PREAMBLE

Asst Surg Anae

- 1. In composite operations such as anterior and posterior repair and D&C or anterior and posterior repair and cauterization of cervix and biopsy, the amount payable is equal to the fee for the major procedure(s).
- 2. A D&C is *not eligible for payment* if rendered with hysterectomy or management of ectopic pregnancy (S784) or if rendered routinely with tubal occlusion.
- # E857
- if a D&C is required for abnormal uterine bleeding and rendered with tubal occlusion or with diagnostic laparoscopy, to other procedureadd

78.45

- 3. The amount payable for a D&C for pregnancy termination (S752, S756 or S785) is reduced to 85% of the full fee when rendered with tubal occlusion (S741).
- 4. 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 additional payment.
- 5. A diagnostic laparoscopy is eligible for payment as E860 when rendered prior to laparotomy.
- # E854

170.00

VULVA A	AND INTROITUS		•			
		Asst	Surg	Anae		
Ab	scess of vulva, Bartholin or Skene's gland - incision and drainage					
Z714	- local anaesthetic		17.30			
E542	- when performed outside hospitaladd		11.15			
# Z715	- general anaesthetic	6	50.90	6		
# Z716	Marsupialization of Bartholin's cyst or abscess	6	71.90	6		
EX	CISION					
Bio	ppsy(ies) - when sole procedure					
Z477	- local anaesthetic		26.85			
E542	- when performed outside hospitaladd	•	11.15	•		
# Z475	- general anaesthetic	6	50.90	6		
# S707	Hymenectomy (with or without perineotomy) or hymenotomy		92.30	6		
# S706	Cyst of Bartholin's gland	6	112.00	6		
Co	ndylomata - single or multiple					
	Chemical and/or cryosurgery					
Z733	- one or more		11.05			
	Surgical excision or electrodesiccation or CO ₂ laser		22.25			
Z736 # Z769	- local anaesthetic		26.85 115.10	e		
# 2769	- general anaesthetic		115.10	6		
Vul	vectomy					
# S703	- simple	6	257.05	6		
# S704	- radical - without gland dissection	6	431.45	6		
REPAIR						
# S708	Non-obstetrical injury to vulva and/or vagina, and/or perineum (see General Preamble GP8)		I.C	I.C		
# S701	Repair of infibulation - resulting from female genital mutilation		115.00	6		

١	/AGINA				
			Asst	Surg	Anae
	ENI	OOSCOPY			
	Z478	Vaginoscopy (premenarchal) with or without medication		50.90	6
	N	ote:			
	С	uldoscopy - see Z552 - Abdomen, Peritoneum and Omentum - Digestive System.			
	INC	ISION			
#	S712	Culdotomy, drainage or needle puncture		115.00	6
	Z728	Incision and drainage of cyst, abscess or haematoma		92.30	6
	EXC	cision			
	Bio	osy(ies) - when sole procedure			
	Z722	- local anaesthetic		26.85	
	E542	- when performed outside of hospital, to Z722add		11.15	
#	Z723	- general anaesthetic		92.30	6
#	S715	Excision of cyst(s), or benign tumour(s)	6	123.70	6
#	S742	Colpectomy - e.g. for carcinoma	6	349.00	6
#	S702	Excision of congenital vaginal septum	6	123.70	6

