

DIGESTIVE SYSTEM SURGICAL PROCEDURES

ORAL CAVITY AND PHARYNX

	Asst	Surg	Anae
Note:			
To include nasopharynx, oropharynx, hypopharynx except where otherwise specified.			
INCISION			
# Z506 Drainage of oral abscess or haematoma.....		50.90	6
# Z510 Drainage of pharyngeal abscess or haematoma.....		91.10	6
# Z524 Drainage of haematoma or deep neck abscess (external approach).....	6	271.05	7
Z501 Biopsy.....		35.50	
E542 - when performed outside of hospital..... add		11.15	
# Z537 - requiring general anaesthetic.....		97.05	6
Tongue tie, release of			
Z111 - simple.....		15.35	
# Z112 - complex or requiring general anaesthetic.....		50.90	6
# S031 Palatal fenestration.....		197.55	6
EXCISION			
Lesion			
Z502 - less than 2 cms.....	6	71.00	6
S003 - 2 to 4 cms, inclusive.....	6	354.50	6
S006 - over 4 cms.....	6	431.15	7
E542 - when performed outside of hospital..... add		11.15	
S004 Ranula.....	6	165.80	6
S005 Composite resection of lesion of oral cavity and/or oropharynx with partial resection of mandible.....	10	1030.70	12
S007 Extended composite resection of lesion of oral cavity and oropharynx with partial resection of mandible and resection of maxilla.....	10	1059.45	12
# S050 Cryotherapy for treatment of pre-malignant or malignant lesions of oral cavity or sinuses.....		148.60	6
Glossectomy			
# S018 - partial.....	6	197.45	8
# S020 Glossoplasty.....	6	197.45	6
Extraction of tooth (complete care)			
S023 - single.....		24.90	6
E700 - each additional tooth..... add		13.40	
# S028 Dentigerous cyst.....	6	98.80	6
# S900 Basic units for anaesthesia with any unlisted dental surgical procedure performed by dental or oral surgeon (see General Preamble GP58, also Bulletin #4203) .			8
# S021 Repair of extensive laceration (see General Preamble GP8).....	6	I.C	I.C
Note:			
For minor lacerations - see Skin.			
# S034 Cleft palate repair.....	6	369.25	8
# S035 Removal of sutures under general anaesthesia.....		41.25	6
# S032 Bone graft to palate.....	6	335.65	8

DIGESTIVE SYSTEM SURGICAL PROCEDURES

ORAL CAVITY AND PHARYNX

	Asst	Surg	Anae
Closure of fistula			
# S030 - anterior alveolar	6	197.45	6
# S033 - palate	6	281.95	8
# S036 Uvulopalatopharyngoplasty (includes tonsillectomy)		239.75	6
Note:			
S036 Uvulopalatopharyngoplasty is an insured service only under the following conditions:			
a. For the treatment of obstructive sleep apnea that is unresponsive to continuous positive airway pressure (CPAP) or intolerant of continuous positive airway pressure (CPAP) and;			
b. the procedure is rendered to correct an identified site of airway obstruction causing the obstructive sleep apnea.			
[Commentary:			
Uvulopalatopharyngoplasty is not an insured service when rendered solely for the treatment of snoring.]			
# S069 Pharyngoplasty	8	360.45	8
# S002 Excision of parapharyngeal space lesions (with mobilization of parotid gland)	6	907.05	8
# S067 Partial pharyngectomy - transthyroid or lateral	8	1017.20	11
# S068 Pharyngo-laryngectomy	8	1155.45	14
# E882 - with hemithyroidectomy		177.40	
# E883 - with subtotal thyroidectomy		266.60	
# E884 - with total thyroidectomy		374.00	
Branchial			
# S058 - cleft lesion	6	306.85	7
# S059 - repeat procedure	6	435.30	6
# S061 Thyroglossal duct remnant	6	340.15	7
# S062 - repeat procedure	6	410.40	6
# S063 Tonsillectomy and may include adenoidectomy		178.35	6
# S065 Adenoidectomy		101.25	6
E839 - with flexible endoscope, to S063 or S065		19.20	
Secondary suture or cauterization following tonsillectomy and/or adenoidectomy			
# S066 - when haemorrhage occurs after initial procedure		121.05	6
# S024 Excision of torus palatinus	6	197.45	6

DIGESTIVE SYSTEM SURGICAL PROCEDURES

SALIVARY GLANDS AND DUCTS

	Asst	Surg	Anae
INCISION			
# Z500 Sialolithotomy		30.65	
# Z521 - requiring general anaesthesia.....	6	103.60	6
EXCISION			
# S042 Submandibular gland or sublingual gland.....	6	391.05	7
Parotid gland			
# S043 - total (with preservation of facial nerve)	6	885.75	10
# S044 - total (without preservation of facial nerve)	6	593.00	10
# S045 - subtotal (with preservation of facial nerve)	6	752.10	10
# S047 - repeat subtotal (with preservation of facial nerve)	6	774.50	10
# Z522 Excision small tumour.....	6	51.25	7
RECONSTRUCTION			
# S049 Plastic repair of duct.....	6	202.25	7
Z511 Dilation and/or probing of duct.....		43.15	6
# S057 Submandibular duct relocation	6	360.75	7

DIGESTIVE SYSTEM SURGICAL PROCEDURES

LIPS

		Asst	Surg	Anae
INCISION				
# Z503	Biopsy		35.40	6
E542	- when performed outside of hospital		11.15	
	add			
EXCISION				
Wedge resection of lip				
# S011	- vermilion.....	6	98.45	6
# S010	- with plastic repair		275.00	6
Z504	Excision of lesion	6	61.15	6
E542	- when performed outside of hospital		11.15	
	add			
# S012	Lip shave vermilionectomy	6	225.00	6
RECONSTRUCTION				
Cleft lip				
# S013	- unilateral	6	363.30	8
# E501	- with nasal cartilage realignment		304.30	
	add			
# S014	Reconstruction with lip switch flap	6	444.40	8
# S015	Complex reconstruction or revision of previous repair and excision (see General Preamble GP8)		I.C	I.C

Note:

Cleft lip reconstruction (S013, S014, S015) is *not eligible for payment* with M030, M031 or M032.

DIGESTIVE SYSTEM SURGICAL PROCEDURES

ENDOSCOPIC ULTRASOUND

Asst

Surg

Anae

Radial or linear probe through endoscope

# E800	- to endoscopy fee add			101.50
# E801	- including biliary and/or pancreatic examination, to endoscopy fee..... add			152.30

Note:

The amount payable for E800 when rendered in conjunction with E801 is zero.

Linear or radial echo-endoscope

# S236	- excluding biliary or pancreatic examination (scope also used for therapeutic procedures).....	nil		203.05	6
# S237	- including biliary and/or pancreatic examination (scope also used for therapeutic procedures).....	nil		253.80	6
# E802	- biopsy or fine needle aspiration, to a maximum of 3, per lesion add			50.75	
# E803	- dilation of stricture..... add			30.65	
# E804	- injection of one or more of any of the following - metastases, nodes, masses, or celiac plexus add			145.05	
# E805	- drainage of pseudocyst (including stent insertion if performed) add			203.05	

Note:

1. The amount payable for S236 when rendered in conjunction with S237 is zero.
2. The amount payable for upper and/or lower GI endoscopy rendered in conjunction with S236 or S237 is zero unless the upper and/or lower GI endoscopy is required due to the limited visualization with the linear or radial echo-endoscope.

