

INTEGUMENTARY SYSTEM SURGICAL PROCEDURES

SKIN AND SUBCUTANEOUS TISSUE

Asst

Surg

Anae

INCISION

Abscess or haematoma - Local anaesthetic

- subcutaneous

Z101	- one.....	nil	25.75	
Z173	- two.....		30.35	
Z174	- three or more.....		40.80	
Z104	- perianal.....		20.10	
Z106	- ischiorectal or pilonida.....		44.35	
Z103	- palmar or plantar spaces.....		44.35	
E542	- when performed outside hospital..... add		11.15	

Abscess or haematoma - General anaesthetic

- subcutaneous

# Z102	- one.....		44.35	6
# Z172	- two or more.....		66.60	7
# Z105	- perianal.....		66.00	6
# Z107	- ischiorectal or pilonidal.....		108.00	6
# Z108	- palmar or plantar spaces.....		72.00	6

Foreign body removal

Z114	- local anaesthetic.....		25.25	
E542	- when performed outside hospital..... add		11.15	
# Z115	- general anaesthetic.....	6	88.80	6
# Z100	- complicated (see General Preamble GP8).....	6	I.C	7
# Z227	Intramuscular abscess or haematoma.....		101.65	6
Z118	Aspiration of superficial lump for cytology.....		28.25	

Biopsy(ies)

Z116	- any method, when sutures are used.....		29.60	
E542	- when performed outside hospital..... add		11.15	
Z113	- any method, when sutures are not used.....		29.60	

Note:

Z116 may be allowed more than once on an IC basis if medically necessary (in order to make a diagnosis or to plan treatment) to biopsy more than one lesion or to obtain a second biopsy from an extensive lesion. If claimed, may be allowed with chemical treatment of lesion (code Z117).

# Z155	Biopsy(ies) - extensive, complicated or requiring general anaesthetic when sole procedure (see General Preamble GP8).....		I.C	I.C
# Z245	Biopsy for malignant hyperthermia, three or more.....		152.85	10

INTEGUMENTARY SYSTEM SURGICAL PROCEDURES

SKIN AND SUBCUTANEOUS TISSUE

Asst

Surg

Anae

EXCISION (WITH OR WITHOUT BIOPSY)

LESIONS - SINGLE OR MULTIPLE SITES

Note:

1. Tattoo removal - (see Appendix D Surface Pathology Section 3).
2. Removal of any lesions (e.g. keratosis, nevi) for cosmetic purposes and not for any clinical suspicion of disease or malignancy is not an insured service.

Group 1 - e.g. keratosis, pyogenic granuloma

(see Appendix D Surface Pathology)

Removal by excision and suture

Z156	- single lesion	20.00	6
Z157	- two lesions	26.50	6
Z158	- three or more lesions	44.25	6
E542	- when performed outside hospital..... add	11.15	

Removal by electrocoagulation and/or curetting

Z159	- single lesion	10.55	6
Z160	- two lesions	15.85	6
Z161	- three or more lesions	26.20	6

Note:

1. Paring of a lesion by any method, including curetting, and/or electrocoagulation, without complete removal of the lesion does not constitute Z159, Z160 or Z161 and is *not eligible for payment*.
2. Excision or removal by electrocoagulation and/or curetting of plantar verrucae is not an insured service.

Group 2 - nevus

(see Appendix D Surface Pathology, Section 4)

Removal by excision and suture

Z162	- single lesion	20.00	6
Z163	- two lesions	26.50	6
Z164	- three or more lesions	44.25	6
E542	- when performed outside hospital..... add	11.15	
#Z165	Congenital (extensive) (see General Preamble GP8)	I.C	I.C

INTEGUMENTARY SYSTEM SURGICAL PROCEDURES

SKIN AND SUBCUTANEOUS TISSUE

	Asst	Surg	Anae
Group 3 - cyst, haemangioma, lipoma			
Face or neck - Local anaesthetic			
Z122 - single lesion	nil	38.50	
Z123 - two lesions		67.80	
Z124 - three or more lesions		78.00	
E542 - when performed outside hospital..... add		11.15	
Face or neck - General anaesthetic			
# Z145 - single lesion	6	65.35	6
# Z146 - two lesions	6	98.55	6
# Z147 - three or more lesions	6	162.55	6
# Z148 - extensive or massive (see General Preamble GP8).....	6	I.C	7
Other areas - Local anaesthetic			
Z125 - single lesion	nil	32.00	
Z126 - two lesions		45.00	
Z127 - three or more lesions		60.00	
E542 - when performed outside hospital..... add		11.15	
Other areas - General anaesthetic			
# Z149 - single lesion	6	50.00	6
# Z150 - two lesions	6	65.55	6
# Z151 - three or more lesions	6	98.55	6
# Z152 - extensive or massive (see General Preamble GP8).....	6	I.C	6
Group 4 - other lesions			
Z096 Lipoma - 5 to 10 cm.....	6	80.00	6
E542 - when performed outside hospital..... add		11.15	
# Z097 Lipoma - over 10 cm.....	6	160.00	6
# R034 Congenital dermoid cyst adult	6	124.40	6
# R043 - infant or child	6	201.10	6
# R042 - midline, e.g. nasal.....	6	272.80	6
# R037 Giant cell tumour.....	6	200.00	6
Pilonidal cyst			
# R035 - simple excision or marsupialization		200.00	6
# R054 - simple excision or marsupialization, if patient's BMI greater than 40.....	6	250.00	6
# R036 - excision and skin shift	6	280.00	6
Inguinal, perineal or axillary skin and sweat glands for hyperhidrosis and/or hidradenitis			
# R059 - unilateral	6	248.80	6
# R060 - with skin graft(s) or rotation flap(s).....	6	377.90	7

INTEGUMENTARY SYSTEM SURGICAL PROCEDURES

SKIN AND SUBCUTANEOUS TISSUE

Asst

Surg

Anae

EXCISION OF PRE-MALIGNANT LESIONS INCLUDING B/OPSY OF EACH LESION – SINGLE OR MULTIPLE SITES

The amount payable for excision of a pre-malignant lesion will be adjusted to a lesser fee if the pathologist's report is not retained in the patient's record.