١	/AGINA				
	VAGINA		Asst	Surg	Anae
	RE	PAIR			
#	S716	Anterior or posterior repair	6	164.00	7
	An	terior and posterior			
#	S717	- repair	6	303.40	7
#	S718	- repair of enterocoele and/or vault prolapse	6	349.00	7
	Pos	sterior repair and repair of			
#	S719	- enterocoele and/or vault prolapse	6	307.80	7
#	S723	- anal sphincter	6	272.40	6
	An	terior repair			
#	S720	- with or without posterior repair and repair of uterine prolapse (Fothergill or		0.40.00	_
ш	0704	Watkin's interposition)	6	349.00	7
#	S721	Anterior, posterior repair with excision of cervical stump	6	349.00	7
		st hysterectomy vault prolapse			
#	S722	- repair by vaginal approach, may include enterocoele and/or anterior and	0	240.00	7
#	S812	posterior repair	6	349.00	7
#	3012	and posterior repair	6	453.70	7
	Ab	dominal approach to vaginal vault prolapse			
#	S760	- vaginal sacropexy	6	349.00	6
#	S813	- repeat - vaginal sacropexy	6	453.70	6
#	S761	Combined abdominal/vaginal approach for vaginal vault prolapse	7	431.45	7
#	E862	- when performed laparoscopically, to S760, S813 or S761add 25%	·		·
#	S724	Perineorrhaphy (not eligible for payment with delivery or other vaginal surgery			
		procedures)	6	122.75	6
#	S725	Colpocleisis (LeFort or modification)	6	257.05	7
#	S726	Construction of artificial vagina (see General Preamble GP8)	6	I.C	6
	Clo	sure of fistula			
#	S523	Vesicovaginal	6	772.40	6
#	S231	Rectovaginal (any repair)	6	338.55	6
	S729	Ureterovaginal	6	560.95	6
#	S709	Urethrovaginal	6	374.85	6
	Ret	ropubic Urethropexy			
#	S549	Primary procedure	6	376.70	6
#		Repeat procedure for failed retropubic or vaginal surgery for stress incontinence	6	489.70	7
#	E862	- when performed laparoscopically, to S549 or S546add 25%			
#	S815	Tension free vaginal tape mid-urethral sling by any method/approach	6	381.60	6

Payment rules:

Cystoscopy (Z606) is not eligible for payment with S815 unless the cystoscopy is rendered for suspicion of disease.

VAGINA
Asst Surg Anae

Combined Abdominal-Vaginal Procedure for Stress Incontinence (Sling Procedure)

[Commentary:

Combined abdominal vaginal sling procedures are indicated for the management of stress incontinence or genital prolapse, particularly following previous failed anti-incontinence procedures of any kind, or a very large cystocoele. The procedure usually entails entry into the space of Retzius through an abdominal approach (open or laparoscopic) in conjunction with an anterior vaginal dissection (*with or without* cystoscopy) following which the sling material (autologous, synthetic or xenograft) is passed through the perineal membrane, placed under appropriate tension at the bladder neck, and sutured to Cooper's ligament bilaterally.]

Payment rules:

- **1.** Anti-prolapse procedures or other anti-incontinence procedures are *not eligible for payment* when rendered with combined abdominal-vaginal procedures for stress incontinence (sling procedures).
- 2. Cystoscopy (Z606) is *not eligible for payment* with combined abdominal-vaginal procedures for stress incontinence (sling procedures) unless the cystoscopy is rendered for suspicion of disease.

[Commentary:

Primary approach

Those procedures listed under the titles "Following one previous failed procedure" or "Following two or more previously failed procedures" are eligible for payment following failure of the appropriate number of any listed procedure.]

	Pr	imary approach			
#	S728	One surgeon	7	429.10	7
#	E862	- when performed laparoscopically, to S728add 25%			
		Two surgeons			
#	S730	- vaginal surgeon	7	330.50	7
	E863	- when performed laparoscopically, to S730add 25%	,	330.30	,
π	S740	- abdominal surgeon	7	330.50	
#	E862	- when performed laparoscopically, to S740	,	330.30	
π	L002	- when performed taparoscopically, to 0740add 2070			
	Fo	ollowing previous failed procedure			
#	S731	One surgeon	7	557.95	7
#	E862	- when performed laparoscopically, to S731add 25%			
		Two surgeons			
#	S732	- vaginal surgeon	7	429.65	7
#	E863	- when performed laparoscopically, to S732add 25%			
#	S733	- abdominal surgeon	7	429.65	
#	E862	- when performed laparoscopically, to S733add 25%			
	Fo	ollowing two or more failed procedures			
#	S748	One surgeon	7	686.70	7
	E862	- when performed laparoscopically, to S748	,	000.70	,
11					
		Two surgeons	_		_
	S749	- vaginal surgeon	7	528.75	7
#	E863	- when performed laparoscopically, to S749add 25%	_	500 75	
,,	S751	- abdominal surgeon	7	528.75	
#	E862	- when performed laparoscopically, to S751add 25%			
#	S811	Rectus abdominus myocutaneous neovaginostomy - includes harvest of			
		longitudinal, vertical or transverse rectus abdominus flap(s), formation of vaginal			
		pouch and insertion of vaginal mold	8	829.40	8
	M	ANIPULATION			
	E	camination and/or dilatation (may include insertion and/or removal of IUD)			
#	Z735	- general anaesthetic - as sole procedure		50.90	6
					-
	UVC	Removal of IUD without GA		visit.fee	