DIGESTIVE SYSTEM SURGICAL PROCEDURES

OESOPHAGUS

Asst

Surg

Anae

For procedures on the oesophagus, the following basic units for assistants and anaesthesiologists will apply except if a basic fee is listed.

	Asst	Surg	Anae
# S073 Cervical approach.....	6	-	7
# S074 Thoracic approach.....	10	-	13
# S075 Abdominal approach.....	7	-	8

ENDOSCOPY

# Z515 Oesophagoscopy, with or without biopsy(ies).....		68.25	4
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Oesophagoscopy-gastroscopy, with or without duodenoscopy

# Z399 - elective.....	nil	92.50	4
# Z400 - for active bleeding.....	nil	125.10	4
# E696 - with dilatation of oesophagus add		30.65	
# E702 - with multiple (3 or more) biopsies of specific lesion..... add		15.10	
# E690 - with removal of foreign body(ies)..... add		43.85	
# E795 - with brushing of oesophagus, stomach, and/or duodenum add		46.30	
# E770 - with duodenoscopy and drainage of bile after I.V. CCK stimulation add		23.10	
# E692 - with laser debulking add		69.70	
# E698 - with pneumatic or balloon dilation add		69.70	
# E703 - with snare polypectomy first polyp (> 1 cm) add		50.50	
# E799 - each additional polyp, by snare polypectomy (> 1 cm) (to a maximum of 2) add		25.25	
# E695 - laser palliation of oesophageal tumour, extensive, complete obstruction (see General Preamble GP8) add		I.C	
# E797 - management of uncomplicated upper or lower gastrointestinal bleeding, by any technique (e.g. laser, injection, diathermy, banding etc.) add		46.30	
# E798 - management of complicated upper gastrointestinal bleeding by any technique in haemodynamically unstable patients with active bleeding during endoscopy add		69.70	
# E629 - endoscopic placement of stent in duodenum add		137.05	

[Commentary:

E690 is payable for removal of a foreign body including a stent by oesophagoscopy-gastroscopy-duodenoscopy.]

DIGESTIVE SYSTEM SURGICAL PROCEDURES

OESOPHAGUS

Asst

Surg

Anae

INCISION

Oesophagostomy

Cervical

# S084	- other than neonatal.....		212.35	
# S085	- neonatal.....		304.20	

Intrathoracic oesophageal stent

# S082	- via laparotomy.....		410.55	7
# S083	- via oesophagoscope (includes Z515).....		304.20	6
# S081	Trans-oesophageal division of oesophageal varices.....		558.05	
# S080	Oesophageal-gastric devascularization (including splenectomy and oesophageal division/anastomosis).....		898.15	

EXCISION

# S087	Intrathoracic diverticulum.....		507.00	
# S086	Cricopharyngeal myotomy, open approach.....		300.00	
# Z505	Cricopharyngeal myotomy, when rendered by endoscopy, or in association with a surgical procedure during the same anaesthetic.....	6	37.20	6
# S088	Cricopharyngeal diverticulum.....		390.05	
# S089	Partial oesophageal resection and reconstruction (including intestinal transposition).....		1081.55	17
# S090	Total thoracic oesophageal resection.....		1465.35	13
# E730	- with reconstruction..... add		678.85	
# E847	- with reconstruction of diaphragm requiring repair with mesh or equivalent synthetic material, to S089 or S090..... add		75.00	
# E644	- radical mediastinal node dissection following preoperative chemotherapy and/or radiotherapy, to S089 or S090..... add		207.45	

Note:

1. E644 is *only eligible for payment* when performed in conjunction with S089 or S090 following preoperative chemotherapy and/or radiotherapy.
2. S086 is *not eligible for payment* with S088.
3. Z505 is *not eligible for payment* with S086.

# S093	Enucleation of benign oesophageal tumour.....		584.15	
# E683	- when performed thoroscopically or by video-assisted thoracic surgery (VATS), to S087, S089, S090, S093..... add 25%.			

REPAIR

# S161	Oesophageal myotomy, partial (below aortic arch).....		584.15	
# E758	- with oesophageal hiatus hernia repair..... add		217.35	
# S100	Total thoracic oesophageal myotomy (as sole procedure).....		738.90	
# E758	- with oesophageal hiatus hernia repair..... add		217.35	
# E683	- when performed thoroscopically or by video-assisted thoracic surgery (VATS), to S100, S161..... add 25%.			

DIGESTIVE SYSTEM SURGICAL PROCEDURES

OESOPHAGUS

Asst

Surg

Anae

REPAIR

Oesophageal hiatus hernia

# S091	- abdominal or transthoracic approach with fundal plication	750.00
# S092	- recurrent.....	709.85
# E793	- laparoscopic or laparoscopic assisted, to S091 or S092..... add 25%	
# E744	- with gastroplasty, to either S091 or S092	115.80
# E847	- with reconstruction of diaphragm requiring repair with mesh or equivalent synthetic material, to S091 or S092	75.00
# E742	- when S091 or S092, with or without gastroplasty, is done in conjunction with cholecystectomy, and/or vagotomy with or without drainage procedures, add E742 to S091 or S092 (with or without E744) for each additional procedure performed. For any other combination of surgical procedures with oesophageal hiatus hernia repair (with the exception of S161 and S100), see Surgical Preamble SP2..... add	217.35
# S095	Oesophageal stricture (Thal) - may include oesophageal hiatus hernia repair with or without gastroplasty	676.05
# S096	Ruptured oesophagus, suture and drainage	507.00
# S097	Oesophago-gastrostomy for bypass (as sole procedure).....	608.30
# E683	- when performed thoroscopically or by video-assisted thoracic surgery (VATS), to S095, S096, S097..... add 25%	

Oesophageal bypass, abdomen to neck

# S098	- with stomach	912.60
# S099	- with colon or jejunum	1264.05
# E683	- when performed thoroscopically or by video-assisted thoracic surgery (VATS), to S098 or S099	add 25%

SUTURE

# S103	Closure of H-type tracheo-oesophageal fistula by cervical or thoracic approach....	923.05
# S104	Repair of oesophageal atresia with or without tracheal fistula.....	1153.85

DILATION OF OESOPHAGUS

Passive (bougie)

# Z529	- initial session.....	40.55
# Z530	- repeat session (within three months following previous dilation)	27.35

Pneumatic

# Z525	- as sole procedure	110.85
# Z523	- with rigid dilators guided over a string or wire	52.90
# Z531	Repeat dilations during the same admission	26.40

DIGESTIVE SYSTEM SURGICAL PROCEDURES

STOMACH

Asst

Surg

Anae

ENDOSCOPY

Gastroscopy

# Z527	- may include biopsies, photography and removal of polyps less than or equal to 1 cm		82.90	4
# Z547	- with removal of foreign body		99.75	4
# Z528	- subsequent (within three months following previous gastroscopy).....		67.85	4
# E674	- with snare polypectomy - 1st polyp > 1 cm (maximum 1)..... add		142.40	
# E675	- with snare polypectomy each - additional polyp > 1 cm (maximum 2) add		73.50	

Note:

E674, E675 are payable with Z527, Z547 or Z528.

