Podiatry Services Codes

> *Note:* Due to possible changes in Indiana Health Coverage Programs (IHCP) policy or national coding updates, inclusion of a code on the code tables does not necessarily indicate **current** coverage. See *IHCP Banner Pages and Bulletins* and the *IHCP Fee Schedules* for updates to coding, coverage and benefit information.
>
> For information about using these code tables, see the *Podiatry Services* provider reference module.

Table 1 – Covered Procedure Codes for Podiatrists (Specialty 140)

Table 2 – Procedure Codes for Routine Foot Care

Table 3 – ICD-10 Diagnosis Codes for Routine Foot Care Coverage

Table 4 – Procedure Codes for Orthotics for Severe Diabetic Foot Disease

Table 1 – Covered Procedure Codes for Podiatrists (Specialty 140)

Reviewed/Updated: October 1, 2022

Procedure Code	Description
10060	Drainage of abscess
10061	Drainage of multiple abscess
10140	Drainage of blood or fluid accumulation
10160	Aspiration of abscess, blood accumulation, blister, or cyst
11000	Removal of inflamed or infected skin, up to 10% of body surface
11001	Removal of inflamed or infected skin
11042	Removal of skin and tissue first 20 sq cm or less
11043	Removal of skin and/or muscle first 20 sq cm or less
11044	Removal of skin and bone first 20 sq cm or less
11045	Removal of skin and tissue
11046	Removal of skin and/or muscle
11047	Removal of skin and bone
11055	Removal of single thickened skin growth
11056	Removal of 2 to 4 thickened skin growths
11057	Removal of more than 4 thickened skin growths
11102	Tangential biopsy of single skin lesion
11103	Tangential biopsy of additional skin lesion

Table 1 – Covered Procedure Codes for Podiatrists (Specialty 140)

Reviewed/Updated: October 1, 2022

Procedure Code	Description
11104	Punch biopsy of single skin lesion
11105	Punch biopsy of additional skin lesion
11106	Incisional biopsy of single skin lesion
11107	Incisional biopsy of additional skin lesion
11305	Shaving of 0.5 centimeters or less skin growth of scalp, neck, hands, feet, or genitals
11306	Shaving of 0.6 centimeters to 1.0 centimeters skin growth of scalp, neck, hands, feet, or genitals
11307	Shaving of 1.1 to 2.0 centimeters skin growth of scalp, neck, hands, feet, or genitals
11308	Shaving of over 2.0 centimeters skin growth of scalp, neck, hands, feet, or genitals
11420	Removal of growth (0.5 centimeters or less) of the scalp, neck, hands, feet, or genitals
11421	Removal of growth (0.6 to 1.0 centimeters) of the scalp, neck, hands, feet, or genitals
11422	Removal of growth (1.1 to 2.0 centimeters) of the scalp, neck, hands, feet, or genitals
11423	Removal of growth (2.1 to 3.0 centimeters) of the scalp, neck, hands, feet, or genitals
11424	Removal of growth (3.1 to 4.0 centimeters) of the scalp, neck, hands, feet, or genitals
11426	Removal of growth (over 4.0 centimeters) of the scalp, neck, hands, feet, or genitals
11719	Trimming of fingernails or toenails
11720	Removal of tissue from 1 to 5 finger or toe nails
11721	Removal of tissue from 6 or more finger or toe nails
11730	Separation of nail plate from nail bed
11732	Separation of nail plate from nail bed
11740	Removal of blood accumulation between nail and nail bed
11750	Removal of nail
11755	Biopsy of finger or toe nail
11760	Repair of finger or toe nail bed
11765	Removal of skin of finger or toe nail
12001	Repair of wound (2.5 centimeters or less) of the scalp, neck, underarms, trunk, arms and/or legs
12002	Repair of wound (2.6 to 7.5 centimeters) of the scalp, neck, underarms, genitals, trunk, arms and/or legs
12020	Repair of separation of wound closure
12041	Repair of wound (2.5 centimeters or less) of neck, hands, feet, and/or genitals
13160	Second repair of surgical wound
14040	Tissue transfer repair of wound (10 sq centimeters or less) of the forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, and/or feet
14041	Tissue transfer repair of wound (10.1 to 30.0 sq centimeters) of the forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, and/or feet
14350	Repair of tissue loss of finger or toe
15002	Preparation of graft site at trunk, arms, or legs (first 100 sq cm or 1% body area infants and children)

Table 1 – Covered Procedure Codes for Podiatrists (Specialty 140)

Reviewed/Updated: October 1, 2022

Procedure Code	Description
15004	Preparation of graft site of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 100 sq cm or 1% body area of infants and children)
15040	Relocation of skin (100 sq cm or less) for tissue cultured graft
15050	Skin graft (2 centimeters) to tip of finger or toe
15100	Skin graft at trunk, arms, or legs (first 100 sq cm or less, or 1% body are of infants and children)
15110	Skin graft at trunk, arms, or legs (first 100 sq cm or less, or 1% body area of infants and children)
15115	Skin graft of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 100 sq cm or less, or 1% body area of infants and children)
15120	Skin graft of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 100 sq cm or less, or 1% body area of infants and children)
15130	Skin graft at trunk, arms, or legs (first 100 sq cm or less, or 1% body area of infants and children)
15135	Skin graft of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 100 sq cm or less, or 1% body area of infants and children)
15150	Skin graft at trunk, arms, or legs (first 25 sq centimeters or less)
15155	Skin graft of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 25 sq centimeters or less)
15220	Relocation of patient skin (20 sq centimeters or less) to scalp, arms, and/or legs
15240	Relocation of patient skin to forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, and/or feet (20 sq centimeters or less)
15271	Application of skin substitute (wound surface up to 100 sq cm) to trunk, arms, or legs (first 25 sq cm or less)
15272	Application of skin substitute (wound surface up to 100 sq cm) to trunk, arms, or legs
15273	Application of skin substitute (wound surface greater or equal to 100 sq cm) to trunk, arms, or legs (first 100 sq cm or 1% body area of infants and children)
15274	Application of skin substitute (wound surface greater or equal to 100 sq cm) to trunk, arms, or legs
15275	Application of skin substitute (wound surface up to 100 sq cm) to face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 25 sq cm or less)
15276	Application of skin substitute (wound surface up to 100 sq cm) to face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes
15277	Application of skin substitute (wound surface great than or equal to 100 sq cm) to face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 100 sq cm or 1% body area of infants and children)
15278	Application of skin substitute (wound surface great than or equal to 100 sq cm) to face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes
17000	Destruction of skin growth
17003	Destruction of 2-14 skin growths
17004	Destruction of 15 or more skin growths
17110	Destruction of up to 14 skin growths

