

# Affiliates in Podiatry, P.C.

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OFFICE	NEW	ESTAB	FEE	DME Continued	CODE	FEE	DIAGNOSIS
Level I - Nurse	99211	99211		Richie R L	L1970 / L2820 / L2275		L02.61- Abscess/Foot R L
Level II	99202	99212		SAFO R L	L1960 / L2820 / L2275		L90.5 Adhesions R L
Level III	99203	99213		TENS Unit	E0730		M92.6- Apophysitis, Tarus R L
Level IV	99204	99214		TENS Electrodes	A4595		M92.7- Apophysitis, Foot R L
<b>MODIFIERS</b>				<b>VASC</b>			M24.87- Ankle Instability R L
24, 25				Vasc Study	93923-TC		M19.07- Arth/Osteo R L
<b>CONSULTATIONS</b>				<b>FRACTURES</b>			M19.17- Arth/Trauma R L
Level I	99241			Fx Metatarsal Closed	28470		M25.57- Arthralgia R L
Level II	99242			Fx Hallux	28490		L85.8 Benign Lesion/Poro R L
Level III	99243			Fx Lesser Phalanx	28510		S90.82- Blister, Foot* R L
<b>HOSPITAL</b>				<b>SURGERY-51, 58, 59, 78, 79</b>			S90.42- Blister, Toe* T- R L
Level I, II, III	99231, 99232, 99233			Debride Nails - 1-5	11720		T84.293- Buried Hardware* R L
<b>OTHER SERVICES</b>				Debride Nails - 1-10	11721		M77.5- Bursitis R L
Follow-up - N/C	99024			Trim Dystrophic nails	G0127-59		M77.5- Capsulitis, Foot R L
Non Covered Care	Q3015			Debride, Partial Thickness	97597		M21.6X- Cavus Foot R L
<b>RADIOLOGY</b>				Debride, Full Thickness	11042		L03.11- Cellulitis, Foot R L
Foot 2 Views	R L	73620		I & D Foreign Body	10120		L03.03- Cellulitis, Toe R L
Foot 3 Views	R L	73630		I & D Abscess/Paronychia	10060		M14.67- Charcot's Joint R L
2 Views Ankle	R L	73600		Complex I & D/Multiple	10061		S90.3- Contusion/Foot R L
3 Views Ankle	R L	73610		Applic. Silver Nitrate	17250		S90.2- Contusion/Nail T- R L
Ultrasound joint	R L	76881		Benign Lesion 1-14	17110		G90.52- CRPS R L
Ultrasound structure	R L	76882		Lesion 15 or more	17004		L25.9- Dermatitis R L
Needle Guidance	R L	76942		Benign Lesion 15 or More	17111		E11.9- Diabetes, Type 1 R L
<b>BIOMECHANICAL ORTHOTICS</b>				Punch Biopsy	11100		E11.42- NIDDM w/ Neuro R L
Orthotics R L	L3000 / L3020 / L3030			Add'l	11101		E10.42- IDDM w/Neuro R L
Cast	R L	29799		Puncture Blister/Abscess	10160		E11.51- NIDDM w/ PVD R L
Materials age 11+	R L	Q4037		Shave Biopsy	11305		E10.51- IDDM w/ PVD R L
Materials age 0-10	R L	Q4039		Shave Biopsy .6-1/1/2-2	11306 / 11307		E11.621- NIDDM w/Ulcer R L
Gait		97116		Aspirate Ganglion	20612		E10.621- IDDM w/ Ulccer R L
Disp. Orthotics	DISP			Excision Benign Lesion			R60.0- Edema R L
Temporary Orthotics	L3002			0.6 - 1.0 cm	11421		M67.0- Equinus Def R L
Recover Ortho	L4210			1-2 cm	11422		M72.2- Fibroma R L
Refurbish Ortho	L4210			2-3 cm	11423		L98.8- Fissure R L
<b>CAST</b>				Excision Tumor Sq	28043		S90.85- For. Body, Foot * R L
BK Cast	Q4038	Q4030		Avulsion, Nail	11730		S90.45- For Body, Toe* T- R L
Unna Boot	29580	W0360		Excision Nail	11750		S92.0- Fracture/Calc. * R L
Multi Layer		29581		Nail Biopsy	11755		S92.5- Fracture/Toe * R L
Toe Strap	R L	29550		Buried Hardware Removal	20680		S92.4- Fracture, Hallux* R L
Foot/Ankle Strap	R L	29540		Tissue Graft	20926 / 20550 / 76942		S92.3- Fracture Meta * R L
Short Leg Splint	29515, Q4045 & Q4046			<b>INJECTIONS</b>			S92.2- Fracture/Tar * R L
<b>INJECTION MATERIALS</b>				Inject Small Joint	20600		I70.26- Gangrene R L
Lidocaine	J2001			Inject Intermediate Joint	20605		M67.47- Ganglion R L
Dexamethasone	J1100			Inject Trigger Point	20550		M10.07- Gout, acute R L
Betamethasone	J0704			Nerve Block	64450		L84- HKT R L
Wydase	J3470			Chemolysis	64640		M20.2- Hallux Rigid R L
Triamcinolone	J3301			Nerve Sclerosse	64632		M20.1- Hallux Valgus R L
Bleomycin	J9040			Steroid Inj. Neuroma	64455		M20.4- Hammer Toe R L
<b>DME</b>				<b>IOD</b>			L60.9- Hematoma Subungual R L
Airheel/Gauntlet	L1902			Ace			L74.513- Hyperhidrosis R L
Aircast Ankle	L4350			Biofreeze			M24.57- Jt. Contracture, foot R L
Aircast Walker	L4360			Formula 3			
Cam Walker	L4386			Gormel			
Multiig	L1906			HAV Night Splint			
Night Fighter	L4396			Heel Cup			
Velocity	L1971			Pediboro			
Polymem	A6212			Shower Guard			
Collagen	A6021			Sorbidan Hydrate			
Shoes/Inserts	A5500 x 2 / A5512 x 6			Sox			
Custom Molded	A5501 x 2 / A5513 x 6			Silipos: Tube Bunion Cap Toe Heel Crest Sep			
Surgical Shoe	L3260			Silipos Size SM LG			
<b>Custom AFO</b>				Silvadene			
Amputation R L	L5000			<b>OTHER SERVICES</b>			
Arizona R L	L1940 / L2820 / L2330						Ulcer 0, 1, 2, 3

DATE	TIME	PATIENT	REASON	PRIOR BALANCE	L	R	B/L	Foot	Hallux	Toe
					Met	1	2	3	4	5
					Initial			Subsequent		Sequela
					Delay Union			Non-Union		Prox Mid Dist
TICKET NO.	DR.#	DOCTOR	LOCATION	D.O.B.	TODAY'S CHARGE	Paid on Account:				
					Cash _____ Check # _____					
					Visa/Mastercard					
					<b>PAYMENT IS DUE AT TIME OF SERVICE</b>					
PATIENT NO.	RESPONSIBLE PARTY	PH#	REFERRING DR.	ADJUSTMENTS	RETURN FOR:					
					<b>RETURN TO: MC D DET B</b>					
					NEXT APPOINTMENT:					
					Days _____ Weeks _____ Months _____					