INCISION

Gastrotomy

# S116	- with removal of tumour or foreign body.....	6	406.85	7
# E731	- with suture of bleeding peptic ulcer		247.05	
# S117	Pyloromyotomy (Ramstedt's).....	6	314.80	10

Gastrostomy

# S118	Gastrostomy	6	345.85	7
# E697	- with repair of Mallory-Weiss laceration		142.40	
# E707	- when done with another intra-abdominal procedure.....		70.80	
# Z532	Percutaneous endoscopic gastrostomy	6	172.95	7
Z520	Change of gastrostomy tube.....		10.65	

EXCISION

Biopsy - incisional

# Z526	- by gastrostomy.....		73.60	
# Z533	- by intubation.....		36.80	

DIGESTIVE SYSTEM SURGICAL PROCEDURES

STOMACH

	Asst	Surg	Anae
GASTRECTOMY			
# S122 Wedge resection for ulcer	7	520.00	7
# E708 - with vagotomy..... add		122.05	
# E713 - after previous partial gastrectomy..... add		137.55	
# E793 - laparoscopic or laparoscopic assisted, to S122 add 25%			
Partial or subtotal			
# S123 - distal.....	7	840.00	8
# S125 - proximal	7	900.00	8
# E731 - with suture of bleeding peptic ulcer add		247.05	
# E708 - with vagotomy..... add		122.05	
# E709 - with cholecystectomy..... add		122.05	
# E711 - after previous gastro-enterostomy..... add		106.55	
# E706 - with choledochotomy		122.05	
# E712 - after previous vagotomy and pyloroplasty		111.10	
# E713 - after previous partial gastrectomy..... add		137.55	
# E644 - radical mediastinal node dissection following preoperative chemotherapy and/ or radiotherapy, to S125		207.45	
Note:			
E644 is <i>only eligible for payment</i> when performed in conjunction with S125 following preoperative chemotherapy and/or radiotherapy.			
# E847 - with reconstruction of diaphragm requiring repair with mesh or equivalent synthetic material, to S125		75.00	
# E793 - laparoscopic or laparoscopic assisted, to S123 or S125..... add 25%			
Total gastrectomy			
# S128 - with or without splenectomy.....	7	1235.00	9
# E709 - with cholecystectomy..... add		122.05	
# E706 - with choledochotomy		122.05	
# E713 - after previous partial gastrectomy..... add		137.55	
# E847 - with reconstruction of diaphragm requiring repair with mesh or equivalent synthetic material, to S128		75.00	
# E793 - laparoscopic or laparoscopic assisted, to S128 add 25%			
# S129 Conversion of previous gastrectomy to Roux-en-y.....	7	910.00	9

DIGESTIVE SYSTEM SURGICAL PROCEDURES

STOMACH

	Asst	Surg	Anae
Vagotomy			
# S131 - truncal or selective	7	375.80	7
# S124 - highly selective (as sole procedure without pyloroplasty or gastroenterostomy)	7	503.10	7
# S121 Transabdominal vagotomy after previous vagotomy	7	416.50	8
Note: For suture of duodenal ulcer, refer to S139 on next page.			
# S120 Gastric bypass with Roux-en-Y anastomosis, for morbid obesity	7	1350.00	10
# S115 Reversal of previous vertical banded gastroplasty	7	820.00	10
# S114 Sleeve gastrectomy	7	820.00	10
Note:			
1. S114 Sleeve gastrectomy is <i>only eligible for payment</i> when:			
a. a Roux-en-Y gastric bypass is not possible due to small bowel disease/adhesions or previous surgery; or			
b. performed as a planned staged surgery in patients with a BMI > 60 to enable the patient to lose weight.			
2. S120 is an insured service only when all of the conditions set out in the Surgical Preamble are satisfied.			
3. S189 is <i>not eligible for payment</i> in conjunction with S120.			
4. S160 is <i>not eligible for payment</i> in conjunction with S120.			
5. Mini-gastric bypass (loop gastric bypass) does not constitute gastric bypass or partition for the purpose of S120.			
[Commentary:			
The second stage would be a gastric bypass with Roux-en-Y.]			
# S113 Removal of gastric band	7	300.00	10
Note:			
S113 is <i>only eligible for payment</i> when the gastric band requires removal due to:			
1. Complications related to the gastric band; or			
2. Conversion to gastric bypass.			
# E793 - laparoscopic or laparoscopic assisted, to S113, S114, S115 or S120			add 25%

[Commentary:

1. S120 does not include the service described as adjustable gastric banding by laparoscopic or open surgical method. See section 37.1 of Regulation 552 under the *Health Insurance Act*.
2. Morbid obesity refers to patients with a *Body Mass Index (BMI)* > 40.]

DIGESTIVE SYSTEM SURGICAL PROCEDURES

STOMACH

		Asst	Surg	Anae
REPAIR				
# S132	Pyloroplasty	7	406.85	7
# S133	Pyloroplasty and vagotomy.....	7	528.85	7
# E731	- with suture of bleeding peptic ulcer		247.05	
	add			
# S137	Pyloroplasty or gastroenterostomy plus vagotomy and cholecystectomy	7	678.90	8
# E731	- with suture of bleeding peptic ulcer		247.05	
	add			
# E721	- with choledochotomy		122.05	
	add			
# S134	Gastroduodenostomy or gastrojejunostomy	7	406.85	7
# E716	- either of above plus vagotomy.....		147.30	
	add			
# E711	- after previous gastroenterostomy		106.55	
	add			
# E721	- with choledochotomy		122.05	
	add			
# E793	- laparoscopic or laparoscopic assisted, to S134			
	add 25%			
SUTURE				
# S138	Closure of gastrostomy or other external fistula of stomach.....	6	345.85	7
# S139	Gastrorrhaphy (for perforated gastric or duodenal ulcer or wound).....	6	503.15	7
# S140	Closure of gastrocolic fistula.....	7	574.40	7

Note:

For suture of duodenal ulcer, refer to S139 above.