Face or Neck

Simple excision

R160	- single lesion	6	53.20	6
R161	- two lesions	6	87.40	6
R162	- three or more lesions	6	174.75	6
E542	- when performed outside hospital		11.15	

Other Areas

Simple excision

R163	- single lesion	6	43.60	6
R164	- two lesions	6	71.80	6
R165	- three or more lesions	6	143.55	6
E542	- when performed outside hospital		11.15	

Note:

Excision of a pre-malignant lesion is only payable for the following lesions:

1. Dysplastic Nevus (nevus with dysplastic features, atypical melanocytic hyperplasia, atypical melanocytic proliferation, atypical lentiginous melanocytic proliferation or premalignant melanosis)
2. Actinic/Solar Keratosis
3. Chemical and other pre-malignant keratoses
4. Large Cell Acanthoma
5. Erythroplasia of Queryrat
6. Leukoplakia

[Commentary:

In-situ lesions such as Lentigo Maligna (melanoma-in-situ) and Bowen's Disease (squamous cell carcinoma-in-situ) are considered malignant lesions.]

Z119	Cryotherapy treatment of at least 5 pre-malignant actinic keratosis lesions on the same day, not to include freeze- thaw cycles.....		29.00	
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Note:

Z119 is *only eligible for payment* when liquid nitrogen is used.

[Commentary:

For fewer than five lesions see Z117.]

Claims submission instructions:

Submit claims with diagnostic code 232.

INTEGUMENTARY SYSTEM SURGICAL PROCEDURES

SKIN AND SUBCUTANEOUS TISSUE

Asst

Surg

Anae

MALIGNANT LESIONS INCLUDING BIOPSY OF EACH LESION - SINGLE OR MULTIPLE SITES

The amount payable for treatment of a malignant lesion will be adjusted to a lesser fee if the pathologist's report is not retained in the patient's record.

Note:

A pre-malignant lesion is not a malignant lesion for the purposes of payment.

Face or neck

Simple excision

R048	- single lesion	6	92.15	6
R049	- two lesions	6	139.20	7
R050	- three or more lesions	6	233.00	7
E542	- when performed outside hospital..... add		11.15	

Other areas

Simple excision

R094	- single lesion	6	58.15	7
R040	- two lesions	6	95.70	6
R041	- three or more lesions	6	191.40	7
E542	- when performed outside hospital..... add		11.15	

Malignant melanoma

R010	- wide excision in any area and must include > 1 cm margins and layered closure	6	124.10	7
# E540	- if excision is performed in hospital for tumour free margin with frozen section, to excision or repair fees..... add 25%			

[Commentary:

For sentinel node biopsy refer to Z427 p R2.]

Note:

When excision of benign, pre-malignant or malignant lesions are corrected by advancement, rotation, transposition, Z-plasty, flap or graft, claim appropriate benefit listed under Repair Section instead of foregoing excision benefits.

Face or neck

Curettage, electrodesiccation or cryosurgery

R018	- single lesion	6	68.55	6
R019	- two lesions	6	112.90	7
R020	- three or more lesions	6	225.75	6

Other areas

Curettage, electrodesiccation or cryosurgery

R031	- single lesion	6	55.05	6
R032	- two lesions	6	90.70	7
R033	- three or more lesions	6	181.55	6
# R051	Laser surgery on Group 1 - 4, pre-malignant and malignant lesions (see General Preamble GP8)		I.C	I.C

Note:

Physicians treating vascular ectasias by laser may obtain from their Ministry of Health and Long-Term Care *Medical Consultant* the current Ministry policy regarding conditions approved for coverage under the Plan.

Chemical and/or cryotherapy treatment of skin lesions

Z117	- Chemical and/or cryotherapy treatment, one or more lesions		11.65	
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Note:

1. Z117 includes paring and/or debulking of a lesion prior to or subsequent to chemical and/or cryotherapy treatment, when rendered.
2. Z117 is limited to a maximum of one service per patient per physician per day.

[Commentary:

See Appendix D (8) of this *Schedule* for the conditions under which treatment of warts is an insured service.]

