50	2
<b>Fracture and/or Dislocation:</b>		
<u>Humeral Epicondyle:</u>		
53701	Closed reduction, with GA, cast .....238.06	2
53702	Closed reduction percutaneous fixation .....265.54	2
53705	ORIF .....265.54	2
53708*	Open injury, primary wound care (operation only) .....100.30	2
53709*	Open injury, secondary wound management.....183.13	2
<u>Distal Humerus: Supracondylar:</u>		
53711*	Closed reduction, with GA, cast/traction .....183.13	2
53712	Closed reduction external fixation/percutaneous fixation.....378.64	2
53715	ORIF .....436.32	2
53718*	Open injury, primary wound care (operation only) .....100.30	2
53719*	Open injury, secondary wound management.....183.13	2
<u>Distal Humerus: Intra-articular:</u>		
53721*	Closed reduction, with GA, cast/traction/ and/or percutaneous fixation.....183.13	2
53722	Closed reduction external fixation .....347.95	2
53725	ORIF - unicondylar/osteochondral.....398.30	2
53726	ORIF - bicondylar with or without olecranon osteotomy.....851.55	2
<i>Note: Includes ulnar nerve transposition, if required.</i>		
53727*	Open Injury, primary wound care (operation only) .....100.30	2
53728*	Open injury, secondary wound management.....183.13	2
<u>Olecranon:</u>		
53735	ORIF .....319.94	2
53738*	Open injury, primary wound care (operation only) .....100.30	2
53739*	Open injury, secondary wound management.....183.13	2
<u>Radial Head/Neck:</u>		
53741	Closed reduction, with GA, cast .....238.06	2
53742	Closed reduction percutaneous fixation .....265.54	2
53745	ORIF .....398.30	2
53748*	Open injury, primary wound care (operation only) .....99.98	2
53749*	Open injury, secondary wound management.....183.13	2
<u>Elbow Joint Dislocation:</u>		
53751	Closed reduction, without GA .....146.50	2
53752	Closed reduction, with GA .....238.06	2
53755	Open reduction .....293.02	2

### Elbow, Proximal Radius and Ulna (cont'd)

	<u>Radius and Ulna Shaft:</u>		
53761*	Closed reduction, without GA, cast (operation only) .....	91.57	2
53762	Closed reduction, with GA, cast .....	293.02	2
53765	ORIF .....	531.06	2
53768*	Open injury, primary wound care.....	100.30	2
53769*	Open injury, secondary wound management.....	183.13	2

	<u>Radius or Ulna Shaft/Monteggia:</u>		
53771	Closed reduction, with GA, cast .....	165.54	2
53772	Closed reduction external fixation .....	265.54	2
53775	ORIF .....	408.73	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) .....	99.98	2
53779*	Open injury, secondary wound management.....	183.13	2

**Manipulation: Elbow Joint:**

S53800*	Manipulation under GA.....	91.57	2
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**Arthrodesis:**

53810	Elbow joint .....	705.04	3
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**Amputation:**

53980	Elbow .....	398.30	3
53981	Forearm .....	398.30	3
53998*	Open injury, primary wound care (operation only) .....	100.30	3
53999*	Open injury, secondary wound management.....	183.13	3

### Hand and Wrist

**Incision - Diagnostic, Percutaneous:**

S11400	Arthroscopy wrist joint .....	282.08	2
S11402	Aspiration bursa, synovial sheath, etc. ....	22.79	2
SY00757	Aspiration - other joints.....	11.42	2

**Incision - Diagnostic, Open:**

11415	Arthrotomy wrist joint - isolated procedure .....	183.13	2
11416	Arthrotomy MP, PIP, DIP Joints – isolated procedure.....	183.13	2

**Incision - Therapeutic, Drainage:**

51039	Aspiration, bursa (operation only) .....	22.79	
51040	Aspiration, joint (operation only).....	22.79	

**Excision - Diagnostic, Percutaneous:**

S11430	Needle biopsy under GA .....	183.13	2
S11432	Arthroscopy and biopsy, wrist /hand joint(s).....	183.13	2

	\$	Anes. Level
<b>Hand and Wrist (cont'd)</b>		
<b>Excision - Diagnostic, Open:</b>		
11445	Open biopsy, hand or wrist.....238.06	2
<b>Excision - Therapeutic, Endoscopic:</b>		
54305	Removal loose body .....238.06	2
54310	Debridement synovectomy, total .....318.19	2
54315	Excision triangular fibro cartilage complex (TFCC).....318.19	2
<b>Excision - Therapeutic, Open:</b>		
54350	Foreign body from wound under GA .....210.59	2
54351	Meniscus, radiocarpal.....318.19	2
V07055	Ganglia - of the wrist.....134.68	2
<b><u>Bone Tumour, Benign:</u></b>		
54372	Carpals, distal radius .....218.19	2
54380*	Osteomyelitis, acute, decompression.....183.13	2
54385*	Osteomyelitis, debridement with or without reconstruction. ....315.90	2
54386	Excision of radial or ulnar styloid.....210.59	2
<i>Note: Not payable with other wrist procedures.</i>		
54387	Proximal row carpectomy .....531.06	2
<i>Note: Not payable with wrist arthrodesis.</i>		
<b>Introduction and/or Removal,Therapeutic:</b>		
54405*	Injection joint.....22.79	
54410*	Injection bursa, tendon sheath, other peri articular structures. ....22.79	
54415	Removal of internal fixation device(s), with GA.....210.59	2
54420*	Removal of internal fixation device(s), without GA (operation only).....45.78	2
<b>Repair, Revision, Reconstruction (Soft Tissue):</b>		
<b><u>Ligament:</u></b>		
54505	Carpal instability: acute .....586.00	2
54510	Carpal instability: chronic.....645.53	2
54515	Distal radio-ulnar instability: chronic.....478.42	2
<b>Repair, Revision, Reconstruction (Bone, Joint):</b>		
<b><u>Osteotomy, Malunion or Nonunion:</u></b>		
54601	Distal radius .....645.53	2
54602	Distal ulna .....320.48	2
<i>Note: Darrach resection or limited resection/hemiresection arthroplasties are not payable under this item.</i>		
54603	Carpal bone (scaphoid) .....531.06	2
54604	Epiphysiodesis, epiphysioplasty, radius and/or ulna, or hand.....398.30	2
<b><u>Arthroplasty Joint</u></b>		
54631	Ulna, distal excision with or without silastic.....238.06	2
54632	Total wrist joint replacement, includes tenosynovectomy & distal ulnar reconstruction .....705.04	2