DIGESTIVE SYSTEM SURGICAL PROCEDURES

INTESTINES (EXCEPT RECTUM)

		Asst	Surg	Anae
ENDOSCOPY				
# Z560	Duodenoscopy (not to be claimed if Z399 and/or Z400 performed on same patient within 3 months).....		92.10	4
# Z749	Subsequent procedure (within three months following previous endoscopic procedure).....		72.55	4
# E629	- endoscopic placement of stent in duodenum add		137.05	
# Z584	Small bowel push enteroscopy		185.15	
# Z512	Endoscopy of ileostomy or colostomy, or reduction of obstructed Koch ileostomy .		36.80	4
# E747	- to cecum		31.40	
# Z514	- with biopsy		44.55	4
SIGMOIDOSCOPY				
# Z580	Sigmoidoscopy (using 60 cm. flexible endoscope).....	nil	57.70	5
Note:				
1. Z580 is <i>not eligible for payment</i> with Z491, Z492, Z493, Z494, Z495, Z496, Z497, Z498, Z499 or Z555 same patient same day.				
2. For sigmoidoscopy with rigid scope, see Z535 (Rectum).				
3. Time units and anaesthesia extra units listed on GP61 are <i>not eligible for payment</i> with anaesthesia services for Z580C.				
4. E003C is not payable for anaesthesia services rendered for Z580.				
COLONOSCOPY				
Colonoscopy for Risk Evaluation				
# Z497	Confirmatory colonoscopy - sigmoid to descending colon.....	nil	51.95	5
Payment rules:				
Z497 is eligible for payment for a colonoscopy rendered for a patient with a positive:				
1. faecal occult blood test(s) or faecal immunochemical test(s) (FIT);				
2. sigmoidoscopy;				
3. barium enema; or				
4. CT abdomen/pelvis or CT colonography examination(s).				
# Z499	Absence of signs or symptoms, family history associated with an increased risk of malignancy (e.g. a first degree relative or at least two second degree relatives with colorectal cancer or a premalignant lesion) – sigmoid to descending colon	nil	51.95	5
Payment rules:				
Z499 is only insured for a patient 40 years of age or older or 10 years younger than the earliest age of diagnosis of the youngest affected relative.				
# Z492	Five year follow up of normal colonoscopy (Z499), absence of intervening signs or symptoms - sigmoid to descending.....	nil	51.95	5
# Z493	Ten year follow up of normal colonoscopy (Z497, Z555), absence of intervening signs or symptoms - sigmoid to descending	nil	51.95	5
[Commentary:				
1. Z492 and Z493 are eligible for payment for a colonoscopy rendered to a patient following a prior normal colonoscopy who has remained asymptomatic.				
2. A colonoscopy is considered normal if there were either no polyps or only small (<1 cm) hyperplastic polyps present.				
3. An exception to #1 above is a patient with hyperplastic polyposis syndrome who are at increased risk for adenomas and colorectal cancer and need to be identified for more intensive follow-up evaluation. See Z494.				
4. A patient with sessile adenomas that may have only been partially removed or adenomatous polyps that are removed piecemeal should be considered for follow-up evaluation at short intervals (2–6 months) to verify complete removal. See Z491.]				
Payment rules:				
1. Z492 is an <i>uninsured service</i> for the same patient in the five year period following Z499.				
2. Z493 is an <i>uninsured service</i> for the same patient in the ten year period following Z497 and Z555.				

DIGESTIVE SYSTEM SURGICAL PROCEDURES

INTESTINES (EXCEPT RECTUM)

		Asst	Surg	Anae
Colonoscopy - For diagnosis or ongoing management				
# Z496	Presence of signs or symptoms - sigmoid to descending colon	nil	51.95	5
# Z494	Hereditary (e.g. Familial adenomatous Polyposis or Hereditary Non-Polyposis Colorectal Cancer) or other bowel disorders (e.g. inflammatory bowel disease) associated with increased risk of malignancy	nil	51.95	5
Payment rules:				
Z494 is eligible for payment when rendered at the age and frequency of follow up in accordance with generally accepted clinical practice guidelines.				
# Z498	Follow up of abnormal colonoscopy - sigmoid to descending colon.....	nil	51.95	5
Payment rules:				
1. Z498 is eligible for payment for a colonoscopy rendered for the follow-up of a patient with a previous malignancy(ies) in accordance with current guidelines.				
2. Z498 is eligible for payment when rendered for follow up of adenomatous polyps:				
a. after 5 years if 1-2 small (<1 cm) tubular adenomas with low grade dysplasia;				
b. after 3 years if polyp(s) removed completely and 3-10 adenomas, or any large adenoma (>1 cm), or villous features, or high grade dysplasia, or right-sided sessile serrated adenoma;				
c. after less than 3 years if > 10 adenomas.				
# Z495	Follow up of unsatisfactory colonoscopy	nil	51.95	5
Payment rules:				
Z495 is <i>only eligible for payment</i> for a technically unsatisfactory colonoscopy due to poor preparation, failure to intubate the cecum or inability to complete the examination				
# Z491	Follow up of incomplete polyp resection.....	nil	51.95	5
Payment rules:				
1. Z491 is <i>only eligible for payment</i> for:				
a. Sessile polyps that were only partially removed; or				
b. Adenomatous polyps that were removed piecemeal or contained high grade dysplasia.				
2. Z491 is <i>not eligible for payment</i> if performed more than six <i>months</i> following the initial colonoscopy.				
# Z555	Absence of signs or symptoms or risk factors, 50 years of age or older - sigmoid to descending colon	nil	51.95	5
Payment rules:				
Z555 is an <i>uninsured service</i> for the same patient in the 10 year period following the previous Z555.				
Note:				
1. Only one of Z491, Z492, Z493, Z494, Z495, Z496, Z497, Z498, Z499 or Z555 is eligible for payment per patient per day.				
2. Time units and anaesthesia extra units listed on GP61 are <i>not eligible for payment</i> with anaesthesia services for Z491C, Z492C, Z493C, Z494C, Z495C, Z496C, Z497C, Z498C, Z499C or Z555C.				
3. E003C is not payable for anaesthesia services rendered for Z491, Z492, Z493, Z494, Z495, Z496, Z497, Z498, Z499 or Z555.				

DIGESTIVE SYSTEM SURGICAL PROCEDURES

INTESTINES (EXCEPT RECTUM)

		Asst	Surg	Anae
# E740	- to splenic flexure, to Z491, Z492, Z493, Z494, Z495, Z496, Z497, Z498, Z499 or Z555 add	nil	51.95	
# E741	- to hepatic flexure, to Z491, Z492, Z493, Z494, Z495, Z496, Z497, Z498, Z499 or Z555 add	nil	31.40	
# E747	- to cecum, to Z491, Z492, Z493, Z494, Z495, Z496, Z497, Z498, Z499 or Z555..... add	nil	31.40	
# E705	- into terminal ileum, to Z491, Z492, Z493, Z494, Z495, Z496, Z497, Z498, Z499 or Z555 add		30.50	
# E630	- endoscopic placement of stent in colon, to Z491, Z492, Z493, Z494, Z495, Z496, Z497, Z498, Z499 or Z555..... add		137.05	
# E717	- if biopsy and/or coagulation of angiodysplastic lesion(s) (one or more), to Z491, Z492, Z493, Z494, Z495, Z496, Z497, Z498, Z499, Z555 or Z580..... add		27.05	
# E785	- multiple screening biopsies (> 34 sites) for malignant changes in ulcerative colitis, to Z491, Z492, Z493, Z494, Z495, Z496, Z497, Z498, Z499 or Z555..... add		54.25	
# E797	- management of uncomplicated upper or lower gastrointestinal bleeding, by any technique (e.g. laser, injection, diathermy, banding etc.) to Z496 or Z497..... add		46.30	
E749	- when Z491, Z492, Z493, Z494, Z495, Z496, Z497, Z498, Z499, Z512, Z555 or Z580 rendered in private office add		22.35	

[Commentary:

E749 is *not eligible for payment* in a hospital.