Table 1 – Covered Procedure Codes for Podiatrists (Specialty 140)

Reviewed/Updated: October 1, 2022

Procedure Code	Description
17111	Destruction of 15 or more skin growths
17250	Application of chemical agent to excessive wound tissue
20103	Exploration of penetrating wound of arm or leg
20220	Biopsy of bone using needle or trocar
20225	Deep biopsy of bone using needle or trocar
20240	Biopsy of bone, open procedure
20550	Injections of tendon sheath, ligament, or muscle membrane
20551	Injections of tendon attachment to bone
20552	Injections of trigger points in 1 or 2 muscles
20600	Aspiration and/or injection of small joint or joint capsule
20605	Aspiration and/or injection of medium joint or joint capsule
20610	Aspiration and/or injection of large joint or joint capsule
20612	Aspiration and/or injection of cysts
20670	Removal of bone implant
20680	Removal of deep bone implant
20690	Application of uniplane external bone fixation on one arm or leg
20692	Application of multiplane external bone fixation system on one arm or leg
20694	Removal of external bone fixation under anesthesia
20696	Application of multiplane external bone fixation system on one arm or leg
20697	Application of multiplane external bone fixation system
20900	Small bone graft harvest
27600	Incision of tissue of front and/or lateral muscle compartments of lower leg
27601	Incision of tissue of rear muscle compartments of lower leg
27602	Incision of tissue of front and/or lateral and rear muscle compartments of lower leg
27603	Drainage of abscess or blood collection at lower leg or ankle
27604	Drainage of infected fluid-filled sac (bursa) of leg or ankle
27605	Incision of Achilles tendon, accessed through the skin using local anesthetic
27606	Incision of Achilles tendon, accessed through the skin requiring general anesthesia
27607	Incision of bone of leg or ankle
27610	Exploration, drainage, or removal of foreign body of ankle
27612	Release of ankle joint capsule
27620	Exploration of ankle joint
27625	Removal of membrane covering of ankle joint
27626	Removal of membrane covering ankle joint and tendon
27630	Removal of growth of leg and/or ankle tendon lining or capsule
27635	Removal or scraping of cyst or growth of either bone of lower leg
27637	Removal or scraping of cyst or growth of either bone of lower leg with patient-derived bone graft
27638	Removal or scraping of cyst or growth of either bone of lower leg with donor bone graft

Table 1 – Covered Procedure Codes for Podiatrists (Specialty 140)

Reviewed/Updated: October 1, 2022

Procedure Code	Description
27640	Partial removal of shin bone
27641	Partial removal of leg bone
27650	Repair of ruptured Achilles tendon, open or through skin procedure
27652	Repair of ruptured Achilles tendon with graft, open or through skin procedure
27654	Repair of ruptured Achilles tendon
27658	Repair of leg tendon
27659	Repair of leg tendon
27664	Repair of leg tendon
27665	Repair of leg tendon
27675	Repair of dislocating lower leg tendons
27676	Repair of dislocating lower leg tendons
27680	Release of leg and/or ankle tendon
27681	Release of multiple tendons of leg and/or ankle
27685	Lengthening or shortening of tendon of leg or ankle
27686	Lengthening or shortening of multiple tendons of leg or ankle
27687	Lengthening of calf muscle
27690	Transplant of tendon and muscle rerouting at lower leg or ankle
27691	Transplant of deep tendon with muscle rerouting at lower leg or ankle
27692	Transplant of tendon and muscle rerouting at lower leg or ankle
27695	Repair of disrupted collateral ligament of ankle
27696	Repair of disruption of both collateral ligaments of ankle
27698	Repair of disrupted collateral ligament of ankle
27700	Repair of ankle joint
27702	Repair of ankle joint with prosthesis
27703	Repair of ankle joint with revision of prosthesis
27704	Removal of ankle implant
27705	Incision of shin bone
27707	Incision of leg bone
27709	Incision of shin and outer lower leg bones
27760	Closed treatment of broken ankle
27762	Closed treatment of broken ankle with manipulation
27766	Open treatment of broken ankle
27767	Closed treatment of broken ankle
27768	Closed treatment of broken ankle with manipulation
27769	Open treatment of broken ankle
27786	Closed treatment of broken ankle
27788	Closed treatment of broken ankle with manipulation
27792	Open treatment of broken ankle

Table 1 – Covered Procedure Codes for Podiatrists (Specialty 140)

Reviewed/Updated: October 1, 2022

Procedure Code	Description
27808	Closed treatment of broken ankle
27810	Closed treatment of broken ankle with manipulation
27814	Open treatment of broken ankle
27816	Closed treatment of broken ankle
27818	Closed treatment of broken ankle with manipulation
27822	Open treatment of broken ankle
27823	Open treatment of broken ankle
27824	Closed treatment of fracture of lower weight bearing joint of shin bone
27825	Closed treatment of fracture of lower weight bearing joint of shin bone with traction and/or manipulation
27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only
27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only
27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula
27829	Open treatment of ligament tear at ankle joint
27830	Closed treatment of knee joint dislocation
27831	Closed treatment of knee joint dislocation under anesthesia
27840	Closed treatment of ankle dislocation
27842	Closed treatment of ankle dislocation under anesthesia
27846	Open treatment of ankle dislocation
27848	Open treatment of ankle dislocation with repair or internal or external hardware
27860	Manipulation of ankle under general anesthesia
27870	Fusion of ankle joint, open procedure
28001	Drainage of fluid-filled sac (bursa) of foot
28002	Drainage of fluid-filled sac (bursa) of foot
28003	Drainage of multiple fluid-filled sacs (bursa) of foot
28005	Incision of foot bone
28008	Incision of tissues of muscle compartment of foot and/or toe
28010	Repair of toe tendon, accessed through the skin
28011	Repair of multiple toe tendons, accessed through the skin
28020	Incision of foot bone at ankle joint with exploration, drainage, or removal of foreign body
28022	Exploration, drainage, or removal of foreign body of foot
28024	Exploration, drainage, or removal of foreign body of toe joint
28035	Release of nerve between tissue and bone of foot
28039	Removal (1.5 centimeters or greater) tissue growth beneath the skin of foot or toe
28041	Removal (1.5 centimeters or greater) muscle growth of foot or toe
28043	Removal (less than 1.5 centimeters) tissue growth beneath the skin of foot or toe