		\$	Anes. Level
<b>Hand and Wrist (cont'd)</b>			
54633	Silastic wrist arthroplasty, includes tenosynovectomy & distal ulnar reconstruction .....	531.06	2
54634	Removal prosthesis .....	265.54	2
54635	Revision total wrist arthroplasty.....	933.96	3
	<u>Bone Grafting (ie. onlay grafting)</u>		
54651	Distal radius and/or ulna.....	238.06	2
54652	Metacarpal or phalanx (operation only).....	119.02	2
	<b>Fracture and/or Dislocation:</b>		
	<u>Radius with or without Ulna - Distal, Fracture</u>		
54701	Closed reduction without GA .....	247.23	2
54702	Closed reduction with GA.....	293.02	2
54703	Closed reduction, external or percutaneous fixation .....	320.48	2
54705	ORIF .....	508.19	2
54708*	Open injury, primary wound care (operation only) .....	50.14	2
54709*	Open injury, secondary wound management (operation only).....	91.57	2
	<u>Carpal Bone Fracture (Scaphoid)</u>		
54715	Open reduction, internal fixation.....	425.78	2
	<u>Carpus: Dislocations: with or without Fracture</u>		
54721	Closed reduction without GA .....	247.23	2
54722	Closed reduction, percutaneous fixation .....	293.02	2
54725	Open reduction, internal and/or external fixation.....	586.00	2
54728*	Open injury, primary wound care (operation only) .....	50.14	2
54729*	Open injury, secondary wound management (operation only).....	91.57	2
	<b>Manipulation: Hand/Wrist Joint:</b>		
S54800	Manipulation under GA.....	91.57	2
	<b>Arthrodesis/Tenodesis:</b>		
54810	Wrist arthrodesis, limited or total .....	645.53	2
	<b>Amputation:</b>		
06218	Transmetacarpal.....	250.00	2
06219	Finger, any joint or phalanx (operation only) .....	250.00	2
<b>Pelvis, Hip and Femur</b>			
	<b>Incision - Diagnostic, Percutaneous:</b>		
S11500	Arthroscopy hip joint .....	508.19	3
S11501	Aspiration hip joint .....	22.79	2
S11502	Aspiration bursa, tendon sheath.....	11.40	2
	<b>Incision - Diagnostic, Open:</b>		
11515	Arthrotomy hip joint.....	293.02	3
	<b>Incision - Therapeutic, Drainage:</b>		
51039	Aspiration, bursa (operation only) .....	22.79	

		\$	Anes. Level
<b>Pelvis, Hip and Femur (cont'd)</b>			
51040	Aspiration, joint (operation only).....	22.79	
55210*	Bursa, I and D (trochanteric, etc.), under GA.....	183.13	2
55215*	Abcess, I and D, under GA.....	183.13	2
55220	Hematoma, drainage under GA, when sole procedure.....	293.02	2
	<i>Note: Payable at 50% in post-op period</i>		
55225*	Hip Joint - arthrotomy, I and D.....	315.90	3
<b>Incision - Therapeutic, Release:</b>			
55255	Soft tissue release: percutaneous.....	265.54	2
55270	Minor release hip, one tendon.....	293.02	2
55275	Major release hip, two or more.....	398.30	3
<b>Excision - Diagnostic, Percutaneous:</b>			
S11530	Needle biopsy under GA.....	183.13	2
S11532	Arthroscopy and biopsy, hip.....	508.19	3
<b>Excision - Diagnostic, Open:</b>			
11545	Arthrotomy and biopsy, hip.....	238.06	3
11546	Biopsy open, soft tissue or bone.....	238.06	2
<b>Excision - Therapeutic, Endoscopic:</b>			
55305	Removal loose body.....	370.83	3
55310	Debridement or synovectomy, total.....	586.00	3
<b>Excision - Therapeutic, Open:</b>			
55355	Bursa, excision, trochanteric, etc.....	210.59	2
55360	Arthrotomy, hip: open synovectomy, total.....	558.54	3
55365	Benign soft tissue tumour subfascial.....	398.30	3
55370	Bone tumour, benign.....	425.78	3
PS55371	Heterotopic bone resection.....	506.00	3
	<i>Note: Paid only for heterotopic bone resection which meets the criteria for Brooker Classification III or IV.</i>		
55380*	Osteomyelitis, acute, decompression.....	183.13	3
55385*	Osteomyelitis, debridement with or without reconstruction.....	325.00	3
<b>Introduction and/or Removal, Therapeutic:</b>			
55405*	Injection joint.....	11.40	
55410*	Injection bursa, tendon sheath, other peri articular structures.....	11.40	
55415	Removal of internal fixation device(s), with GA.....	238.06	3
55420*	Removal of internal fixation device(s), without GA (operation only).....	68.67	3
<b>Repair, Revision, Reconstruction (Soft Tissue):</b>			
55505	Hip instability: soft tissue repair.....	640.96	3
55510	Tendon-muscle transfer, hip.....	645.53	3
55515	Tendon avulsion repair.....	320.48	3