INTEGUMENTARY SYSTEM SURGICAL PROCEDURES

SKIN AND SUBCUTANEOUS TISSUE

Asst

Surg

Anae

MOHS MICROGRAPHIC SURGERY

Definition/Required elements of service

Mohs micrographic surgery is eligible for payment when rendered for a lesion that is a histologically confirmed cutaneous malignancy (including basal cell carcinoma, squamous cell carcinoma, malignant melanoma, lentigo maligna, dermatofibrosarcoma protuberans, sebaceous carcinoma, microcystic adnexal carcinoma, atypical fibroxanthoma, Merkel cell carcinoma, eccrine carcinoma, extramammary Paget's disease, leiomyosarcoma and primary cutaneous adenocarcinoma); and that meets one or more of the following conditions:

- a. a lesion with clinical margins greater than 1.5 cm;
- b. a lesion located in an anatomically sensitive area, in particular but not limited to the periocular, perinasal, perilabial, and periauricular surfaces, or the nose;
- c. a recurrent malignancy that has not responded to prior therapy;
- d. a malignant lesion in a patient with immunodeficiency or genodermatoses predisposing to widespread skin cancers, such as basal cell nevus syndrome;
- e. a histologically aggressive lesion (such as a basal cell carcinoma that is sclerosing, infiltrative, baso-squamous, or micronodular, or a squamous cell carcinoma that is poorly differentiated, or demonstrates peri-neural/lymphatic/vascular involvement) at any anatomic site.

# R081	- Initial cut, including debulking	6	315.45	7
# E524	- one or more additional cuts, to R081	add	273.45	

Note:

1. R081 and E524 are eligible for payment only to physicians with generally accepted specialized training in Mohs surgery.

[Commentary:

An example of generally accepted specialized training is the successful completion of a fellowship accredited by the American College of Mohs Surgery.]

1. R081 is eligible for payment only when the preparation of slides is rendered or supervised by the physician claiming R081 and all microscopic tissue sections are personally reviewed and interpreted by the physician claiming R081. If a pathologist interprets or submits a claim for analyzing histological slides prepared by the physician claiming R081, R081 and E524 are *not eligible for payment*.

[Commentary:

In these circumstances, the physician should instead claim the appropriate fee code for excising a malignant skin lesion.]

2. Closure of the resulting defect by undermining and advancement flaps is included in the above fees. If more complicated closure is necessary, the service may be eligible for payment using fee codes under skin flaps and grafts.

Payment rules:

1. R081 is eligible for payment once per lesion including when excision of the lesion is completed over two or more days up to two weeks.
2. E524 is eligible for payment once per lesion. An additional E524 may be eligible for payment on an Independent Consideration (IC) basis when claimed on a subsequent *day* up to two weeks after the R081 service.
3. R081 *with or without* E524 is eligible for payment at 85% for a second lesion excised by Mohs surgery on the same patient on the same *day*. Submit a claim for three or more lesions for Independent Consideration with an operative report describing the indications for the surgery and the necessity for multiple procedures.
4. R081 *with or without* E524 may be eligible for payment on an Independent Consideration (IC) basis for a lesion that is histologically aggressive but not specified in the definition.

INTEGUMENTARY SYSTEM SURGICAL PROCEDURES

SKIN AND SUBCUTANEOUS TISSUE

Asst

Surg

Anae

Wound and ulcer debridement

Debridement of wound(s) and/or ulcer(s) extending into subcutaneous tissue		
Z080	- one	20.00
Z081	- two	30.00
Z082	- three	45.00
Z083	- four or more	60.00
Debridement of wound(s) and/or ulcer(s) extending into any of the following structures: tendon, ligament, bursa and/or bone		
Z084	- one	60.00
Z085	- two or more	90.00
E542	- when performed outside hospital, to Z080, Z081, Z082, Z083, Z084 or Z085..... add	11.15

Payment rules:

1. Wound and ulcer debridement services are *only eligible for payment* where:

- a. the physician performs a minimum of 10 minutes of debridement; and
- b. the service is *rendered personally by the physician*.

2. Suture of laceration (Z154, Z175, Z176, Z177, Z179, Z190, Z191, Z192), and complex laceration repair (Z187, Z188, Z189) services are *not eligible for payment* with wound and ulcer debridement services.

3. All wound and ulcer debridement services include the application of any necessary dressing if rendered.

[Commentary:

Debridement of wound(s) or ulcer(s) must be performed personally by the physician. Wound dressings may be performed by the physician or by others delegated to perform wound dressings where such delegation is authorized in accordance with the *Schedule* requirements for delegated services. See page GP42 of the General Preamble of this *Schedule*.]

Note:

Wound dressing and wound and debridement services are not payable in addition to any surgical procedure unless complications require such care in excess of the usual post-operative care.

Medical record requirements:

Wound or ulcer debridement services are *only eligible for payment* where:

1. the minimum time requirements involved in the debridement of the wound(s) or ulcer(s) are documented in the patient's permanent medical record; and
2. Documentation supporting the debridement of each separate lesion for which a claim is made is found in the medical record.

INTEGUMENTARY SYSTEM SURGICAL PROCEDURES

SKIN AND SUBCUTANEOUS TISSUE

Asst

Surg

Anae

Burns

Note:

For burn care the following definitions apply:

Total Body Surface Area (TBSA) as calculated using the "rule of nines" or the Lund-Browder chart.

Young - a person 9 years of age and younger.

Adult - a person from 10 years up to, and including, 50 years of age.

Old - a person 51 years of age and older.

Minor Burn

- a. less than 10% TBSA burn in *adult*
- b. less than 5% TBSA burn in young or old
- c. less than 2% TBSA full thickness burn - any age

Moderate Burn

- a. 10 to 20 % TBSA burn in *adult*
- b. 5 to 10 % TBSA burn in young or old
- c. 2 to 5 % TBSA full thickness burn - any age
- d. the following regardless of TBSA or age of patient:
 - i. high-voltage injury
 - ii. suspected inhalation injury
 - iii. circumferential burn
 - iv. concomitant medical problem predisposing to infection (e.g. diabetes, sickle cell disease)

Major Burn

- a. more than 20% TBSA burn in *adult*
- b. more than 10% TBSA burn in young or old
- c. more than 5% TBSA full-thickness burn - any age
- d. the following regardless of TBSA or age of patient:
 - i. high voltage burn
 - ii. known inhalation injury
 - iii. any deep partial and/or full thickness burn to face, eyes, ears, genitalia, hands, feet or joints
 - iv. significant associated injuries (e.g. fracture or major trauma)

Note:

For burn care requiring anaesthetists' and assistants' services, the following fee codes apply.