Table 1 – Covered Procedure Codes for Podiatrists (Specialty 140)

Reviewed/Updated: October 1, 2022

Procedure Code	Description
28045	Removal (less than 1.5 centimeters) muscle growth of foot or toe
28046	Removal (less than 3 centimeters) tissue growth of foot or toe
28047	Removal (3 centimeters or greater) tissue growth of foot or toe
28060	Partial removal of tissue at sole of foot
28062	Removal of tissue at sole of foot
28070	Removal of joint lining of foot bone at ankle joint
28072	Removal of joint lining at first joint of toe
28080	Removal of fibrous nerve growth from between toes
28086	Removal of foot tendon
28088	Removal of foot tendon
28090	Removal of growth of tendon covering or joint capsule of foot
28092	Removal of growth of tendon covering or joint capsule of toes
28100	Removal or scraping of bone cyst or growth of heel bone
28102	Removal or scraping of bone cyst or growth of heel bone with graft from hip or other bone
28103	Removal or scraping of bone cyst or growth of heel bone with donor bone graft
28104	Removal or scraping of bone cyst or growth of ankle bone
28106	Removal or scraping of bone cyst or growth of ankle bone with graft from hip or other bone
28107	Removal or scraping of bone cyst or growth of foot bone with donor bone graft
28108	Removal or scraping of bone cyst or growth of toes
28110	Removal of bunion at fifth toe joint
28111	Removal of bone at fifth toe joint
28112	Removal of bones at second, third, or fourth toe joints
28113	Removal of foot bone at fifth toe joint
28114	Removal of multiple foot bones
28116	Removal of abnormal bones at ankle joint
28118	Removal of heel bone
28119	Removal of heel bone spur
28120	Partial removal of foot or heel bone
28122	Partial removal of foot or heel bone
28124	Partial removal of toe bone
28126	Removal of bone at base of toe
28130	Removal of ankle joint bone
28140	Removal of foot bone
28150	Removal of toe
28153	Partial removal of toe bone joints
28160	Partial removal of toe joint
28171	Extensive removal of bone growth, middle portion of foot
28173	Removal of bone growth of foot

Table 1 – Covered Procedure Codes for Podiatrists (Specialty 140)

Reviewed/Updated: October 1, 2022

Procedure Code	Description
28175	Removal of bone growth of toe
28190	Removal of foreign body of foot tissue, accessed beneath the skin
28192	Removal of foreign body of foot tissue
28193	Removal of foreign body of foot tissue
28200	Repair of foot tendon
28202	Repair of foot tendon
28208	Repair of foot tendon
28210	Repair of foot tendon
28220	Release of foot tendon
28222	Release of multiple foot tendons
28225	Release of foot tendon
28226	Release of multiple tendons in foot
28230	Incision to lengthen foot tendons, open procedure
28232	Incision to lengthen toe tendon, open procedure
28234	Incision to release foot tendon, open procedure
28238	Advancement of ankle tendon with removal of ankle joint bone
28240	Incision to release foot muscle tendon
28250	Incision to release tissue and muscle of sole of foot
28260	Incision of ankle joint capsule to correct foot deformity
28261	Correction of foot deformity with incision of ankle joint capsule and tendon lengthening
28262	Correction of foot deformity with incision of ankle joint capsule and lengthening of tendons
28264	Release of capsule of ankle joint
28270	Incision of joint capsule of foot and toe
28272	Incision of toe joint capsule
28280	Creation of web space between toes
28285	Correction of toe joint deformity
28286	Correction of fifth toe joint deformity
28288	Removal of foot bone spur
28289	Correction of rigid deformity of first joint of big toe
28291	Correction of rigid deformity of first joint of big toe using implant
28292	Correction of bunion
28295	Correction of bunion
28296	Correction of bunion
28297	Correction of bunion
28298	Correction of bunion
28299	Correction of bunion
28300	Incision to repair heel bone
28302	Incision to repair ankle joint bone

Table 1 – Covered Procedure Codes for Podiatrists (Specialty 140)

Reviewed/Updated: October 1, 2022

Procedure Code	Description
28304	Incision to correct foot or ankle bones
28305	Incision to correct foot or ankle bones with patient-derived bone graft
28306	Incision to straighten big toe bone
28307	Incision to straighten big toe bone with patient-derived bone graft
28308	Incision to straighten toe bone
28309	Incision to straighten toe bones
28310	Incision to straighten big toe bone
28312	Incision to straighten toe bone
28313	Reconstruction of soft tissue angular deformity of toe
28315	Removal of small bone underlying long bone of foot at toe joint
28320	Repair of non-healed foot bone
28322	Repair of non-healed foot bone
28340	Reconstruction of abnormal toe
28341	Reconstruction of abnormal toe
28344	Reconstruction of extra toes
28345	Removal of congenital web space deformity of toes
28360	Reconstruction of congenitally deformed foot
28400	Closed treatment of broken heel bone
28405	Closed treatment of broken heel bone with manipulation
28406	Insertion of hardware to broken heel bone with manipulation, accessed through the skin
28415	Open treatment of broken heel bone
28420	Open treatment of broken heel bone with graft
28430	Closed treatment of broken ankle joint bone
28435	Closed treatment of broken ankle joint bone with manipulation
28436	Insertion of hardware to broken ankle joint with manipulation, accessed through the skin
28445	Open treatment of broken heel bone
28446	Implantation of donor cartilage cells into foot joint with grafts, open procedure
28450	Treatment of broken foot bone
28455	Treatment of broken foot bone
28456	Insertion of hardware to broken foot joint with manipulation, accessed through the skin
28465	Open treatment of broken foot bone
28470	Closed treatment of broken foot bone
28475	Closed treatment of fracture of foot with manipulation
28476	Insertion of hardware to broken foot bone with manipulation, accessed through the skin
28485	Open treatment of broken foot bone
28490	Closed treatment of broken great toe
28495	Closed treatment of broken great toe with manipulation
28496	Insertion of hardware to broken great toe with manipulation, accessed through the skin