CER	/IX UTERI			
_		Asst	Surg	Anae
	ENDOSCOPY			
Z7:			50.90	
Z78			50.90	
Z73	Follow up colposcopy without biopsy with or without endocervical curetting		25.50	
	Note:			
	1. A screening colposcopy is included in the assessment.			
	2. Z720 is not eligible for payment with Z730, Z731 or Z787.			
	CAUTERIZATION			
UV	C Chemical		visit.fee	
Z73	2 Cryotherapy		17.30	
Z72	4 Electro		8.55	
# Z72	5 Dilatation and cauterization under general anaesthesia		50.90	6
	CONIZATION			
# Z76	6 Loop Electrosurgical Excision Procedure (LEEP)		78.00	
# S74		6	173.15	6
Z72	9 Cryoconization, electroconization or CO ₂ laser therapy with or without curettage for			
	premalignant lesion (dysplasia or carcinoma in situ), out-patient procedure		38.35	
	EXCISION			
Z72	0 Biopsy - with or without fulguration		20.00	6
# S70	5 Amputation of cervix	6	173.55	6
	Cervical stump			
# S70	6 - abdominal	6	321.90	6
# S76	7 - vaginal	6	321.90	7
	Note:			
	Excision of cervical polyp(s) under general anaesthesia, submit using Z720.			

CORPUS	UTERI			
		Asst	Surg	Anae
REF	PAIR			
\$ S774	Repair of incompetent cervix - not associated with pregnancy	6	142.50	6
ENI	DOSCOPY			
Hys	teroscopy			
Z582	- diagnostic		105.40	6
Z583	- with uterine biopsy and/or D&C		131.40	6
Z585	- with cannulization of tube(s), lysis of intrauterine adhesions		131.40	6
Z587	- with resection of one or more endometrial polyps, with or without D&C		200.00	6
Z586	with lysis of intrauterine adhesions/synechiae requiring a minimum of 60 minutes of surgical time		349.00	7
	Commentary: ysis of intrauterine adhesions/synechiae requiring less than 60 minutes constitutes th	e service desc	cribed by Z585	.1
	ote:		, ,	•
	nly one of Z582, Z583, Z585, Z587 or Z586 is eligible for payment for the same patie	nt on the sam	e <i>day</i> .	
INC	ISION OR EXCISION			
E861	- paracervical block - payable in addition to endometrial sampling, ablation or			
	curettage by same physician in an office - unilateral or bilateraladd		9.00	
Z770	Endometrial sampling		34.05	
E542	- when performed outside hospital add		11.15	
-				0
S772	Endometrial ablation by any method		218.65	6
	ote: ysteroscopy (Z582, Z583, Z587) is <i>not eligible for payment</i> when rendered with endo	metrial ablatio	n (S772).	
Abo	ortion			
UVC	- spontaneous, complete		visit.fee	
S768	- spontaneous, incomplete - including D&C		93.00	6
S752	- induced - by any surgical technique up to and including 14 weeks gestation		112.40	6
S785	- induced - by any surgical technique after 14 weeks of gestation		189.85	6
	ayment rules:			·
	785 is <i>only eligible for payment</i> if the length of gestation is confirmed by ultrasound.			
S756	- missed abortion, or evacuation of molar pregnancy, by any surgical technique		112.40	6
S770	- hysterotomy	6	245.40	7
S783	- hysterotomy with tubal interruption	6	257.05	6
S754	Diagnostic curettage (with or without cauterization, biopsy of cervix removal of			
31 J 4	polyps, or hysterosalpingography)		92.30	6
S764	Myomectomy	6	383.90	7

