

| Description | Item Number |
|---|--------------------|
| Consultation | |
| Initial Consultation | F002 |
| Brief Consultation | F010 |
| Subsequent Consultation | F012 |
| Extended Consultation | F014 |
| Custom Orthotic Program | |
| Range of Motion Study | F114 |
| Plaster foot impression | F301 |
| Custom Foot Orthoses | F221 |
| Orthoses additions | F385 |
| Orthoses recovering/modifications | F383 |
| Non Cast Orthotic Therapy | |
| Semi Rigid non cast orthoses | F267 |
| Diabetic Study | |
| Diabetic Assessment (including Doppler) | F104 |
| Nail Surgery | |
| Nail Edge Resection and Sterilization | F546 |
| Strapping / Taping | F361 |
| Heel Lift | F269 |
| Immobilisation Splint; ankle/foot | F312 |