Table 1 – Covered Procedure Codes for Podiatrists (Specialty 140)
Reviewed/Updated: October 1, 2022

Procedure Code	Description
28505	Open treatment of broken great toe
28510	Closed treatment of broken toe
28515	Closed treatment of broken toe with manipulation
28525	Open treatment of broken toe
28530	Closed treatment of broken foot bone
28531	Open treatment of broken foot bone
28540	Closed treatment of ankle joint bone dislocation
28545	Closed treatment of ankle joint bone dislocation under anesthesia
28546	Insertion of hardware to foot joint dislocation with manipulation, accessed through the skin
28555	Open treatment of dislocated foot joint
28570	Closed treatment of dislocated foot joint
28575	Closed treatment of dislocated foot joint under anesthesia
28576	Insertion of hardware to foot joint dislocation with manipulation, accessed through the skin
28585	Open treatment of dislocated foot joint
28600	Closed treatment of dislocated foot joint
28605	Closed treatment of dislocated foot joint under anesthesia
28606	Insertion of hardware to foot joint dislocation with manipulation, accessed through the skin
28615	Open treatment of dislocated foot joint
28630	Closed treatment of dislocated foot bone
28635	Closed treatment of dislocated foot bone under anesthesia
28636	Insertion of hardware to foot bone dislocation with manipulation, accessed through the skin
28645	Open treatment of dislocated foot bone
28660	Closed treatment of dislocation of toe joint
28665	Closed treatment of dislocation of toe joint under anesthesia
28666	Insertion of hardware to toe joint dislocation with manipulation, accessed through the skin
28675	Open treatment of toe joint dislocation
28705	Fusion of ankle joint
28715	Fusion of ankle joint
28725	Fusion of foot joint
28730	Fusion of multiple foot joints
28735	Fusion of multiple foot joints
28737	Fusion of foot joint
28740	Fusion of foot joint
28750	Fusion of great toe
28755	Fusion of great toe
28760	Fusion of great toe
28800	Amputation of foot
28805	Amputation of foot

Table 1 – Covered Procedure Codes for Podiatrists (Specialty 140)

Reviewed/Updated: October 1, 2022

Procedure Code	Description
28810	Amputation of foot
28820	Amputation of foot
28825	Amputation of foot
29405	Application of short leg cast (below knee to toes)
29425	Application of short leg cast (below knee to toes); walking or ambulatory type
29435	Application of knee cap tendon bearing cast
29440	Adding walker to previously applied cast
29445	Application of rigid total contact leg cast
29450	Application of long or short leg clubfoot cast
29515	Application of short leg splint (calf to foot)
29540	Strapping of ankle and/or foot
29550	Strapping of toes
29580	Strapping; Unna boot
29581	Application of vein wound compression system lower leg below knee including ankle and foot
29700	Removal or bivalving of gauntlet, boot, or body cast
29799	Casting or strapping procedure
29891	Removal of bone defect of shin and/or ankle using an endoscope
29892	Removal and repair of large bone defect of shin or ankle using an endoscope
29893	Repair of fibrous tissue of foot using an endoscope
29894	Removal of loose or foreign body of ankle using an endoscope
29895	Partial removal of ankle joint lining using an endoscope
29897	Partial removal of ankle joint lining using an endoscope
29898	Removal of dead or infected ankle joint tissue using an endoscope
29899	Fusion of ankle joint using an endoscope
29904	Removal of loose or foreign body of ankle joint at heel bones using an endoscope
29905	Removal of lining of foot joint using an endoscope
29906	Removal of dead or infected foot joint tissue using an endoscope
29907	Fusion of foot joint using an endoscope
64450	Injection of anesthetic agent, other peripheral nerve or branch
64455	Injections of anesthetic and/or steroid drug into nerve of foot
64632	Destruction of nerve of foot
64640	Destruction of peripheral nerve or branch
64702	Release of nerve of finger
64704	Release of nerve of hand or foot
64708	Release of nerve of arm or leg, open procedure
64726	Release of nerve at sole of foot
64774	Removal of growth of skin nerve
64776	Removal of growth of finger or toe nerve

Table 1 – Covered Procedure Codes for Podiatrists (Specialty 140)
Reviewed/Updated: October 1, 2022

Procedure Code	Description
64778	Removal of growth of finger or toe nerve
64782	Removal of growth of hand or foot nerve
64783	Removal of growth of hand or foot nerve
64787	Implantation of nerve end into bone or muscle
73590	X-ray of lower leg, 2 views
73600	X-ray of ankle, 2 views
73610	X-ray of ankle, minimum of 3 views
73615	Radiological supervision and interpretation x-ray of ankle joint
73620	X-ray of foot, 2 views
73630	X-ray of foot, minimum of 3 views
73650	X-ray of heel, minimum of 2 views
73660	X-ray of toes, minimum of 2 views
73700	CT lower extremity without dye
73718	MRI scan of leg
73719	MRI scan of leg with contrast
73721	MRI scan of leg joint
73722	MRI scan of leg joint with contrast
76881	Ultrasound of leg or arm
76882	Ultrasound of arm or leg
76942	Ultrasonic guidance imaging supervision and interpretation for insertion of needle
80047–89398 *(valid, IHCP-covered codes only)*	Laboratory procedures are reimbursable for podiatrists if medically necessary, within their scope of practice, and allowed by the provider Clinical Laboratory Improvement Amendments (CLIA) certification on file
93922	Ultrasound study of arteries of both arms and legs
93923	Ultrasound study of arteries of both arms and legs, three or more levels
97597	Removal of tissue from wounds per session, 20 cm or less
97598	Removal of tissue from wounds per session, each additional 20 cm or less
97602	Removal of tissue from wounds per session
97605	Negative pressure wound therapy, surface area less than or equal to 50 square centimeters, per session
98960	Self-management education & training, face-to-face, 1 patient
98961	Self-management education & training, face-to-face, 2-4 patients
98962	Self-management education & training, face-to-face, 5-8 patients
99000	Handling and/or conveyance of specimen for transfer from physician office to laboratory
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straight forward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.