Note:

1. E717 rendered in conjunction with E785 is *not eligible for payment*.
2. For sigmoidoscopy with rigid scope, see Z535 (Rectum).

[Commentary:

For assessments claimed same *day* as colonoscopy by Internal Medicine (13) or Gastroenterology (41) see A120.]

DIGESTIVE SYSTEM SURGICAL PROCEDURES

INTESTINES (EXCEPT RECTUM)

	Asst	Surg	Anae
# Z513 Hydrostatic - Pneumatic dilatation of colon stricture(s) through colonoscope		107.50	
# Z570 Fulguration of first polyp through colonoscope		49.80	4
# E719 - each additional polyp (maximum of 4)..... add		24.25	
# Z571 Excision of first polyp greater than or equal to 3mm through colonoscope	nil	150.15	4
# E720 - each additional polyp greater than or equal to 3mm (maximum of 2)..... add		77.50	
Excision of obstructive tumour or stricture through colonoscopy			
# Z764 - less than 2 cm		69.80	
# Z765 - 2 cm or greater		131.75	
# E687 - with laser debulking		69.80	
# E685 - total excision of very large sessile polyp (> 3 cm) through colonoscopy, and may include fulguration, each		227.65	

Note:

Z570 payable at nil if claimed with E685 or Z571 for same polyp.

INCISION

Enterotomy

# S149 Ileostomy	6	406.85	7
# S150 Small intestine - including excision of polyps or biopsy	6	406.85	7
# S151 Insertion of feeding enterostomy	6	356.50	7
# E737 - when done with another intra-abdominal procedure..... add		82.35	
# S154 Large intestine - including excision of polyps	6	406.85	7
# S155 Colonoscopy with laparotomy	6	387.40	7
# S156 Exteriorization of intestine (Mickulicz).....	6	406.85	6
# S157 Colostomy	6	406.85	7
# S158 Cecostomy	6	387.40	7
# S160 Entero-enterostomy	6	406.85	7
# E793 - laparoscopic or laparoscopic assisted, to S149 or S157..... add 25%			

DIGESTIVE SYSTEM SURGICAL PROCEDURES

INTESTINES (EXCEPT RECTUM)

		Asst	Surg	Anae
EXCISION				
# E714	- repair of entero-cutaneous fistula in conjunction with bowel resection..... add		82.35	
# S162	Local excision of lesion of intestine	6	528.85	7
# Z750	Resection of exteriorized intestine.....	6	82.35	7
Resection with anastomosis				
Small intestine				
# S164	- duodenum.....	6	746.10	7
# S165	- other.....	6	687.55	7
# S166	Small and large intestine terminal ileum, cecum and ascending colon (right hemicolectomy).....	7	799.55	7
# S167	Large intestine - any portion	7	799.55	7
# E796	- with mobilization of splenic flexure, to S167..... add		102.40	
# S169	Total colectomy with ileo-rectal anastomosis.....	9	1242.90	9
# S172	Total colectomy with mucosal proctectomy with ileal pouch, ileoanal anastomosis and loop ileostomy	9	2247.70	10
# S171	Left hemicolectomy with anterior resection or proctosigmoidectomy (anastomosis below peritoneal reflection & mobilization of splenic flexure).....	7	1082.95	8
# E808	- neo-rectal pouch formation, to S169 or S171..... add		150.00	
# E793	- laparoscopic or laparoscopic assisted, to S165, S166, S167, S169, S171 or S172..... add 25%			
Ileostomy				
# S168	- subtotal colectomy	7	1057.70	7
# S170	- plus total colectomy plus abdomino-perineal resection	9	1790.60	10
# E793	- laparoscopic or laparoscopic assisted, to S168 or S170..... add 25%			
Two-surgeon team				
# S173	- abdominal	9	1632.80	10
# S174	- perineal		481.00	
# E738	- with continent ileostomy, to either S168, S169, S170, S173 or S174..... add		387.40	
E718	- bowel resection following previous resection with anastomosis, or following S217, S213, S214 or S215..... add		142.40	
Note:				
E718 is not to be added to S181, S182, S185, S191, S192 or S193.				
# S188	Bowel resection without anastomosis (colostomy and mucous fistula).....	6	544.35	6
# S189	Intestinal bypass for morbid obesity	7	951.20	10
# E793	- laparoscopic or laparoscopic assisted, to S189..... add 25%			

Note:

1. S189 is an insured service only when all of the conditions set out in the Surgical Preamble are satisfied.
2. Mini-gastric bypass (loop gastric bypass) does not constitute intestinal bypass for the purpose of S189.

DIGESTIVE SYSTEM SURGICAL PROCEDURES

INTESTINES (EXCEPT RECTUM)

	Asst	Surg	Anae
Intestinal obstruction (mechanical)			
One stage			
# S175 - without resection	6	620.00	7
# S176 - with entero-enterostomy	6	748.00	7
# S177 - with resection	6	900.00	7
# S180 - with enterotomy.....	6	672.00	7
Note:			
If staged procedure, refer to Surgical Preamble SP2.			
# S178 Intestinal atresia (newborn)	6	682.90	7
# S179 Meconium ileus.....	6	682.90	7
REPAIR			
Revision of ileostomy or colostomy			
# S181 - skin level	6	131.75	7
# S182 - full thickness	6	350.65	7
# S192 Simple revision of continent ileostomy pouch.....	6	387.40	7
# S191 Complete reconstruction of continent ileostomy to include valve repair	6	951.20	7
# S193 Revision of standard ileostomy into continent ileostomy pouch	6	793.50	7
# S183 Cecopexy or sigmoidopexy (as sole procedure).....	6	314.80	6
SUTURE			
# S184 Suture of intestine	6	314.80	7
# E721 - with choledochotomy		122.05	
# S185 Closure of colostomy or enterostomy - with or without resection and/or anastomosis	6	406.85	7
# S187 Plication of small intestine for adhesions.....	6	528.85	7
Note:			
For division or removal of adhesions only, use S312.			
MANIPULATION			
# Z538 Reduction of prolapse.....		25.25	6
# Z539 Dilation of gastrostomy, enterostomy, colostomy, etc.		25.25	6
Intubation of small intestine (therapeutic or diagnostic)			
# Z540 - with or without fluoroscopy.....		79.80	
# E732 - with biopsy.....		29.10	

