

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..... add		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.				

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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

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	add	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	add	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).