

# CARDIOVASCULAR SURGICAL PROCEDURES

## VEINS

Asst

Surg

Anae

### Varicose veins involving the long and/or short saphenous vein(s)

Surgical services (ligation/stripping) for the treatment of varicose veins involving the long saphenous and/or short saphenous vein(s) are only insured when all of the following conditions are met:

1. There is incompetence (i.e. reflux) at the saphenofemoral junction or saphenopopliteal junction that is documented by Doppler or duplex ultrasound scanning;
2. The patient has failed a trial of conservative management of at least three *months* duration; and
3. The patient has at least one of the conditions described in either a. or b. below:
  - a. One or more of the following signs of chronic venous insufficiency:
    - i. Eczema;
    - ii. Pigmentation;
    - iii. Lipodermatosclerosis;
    - iv. Ulceration
  - b. Varicosities that result in one or more of the following:
    - i. Ulceration secondary to venous stasis;
    - ii. One or more significant hemorrhages from a ruptured superficial varicosity;
    - iii. Two or more episodes of minor hemorrhage from a ruptured superficial varicosity;
    - iv. Recurrent superficial thrombophlebitis;
    - v. Stasis dermatitis;
    - vi. Varicose eczema;
    - vii. Lipodermosclerosis;
    - viii. Unremitting edema or intractable pain interfering with activities of daily living and requiring chronic analgesic medication.
1. Conservative management includes analgesics and prescription gradient support compression stockings.
2. Significant hemorrhage refers to a hemorrhage related to varicose veins that requires iron therapy or transfusion.]

### LIGATION/STRIPPING

# Z745	Saphenous.....		53.20	6
# R868	High ligation and stripping of long saphenous vein with groin dissection .....	6	200.00	7
# R869	Stripping of short saphenous vein with popliteal dissection.....	6	107.50	7
# R837	Multiple ligation and avulsion.....	6	200.00	7
# R844	Recurrent varicose veins - multiple ligation and/or stripping .....	6	353.80	7
# R842	Extra fascial and sub-fascial incompetent perforators by full fascial technique.....	6	384.75	7
# E653	- plus stripping..... add		127.15	
# Z746	Femoral.....	6	74.25	7
# Z747	Popliteal .....	6	74.25	7
# Z748	Internal jugular .....	6	148.60	7
# R839	Internal iliac.....	6	394.85	10
# R834	I.V.C. - transabdominal .....	6	446.50	10
# R838	I.V.C. - transvenous (umbrella) .....	6	303.00	10

# DIAGNOSTIC AND THERAPEUTIC PROCEDURES

## INJECTIONS OR INFUSIONS

Fee

### INTRAVENOUS

+ G376	Newborn or infant .....	10.20
+ G379	Child, adolescent or adult .....	6.15

**Note:**

1. G376 or G379 apply to cryoprecipitate infusion.
2. G376 or G379 may not be claimed with x-rays as they are included in the service.
3. Except for G381 or G281, injections into established I.V. apparatus may not be claimed.

G389	Infusion of gamma globulin, initiated by physician, including preparation per patient, per day .....	13.90
+ G380	Cutdown including cannulation as necessary .....	27.05
G387	Intravenous local anaesthetic infusion for central neuropathic pain .....	125.00

**Payment rules:**

1. G387 is only insured for patients with central neuropathic pain who have first undertaken but not responded to generally accepted medical therapy.
2. The physician submitting the claim for this service must remain in constant attendance during the infusion and no part of the procedure may be delegated or G387 is not payable.
3. G387 is limited to a maximum of 6 per patient per 12 month period.

**Medical record requirements:**

The medical record for the service must document the prior medical therapy that the patient did not respond to or G387 is *not eligible for payment*.

**[Commentary:**

1. Central neuropathic pain is pain caused by a primary lesion or dysfunction that affects the central nervous system.
2. At the time of this amendment to the *Schedule* of Benefits, generally accepted medical therapy that would be required prior to G387 is treatment with both a tricyclic antidepressant and at least one anticonvulsant.
3. For Intravenous drug test for pain, see Z811 p. X1.]

### SCLEROTHERAPY

Sclerotherapy is only insured for veins greater than 5 mm in diameter and associated with physical symptomatology and when *rendered personally by the physician*.

G536	Sclerotherapy including one post injection visit, unilateral .....	77.85
G537	Repeat sclerotherapy, unilateral .....	26.05

**Note:**

1. G536 and G537 include multiple injections and application of any necessary compression bandages.
2. Professional and/or technical fees for obtaining and/or interpreting images for the purpose of guidance are *not eligible for payment* in addition to G536 and G537.
3. Assistant units nil for G536, G537.

### SPECIFIC ELEMENTS

**For Management of parenteral alimentation**

In addition to the *common elements*, this service includes the *specific elements* of assessments (see General Preamble GP11). Not to be claimed in addition to hospital visits.

G510	Management of parenteral alimentation - physician in charge per visit .....	21.00
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