# R030	Minor burns	6	-	6
# R038	Moderate burns.....	6		10
# R039	Major burns.....	8	-	15

Resuscitation - Major Burn, Initial Care

These fees apply to the service of being in constant or periodic attendance following a major burn, to provide all aspects of resuscitation to the patient. This follows the initial assessment, and includes such subsequent assessments as may be indicated. The *specific elements* are those of an assessment, including ongoing monitoring of the patient's condition, and intervening as appropriate (see General Preamble GP11). Instead of element H, the assessment includes, providing premises, equipment, supplies and personnel for any aspects of the *specific elements* that is(are) performed in a place other than the place in which the assessment is performed. Separately billable interventions may be claimed in addition to these fees.

# Z180	- first day	106.25
# Z181	- continuing care, 2nd to 4th day inclusive, per day	53.10

INTEGUMENTARY SYSTEM SURGICAL PROCEDURES

SKIN AND SUBCUTANEOUS TISSUE

Asst

Surg

Anae

Debridement, excision and/or grafting - in Operating Room

# R691	Minor burn..... per unit		75.00	
# R692	Moderate burn per unit		87.50	
# R693	Major burn..... per unit		100.00	

Payment rules:

1. R691, R692 and R693 are eligible for payment only when rendered in an Operating Room.
2. Unit means ¼ hour or major part thereof.
3. Time units are calculated based on the time spent by the physician in direct contact with the patient and commence when the physician is first in attendance with the patient in the operating room and end when the physician is no longer in attendance with that patient in the operating room.
4. Only one of R691, R692 or R693 is eligible for payment for the same patient during the same encounter.
5. R083, R084, R085, R086, R087, R088, R091, R092, R093 are *not eligible for payment* in addition to R691, R692 or R693.

[Commentary:

See General Preamble GP6 for definitions and time-keeping requirements. As noted on GP6, start and stop times must be recorded in the patient's permanent medical record or the service is *not eligible for payment*.]

Burn debridement and excision - outside Operating Room

#R660	- hand - each digit		28.90	
#R661	- dorsum, palm - each		47.95	
#R662	- nose, cheek, lip, ear, forehead, scalp, neck, eyelid - each		28.90	
#R637	Debridement and excision, per % of total body treated other than hand, head or neck		29.65	

Skin allograft procurement

R690	- for banking purposes, per % of total body harvested, other than hand, head or neck	7	17.25	7
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NECROTIZING FASCIITIS

Debridement, excision and flap and/or graft closure - in Operating Room

# R698	Debridement, excision and flap and/or graft closure for necrotizing fasciitis per unit	6	100.00	10
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Payment rules:

1. R698 is *only eligible for payment* when the service is rendered in an Operating Room and the patient requires Intensive Care Unit management on the *day* the surgery takes place.
2. R698 is *not eligible for payment* for reconstructive services.
3. Unit means ¼ hour or major part thereof.
4. Time units are calculated based on the time spent by the physician in direct contact with the patient in the operating room.

[Commentary:

1. For reconstruction services, the appropriate fee codes apply.
2. See General Preamble GP5 for definitions and time-keeping requirements. As noted on GP5, start and stop times must be recorded in the patient's permanent medical record or the service is *not eligible for payment*.]

INTEGUMENTARY SYSTEM SURGICAL PROCEDURES

SKIN AND SUBCUTANEOUS TISSUE

Asst

Surg

Anae

Repair of lacerations

Note:

Wound closure via tissue adhesives (such as cyanoacrylate) is payable at 50% of the appropriate fee.

Z176	- up to 5 cm	20.00	6
Z154	- up to 5 cm if on face and/or requires tying of bleeders and/or closure in layers	35.90	6
Z175	- 5.1 to 10 cm	35.90	6
Z177	- 5.1 to 10 cm if on face and/or requires tying of bleeders and/or closure in layers	71.30	6
Z179	- 10.1 to 15 cm	50.40	6
Z190	- 10.1 to 15 cm if on face and/or requires tying of bleeders and/or closure in layers	101.45	6
Z191	- more than 15.1 cm - other than face.....	77.30	6
Z192	- more than 15.1 cm - on face.....	154.95	7
E530	- if inhalation general anaesthesia (other than 50% N2O/O2 mixture) is used, when suture of laceration is sole procedure	add 50.40	
E531	- if extensive debridement is required (see General Preamble GP8)	add I.C	
E542	- when performed outside hospital.....	add 11.15	
R024	- Acute laceration earlobe, unilateral.....	100.65	
UVC	- Removal of sutures only	visit.fee	

Complex laceration repair

Face

A complex laceration repair of the face is a repair that requires a minimum of 20 minutes of time to perform the repair procedure and at least one of the following:

- a. anatomical alignment of the vermilion border, eyebrow, eyelid or pinna;
- b. closure of three or more layers (muscle sheath, subcutaneous tissue, skin etc.); or
- c. ligation of multiple bleeding vessels.