\$ **Anes.  
Level**

**Pelvis, Hip and Femur (cont'd)**

**Repair, Revision, Reconstruction (Bone, Joint):**

	<u>Osteotomy:</u>		
55601	Pelvis, adult .....	732.52	6
55602	Pelvis, pediatric .....	586.00	6
55603	Proximal femur, adult.....	732.52	4
55604	Proximal femur, pediatric.....	732.52	4
55605	Femoral shaft, adult.....	759.98	4
55606	Femoral shaft, pediatric.....	759.98	4
55607	Multiple for Osteogenesis Imperfecta.....	874.44	6
	<u>Malunion or Nonunion:</u>		
PC55631	Pelvis (including Sacroiliac joint arthrodesis) .....	1,336.84	4
	<b>Notes:</b>		
	i) <i>Restricted to Orthopedic Surgeons.</i>		
	ii) <i>Removal of previously placed hardware to be paid at 50% if removed from a separate incision.</i>		
	iii) <i>Harvesting of bone graft is paid in addition when performed at the same time.</i>		
55632	Acetabulum.....	1,812.97	4
55633	Proximal femur (ie. subtrochanteric) .....	879.03	4
55634	Shaft, femur (includes closed femoral lengthening and open femoral shortening).....	759.98	4
55635	Femoral lengthening, open.....	879.03	4
55636	Femoral shortening, closed .....	879.03	4
	<u>Bone Grafting (ie. onlay grafting):</u>		
55651	Femur: Intertrochanteric, shaft .....	265.54	4
55652	Epiphysiodesis, greater trochanter.....	320.48	4
	<u>Arthroplasty:</u>		
55661	Hip resection arthroplasty.....	480.71	5
55662	Hemi-arthroplasty hip .....	556.68	5
55663	Total hip prosthesis .....	787.46	5
	<u>Revision Total Hip Arthroplasty:</u>		
55671	Components, removal only (isolated procedure).....	787.46	5
55672	Exchange of modular component.....	425.78	5
55673	Revision femur or acetabulum.....	970.58	6
55674	Revision femur and acetabulum,includes PROSTALAC.....	1,281.89	6
	<b>Note:</b> 55673 and 55674 include trochanteric osteotomies if required.		
55675	Proximal femoral replacement, allograft or custom prosthesis and/or acetabular reconstruction with internal fixation .....	1,602.38	6
	<b>Notes:</b>		
	i) <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.</i>		
	ii) <i>When fracture of the femur occurs during a revision total hip, the procedure will be paid at the rate for revision total hip, only.</i>		

\$ Anes.  
Level

**Pelvis, Hip and Femur (cont'd)**

	\$	Anes. Level
<b>Fracture with or without Dislocation:</b>		
<u>Pelvis: Operative Rx. Unstable:</u>		
55701*	Closed reduction - skeletal traction (operation only) .....91.57	3
55702	Closed reduction - external fixation .....485.30	4
55705	External fixation and ORIF .....1,071.31	5
55706	ORIF - anterior or posterior .....750.82	5
55707	ORIF - anterior and posterior.....1,149.13	5
<u>Hip: Dislocation, Traumatic (Includes Total Hip Arthroplasty):</u>		
55711*	Reduction hip without anesthetic (operation only).....91.57	2
55712*	Reduction hip, with GA .....183.13	2
55715	Open reduction .....345.65	4
<u>Hip: Dislocation, Congenital: Conservative Management:</u>		
55721	Closed reduction under GA, with or without tenotomy .....265.54	2
<u>Hip: Dislocation, Congenital: Operative Management:</u>		
55725	Open reduction .....700.47	2
55726	Open reduction and femoral or pelvic osteotomy.....1,027.79	4
55727	Open reduction and femoral and pelvic osteotomy .....1,293.35	4
<u>Hip:Fracture Dislocation, (includes lip and/or head fractures):</u>		
55731*	Reduction hip without anesthetic (operation only).....91.57	2
55732*	Reduction hip, with GA .....183.13	2
55735	Open reduction .....480.71	4
55736	ORIF .....933.96	5
55738*	Open injury, primary wound care (operation only) .....100.30	2
55739*	Open injury, secondary wound management.....183.13	2
<u>Hip: Acetabulum Fracture (one or two column fractures):</u>		
55741*	Closed reduction.....183.13	2
55745	ORIF - one approach.....1,281.89	5
55746	ORIF - two approach/extensile approach.....1,812.97	6
<u>Hip:Fracture Femoral Neck or Subcapital:</u>		
55751	Closed reduction, internal fixation .....508.19	5
55755	ORIF (with supporting documentation).....814.92	5
55758*	Open injury, primary wound care (operation only) .....100.30	2
55759*	Open injury, secondary wound management.....183.13	2
55760	SCFE insitu fixation .....508.19	5
<u>Hip:Fracture Intertrochanteric with or without Subtrochanteric Extension:</u>		
55761	Reduction internal fixation .....640.96	5
55768*	Open injury, primary wound care.....100.30	2
55769*	Open injury, secondary wound management.....183.13	2
<u>Hip:Fracture Subtrochanteric:</u>		
55771	Internal fixation .....874.44	5
55778*	Open injury, primary wound care.....100.30	2
55779*	Open injury, secondary wound management.....183.13	2



	\$	Anes. Level
<b>Pelvis, Hip and Femur (cont'd)</b>		
<u>Femur: Shaft:</u>		
55780*	Closed reduction, without GA, cast/traction (operation only) .....	119.02 2
55781*	Closed reduction, with GA, cast/traction (operation only) .....	210.59 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 fixation .....	347.95 4
55783	Closed reduction, IM nail .....	759.98 5
55785	ORIF .....	759.98 5
55788*	Open injury, primary wound care (operation only) .....	100.30 2
55789*	Open injury, secondary wound management.....	183.13 2
<b>Manipulation: Hip Joint:</b>		
S55800*	Manipulation under GA.....	91.57 2
<b>Arthrodesis:</b>		
55810	Hip joint.....	1,204.07 6
<b>Amputation:</b>		
55980	Hemicorpsectomy.....	2,398.97 6
55981	Hemipelvectomy .....	1,336.84 6
55982	Hip Disarticulation.....	1,016.37 6
55983	Above knee.....	640.96 4
55984	Knee disarticulation .....	640.96 4
P55985	Revision, amputation, below knee, after 14 days.....	508.19 3
<i>Note: Restricted to Orthopedic Surgeons.</i>		
55998*	Open injury, primary wound care.....	100.30 4
55999*	Open injury, secondary wound management.....	183.13 4
<b>Femur, Knee Joint, Tibia and Fibula</b>		
<b>Incision - Diagnostic, Percutaneous:</b>		
S11600	Arthroscopy knee joint .....	210.59 2
SY00757	Aspiration - other joints .....	11.42 2
S11602	Aspiration bursa, tendon sheath or other periarticular structures .....	22.79 2
<b>Incision - Diagnostic, Open:</b>		
11615	Arthrotomy knee joint.....	238.06 3
<b>Incision - Therapeutic, Drainage:</b>		
51039	Aspiration, bursa (operation only) .....	22.79
51040	Aspiration, joint (operation only) .....	22.79
56210*	Bursa, I and D (Prepatellar, etc.), under GA .....	183.13 2
56215*	Abscess, I and D, under GA.....	183.13 2
56220	Hematoma, drainage under GA, when sole procedure.....	293.02 2
<i>Note: Payable at 50% in post-op period.</i>		
56225*	Knee Joint - arthrotomy, I and D .....	183.13 3
<b>Incision - Therapeutic, Release:</b>		
56250	Decompression, neurolysis, nerve .....	210.59 2
56260*	Fasciotomy, compartment syndrome .....	230.68 3
56269*	Fasciotomy, secondary closure wound, with or without Graft .....	183.13 2