Table 1 – Covered Procedure Codes for Podiatrists (Specialty 140)

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Procedure Code	Description
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time code selection, 10-19 minutes of total time is spent on the date of the encounter.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.
99221	Initial hospital inpatient care, typically 30 minutes per day
99231	Subsequent hospital inpatient care, typically 15 minutes per day
99232	Subsequent hospital inpatient care, typically 25 minutes per day
99304	Initial nursing facility visit, typically 25 minutes per day
99307	Subsequent nursing facility visit, typically 10 minutes per day
99308	Subsequent nursing facility visit, typically 15 minutes per day
99324	New patient assisted living visit, typically 20 minutes
99325	New patient assisted living visit, typically 30 minutes
99334	Established patient assisted living visit, typically 15 minutes
99341	New patient home visit, typically 20 minutes
99347	Established patient home visit, typically 15 minutes
**0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected
**0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected
A2001	InnovaMatrix AC, per square centimeter
A2002	Mirragen advanced wound matrix, per square centimeter
A2004	XCelliStem, 1 mg
A2005	Microlyte matrix, per square centimeter
A2006	NovoSorb synpath dermal matrix, per square centimeter
A2007	Restrata, per square centimeter
A2008	TheraGenesis, per square centimeter
A2009	Symphony, per square centimeter
A2010	Apis, per square centimeter
A2011	Supra SDRM, per square centimeter

Table 1 – Covered Procedure Codes for Podiatrists (Specialty 140)

Reviewed/Updated: October 1, 2022

Procedure Code	Description
A2012	Suprathel, per square centimeter
A2013	InnovaMatrix FS per square centimeter
A2014	Omeza collagen matrix, per 100 mg
A2015	Phoenix wound matrix, per square centimeter
A2016	Permeaderm B, per square centimeter
A2017	Permeaderm glove, each
A2018	Permeaderm C, per square centimeter
A4100	Skin substitute, FDA cleared as a device, not otherwise specified
A4635	Underarm pad, crutch, replacement, each
A4636	Replacement, handgrip, cane, crutch, or walker, each
A4637	Replacement, tip, cane, crutch, walker, each
A5500	For diabetics only, fitting (including follow-up) custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe
A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with roller or rigid rocker bottom, per shoe
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with off-set heel(s), per shoe
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each
A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each
A5514	For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips

Table 1 – Covered Procedure Codes for Podiatrists (Specialty 140)
Reviewed/Updated: October 1, 2022

Procedure Code	Description
E0111	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips
E0112	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips
E0113	Crutch underarm, wood, adjustable or fixed, each, with pad, tips and handgrip
E0114	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips
E0116	Crutch underarm, other than wood, adjustable or fixed, each, with pad, tip and handgrip, with or without shock absorber, each
E0117	Crutch, underarm, articulating, spring assisted, each
E0153	Platform attachment, forearm crutch, each
G0108 U6	Diabetes outpatient self-management training services, individual, per 15 minutes
G0109 U6	Diabetes outpatient self-management training services, group session (2 or more), per 15 minutes
G0127	Trimming of dystrophic nails, any number
G0327	Colorectal cancer screening; blood-based biomarker
G2023**	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source
G2024**	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID -19]) from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source
J0670	Injection, mepivacaine hydrochloride, per 10 ml
J0702	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg
J1020	Injection, methylprednisolone acetate, 20 mg
J1030	Injection, methylprednisolone acetate, 40 mg
J1040	Injection, methylprednisolone acetate, 80 mg
J1100	Injection, dexamethasone sodium phosphate 1 mg
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg
J3301	Injection, triamcinolone acetonide, not otherwise specified, 10 mg
K1015	Foot, adductus positioning device, adjustable
L0978	Axillary crutch extension
L1902	Ankle orthosis, ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf
L1906	Ankle foot orthosis, multiligamentous ankle support, prefabricated, off-the-shelf
L1910	Ankle foot orthosis, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment
L1930	Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment
L1932	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment
L1940	Ankle foot orthosis, plastic or other material, custom fabricated
L1960	Ankle foot orthosis, posterior solid ankle, plastic, custom fabricated
L1970	Ankle foot orthosis, plastic with ankle joint, custom fabricated
L1971	Ankle foot orthosis, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment

Table 1 – Covered Procedure Codes for Podiatrists (Specialty 140)

Reviewed/Updated: October 1, 2022

Procedure Code	Description
L2006	Knee ankle foot device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only
L2270	Addition to lower extremity, varus/valgus correction ("T") strap, padded/lined or malleolus pad
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined
L2280	Addition to lower extremity, molded inner boot
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only
L2340	Addition to lower extremity, pre-tibial shell, molded to patient model
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for 'PTB' 'AFO' orthoses)
L2370	Addition to lower extremity, Patten bottom
L2397	Addition to lower extremity orthosis, suspension sleeve
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section
L3000	Foot, insert, removable, molded to patient model, "UCB" type, Berkeley shell, each
L3001	Foot insert, removable, molded to patient model, Spenco, each
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each
L3010	Foot, insert, removable, molded to patient model, longitudinal arch support, each
L3020	Foot, insert, removable, molded to patient model, longitudinal/metatarsal support, each
L3030	Foot, insert, removable, formed to patient foot, each
L3040	Foot, arch support, removable, premolded, longitudinal, each
L3060	Foot, arch support, removable, premolded, longitudinal/metatarsal, each
L3170	Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, each
L3219	Orthopedic footwear, men's shoes, oxford, each
L3224	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis)
L3310	Lift, elevation, heel and sole, neoprene, per inch
L3350	Heel wedge
L4205	Repair of orthotic device, labor component, per 15 minutes
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf
L4360	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L4361	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf

Table 1 – Covered Procedure Codes for Podiatrists (Specialty 140)

Reviewed/Updated: October 1, 2022

Procedure Code	Description
L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L4397	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf
L4631	Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated
L5000	Partial foot, shoe insert with longitudinal arch, toe filler
Q4037	Cast supplies, short leg cast, adult (11 years +), plaster
Q4038	Cast super short leg fiberglass
Q4039	Cast supplies, short leg cast, pediatric (0-10 years), plaster
Q4040	Cast supplies, short leg cast, pediatric (0-10 years), fiberglass
Q4045	Cast supplies, short leg splint, adult (11 years +), plaster
Q4046	Cast supplies, short leg splint, adult (11 years +), fiberglass
Q4047	Cast supplies, short leg splint, pediatric (0-10 years), plaster
Q4048	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass
Q4100	Skin substitute, not otherwise specified
Q4101	Apligraf, per square centimeter
Q4102	Oasis wound matrix, per square centimeter
Q4103	Oasis burn matrix, per square centimeter
Q4104	Integra bilayer matrix wound dressing (BMWD), per square centimeter
Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per square centimeter
Q4106	Dermagraft, per square centimeter
Q4107	Graftjacket, per square centimeter
Q4108	Integra matrix, per square centimeter
Q4110	Primatrix, per square centimeter
Q4111	Gammagraft, per square centimeter
Q4112	Cymetra, injectable, 1 cc
Q4113	Graftjacket Xpress, injectable, 1 cc
Q4114	Integra flowable wound matrix, injectable, 1 cc
Q4115	Alloskin, per square centimeter
Q4116	Alloderm, per square centimeter
Q4117	Hyalomatrix, per square centimeter
Q4118	MatriStem MicroMatrix, 1 mg
Q4121	Theraskin, per square centimeter

Table 1 – Covered Procedure Codes for Podiatrists (Specialty 140)

Reviewed/Updated: October 1, 2022

Procedure Code	Description
Q4122	Dermacell, per square centimeter
Q4123	Alloskin RT, per square centimeter
Q4124	Oasis Ultra Tri-Layer Wound Matrix, per square centimeter
Q4125	Arthroflex, per square centimeter
Q4126	Memoderm, DermaSpan, TranZgraft or InteguPly, per square centimeter
Q4127	Talymed, per square centimeter
Q4128	FlexHD, AlloPatch HD, or Matrix HD, per square centimeter
Q4130	StratticeTM, per square centimeter
Q4132	Grafix Core and GrafixPL Core, per square centimeter
Q4133	Grafix Prime and GrafixPL Prime, per square centimeter
Q4134	hMatrix, per square centimeter
Q4135	Mediskin, per square centimeter
Q4136	E-Z Derm, per square centimeter
Q4137	AmnioExCel or BioDExCel, per square centimeter
Q4138	BioDfence DryFlex, per square centimeter
Q4139	AmnioMatrix or bioDMatrix, injectable, 1 cc
Q4140	BioDfence, per square centimeter
Q4141	Alloskin AC, per square centimeter
Q4142	XCM Biologic tissue matrix, per square centimeter
Q4143	Repriza, per square centimeter
Q4145	EpiFix, injectable, 1 mg
Q4146	Tensix, per square centimeter
Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per square centimeter
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per square centimeter
Q4149	Excellagen, 0.1 cc
Q4150	Allowrap DS or Dry, per square centimeter
Q4151	Amnioband or Guardian, per square centimeter
Q4152	Dermapure, per square centimeter
Q4153	Dermavest and Plurivest, per square centimeter
Q4154	Biovance, per square centimeter
Q4155	NeoxFlo or ClarixFlo, 1 mg
Q4156	Neox 100 or Clarix 100, per square centimeter
Q4157	Revitalon, per square centimeter
Q4158	Kerecis Omega3, per square centimeter
Q4159	Affinity, per square centimeter
Q4160	Nushield, per square centimeter
Q4161	bio-ConneKt wound matrix, per square centimeter
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc

Table 1 – Covered Procedure Codes for Podiatrists (Specialty 140)

Reviewed/Updated: October 1, 2022

Procedure Code	Description
Q4163	WoundEx, BioSkin, per square centimeter
Q4164	Helicoll, per square centimeter
Q4165	Keramatrix, per square centimeter
Q4166	Cytal, per square centimeter
Q4167	Truskin, per square centimeter
Q4168	Amnioband, 1 mg
Q4169	Artacent wound, per square centimeter
Q4170	Cygnus, per square centimeter
Q4171	Interfyl, 1 mg
Q4173	PalinGen or PalinGen XPlus, per square centimeter
Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc
Q4175	Miroderm, per square centimeter
Q4176	NeoPatch, per square centimeter
Q4177	Floweramnioflo, 0.1 cc
Q4178	Floweramniopatch, per square centimeter
Q4179	Flowerderm, per square centimeter
Q4180	Revita, per square centimeter
Q4181	Amnio wound, per square centimeter
Q4182	TransCyte, per square centimeter
Q4183	SurgiGRAFT, per square centimeter
Q4184	Cellesta, per square centimeter
Q4185	Cellesta flowable amnion (25 mg per cc); per 0.5 cc
Q4186	Epifix, per square centimeter
Q4187	Epicord, per square centimeter
Q4188	Amnioarmor, per square centimeter
Q4189	Artacent AC, 1 mg
Q4190	Artacent AC, per square centimeter
Q4191	Restorigin, per square centimeter
Q4192	Restorigin, 1 cc
Q4193	Coll-e-Derm, per square centimeter
Q4194	Novachor, per square centimeter
Q4195	PuraPly, per square centimeter
Q4196	PuraPly AM, per square centimeter
Q4197	PuraPly XT, per square centimeter
Q4198	Genesis amniotic membrane, per square centimeter
Q4199	Cygnus matrix, per square centimeter
Q4200	Skin TE, per square centimeter
Q4201	Matrion, per square centimeter

Table 1 – Covered Procedure Codes for Podiatrists (Specialty 140)