Z187	Complex laceration repair, face	92.30	
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Anatomical area other than face (except zone 1 repair of digit)

A complex laceration repair of an anatomical area other than face is a repair that requires a minimum of 20 minutes of time to perform the repair procedure and at least one of the following:

- a. closure of three or more layers (muscle sheath, subcutaneous tissue, skin etc.); or
- b. ligation of multiple bleeding vessels.

Z188	Complex laceration repair, anatomical area other than face, (except digit, zone 1 repair).....	92.30	
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INTEGUMENTARY SYSTEM SURGICAL PROCEDURES

SKIN AND SUBCUTANEOUS TISSUE

Asst

Surg

Anae

Zone 1 repair of digit

A complex repair of zone 1 of the digit is repair of an injury without soft tissue loss that requires a minimum of 20 minutes of time to perform the repair procedure.

Z189 Complex repair, digit, zone 1 repair, without soft tissue loss, per digit..... 92.30

Note:

1. Other repair fee codes are *not eligible for payment* in addition to Z189 for the same zone 1 injury.
2. For digit tip amputations or a zone 1 injury with soft tissue loss that would require advancement, graft or other surgical method of closure, see specific listings for surgical repair in the Integumentary System or Musculoskeletal System Surgical Procedures sections of this *Schedule*.

Payment rules:

1. Wound and ulcer debridement services, Z128, Z129, and Z114 are *not eligible for payment* in addition to Z187, Z188 or Z189 for the same repair.
2. Z187, Z188, and Z189 include removal of any foreign bodies in the wound, irrigation and debridement when rendered.
3. Plastic Surgery Procedure services (i.e. R150, R151, R152, R153 and R154) are *not eligible for payment* for any laceration repair.

Medical record requirements:

Z187, Z188, and Z189 are *only eligible for payment* where the minimum time requirements involved in the repair service are documented in the patient's permanent medical record. The time requirement includes time to perform the repair exclusive of time spent rendering any other separately billable service.

[Commentary:

For laceration repairs that do not meet the above criteria for a complex laceration repair, see Repair of Lacerations listings on page M11.]

Muscle repair

# R525	- Simple muscle repair(s) to include repair of involved skin	6	88.60	7
# R528	- Complex (see General Preamble GP8)	6	I.C	6

INTEGUMENTARY SYSTEM SURGICAL PROCEDURES

SKIN AND SUBCUTANEOUS TISSUE

Asst

Surg

Anae

PREAMBLE TO SKIN FLAPS AND GRAFTS

The amount payable will depend on the size and location of the area grafted and the type of graft. Additional procedures other than the skin grafting are payable in addition to the skin flap or grafts, e.g. tendon grafts, inlay grafts, etc.

- # E540 - payable once per lesion for excision in hospital for tumour free margin with frozen section, to first flap or graft procedure add 25%

[Commentary:

For sentinel node biopsy refer to Z427 p R27.]

SKIN FLAPS

A. Advancement flaps

Note:

To include undermining of more than 2.5 cm per side. Is intended to include excision of a lesion if this is technique of closure.

Defect 2.1 to 5 cm

# R011	- face, neck or scalp	6	89.85	6
# R002	- other areas	6	67.40	6

Defect 5.1 to 10 cm

# R012	- face, neck or scalp	6	247.15	6
# R003	- other areas	6	161.75	6
# R004	- Defect more than 10 cm such as thoracic abdominal flap	6	242.70	7

B. Rotations, transpositions, Z-plasties

Note:

Includes undermining but will depend on the site and size.

Defect less than 2 cm average diameter

# R045	- face, neck or scalp	6	203.70	6
# R072	- other areas	6	133.40	7

Defect 2.1 to 5 cm average diameter

# R046	- face, neck or scalp	6	335.15	6
# R075	- other areas	6	223.35	6

Defect 5.1 to 10 cm average diameter

# R047	- face, neck or scalp	6	477.45	7
# R073	- other areas	6	318.45	7

Defect more than 10 cm average diameter

# R076	- face, neck or scalp	6	709.90	7
# R074	- other areas	6	477.85	7

C. Pedicle flaps

# R070	Small/Intermediate, e.g. cross finger, cervical finger	6	293.75	7
# R071	- each subsequent stage	6	223.35	6
# R080	Large, e.g. cross leg, deltopectoral, forehead	6	416.30	6
# R078	- each subsequent stage	6	311.45	7
# E069	- preparation of a contracted recipient site, to R070 or R080 add		134.75	
# R101	Delay, Small/Intermediate flap	6	132.45	7
# R100	Delay, major flap	6	291.90	6

INTEGUMENTARY SYSTEM SURGICAL PROCEDURES

SKIN AND SUBCUTANEOUS TISSUE

Asst

Surg

Anae

D. Myocutaneous, myogenous or fascia-cutaneous flaps

Note:

To include closure by any means.

# R005	Sterno-mastoid, tensor fascia lata, gluteus maximus, gracilis, sartorius, rectus femoris, gastrocnemius (medial and lateral), trapezius	6	545.00	6
# R006	Pectoralis major	6	734.95	6
# R155	Latissimus dorsi or unilateral rectus abdominus	6	734.95	6

Note:

R006 is *not eligible for payment* for post-mastectomy breast reconstruction.