DIGESTIVE SYSTEM SURGICAL PROCEDURES

MISCELLANEOUS

	Asst	Surg	Anae
MECKEL'S DIVERTICULUM			
# S194 Meckel's diverticulum excision.....	6	356.50	7
# S159 - with small bowel resection	6	406.85	7
MESENTERY			
# S195 Local excision of lesion.....	6	305.05	7
# S199 Resection of mesentery	6	325.40	6
APPENDIX			
# S204 Incision and drainage of abscess	6	239.20	7
# S205 Appendectomy.....	6	336.60	7
# S206 - with gross perforation and peritonitis	6	451.50	7
TRANSPLANT			
Small bowel transplant			
# S201 - donor.....	6	964.50	8
# S202 - recipient	20	2748.75	30
Multivisceral transplant			
# S196 - donor.....	6	2748.75	8
# S197 - recipient, without evisceration.....	25	7934.35	35
# E807 - recipient, with evisceration, to S197		2644.75	

Payment rules:

1. S197 must include transplant of the small bowel and liver, *with or without* transplant of the duodenum, stomach, pancreas and large bowel.
2. S196 must include removal of the small bowel and liver, *with or without* removal of the duodenum, stomach, pancreas and large bowel.
3. Surgical fees for transplant procedures represent payment in full for the surgical services required to perform the described procedure. In the event the transplant procedure described by S201/S202/S196/S197 is performed by more than one surgeon, only one surgical service is eligible for payment; the components of the surgical service are not divisible among the physicians for claims purposes.

[Commentary:

Where the surgical service is performed by more than one surgeon, the physicians are responsible for apportioning payment amongst themselves.]

DIGESTIVE SYSTEM SURGICAL PROCEDURES

RECTUM

Asst
Surg
Anae

ENDOSCOPY

Sigmoidoscopy with or without anoscopy

Z535	- with rigid scope	36.80	4
Z536	- with biopsy(ies)	44.55	4
Z592	- with decompression of volvulus	49.40	4
E746	- when Z535, Z536 or Z592 performed outside hospital add	5.85	
# E641	- endoscopic placement of stent in rectum add	137.05	
# E797	- management of uncomplicated upper or lower gastrointestinal bleeding, by any technique (e.g. laser, injection, diathermy, banding etc.) add	46.30	

Note:

Z535 not to be billed with Z555 or Z580.

EXCISION

Proctectomy

# S213	Anterior resection or proctosigmoidectomy (anastomosis below peritoneal reflection)	8	1100.00	8
# E808	- neo-rectal pouch formation, to S213..... add		150.00	
# S214	Abdomino-perineal resection or pull through	8	1300.00	10
# E793	- laparoscopic or laparoscopic assisted, to S213 or S214 add 25%			

Two surgeon team

# S215	- abdominal surgeon	8	1009.85	10
# S216	- perineal surgeon		459.05	
# S217	Hartmann procedure	8	890.00	9
# S218	Colon reconstruction following Hartmann procedure.....	8	1030.00	8
# E796	- with mobilization of splenic flexure, to S218 add		102.40	
# E793	- laparoscopic or laparoscopic assisted, to S215, S217 or S218..... add 25%			
# Z752	Biopsy of rectosigmoid or above for Hirschsprung's disease	6	82.35	6
# E710	- each additional biopsy		45.55	
# S222	Presacral or trans-sacral proctotomy and excision of lesion	6	350.65	7

Polyps or tumours of rectum or sigmoid *

# Z753	- electrocoagulation - base under 2 cm	24.25	7	
# Z754	- excision - base under 2 cm	6	82.35	6
# Z784	- excision and suture - base 2 to 5 cm, inclusive	6	213.50	6
# Z785	- excision and suture - base over 5 cm	6	329.65	7
# Z755	- electrocoagulation - base 2 to 5 cm, inclusive	6	142.40	6
# Z761	- electrocoagulation - base over 5 cm	6	219.90	7
# E688	- with laser debulking		69.80	

Note:

1. * To a maximum of 2, any size or technique.
2. For fulguration or excision of tumours through the colonoscope, use codes Z570, Z571 (page S16).

DIGESTIVE SYSTEM SURGICAL PROCEDURES

RECTUM

	Asst	Surg	Anae
REPAIR			
# S223 Anastomosis of rectum	6	488.20	6
Rectal prolapse			
# S225 - excision of mucous membrane	6	239.20	7
# S226 - perineal repair - major	6	356.50	6
# S227 - abdominal approach	6	554.10	8
# S228 - insertion of Thiersh wire	6	190.85	6
SUTURE			
# S229 Suture of rectum, trauma-external approach	6	239.20	7
Closure of fistula			
# S231 - rectovaginal (any repair)	6	338.55	7
# S525 - rectovesical	6	446.90	7
MANIPULATION			
# Z541 Dilation and/or disimpaction or removal of foreign body under general anaesthetic (as sole procedure)		58.15	6
# Z756 Fecal disimpaction - no anaesthetic		36.80	
Note: The fees for excision, ligation, injection of haemorrhoids and treatment of intra or perianal condylomata acuminata include anoscopy.			
ENDOSCOPY			
Z543 Anoscopy (proctoscopy)		8.70	
INCISION			
# Z544 Biopsy		34.90	6
Z545 Thrombosed haemorrhoid(s)		25.25	6
E542 - when performed outside hospital		11.15	
# S241 Sphincterotomy(ies) under local anaesthesia	6	88.20	
# S243 Sphincterotomy(ies) under general anaesthesia	6	200.00	6

DIGESTIVE SYSTEM SURGICAL PROCEDURES

RECTUM

		Asst	Surg	Anae
EXCISION				
# S247	Haemorrhoidectomy, with or without sigmoidoscopy or repair of fissure(s) and/or sphincterotomy and/or anal dilation	6	260.15	6
# Z565	Complete haemorrhoidectomy using cryotherapy and/or Barron ligation(s) including rectal dilation		99.60	6
# Z546	Barron ligation(s) (not to exceed 6 in any one year)	nil	34.60	
# Z566	Barron ligation(s) plus cryotherapy (not to exceed 6 in any one year)	nil	39.10	
# S249	Local excision for malignancy	6	153.05	7
Z757	Excision of benign anal lesion(s)	6	47.15	6
E542	- when performed outside hospital		11.15	
# S251	Fistula-in-ano	6	213.15	6
INJECTION				
Z575	Haemorrhoid injections (to a maximum of 6 per year)		27.05	
Z576	Injections for anal fissure		35.90	6
REPAIR				
# S253	Low imperforate anus repair	7	1224.00	7
# S260	High imperforate anus repair (supra-levator)	7	1801.00	7
# S256	Excision of scar, for stenosis	6	142.40	6
# S257	Anoplasty, for stenosis	6	275.05	6
# S258	Repair of anal sphincter	6	275.05	7
# S259	Repair of anal sphincter and ano-rectal ring	6	356.50	6
DESTRUCTION				
Z548	Cauterization of fissure		34.90	6
Fulguration of condylomata				
Z549	- local anaesthetic		30.95	
# Z758	- general anaesthetic	6	97.65	6
MANIPULATION				
Z550	Dilation of anal sphincter		12.05	6
# S248	Peter Lord procedure		43.60	6