CORPUS	SUTERI			
		Asst	Surg	Anae
INC	CISION OR EXCISION			
Hy	sterectomy - with or without adnexa (unless otherwise specified)			
# S757	- abdominal - total or subtotal	6	463.00	7
# S816	- vaginal	6	463.00	7
# S758	- with anterior and posterior vaginal repair and including enterocoele and/or vault prolapse repair when rendered	6	616.60	6
# S759	- with anterior or posterior vaginal repair and including enterocoele and/or vault prolapse repair when rendered	6	523.55	7
# E090	- removal of one or both ovaries with moderate or severe endometrosis, to S757, S758 or S759		260.80	
# E862	 when hysterectomy is performed laparoscopically, or with laparoscopic assistance, abdominal or vaginal, to S757, S758, S759 or S816add 25% 			
# S710	- with omentectomy for malignancy	6	680.65	6
# S763	- radical (Wertheim or Schauta) - includes node dissection	8	893.55	8
# S762	- radical trachelectomy - excluding node dissection	8	801.10	8
# E862	- when performed laparoscopically, to S710, S763, S762add 25%			
S	Note: S722, S760, S812, S813, S738, S741, S745, S747, S780, S781 and S782 are <i>not eligi</i> S757, S816, S758, S759, S710, S763 or S762.	ible for payme	ent when rende	ered with
# S776 # S781	Staging pelvic lymphadenectomy for carcinoma (laparoscopic or open) Staging Para-aortic lymphadenectomy for carcinoma (laparoscopic or open) (not	6	431.20	6
	eligible for payment when rendered with Z578 and/or S776)	6	431.20	6
RE	PAIR			
Hy	steroplasty			
# S779	- excision of septum	6	349.00	6
# S775	- unification of double uterus (Strassman)	6	431.45	7
# S777	- uterine inversion, operative	6	349.00	6
# S778	Presacral neurectomy (with or without ovarian neurectomy)	6	349.00	6

	FALLOP	IAN TUBE			
			Asst	Surg	Anae
	FX	CISION, SUTURE OR REPAIR			
		·			
#	S784	topic pregnancy - management by any surgical technique	6	306.85	7
	E852	- with tuboplastyadd	O	47.90	,
#	E860	- diagnostic laparoscopy prior to laparotomy		131.45	
#	S738	Salpingectomy or salpingo-oophorectomy (uni- or bilateral)	6	306.85	7
#	S741	Tubal occlusion/interruption/removal by any method or approach for the purpose of sterilization	6	155.70	6
	Tul	bal plastic operation with/without operating microscope (unilateral or bilateral)			
#	S735	- fimbriolysis	6	306.85	6
#	S736	- salpingostomy	6	359.55	7
#	S739	- fimbriolysis and salpingostomy	6	407.45	7
#	E862	- when performed laparoscopically, to S735, S736 or S739add 25%			
	Re	pair of extensive unilateral or bilateral tubal and peritubal disease			
	F	For infertility, pelvic inflammatory disease or endometriosis with or without laser treatme	ent and urete	rolysis	
#	S743	- laparotomy	8	616.60	8
#	E862	- when performed laparoscopically, to S743add 25%			
	N	Note:			
	1	1. Z737 or E854 are <i>not eligible for payment</i> when rendered same patient same <i>day</i> as	s S743 by an	y surgeon.	
	2	2. Reconstruction or repair for infertility following previous sterilization is not an insured	d service.		
	3	 S162 is only eligible for payment in addition to S743 when records document that a rendered. 	transmural in	testinal resection	on was
	La _l	paroscopy			
#	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
#	E855	- with dye injectionadd		25.85	
#	E857	- with D&Cadd		78.45	
#	Z737	Laser treatment of extensive pelvic disease	6	215.80	7

(OVARY		_		
			Asst	Surg	Anae
	EXC	CISION (UNILATERAL OR BILATERAL)			
#	S780	Biopsy of ovaries by laparotomy	6	257.05	7
	Oop	phorectomy			
#	S745	- and/or oophorocystectomy	6	306.85	7
#	E090	- removal of contralateral ovary with moderate or severe endometriosis, to S745add		260.80	
#	S782	- with total omentectomy	6	410.40	6
#	S747	Para ovarian cystectomy	6	306.85	7
#	S714	Second look exploratory laparotomy including biopsies, when done as part of chemotherapy protocol for ovarian carcinoma with or without total omentectomy	6	431.45	6
	S727 E853	Ovarian debulking, for ovarian carcinoma of stage 2C, 3B, 3C, or 4 and may include hysterectomy, omentectomy, bowel resection, one or more biopsies and/or resection of pelvic peritoneum	8	884.85 145.00	8
		- with resection of diaphragm including reconstruction, to S727add		143.00	
#	S750	Radical resection pelvic and para-aortic nodes for cancer	6	797.45	8

Note

- 1. Z758, S776 or S781 are not eligible for payment when rendered to the same patient same day as S750.
- 2. The ovarian excision codes include payment for unilateral or bilateral services except for S745 when the contralateral ovary has moderate or severe endometriosis and E090 can be billed.
- 3. For Diagnostic and Therapeutic procedures see gynaecology.