# R008	Lower transverse rectus abdominus flap	6	984.55	8
Repair of abdominal defect				
# Z196	- different surgeon		377.65	
# E523	- same surgeon, to other procedure..... add		321.00	
# R009	Myocutaneous - osseous flaps e.g. pectoralis major myocutaneous flap with rib graft, trapezius flap with scapula spine	6	783.40	8
# R007	Other - (see General Preamble GP8)	I.C	I.C	I.C

SKIN GRAFTS

A. Split thickness grafts (for burn grafts see pages M7 & M8)

# R084	Very minor, very small areas, e.g. trauma		92.30	7
# R085	Minor, medium sized areas, e.g. small or skin ulcer, breast, etc	6	140.25	6
# R086	Intermediate, large areas, e.g. trunk, arms, legs	6	259.10	7
# R087	Major, complex areas, e.g. face, neck, hands	6	388.00	7
# R088	Extensive major, very large area(s)	6	567.95	6

Note:

The *Medical Consultant* may be requested to determine appropriateness of code claimed relative to size.

B. Full thickness grafts

# R092	Minor - less than 1 cm average diameter		116.65	7
# R093	Intermediate - 1 cm to 5 cm average diameter	6	178.90	7
# R083	Major - over 5 cm	6	280.15	7
# R091	Complex - eyelid, nose, lip, face	6	263.95	7

Note:

1. R092, R093, R083, R091 - The *Medical Consultant* may be requested to determine appropriateness of codes claimed relative to size of graft.

2. Skin grafts are *not eligible for payment* in addition to R117.

# R057	Appendage or tissue re-vascularization involving microanastomosis with or without micro neuroanastomosis (see General Preamble GP8)	I.C	I.C	I.C
# R058	Revision of above (see General Preamble GP8)	I.C	I.C	I.C

Stasis ulcer

# R847	- with skin graft - per leg	6	195.85	7
# R845	- multiple ligation and skin graft - per leg	6	341.55	6

Neurovascular island transfer

# R061	Minor, e.g. finger tip	6	140.25	6
# R062	Intermediate, e.g. finger to thumb transfer	6	259.20	6
# R063	Major, e.g. foot to heel	6	430.85	6

INTEGUMENTARY SYSTEM SURGICAL PROCEDURES

SKIN AND SUBCUTANEOUS TISSUE

Asst

Surg

Anae

FREE ISLAND FLAPS

Note:

When excision of the lesion and preparation of the recipient site are carried out by different surgeons, the preparation fees should be reduced by 15%.

		Asst	Surg	Anae
# R013	Free jejunum artery and vein for transplantation	10	338.85	10
# R014	Preparation of microvascular recipient site for free jejunum artery and vein	10	925.85	10
# R016	Preparation of microvascular recipient site for jejunum artery and vein immediately following ablative surgery, and when recipient vessels are in site of the ablation	10	544.95	10
# R015	Transplantation of free jejunum artery and vein with microvascular anastomosis...	10	925.85	10
# R064	Elevation of free island skin and subcutaneous flap and closure of defect	10	874.60	10
# R065	Preparation of microvascular recipient site for free island skin subcutaneous flap..	10	925.85	10
# R055	Preparation of microvascular recipient site for free island flap and subcutaneous flap immediately following ablative surgery and when recipient vessels are in site of the ablation	10	544.95	10
# R066	Transplantation of free island skin and subcutaneous flap with microvascular anastomosis(es).....	10	925.85	10
# R067	Elevation of innervated free island skin and subcutaneous flap and closure of defect	10	1028.20	10
# R068	Preparation of microvascular recipient site for innervated free island skin and subcutaneous flap	10	1028.20	10
# R056	Preparation of microvascular recipient site for innervated free island skin and subcutaneous flap immediately following ablative surgery and when recipient vessels are in the site of ablation	10	605.15	10
# R069	Transplantation of innervated free island skin and subcutaneous flap with microvascular anastomosis(es) and nerve repair	10	961.60	10
# R125	Elevation of free island skin and muscle flap and closure of defect	10	874.60	10
# R126	Preparation of microvascular recipient site for free island skin and muscle flap	10	925.85	10
# R122	Preparation of microvascular recipient site for free island skin and muscle flap immediately following ablative surgery and when recipient vessels are in the site of the ablation	10	544.95	10
# R127	Transplantation of free island skin and muscle flap with microvascular anastomosis(es).....	10	874.60	10

INTEGUMENTARY SYSTEM SURGICAL PROCEDURES

SKIN AND SUBCUTANEOUS TISSUE

		Asst	Surg	Anae
FREE ISLAND FLAPS				
# R128	Elevation of free island muscle flap with tendon and nerve, and closure of defect .	10	1183.50	10
# R129	Preparation of microvascular recipient site for muscle, tendon and nerve anastomosis(es).....	10	1183.20	10
# R123	Preparation of microvascular recipient site for muscle, tendon and nerve anastomosis(es) immediately following ablative surgery and when recipient vessels are in site of the ablation.....	10	696.40	10
# R130	Transplantation of free island muscle flap with tendon, nerve and microvascular anastomosis(es).....	10	1183.50	10
# R131	Elevation of free island bone flap and closure of defect	10	874.60	10
# R132	Preparation of microvascular recipient site for free island skin and bone flap	10	925.85	10
# R124	Preparation of microvascular recipient site for free island bone flap immediately following ablative surgery and when recipient vessels are in the site of the ablation	10	544.95	10
# R133	Transplantation of free island bone flap with microvascular anastomosis(es) and bone fixation.....	10	1028.20	10
# R134	Elevation of free island skin and bone flap and closure of defect.....	10	1048.60	10
# R135	Preparation of microvascular recipient site for free island skin and bone flap	10	1048.60	10
# R140	Preparation of microvascular recipient site for free island skin and bone flap immediately following ablative surgery and when recipient vessels are in the site of the ablation	10	617.10	10
# R136	Transplantation of free island skin and bone flap with microvascular anastomosis(es) and bone fixation	10	1048.60	10
# R137	Elevation of free toe or finger and closure of defect	10	1048.60	10
# R138	Preparation of microvascular recipient site for free toe or finger transplant	10	1048.60	10
# R141	Preparation of microvascular recipient site for free toe or finger transplant immediately following ablative surgery and when recipient vessels are in the site of the ablation	10	617.10	10
# R139	Transplantation of free island toe or finger with microvascular anastomosis(es) and tendon nerve and bone repair	10	1233.75	10
# R025	Revision of free island flaps (see General Preamble GP8)	10	I.C	10
# R106	Skin flaps and grafts - other than listed above (see General Preamble GP8)	I.C	I.C	I.C