DIGESTIVE SYSTEM SURGICAL PROCEDURES

LIVER

		Asst	Surg	Anae
INCISION				
Biopsy				
# Z554	- incisional		102.10	
# Z551	- needle		87.80	7
# S268	Insertion of implantable pump for continuous liver perfusion.....	7	604.95	7
EXCISION				
Hepatectomy				
# S269	- local excision of lesion (less than 5 cm).....	7	350.65	7
# S275	- partial lobectomy (excision greater than 5 cm)	8	585.05	8
Formal anatomical resection				
# S270	- one or two liver segments	12	1184.60	12
# S267	- three or four liver segments	12	1652.15	12
# S271	- five or more liver segments	12	1784.60	12
# S272	Laparotomy, cholangiogram and biopsy (neonatal jaundice).....	6	387.40	7
# E793	- laparoscopic or laparoscopic assisted, to S267, S269, S270, S271, S272 or S275			add 25%
Liver transplant				
# E765	- with reconstruction or repair of the hepatic artery (i.e. re-anastomosis or conduit), to liver transplant fee.....		300.45	
# S274	Deceased donor, liver removal	6	964.50	8
# S294	Deceased donor, liver transplant	20	2748.75	30
# S295	Repeat liver transplant	30	3776.20	40
# S265	Living donor, hepatectomy	20	4760.60	35
# S266	Living donor, orthotopic liver transplant	25	5289.55	35
Note:				
Cholecystectomy is <i>not eligible for payment</i> in conjunction with liver lobectomy involving liver segments #4 and/or #5, or formal anatomic resection involving liver segments #4 and/or #5.				
REPAIR				
# S273	Marsupialization and/or decompression of cyst(s) or abscess(es).....	7	434.80	7
# E715	- more than three cysts or abscess(es).....		74.90	

DIGESTIVE SYSTEM SURGICAL PROCEDURES

BILIARY TRACT

Asst

Surg

Anae

Note:

Unless otherwise specified, there is no additional fee payable for cholangiogram during abdominal surgery.

ENDOSCOPY

Endoscopic retrograde cholangiopancreatography (ERCP)

# Z561	- with cannulation of common bile duct and/or pancreatic duct	213.15	6
# Z558	- including sphincterotomy and may include removal of one or more bile duct stones	300.25	6
# Z760	- through gastrojejunostomy following previous Billroth II	251.85	6
# E702	- with multiple (3 or more) biopsies of a specific lesion..... add	15.10	
# E666	- with biliary tract manometry	52.30	
# E662	- with intraductal cytology brushing or intraductal biopsy..... add	49.75	
# E668	- with cannulation of minor papilla..... add	93.80	
# E680	- with insertion of first endobiliary prosthesis and/or pancreatic stent (maximum 1)..... add	82.35	
# E681	- with insertion of each additional endobiliary prosthesis and/or pancreatic stent (maximum 3)..... add	43.60	
# E669	- with oesophagoscopy-gastroscopy and may include duodenoscopy	102.75	

Note:

E662, E666, E668, E702, E680, E681, E669 are payable with Z561, Z558 or Z760.

# Z593	Nasobiliary catheter insertion	55.25	
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INCISION

# S233	Percutaneous trans-hepatic catheter drainage of obstructed bile ducts including daily supervision and including percutaneous cholangiogram and catheterization to duodenum if achieved.....	394.25	
# S234	Replacement of catheter in above	64.85	

Biliary duct calculus manipulation and/or removal via T-tube tract

# Z562	- as sole procedure	116.20	7
# Z542	Intubation of bile duct for obstruction.....	85.25	

DIGESTIVE SYSTEM SURGICAL PROCEDURES

BILIARY TRACT

	Asst	Surg	Anae
INCISION			
# S278 Cholecystostomy	7	408.05	7
# S276 Choledochotomy (previous cholecystectomy)	7	610.20	8
# S280 Transduodenal sphincterotomy and choledochotomy (previous cholecystectomy)	7	844.65	9
# S281 Choledochoduodenostomy or choledochoenterostomy or choledochocholechoostomy	7	721.70	9
# E704 - with choledochoscopy, to S276, S280, S281 or S287 plus E721 add		46.50	
Note: S281 cannot be claimed with S276.			
# S282 Cholecystogastrostomy	7	447.45	7
# S283 Cholecystoenterostomy	7	447.45	7
# E743 - with entero-enterostomy, to S281 or S283 add		153.05	
# S285 Intrahepatic choledochoenterostomy (anastomosis above the common hepatic duct bifurcation)	9	915.30	12
EXCISION			
# S287 Cholecystectomy	7	478.00	7
# E721 - with choledochotomy add		122.05	
# E722 - with transduodenal sphincterotomy add		162.70	1
# E728 - with truncal or selective vagotomy..... add		167.65	
# E729 - with highly selective vagotomy add		284.75	
# E794 - with intra-operative cholangiogram, to S287 add		35.85	
# S291 Choledochectomy for tumour*	8	406.85	8
REPAIR			
# S292 Common duct stricture, dissection and/or resection*	7	203.40	10
# S293 Biliary duct atresia, infant (see General Preamble GP8).....	8	I.C	12
# Z596 Extracorporeal shock wave lithotripsy for bile duct calculi.....		314.20	6
Note: * For reconstruction, refer to S281.			

DIGESTIVE SYSTEM SURGICAL PROCEDURES

PANCREAS

	Asst	Surg	Anae
INCISION			
Biopsy			
# Z762 - needle		102.10	
# Z577 - incisional		122.05	7
# S297 Drainage of acute pancreatitis or abscess or marsupialization of cyst	7	406.85	7
EXCISION			
Pancreatectomy			
# S298 Complete with splenectomy	9	1270.20	13
# S300 "Whipple type" procedure	9	1785.45	13
# S301 Local complete excision of tumour or lesion	8	508.55	8
# S309 Distal - body, tail with splenectomy with or without anastomosis	9	986.05	11
# S299 Distal - body, tail with preservation of spleen, with or without anastomosis	9	1250.00	11
# E793 - laparoscopic or laparoscopic assisted, to S298, S299, S300, S301 or S309			add 25%
# E709 - with cholecystectomy, to S299, S300 or S309		122.05	
REPAIR			
Pancreatic cyst			
# S305 - gastrostomy	7	589.95	8
# S306 - duodenostomy	8	589.95	8
# S307 - jejunostomy	8	589.95	8
# S304 Lateral pancreatoduodenostomy or anastomosis of filleted pancreatic duct to intestine (Puestow)	9	813.60	10
TRANSPLANT			
# S302 Donor pancreas removal	6	679.50	8
# S303 Back-bench pancreas graft preparation		339.75	
# S308 Pancreas transplant	20	2378.30	30

DIGESTIVE SYSTEM SURGICAL PROCEDURES

ABDOMEN, PERITONEUM AND OMENTUM

PREAMBLE

1. Unless otherwise specified, when the laparoscope is used as a means of entrance to perform an intra-abdominal procedure, the laparoscopy is *not eligible for payment*.
2. When a diagnostic laparoscopy is performed prior to laparotomy, the initial procedure should be claimed as E860.
3. When an exploratory laparotomy is performed followed by a colostomy through another incision in the abdomen, the colostomy fee should be claimed at 100% and the laparotomy at 85% of the listed fee.