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

	\$	Anes. Level	
<b>Soft Tissue Release:</b>			
56270	Minor release knee - tendons only, uni- or bilateral .....	338.80	2
56275	Major release knee - includes posterior capsulotomy, uni- or bilateral .....	478.42	3
56280	Knee liberation/major release (post ligament reconstruction) .....	755.40	3
56285	Quadriceps plasty .....	613.48	3
56290	Open lateral / medial retinacular release.....	238.06	2
<b>Excision - Diagnostic, Percutaneous:</b>			
S11630	Needle biopsy under GA .....	183.13	2
S11632	Arthroscopy - biopsy .....	210.59	2
<b>Excision - Diagnostic, Open:</b>			
11645	Biopsy, open .....	238.06	2
<b>Excision - Therapeutic, Endoscopic:</b>			
56315	Resection 'plica' (isolated procedure).....	282.08	2
P56322	Abrasion debridement, one or more compartments must include substantial debridement of pathologic articular cartilage and includes synovectomy, meniscal trimming and/or chondroplasty, extra - first 15 minutes, or major portion thereof.....	141.04	2
<b>Notes:</b>			
i) Paid only with knee arthroscopy (56305, 56306, 56310, 56315, 56320, 56325 and 56335).			
ii) Not paid to Orthopedic Surgeon performing a surgical assist.			
iii) Start and end times of debridement must be recorded in the patient's chart and claim submission.			
P56323	Abrasion/debridement, extra - each additional 15 minutes, or major portion thereof .....	70.52	
<b>Notes:</b>			
i) Paid only with P56322.			
ii) Paid to a maximum of two additional units.			
iii) Start and end times of debridement must be recorded in the patient's chart and claim submission.			
56325	Meniscal repair .....	402.97	2
<b>Notes:</b>			
i) Includes 56320, debridement of attachment site.			
ii) Not paid for trimming of the meniscus.			
56330	Abrasion / debridement (isolated procedure) .....	282.08	2
56335	Lateral or medial release, endoscopic (isolated procedure) .....	282.08	2
<b>Excision – Therapeutic, Knee Arthroscopic:</b>			
Synovial biopsy is included in 56305, 56306, 56310, 56315, 56320, 56325, 56330 and 56322.			
56305	Removal symptomatic loose body.....	282.08	2
<b>Note:</b> Not paid for removal of iatrogenic loose body(ies).			
56306	Pinning/drilling osteochondral fragment(s) for osteoarthritic cartilage deficiency .....	402.97	2
<b>Note:</b> Includes removal of loose body(ies).			

		\$	Anes. Level
<b>Femur, Knee Joint, Tibia and Fibula (cont'd)</b>			
56310	Synovectomy knee, for diseased synovium, anterior, posterior or complete total .....	478.53	2
56320	Menisectomy knee, partial or total for symptomatic meniscal tear.....	282.08	2
P56321	Drilling of defect or microfracture and/or abrasion arthroplasty .....	282.08	2
<b>Excision - Therapeutic, Open:</b>			
56353	Ganglion or cyst.....	210.59	2
56354	Popliteal cyst.....	293.02	2
56355	Bursa, prepatellar .....	210.59	2
<b>Arthrotomy Knee:</b>			
56356	Removal loose body .....	238.06	3
56357	Pinning/drilling osteochondral fragments .....	345.65	3
56360	Synovectomy knee, total .....	455.53	3
56361	Menisectomy knee.....	238.06	3
56362	Meniscal repair .....	345.65	3
56365	Benign soft tissue tumour subfascial.....	319.45	3
56370	Bone tumour, benign .....	265.54	3
56380*	Osteomyelitis, acute, decompression.....	183.13	3
56385*	Osteomyelitis, debridement, with or without reconstruction .....	210.59	3
56390	Patellectomy .....	320.48	3
<b>Introduction with or without Removal, Therapeutic:</b>			
56405*	Injection joint.....	22.79	
56410*	Injection bursa, tendon sheath, other peri articular structures. ....	22.79	
56415	Removal of internal fixation device(s), with GA.....	238.06	2
56420*	Removal of internal fixation device(s), without GA (operation only).....	68.67	2
<b>Repair, Revision, Reconstruction (Soft Tissue):</b>			
<b><u>Knee ligament, Instability (with or without arthroscopy)</u></b>			
56505	One ligament repair/reconstruction, acute or chronic .....	604.46	3
56510	Posterior cruciate repair/reconstruction, acute or chronic.....	732.52	3
56515	Two ligament repair/reconstruction, acute or chronic .....	704.78	3
56520	Three ligament repair/reconstruction, acute or Chronic (includes PCL) .....	819.50	3
56525	Revision knee ligament reconstruction (post previous ligament reconstruction).....	705.04	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) .....	200.30	2
56529*	Open injury, secondary wound care .....	183.13	2
<b>Recurrent Subluxation/Dislocation Patella:</b>			
56530	Extensor realignment procedures, soft tissue/bone .....	425.78	3
56531	Lateral release, open or endoscopic .....	238.06	2
56540	Quadriceps tendon rupture, acute (within six weeks post injury) .....	338.80	2
56541	Quadriceps tendon rupture, chronic (beyond six weeks post injury).....	480.71	2
P56542	Patellar tendon repair .....	471.64	2
<b>Notes:</b>			
i) Restricted to Orthopedic Surgeons.			
ii) Not paid with 56540, 56541 or 56545.			