Reviewed/Updated: October 1, 2022

Procedure Code	Description
Q4202	Keroxx (2.5g/cc), 1cc
Q4203	Derma-Gide, per square centimeter
Q4204	XWRAP, per square centimeter
Q4205	Membrane Graft or Membrane Wrap, per square centimeter
Q4206	Fluid Flow or Fluid GF, 1 cc
Q4208	Novafix, per square centimeter
Q4209	SurGraft, per square centimeter
Q4210	Axolotl Graft or Axolotl DualGraft, per square centimeter
Q4211	Amnion bio or AxoBioMembrane, per square centimeter
Q4212	Allogen, per cc
Q4213	Ascent, 0.5 mg
Q4214	Cellesta Cord, per square centimeter
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg
Q4216	Artacent Cord, per square centimeter
Q4217	Woundfix, BioWound, Woundfix Plus, BioWound Plus, Woundfix Xplus or BioWound Xplus, per square centimeter
Q4218	SurgiCORD, per square centimeter
Q4219	SurgiGRAFT-DUAL, per square centimeter
Q4220	BellaCell HD or SureDerm, per square centimeter
Q4221	AmnioWrap2, per square centimeter
Q4222	ProgenaMatrix, per square centimeter
Q4224	Human health factor 10 amniotic patch (HHF10-P), per square centimeter
Q4225	Amniobind, per square centimeter
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per square centimeter
Q4227	Amniocore, per square centimeter
Q4229	Cogenex amniotic membrane, per square centimeter
Q4230	Cogenex flowable amnion, per 0.5 cc
Q4231	Corplex P, per cc
Q4232	Corplex, per square centimeter
Q4233	Surfactor or NuDYN, per 0.5 cc
Q4234	Xcellerate, per square centimeter
Q4235	Amniorepair or AltiPly, per square centimeter
Q4237	Cryo-Cord, per square centimeter
Q4238	Derm-Maxx, per square centimeter
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per square centimeter
Q4240	Corecyte, for topical use only, per 0.5 cc
Q4241	Polycyte, for topical use only, per 0.5 cc
Q4242	Amniocyte Plus, per 0.5 cc
Q4244	Procenta, per 200 mg

Table 1 – Covered Procedure Codes for Podiatrists (Specialty 140)

Reviewed/Updated: October 1, 2022

Procedure Code	Description
Q4245	Amniotext, per cc
Q4246	Coretext or Protext, per cc
Q4247	Amniotext patch, per square centimeter
Q4248	Dermacyte amniotic membrane allograft, per square centimeter
Q4249	Amniply, for topical use only, per square centimeter
Q4250	AmnioAMP-MP, per square centimeter
Q4251	Vim, per square centimeter
Q4252	Vendaje, per square centimeter
Q4253	Zenith amniotic membrane, per square centimeter
Q4254	Novafix DL, per square centimeter
Q4255	REGUaRD, for topical use only, per square centimeter
Q4256	MLG complete, per square centimeter
Q4257	Relese, per square centimeter
Q4258	Enverse, per square centimeter
Q4259	Celera dual layer or Celera dual membrane, per square centimeter
Q4260	Signature APatch, per square centimeter
Q4261	Tag, per square centimeter
T1015*	Clinic, visit/encounter, all-inclusive
U0003**	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R
U0004**	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R.

*   *Note: T1015 is covered only for claims billed by a federally qualified health center (FQHC) or rural health clinic (RHC).*

**   *Codes marked with a double asterisk (**) have been added temporarily, in response to the coronavirus disease 2019 (COVID-19) public health emergency. When deemed appropriate, these codes will be removed from this table and will no longer be covered for podiatrists.*

Table 1 Revision History

October 1, 2022, update:
    Added (effective October 1, 2022): A2014–A2018

July 1, 2022, update:
    Added (effective July 1, 2022): Q4259–Q4261
    Updated description (effective July 1, 2022): A2004

April 26, 2022, update:
    Removed (correction): A2003

April 1, 2022, update:
    Added (effective April 1, 2022): A2011–A2013, A4100, Q4224, Q4225, Q4256–Q4258

January 1, 2022, update:
    Added (effective January 1, 2022): A2001–A2010, Q4199

December 24, 2021, update:
    **Added temporarily (effective December 24, 2021): 0240U, 0241U

Table 1 Revision History
October 1, 2021, update: Added (effective October 1, 2021): Q4251–Q4253 Removed (effective October 1, 2021): Q4228, Q4236
September 27, 2021, update: Added (effective September 27, 2021): A4635–A4637, E0110–E0114, E0116, E0117, E0153, L0978
July 1, 2021, update: Added (effective July 1, 2021): G0327
April 1, 2021, update: Added (effective April 1, 2021): K1015
March 23, 2021, update: Revised description (effective January 1, 2021): 99202, 99203, 99211–99213
February 9, 2021, update: Removed (effective January 1, 2021): 99201
October 23, 2020, update: Added (effective October 23, 2020): 27826–27828, Q4037, Q4039, Q4040, Q4045– Q4048
October 1, 2020, update: Added (effective October 1, 2020): Q4249, Q4250, Q4254, Q4255
July 1, 2020, update: Added (effective January 1, 2020): Q4227–Q4242, Q4244–Q4248
April 28, 2020, update: **Added temporarily (effective March 18, 2020): U0003, U0004
April 7, 2020, update: **Added temporarily (effective March 1, 2020): G2023, G2024
January 1, 2020, update: Added (effective January 1, 2020): L2006
November 1, 2019, update: Added (effective November 1, 2019): 73700, Q4038
October 1, 2019, update: Added (effective October 1, 2019): Q4205, Q4206, Q4208–Q4222, Q4226
January 1, 2019, update: Added (correction): T1015 Added (effective January 1, 2019): 11102–11107, A5514, Q4183–Q4198, Q4200–Q4204 Removed (effective January 1, 2019): 11100, 11101, K0903, Q4131, Q4172
October 10, 2018, update: Added (effective July 1, 2018): 98960–98962
August 3, 2018, update: Added (effective August 3, 2018): 11100, 11101, 11760, 12001, 12002, 12020, 12041, 13160, 14040, 14041, 14350, 15002, 15004, 15040, 15050, 15100, 15110, 15115, 15120, 15130, 15135, 15150, 15155, 15220, 15240, 15271–15278, 17000, 17003, 17004, 17250, 20103, 20220, 20225, 20240, 20612, 20670, 20680, 20690, 20692, 20694, 20696, 20697, 20900, 27600, 27601, 27602, 27604–27607, 27610, 27612, 27620, 27625, 27626, 27630, 27635, 27637, 27638, 27640, 27641, 27650, 27652, 27654, 27658, 27659, 27664, 27665, 27675, 27676, 27680, 27681, 27685–27687, 27690–27692, 27695, 27696, 27698, 27700, 27702–27705, 27707, 27709, 27760 27762, 27766 –27769, 27786, 27788, 27792, 27808, 27810, 27814, 27816, 27818, 27822–27825, 27829–27831, 27840, 27842, 27846, 27848, 27860, 27870, 28208, 28291, 28295, 29700, 29799, 64640, 64774, 64776, 64778, 64782, 64783, 64787, 73590, Q4100–Q4108, Q4110–Q4118, Q4121–Q4128, Q4130–Q4143, Q4145–Q4182 Removed (correction): 29900, 29901
April 1, 2018, updated: Added (effective April 1, 2018): K0903
January 1, 2018, update: Removed (correction): 11752, 28290, 28293, 28294
November 17, 2017, update: Added (effective August 11, 2017): G0108 U6, G0109 U6
August 11, 2017, update: Code set created (effective August 11, 2017)