INTEGUMENTARY SYSTEM SURGICAL PROCEDURES

SKIN AND SUBCUTANEOUS TISSUE

Asst

Surg

Anae

FINGER OR TOE-NAIL

Z110	Extensive debridement of onychogryphotic nail involving removal of multiple laminae		17.45	
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Note:

1. Trimming or clipping of nails does not constitute Z110.
2. Z110 is *not eligible for payment* if not *rendered personally by the physician* claiming the service.

[Commentary:

Trimming or clipping of nails is not an insured service.]

Simple, partial or complete, nail plate excision requiring anaesthesia

Z128	- one		33.10	6
Z129	- multiple.....		35.70	6
E542	- when performed outside hospital..... add		11.15	

Radical, including destruction of nail bed

# Z130	- one	nil	62.75	6
# Z131	- multiple.....		82.65	6
E542	- when performed outside hospital..... add		11.15	

Webbed fingers and toes

# R089	Webbed fingers - one web space	6	400.00	6
# R090	Webbed toes - one web space	6	250.00	7

SCAR REVISION - ANY METHOD OF CLOSURE

Up to 2.5 cm

R021	- face or neck	6	115.60	6
R026	- other areas.....	6	77.35	6

2.6 cm to 5 cm

R022	- face or neck	6	194.85	6
R027	- other areas.....	6	130.10	6

5.1 cm to 10 cm

R023	- face or neck	6	277.90	7
R028	- other areas.....	6	185.60	6

Greater than 10 cm

R017	face or neck	6	417.05	7
R029	other areas.....	6	288.20	7

Note:

1. Authorization is required for all scar revisions in areas other than the face or neck (see Appendix D).
2. Revision of post-infection scarring of face must be claimed on an "I.C" basis - maximum payable will be as equated to R023.

INTEGUMENTARY SYSTEM SURGICAL PROCEDURES

SKIN AND SUBCUTANEOUS TISSUE

Asst

Surg

Anae

PLASTIC SURGERY PROCEDURES

[Commentary:

The setting of benefits covering the various procedures of plastic surgery is a very difficult problem. Since many procedures are divided into stages which have to be considered in assessing a fee, it is felt that all such plastic surgical procedures should be classed by the responsible *specialist* as very minor, intermediate, major or extensive major. Benefits should be claimed according to procedures set forth in the tariff, except in cases which are difficult to define, in which case "I.C" should be the basis of the claim.]

The minimum benefit for each would be as follows:

# R150	Very minor.....		92.30	6
# R151	Minor.....	6	140.25	6
# R152	Intermediate.....	6	259.20	7
# R153	Major.....	6	388.00	7
# R154	Extensive major	6	568.95	6

Note:

1. Descriptive details of procedure (e.g. operative report) should be submitted with claims for codes R150 - R154 for professional assessment.
2. Taking of skin by a surgeon for grafting by an Oral Surgeon - claim as R150.
3. R150, R151, R152, R153, and R154 are *not eligible for payment* for the repair of any laceration(s). See repair of laceration services in the Integumentary System Surgical Procedures section of this *Schedule*.
4. R150, R151, R152, R153, and R154 are *not eligible for payment* to physicians in the following specialties: General and Family Practice (00) and Emergency Medicine (12).

# Z132	Insertion of tissue expander.....	6	304.10	7
# E527	- additional expander, same incision..... add		58.95	
# E528	- additional expander, different incision..... add		258.50	

Note:

1. Z132 is *not eligible for payment* for post-mastectomy reconstruction of the breast.
2. Authorization may be required from the Ministry of Health and Long-Term Care (e.g. for scars of legs, etc.).

Removal tissue expander injection port when sole procedure

# Z094	- general anaesthetic.....	6	75.45	6
# Z095	- local anaesthetic		37.70	
Z137	Percutaneous inflation of first tissue expander		23.05	
E541	- each additional expander (to a maximum of 3).....		11.55	
# Z138	Replacement of tissue expander by permanent prosthesis.....		195.85	7

INTEGUMENTARY SYSTEM SURGICAL PROCEDURES

OPERATIONS OF THE BREAST

Asst

Surg

Anae

INCISION

Needle biopsy

Z141	- one or more.....	nil	37.20	
E542	- when performed outside hospital..... add		11.15	
Z143	- large core breast biopsy - (14 gauge or larger bore needle).....		132.75	

Aspiration of cyst

Z139	- one or more.....	nil	37.20	
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Drainage of intramammary abscess or haematoma