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

56545	Tendon transfer, transplant .....	320.48	2
<b>Repair Reconstruction Bone/Joint:</b>			
<u>Osteotomy and/or Internal Fixation: Arthritis, Malunion or Nonunion</u>			
56601	Distal femur .....	787.46	3
56602	Proximal tibia .....	558.54	3
56603	Tibia, shaft, includes fibula .....	732.52	3
56604	Fibula .....	265.54	3
 <u>Bone Grafting (ie. onlay grafting)</u>			
56651	Femur .....	265.54	3
56652	Tibia, with or without fibular osteotomy .....	265.54	3
56653	Epiphysiodesis.....	293.02	3
56654	Physseal bar excision.....	499.03	3
 <u>Arthroplasty: Knee Joint</u>			
56661	Knee replacement unicompartmental.....	787.46	4
56662	Total knee replacement .....	787.46	4
56663	Total knee, removal prosthesis knee, includes PROSTALAC .....	480.71	4
56664	Revision total knee .....	1,082.73	4
56665	Revision patellar component .....	398.30	3
 <b>Fracture and/or Dislocation:</b>			
<u>Metaphysis Femur: Supracondylar</u>			
56701*	Closed reduction, without GA, cast/traction (operation only) .....	119.02	2
56702*	Closed reduction, with GA, cast/traction .....	210.59	2
56703	Closed reduction, external fixation / percutaneous fixation.....	347.95	2
56704	Closed reduction, IM nail .....	759.98	5
56705	ORIF .....	759.98	4
56708*	Open injury, primary wound care (operation only) .....	100.30	2
56709*	Open injury, secondary wound management.....	183.13	2
 <u>Metaphysis Femur: Condyle or Intracondylar</u>			
56711*	Closed reduction, without GA, cast/traction (operation only) .....	91.57	2
56712*	Closed reduction with GA, cast/traction .....	183.13	2
56713	Closed reduction, external fixation /percutaneous fixation.....	347.95	2
56715	ORIF - unicondylar .....	759.98	4
56716	ORIF - bicondylar .....	1,094.20	4
56718*	Open injury, primary wound care (operation only) .....	100.30	2
56719*	Open injury, secondary wound management.....	183.13	2
 <u>Patellar Dislocation</u>			
56725	Open reduction and repair.....	238.06	2
56728*	Open injury, primary wound care (operation only) .....	100.30	2
56729*	Open injury, secondary wound management.....	183.13	2
 <u>Patellar Fractures</u>			
56734	Patellectomy .....	320.48	2
56735	ORIF .....	453.24	2
56738*	Open injury, primary wound care (operation only) .....	100.30	2
56739*	Open injury, secondary wound management.....	183.13	2

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

	\$	Anes. Level
<u>Tibial Plateau Fractures</u>		
56741*	Closed reduction, with GA, cast/traction .....183.13	2
56742	Closed reduction, external fixation with or without minimal internal fixation .....375.41	2
56745	ORIF - unicondylar .....640.96	3
56746	ORIF - bicondylar .....906.49	3
56748*	Open injury, primary wound care (operation only) .....100.30	2
56749*	Open injury, secondary wound management.....183.13	2
<u>Tibial Shaft Fractures</u>		
56751*	Closed reduction, without GA, cast/traction (operation only) .....91.57	2
56752*	Closed reduction, with GA, cast/traction .....210.59	2
56753	Closed reduction, external fixation with or without minimal internal fixation .....357.95	2
56754	Closed reduction, IM nail .....672.98	3
56755	ORIF .....558.54	3
56758*	Open injury, primary wound care (operation only) .....100.30	2
56759*	Open injury, secondary wound management.....183.13	2
<u>Fibular Shaft Fractures</u>		
56769*	Open injury, primary/secondary wound care.....183.13	2
<b>Manipulation: Knee Joint:</b>		
S56800*	Manipulation, with GA.....91.57	2
<b>Arthrodesis:</b>		
56810	Knee joint.....787.46	3
<b>Amputation:</b>		
56980	Below knee .....508.19	3
56998*	Open injury, primary wound care (operation only) .....100.30	3
56999*	Open injury, secondary wound management.....183.13	3

### Tibial Metaphysis (Distal), Ankle and Foot

<b>Incision - Diagnostic, Percutaneous:</b>		
S11700	Arthroscopy - ankle joint / subtalar joint .....183.13	2
S11702	Aspiration bursa, tendon sheath.....22.79	2
SY00757	Aspiration - other joints.....11.42	2
<b>Incision - Diagnostic, Open:</b>		
11715	Ankle joint, .....183.13	2
11716	Subtalar joint .....183.13	2
11717	Midtarsal joint .....183.13	2
11718	Tarsal-metatarsal, metatarsal-phalangeal, interphalangeal joint. ....183.13	2
<b>Incision - Therapeutic, Drainage:</b>		
51039	Aspiration – bursa (operation only) .....22.79	
51040	Aspiration - joint.....22.79	
57210*	Bursa, I and D (Tendo-achilles, etc.), under GA .....183.13	2
57215*	Abcess, I and D, under GA.....183.13	2