DIGESTIVE SYSTEM SURGICAL PROCEDURES

ABDOMEN, PERITONEUM AND OMENTUM

Asst

Surg

Anae

PARACENTESIS

Aspiration

Z590	- for diagnostic sample		31.30	
Z591	- with therapeutic drainage with or without diagnostic sample		57.65	6
E724	- administration of chemotherapy or sclerosing agent	add	23.25	
Z763	Paracentesis with lavage for diagnosis.....		38.70	6
E542	- when performed outside hospital, to Z590, Z591 or Z763	add	11.15	

INCISION

# Z563	Needle biopsy of peritoneum		48.00	
# Z564	Open lavage of peritoneal cavity for diagnosis without manual exploration of peritoneal cavity		73.60	7
# S312	Laparotomy, with or without biopsy or for Hirschsprung's disease (except biopsies of stomach, liver, pancreas and multiple para-aortic lymph nodes)	6	330.00	7

Note:

1. S312 - use for division or removal of adhesions, if no other abdominal surgery performed - may not be claimed with other intra-abdominal procedures (except for IOP).
2. Omentectomy for tumour debulking - professional assessment by the Ministry of Health and Long-Term Care *Medical Consultant* is available and may be requested.

# E745	- insertion of tubes and post-operative continuous peritoneal lavage when combined with any other abdominal procedure	add	94.85	
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Laparotomy

# S321	- for acute trauma.....	6	397.15	6
# E733	- with repair of intestine - single	add	142.40	
# E734	- multiple and/or with resection	add	211.15	
# E735	- with splenectomy (partial or complete)	4	284.75	
# E736	- with repair of lacerated liver	4	187.90	
# E739	- with repair of diaphragm	4	122.05	
# E723	- with repair of lacerated spleen.....	4	284.80	
# E693	- with repair of ruptured bladder.....	4	-	
# E694	- with nephrectomy.....	4	-	

DIGESTIVE SYSTEM SURGICAL PROCEDURES

ABDOMEN, PERITONEUM AND OMENTUM

Asst

Surg

Anae

INCISION

Peritoneal abscess

# S313	- subphrenic	7	370.95	7
# S314	- abdominal	6	264.45	7
# Z569	Pelvic abscess, incision and drainage - rectal or vaginal approach		122.05	7
# Z594	Percutaneous abdominal abscess drainage including daily supervision, for one or more abscesses within the same abdominal quadrant or the pelvis.....		288.30	
# E686	- within each other abdominal quadrant, or the pelvis (if the initial abscess was not in the pelvis)..... add		144.10	
Z595	Replacement of drainage catheter in abdominal abscess		54.05	
# Z574	Removal of infected sutures from abdominal wall or re-exploration of wound for bleeding - general anaesthetic.....	6	94.85	7
# S311	Umbilical vein intra-abdominal dissection and catheterization	6	232.50	6

Note:

For vascular *newborn* - see Diagnostic & Therapeutic Procedures - Vascular Cannulation.

# S320	Insertion of antabuse into abdominal wall.....		58.15	
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Insertion of peritoneo-jugular shunt for ascites

# S203	- primary	7	281.85	7
# S209	- revision.....	7	208.15	7
# S310	Insertion of intraperitoneal chemotherapy port by laparotomy or laparoscopy	6	215.10	6
# S315	Removal of intraperitoneal chemotherapy port by laparotomy or laparoscopy.....	6	215.10	6

Payment rules:

S310 or S315 are *not eligible for payment* in addition to any open or laparoscopic abdominal procedure.

EXCISION

# S316	Excision of full thickness abdominal wall tumour and primary closure (see General Preamble GP8)		I.C	7
# S317	Umbilectomy - plastic.....	6	111.45	7

Panniculectomy

# S318	Panniculectomy, including any necessary diastasis repair	6	500.00	6
# E748	- with repair of umbilical hernia, to S318..... add		122.05	
# E809	- excision of pannus that extends beyond the mid thigh, to S318..... add		250.00	

Note:

1. Panniculectomy is only insured in those circumstances described in Appendix D of this *Schedule*. Prior authorization of payment from the *MOHLTC* is required.
2. S318 is *not eligible for payment* when performed in conjunction with abdominal or pelvic procedures unless the payment requirements for panniculectomy are separately fulfilled.

[Commentary:

1. In circumstances where the proposed panniculectomy surgery *may include* excision of a pannus that extends below the mid thigh, the requesting physician must provide sufficient information with the request for prior authorization of payment.
2. Abdominoplasty is not an insured service.]

# S319	Mesenteric cyst.....	6	335.15	6
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DIGESTIVE SYSTEM SURGICAL PROCEDURES

ABDOMEN, PERITONEUM AND OMENTUM

	Asst	Surg	Anae
ENDOSCOPY			
Peritoneoscopy, culdoscopy or laparoscopy			
# Z552 - without biopsy	6	131.45	6
# Z553 - with biopsy and/or lysis of adhesions and/or removal of foreign body and/or cautery of endometrial implants	6	173.25	6
REPAIR			
# S325 Omentopexy - as sole operative procedure.....	6	305.05	7
Herniotomy			
Inguinal and/or femoral			
# S322 - infants	6	325.00	7
# S326 - children	6	275.00	6
# S323 - adolescents and adults	6	331.80	7
Unilateral with exploration of other side			
# S328 - infants and children.....	6	329.30	7
Strangulated or incarcerated			
# S329 - without resection of bowel.....	6	425.00	7
# S330 - with resection of bowel.....	6	660.50	7
Umbilical			
# S332 - adolescent or adult.....	6	300.00	6
# S333 - child (operative)	6	222.75	6
# E764 - umbilical hernia repair when done in conjunction with other abdominal surgery, to other surgery..... add		96.85	
# E756 - with resection of strangulated contents		111.45	
# E757 - without resection of strangulated contents		55.25	
Omphalocele and gastroschisis			
# S348 Primary or first stage repair.....	7	375.80	7
# E691 - requiring mobilization of abdominal wall musculature, to S348..... add		100.00	
# S349 Second or subsequent stage repair.....	7	475.80	7
Congenital diaphragmatic hernia			
# S346 Primary or first stage repair.....	9	576.90	13
# S347 Second or subsequent stage repair.....	9	366.00	13
# S340 Ventral - post-operative.....	6	370.95	7
# S344 Massive incisional hernia.....	6	500.00	7
# E793 - laparoscopic or laparoscopic assisted, to S344..... add 25%			
# S345 Massive sliding inguinal hernia	6	400.00	7
# E725 - recurrent - all types, except oesophageal..... add	4	130.00	
# E726 - repeat recurrent inguinal hernia (more than 2 repairs), to S322, S323, S326, S329 or S330..... add	4	226.00	
# S342 Epigastric.....	6	239.20	6
# E727 - hydrocele - extra - applicable to adults only		65.90	
SUTURE			
# S343 Secondary closure for evisceration - sole operative procedure in abdomen.....	6	350.00	7