# Z140	Single or multiloculated - local anaesthetic.....		33.00	
# Z740	Single or multiloculated - general anaesthetic.....		75.00	6

EXCISION

# R107	Tumour or tissue for diagnostic biopsy and/or treatment, e.g. carcinoma, fibroadenoma or fibrocystic disease (single or multiple - same breast)	6	169.95	6
# E525	- after mammographic wire localization, to R107..... add		41.55	
# R111	Partial mastectomy or wedge resection for treatment of breast disease, with or without biopsy, e.g. carcinoma or extensive fibrocystic disease	6	269.40	7
# E525	- after mammographic wire localization, to R111..... add		41.55	
# E546	- with axillary node dissection up to the level of the axillary vein, to R111.. add		388.75	
# E505	- with limited axillary node sampling, to R111..... add		178.05	

Payment rules:

1. E505 is *not eligible for payment* in addition to Z427.
2. Z427 is *only eligible for payment* in addition to E546 when a frozen section report demonstrates micrometastases.

[Commentary:

For sentinel node biopsy refer to Z427 p R2.]

Mastectomy - female (with or without biopsy)

# R108	- simple.....	6	330.00	7
# R117	- subcutaneous with nipple preservation.....	6	273.95	7
# E505	- with limited axillary node sampling, to R108 or R117..... add		178.05	

Note:

Skin grafts are *not eligible for payment* in addition to R117.

[Commentary:

For patients who have been approved by OHIP for mastectomy related to sex-reassignment surgery, the following fee codes may apply for mastectomy depending on the technique:

1. R108 - Mastectomy simple + R120 for nipple preservation and grafting
2. R117 - Mastectomy - subcutaneous with nipple preservation.]

# R109	Mastectomy, radical or modified radical (with or without biopsy).....	6	685.00	7
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[Commentary:

Skin grafts are *eligible for payment* in addition to R109.]

Mastectomy - male (benign)

Unilateral - for treatment of *adolescent* gynecomastia, gynecomastia secondary to endocrine or genetic disorders (e.g. Klinefelter's Syndrome) or chemotherapy. Prior approval is not required. Removal of male breast fat tissue by liposuction is not an insured service.

# R146	- simple.....	6	177.50	7
# R147	- subcutaneous with nipple preservation.....	6	273.95	7

Mastectomy - male

Unilateral - for treatment of pathological male breast disease (*with or without* biopsy), e.g. carcinoma

# R148	- simple.....	6	273.95	7
# R149	- subcutaneous with nipple preservation.....	6	273.95	7
# E505	- with limited axillary node sampling, to R148 or R149..... add		178.05	

INTEGUMENTARY SYSTEM SURGICAL PROCEDURES

OPERATIONS OF THE BREAST

Asst

Surg

Anae

REPAIR

Post-mastectomy breast reconstruction

# R119	Breast mound creation by prosthesis as sole procedure.....	6	350.00	7
# R118	Breast skin reconstruction by local flaps or grafts, includes Wise pattern skin flaps and de-epithelialized skin flaps	6	405.60	6
# E529	- with breast mound creation by prosthesis, to R118..... add		102.45	
# R156	Breast mound creation by insertion of tissue expander, includes creation of submuscular pocket.....	6	425.00	6
# E513	- breast mound creation by soft tissue, includes flap inseting and shaping for autogenous reconstruction, to R118, R125, R064, R008 or R155		297.50	
# E514	- immediate breast reconstruction following mastectomy, to R125, R064, R156, R008 or R155		200.00	

Note:

1. Z132 is *not eligible for payment* with R156.
2. E513 is *not eligible for payment* with E529.
3. E514 is *only eligible for payment* if post-mastectomy breast reconstruction is performed immediately following mastectomy during the same anaesthesia.

# R114	Revision of breast mound	6	230.30	7
# R120	Nipple-areola reconstruction by grafts and/or flaps	6	300.00	7
# R142	Nipple-areola tattooing - unilateral.....	nil	175.00	nil
# R143	Contralateral balancing mastopexy or reduction, to include nipple transplantation or grafting, if rendered.....	6	472.15	6
# R144	Contralateral balancing augmentation mammoplasty.....	6	350.00	6

Note:

1. R143 and R144 are *only eligible for payment* when performed for post-mastectomy breast reconstruction. Prior authorization of payment from the Ministry of Health and Long-Term Care is not required.
2. R110 and R112 are *not eligible for payment* with R143 or R144.

[Commentary:

1. For reduction or augmentation mammoplasty performed for reasons other than a balancing procedure related to post-mastectomy breast reconstruction, see R110 and R112 respectively. Prior authorization of payment from the ministry is required.
2. See the applicable service for post-mastectomy breast reconstruction by myocutaneous flaps or free flaps.]

Reduction mammoplasty and augmentation mammoplasty (other than post-mastectomy breast reconstruction)

# R110	Reduction mammoplasty (female, to include nipple transplantation or grafting, if rendered) - unilateral.....	6	472.15	7
# R112	Augmentation mammoplasty - unilateral	6	350.00	7

Note:

Prior authorization of payment from the Ministry of Health and Long-Term Care is required for R110 and R112 (see Surgical Preamble SP3; also, Appendix D).

# Z142	Removal of breast prosthesis	6	150.00	7
# Z135	Open capsulotomy with or without replacement of breast prosthesis.....	6	195.95	7
# Z182	Breast capsulectomy	6	255.05	7

Note:

Correction of inverted nipple(s) is not an insured service.