	\$	Anes. Level
<b>Tibial Metaphysis (Distal), Ankle and Foot (cont'd)</b>		
57220	Hematoma, drainage under GA, when sole procedure .....293.02	2
	<i>Note: Payable at 50% in post-op period.</i>	
57225*	Ankle/foot Joint, I and D, under GA .....183.13	2
<b>Incision - Therapeutic, Release:</b>		
57250	Decompression, neurolysis, nerve (isolated procedure) .....293.02	2
57260*	Fasciotomy, compartment syndrome .....210.59	2
57269*	Fasciotomy, secondary closure wound .....183.13	2
<u>Soft Tissue Release: Musculo-tendonous</u>		
57270	Plantar fascia: open release or partial excision, uni- or bilateral.....265.54	2
57275	Plantar fasciectomy - total .....398.30	2
57280	Achilles tendon lengthening, percutaneous, uni- or bilateral.....210.59	2
57285	Posterior hindfoot release.....425.78	2
57286	Posteromedial release (club foot /vertical talus).....705.04	2
57290	Tendon lengthening, open.....265.54	2
57295	Tenosynovectomy .....265.54	2
<b>Excision – Diagnostic:</b>		
S11730	Needle biopsy under GA .....183.13	2
11745	Open biopsy under GA .....238.06	2
<b>Excision - Therapeutic, Endoscopic:</b>		
57305	Removal loose body .....282.08	2
57306	Pinning/drilling osteochondral fragments .....402.97	2
57310	Synovectomy ankle, total.....453.34	2
57330	Abrasion or debridement .....282.08	2
<b>Excision - Therapeutic, Open:</b>		
57354	Ganglion: tendon sheath, or joint .....210.59	2
57355	Bursa, excision, achilles. ....210.59	2
57356	Neuroma (ie. sensory, digital, etc.).....210.59	2
57360	Total synovectomy / debridement. ....347.95	2
57365	Benign soft tissue tumour .....210.59	2
57370	Bone tumour, benign .....345.65	2
57371	Tarsal coalition .....345.65	2
	<i>Note: Includes harvesting of interposition material, if required.</i>	
57372	Sesamoidectomy .....238.06	2
57373	Excision - accessory navicular .....238.06	2
57374	Talectomy .....531.06	2
57375	Excision - nail bed, under GA, single or multiple.....210.59	2
57380*	Osteomyelitis, acute, decompression.....183.13	2
57385*	Osteomyelitis, debridement with or without reconstruction. ....315.90	2
<b>Introduction and/or Removal, Therapeutic:</b>		
57405*	Injection joint.....11.40	
57410*	Injection bursa, tendon sheath, other peri articular structures. ....11.40	
57415	Removal of internal fixation device(s), with GA.....210.59	2
57420*	Removal of internal fixation device(s), without GA (operation only).....45.78	2

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

**Repair, Revision, Reconstruction (Soft Tissue):**

Ankle Instability: Capsule or Ligament Repair

57505	Acute ligament repair - medial and/or lateral.....	238.06	2
57510	Reconstruction for ankle instability.....	373.12	2

Tendon Muscle Repair

57515	Tendo achilles repair - acute (within six weeks post injury) .....	345.65	2
57516	Tendo achilles repair - chronic (beyond six weeks post injury).....	531.06	2

57520	Flexor tendon repair, ankle or foot, single or multiple .....	345.65	2
57525	Extensor tendon(s), without GA (operation only) .....	119.02	2
57526	Extensor tendon, single, under GA .....	238.06	2
57527	Extensor tendon, multiple, under GA .....	329.63	2
57535	Repair/reconstruction of tendon sheath .....	373.12	2

Tendon Muscle Transfer, Transplant, Tenoplasty

57550	Tendon transfer .....	425.78	2
57555	Jones' procedure .....	320.48	2

**Repair, Revision, Reconstruction (Bone, Joint):**

Osteotomy/Malunion

57601	Distal tibial .....	636.37	2
57602	Malleolus: lateral and/or medial.....	425.78	2
57603	Calcaneal osteotomy (not to include Hagelund's).....	510.95	2
57604	Midtarsal osteotomy .....	586.00	2
57605	Metatarsals: base, shaft, neck.....	354.65	2
57606	Phalanges, open osteotomy .....	238.05	2

Osteotomy/Nonunion

57631	Distal tibial .....	531.06	2
57632	Malleolus: lateral and/or medial.....	320.48	2
57633	Tarsals .....	373.12	2
57634	Metatarsals: base, shaft, neck.....	210.59	2
57635	Phalanges.....	210.59	2
57636	Epiphysiodesis.....	293.02	2
57637	Physeal bar excision.....	398.20	2

Bone Grafting (ie. onlay grafting)

57651	Distal tibia .....	238.06	2
57652	Malleolus - medial and/or lateral-tarsals, metatarsals, phalanges .....	146.50	2

Arthroplasty: Ankle Joint

57661	Total ankle prosthesis .....	972.17	3
57662	Revision total ankle .....	2,309.65	3
57663*	Removal of total ankle arthroplasty .....	183.13	3

Metatarsal Phalangeal Joint: Arthroplasty

57671	Excision arthroplasty great toe (Keller's cheilectomy).....	265.54	2
57672	Resection/soft tissue reconstruction.....	293.02	2
57673	Distal metatarsal osteotomy .....	293.02	2
57674	Proximal metatarsal osteotomy with distal realignment. ....	425.76	2
57675	Implant arthroplasty .....	293.02	2

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

57676	Interphalangeal joint arthroplasty, single or multiple .....	265.54	2
57677	Minor forefoot reconstruction (lesser toes).....	373.12	2
57678	Major forefoot reconstruction - (includes excision arthroplasty, stabilization with or without implant, includes great toe) .....	583.70	2

#### Fracture and/or Dislocation:

##### Ankle Fracture: Intra-articular Tibial Metaphysial (PILON)

57701*	Closed reduction, with GA, cast/traction .....	183.13	2
57702	Closed reduction, external fixation with or without percutaneous fixation, with or without minimal internal fixation, with or without ORIF distal fibula .....	480.71	2
57705	ORIF (include fibular fracture) .....	879.03	2
57708*	Open injury, primary wound care (operation only) .....	100.30	2
57709*	Open injury, secondary wound management.....	183.13	2

##### Ankle (Malleolar) Fracture

57711*	Closed reduction without GA, application of cast (operation only).....	91.57	2
57712*	Closed reduction, with GA, application of cast.....	265.54	2
57713	Closed reduction, external fixation/percutaneous fixation.....	265.54	2
57715	ORIF - one malleolus.....	344.54	2

*Note: Injuries requiring opposite side soft tissue repairs (i.e. deltoid ligament repair with lateral malleolar fracture ORIF) are payable under 57716.*