Table 2 – Procedure Codes for Routine Foot Care

Reviewed/Updated: May 1, 2022

Procedure Code	Description
11055	Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); single lesion
11056	Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); 2 to 4 lesions
11057	Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); more than 4 lesions
11719	Trimming of nondystrophic nails, any number
11720	Debridement of nail(s) by any method(s); 1 to 5
11721	Debridement of nail(s) by any method(s); 6 or more
G0127	Trimming of dystrophic nails, any number

Table 3 – ICD-10 Diagnosis Codes for Routine Foot Care Coverage

Reviewed/Updated: May 1, 2022

Diagnosis Code	Description
B35.1	Tinea unguium
E08.00, E08.01, E08.10, E08.11, E08.21, E08.22, E08.29, E08.311, E08.319, E08.36, E08.39–E08.44, E08.49, E08.51, E08.52, E08.59, E08.610, E08.618, E08.620–E08.622, E08.628, E08.630, E08.638, E08.641, E08.649, E08.65, E08.69, E08.8, E08.9, E09.00, E09.01, E09.10, E09.11, E09.21, E09.22, E09.29, E09.311, E09.319, E09.36, E09.39, E09.40–E09.44, E09.49, E09.51, E09.52, E09.59, E09.610, E09.618, E09.620–E09.622, E09.628, E09.630, E09.638, E09.641, E09.649, E09.65, E09.69, E09.8, E09.9, E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.36, E10.39–E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620–E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.21, E11.22, E11.29, E11.311, E11.319, E11.36, E11.39–E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620–E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.42	Diabetes mellitus, other diabetes mellitus with diabetic polyneuropathy, diabetes with unspecified complications
G57.53	Tarsal tunnel syndrome, bilateral lower limbs
G60.0, G60.1, G60.3, G60.8, G61.0, G62.0–G62.2, G63	Hereditary and idiopathic peripheral neuropathy, Guillain Barre, drug induced, alcoholic induced, and polyneuropathy due to other toxic agents

Table 3 – ICD-10 Diagnosis Codes for Routine Foot Care Coverage

Reviewed/Updated: May 1, 2022

Diagnosis Code	Description
I70.201–I70.203, I70.208, I70.209, I70.211–I70.213, I70.218, I70.219, I70.221–I70.223, I70.228, I70.229, I70.231–I70.235, I70.238, I70.239, I70.241–I70.245, I70.248, I70.249, I70.25, I70.261–I70.263, I70.268, I70.269, I70.291–I70.293, I70.298, I70.299	Arteriosclerotic vascular disease of the lower extremities
I73.1	Thromboangiitis obliterans (Buerger's disease)
I79.8	Other disorders of arteries
I87.001–I87.003, I87.009, I87.011–I87.013, I87.019, I87.021–I87.023, I87.029, I87.031–I87.033, I87.039, I87.091–I87.093, I87.099, I87.1, I87.2, I87.301–I87.303, I87.309, I87.311–I87.313, I87.319, I87.321–I87.323, I87.329, I87.331–I87.333, I87.339, I87.391–I87.393, I87.399	Post-phlebitis syndrome
L84	Corns and callosities
M21.611, M21.612, M21.619, M21.621, M21.622, M21.629	Bunions and bunionettes
Table 3 Revision History	

October 1, 2017, update:

Removed (effective October 1, 2016): E08.321, E08.329, E08.331, E08.339, E08.341, E08.349, E08.351, E08.359, E09.321, E09.329, E09.331, E09.339, E09.341, E09.349, E09.351, E09.359, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E11.321, E11.329, E11.331, E11.341, E11.349, E11.351, E11.359

Removed (correction): E08.6, E09.64

October 1, 2016, update:

Added (effective October 1, 2016): G57.53, M21.611, M21.612, M21.619, M21.621, M21.622, M21.629

Table 4 – Procedure Codes for Orthotics for Severe Diabetic Foot Disease

Reviewed/Updated: November 8, 2021

Procedure Code	Description
A5500	For diabetics only, fitting (including follow-up) custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s) per shoe
A5501	For diabetics only, fitting (including follow-up) custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with roller or rigid rocker bottom, per shoe
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with off-set heel(s), per shoe
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of Shore A 35 durometer or 3/16 inch material of shore A 40 durometer (or higher), prefabricated, each
A5513	For diabetics only, multiple density insert, custom mold from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer or higher), includes arch filler and other shaping material, custom fabricated, each
A5514	For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each
Table 4 Revision History	

November 8, 2021, update:

    Corrected table number and name *(On versions of this document published on and after June 10, 2021, the heading for this table was inadvertently overwritten with the same heading as the table that precedes it. This update corrects that error.)*

January 1, 2019, update:

    Added (effective January 1, 2019): A5514 *(replaced K0903, which had been effective since April 1, 2018, but was omitted from this table in error)*