57716	ORIF - two or more .....	398.30	2
57718*	Open injury, primary wound care (operation only) .....	100.30	2
57719*	Open injury, secondary wound management.....	183.13	2

##### Hindfoot/Midfoot/Lisfranc Dislocation with or without Fracture

57721*	Closed reduction without GA, cast (operation only) .....	91.57	2
57722*	Closed reduction, with GA, cast .....	183.13	2
57723	Closed reduction, fixation .....	293.02	2
57725	Open reduction with or without internal fixation.....	466.40	2
57728*	Open injury, primary wound care (operation only) .....	100.30	2
57729*	Open injury, secondary wound management.....	183.13	2

##### Os Calcis Fracture

57732*	Closed reduction, with GA, cast .....	183.13	2
57733	Closed reduction, fixation .....	293.02	2
57735	ORIF .....	613.48	2
57738*	Open injury, primary wound care (operation only) .....	100.30	2
57739*	Open injury, secondary wound management.....	183.13	2

##### Talus Fracture

57741*	Closed reduction, without GA, cast (operation only) .....	91.57	2
57742*	Closed reduction, with GA, cast .....	183.13	2
57743	Closed reduction, fixation .....	320.48	2
57745	ORIF .....	478.42	2
57748*	Open injury, primary wound care (operation only) .....	100.30	2
57749*	Open injury, secondary wound management.....	183.13	2

##### Tarsal Fracture

57751*	Closed reduction, without GA, cast (operation only) .....	91.57	2
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### Tibial Metaphysis (Distal), Ankle and Foot (cont'd)

57752*	Closed reduction, with GA, cast .....	183.13	2
57753	Closed reduction, fixation .....	293.02	2
57755	ORIF .....	320.48	2
57758*	Open injury, primary wound care (operation only) .....	100.30	2
57759*	Open injury, secondary wound management.....	183.13	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 .....	265.54	2
57765	ORIF - one .....	293.02	2
57766	ORIF - two or more .....	345.65	2
57768*	Open injury, primary wound care (operation only) .....	100.30	2
57769*	Open injury, secondary wound management.....	183.13	2
	<u>Metatarso-Phalangeal Dislocation</u>		
57771*	Closed reduction, without GA, cast, single or multiple (operation only).....	91.57	2
57772*	Closed reduction, with GA, cast, single or multiple .....	183.13	2
57773	Closed reduction, fixation, single or multiple .....	210.59	2
57775	ORIF .....	293.02	2
57778*	Open injury, primary wound care (operation only) .....	100.30	2
57779*	Open injury, secondary wound management.....	183.13	2
	<u>Phalangeal Fracture</u>		
57781	Closed reduction, fixation, single or multiple .....	265.54	2
57785	ORIF .....	293.02	2
57788*	Open injury, primary wound care (operation only) .....	50.14	2
57789*	Open injury, secondary wound management (operation only).....	91.57	2
	<u>Interphalangeal Dislocations with or without Fracture</u>		
57791*	Closed reduction, without GA, cast, single or multiple (operation only).....	45.78	2
57792*	Closed reduction, with GA, cast, single or multiple .....	183.13	2
57793	Closed reduction, fixation, single or multiple .....	265.54	2
57795	Open reduction with or without fixation .....	293.02	2
57798*	Open injury, primary wound care (operation only) .....	50.14	2
57799*	Open injury, secondary wound management (operation only).....	91.57	2
	<b>Manipulation: Ankle/Foot:</b>		
S57800*	Manipulation, with GA.....	91.57	2
	<b>Arthrodesis:</b>		
57810	Tibiocalcaneal.....	586.00	2
57811	Pantalar .....	824.07	2
57812	Ankle joint .....	705.04	3
57813	Subtalar joint/triple.....	703.20	2
57814	Midtarsal joint.....	531.06	2
57815	Tarso-Metatarsal joints.....	645.53	2
57816	Metatarsophalangeal .....	345.65	2
57817	Interphangeal, single or multiple.....	265.54	2
	<b>Amputation:</b>		
57980	SYME.....	521.90	2

	\$	Anes. Level
<b>Tibial Metaphysis (Distal), Ankle and Foot (cont'd)</b>		
57981	Midtarsal .....480.71	2
57982	Transmetatarsal.....398.30	2
57983	Single metatarsal/ray resection .....347.95	2
57984	Toe .....183.13	2
57998*	Open injury, primary wound care (operation only) .....50.14	2
57999*	Open injury, secondary wound management (operation only).....91.57	2

## Vertebra, Facette and Spine

<b>Incision - Diagnostic, Percutaneous:</b>		
SY00757	Aspiration - other joints.....11.42	2
<b>Incision - Therapeutic, Percutaneous:</b>		
58205*	Injection/aspiration facet joint .....91.18	2
58210*	Discogram.....91.18	2
<b>Incision - Therapeutic, Drainage:</b>		
51039	Aspiration – bursa (operation only) .....22.79	
58250*	Abscess or hematoma, extraspinal, under GA.....183.13	4
<b>Excision - Diagnostic, Percutaneous</b>		
S11830	Needle biopsy - soft tissue/bone - thoracic spine, under GA .....210.59	2
S11831	Needle biopsy - soft tissue/bone - lumbar spine, under GA.....183.13	2
<b>Excision - Diagnostic, Open:</b>		
11845	Biopsy, with GA .....238.06	3
<i>Note: Not payable with definitive spinal surgery.</i>		
<b>Excision - Therapeutic, Endoscopic:</b>		
58305	Percutaneous discectomy .....265.54	3
<b>Excision - Therapeutic, Open:</b>		
<u>Decompression - Posterior</u>		
Laminectomy:		
03155	- for hematoma, tumour or vascular malformation .....930.59	6
03161	- for localized spinal stenosis (two levels or less).....773.94	5
03162	- for generalized spinal stenosis (more than two levels) .....1,190.60	5
03160	- for congenital spinal malformation or tethered spinal cord .....1,333.45	5
03180	Multiple level laminectomy for cervical cord compression, three or more levels .....1,403.20	6
<u>Decompression - Anterior</u>		
Discectomy with or without Fusion:		
58370	Cervical - single level.....613.48	6
58375	Cervical - two or more levels .....792.04	6
58376	Thoracolumbar- includes decompression .....1,414.65	8
Vertebral body resection:		
58385	Cervical.....1,602.38	6
58386	Thoracolumbar .....1,867.89	8

## Vertebra, Facette and Spine (cont'd)

	\$	Anes. Level
<b>Introduction and/or Removal, Therapeutic:</b>		
58410	Removal of spinal instrumentation .....503.61	5
S03167	Insertion of skull tongs (operation only).....123.85	4
<b>Repair, Revision, Reconstruction (Bone, Joint):</b>		
<u>Stabilization - Posterior</u>		
58605	Cervical - simple, single or multiple level (includes Gallie fusion).....531.06	6
58610	Cervical - segmental (includes C1-2 transarticular screws) .....1,066.72	6
58615	Thoracolumbar - without instrumentation .....480.71	5
58620	Thoracolumbar - simple instrumentation (Harrington or wires or screws, etc.).....759.98	7
58625	Thoracolumbar - segmental instrumentation and spinal fusion.....1,226.96	7
58630	Thoracolumbar - segmental instrumentation and fusion with decompression - single level .....1,547.43	7
58635	Thoracolumbar - segmental instrumentation and fusion with decompression - multiple levels .....1,812.97	7
<u>Stabilization - Anterior</u>		
58640	Cervical - stabilization alone (with Neurosurgeon) .....494.44	6
58645	Cervical - with plates and discectomy .....970.58	6
58650	Cervical - with plates and vertebrectomy .....1,735.14	6
58655	Thoracolumbar - approach and stabilization alone (with Neurosurgeon) .....933.96	8
58660	Thoracolumbar - instrumentation with anterior release or vertebrectomy.....2,000.66	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	Thoracolumbar .....1,414.65	8
58675	Thoracolumbar - with anterior instrumentation and correction.....1,680.20	8
Posterior osteotomy with instrumentation		
58680	Cervical.....2,398.97	6
58685	Thoracolumbar .....2,398.97	7
Posterior Instrumentation and Fusion		
58690	Adult .....1,735.14	7
58695	Pediatric.....1,414.65	7
<b>Fracture and/or Dislocation (Cervical Spine):</b>		
<u>Cervical</u>		
S03167	Insertion of skull tongs (operation only).....123.85	4
58710*	Application of Halo.....183.13	4
58715	ORIF .....988.89	7
<u>Thoracolumbar</u>		
58725	ORIF with segmental fixation alone.....1,281.89	7
58726	ORIF with segmental fixation and decompression .....1,547.43	7
<b>Musculoskeletal Oncology</b>		
51051	Resection of subfascial malignant soft tissue tumour, simple.....586.00	5
51052	Resection of subfascial malignant soft tissue tumour, complex (involvement of neuro/vascular structures) .....1,254.42	6
51053*	Resection of malignant bone tumour limb, limb sparing. ....1,062.16	6

\$ Anes.  
Level

### Musculoskeletal Oncology (cont'd)

51054	Reconstruction of skeletal defect following excision .....	1,062.16	6
51055	Resection of malignant girdle tumour, scapula .....	1,058.73	6
51056*	Resection of malignant girdle tumour, pelvis and/or sacrum. ....	1,593.22	6
51057	Reconstruction of shoulder/pelvis or sacrum .....	1,071.31	6
51058	Resection of malignant tumour, rotation plasty .....	2,133.44	6

*Note: Fee items 51053 to 51058. Reconstruction items are payable in full with the resection, if applicable.*

### Minor Procedures

13610	Minor laceration or foreign body - not requiring anesthesia - operation only .....	33.95	
	<b>Notes:</b>		
	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 only .....	63.21	2
13612	- extensive laceration greater than 5 cm (maximum charge 35 cm) operation only - per cm .....	12.67	2
13620	Excision of tumour of skin or subcutaneous tissue or small scar under local anesthetic - up to 5 cm (operation only) .....	63.21	2
	<b>Note:</b> The treatment of benign skin lesions for cosmetic reasons, including common warts (verrucae) is not a benefit of the Plan. Refer to Preamble D. 9. 2. 4. a. and b. <u>"Surgery for the Alteration of Appearance."</u>		
13630	Paronychia - operation only .....	33.86	2
13631	Removal of nail - simple operation only .....	33.86	2
13632	- with destruction of nail bed (operation only) .....	68.50	2
13633	Wedge excision of one nail (operation only) .....	60.44	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 .....	251.72	2

**Note:** Multiple neurolyses are paid in accordance with preamble Clause B.9.(e) to a maximum of four Neurolyses per sitting.

### 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

	\$	Anes. Level
<u>Laminectomy for lumbar disc:</u>		
03158	- one level .....658.03	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) .....773.94	5
03162	Laminectomy for generalized spinal stenosis (more than two levels) .....1,190.60	5
03168	Laminectomy for intradural spinal cord or extra-medullary tumour or vascular malformation by micro-surgical technique .....1,975.20	7
03180	Multiple level laminectomy for cervical cord compression, 3 or more levels...1,403.20	6
03163	Anterior cervical discectomy and fusion - one level .....792.88	6
03164	- multiple levels .....1,023.31	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) .....155.32	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) .....8.37	2
<b>Notes:</b>		
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 .....125.26	2
06017	Removal of tumour (including intraoral) - 5 cm to 10 cm .....256.85	2
06018	Removal of tumour (including intraoral) - more than 10 cm .....443.84	2
<b>Note:</b> 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 C.4.).		
<b>Hand and Wrist, Incision; Open:</b>		
06051	Finger tip (operation only).....160.32	2
06050	Regions of major joints and hands - early .....424.32	2
<b>Hand and Wrist, Excision; Therapeutic, Open:</b>		
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) .....403.86	5
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		\$	Anes. Level
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	
70168	Active wound management during acute phase after debridement of soft tissues for necrotizing infection or severe trauma – per 5% of body surface area – operation only .....	77.06	
	<b>Notes:</b>		
	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
	<b>Notes:</b>		
	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.		