

# DIGESTIVE SYSTEM SURGICAL PROCEDURES

## ORAL CAVITY AND PHARYNX

	Asst	Surg	Anae
<b>Note:</b>			
To include nasopharynx, oropharynx, hypopharynx except where otherwise specified.			
<b>INCISION</b>			
# Z506		50.90	6
# Z510		91.10	6
# Z524	6	271.05	7
Z501		35.50	
E542		11.15	
# Z537		97.05	6
<b>Tongue tie, release of</b>			
Z111		15.35	
# Z112		50.90	6
# S031		197.55	6
<b>EXCISION</b>			
<b>Lesion</b>			
Z502	6	71.00	6
S003	6	354.50	6
S006	6	431.15	7
E542		11.15	
S004	6	165.80	6
S005	10	1030.70	12
S007	10	1059.45	12
# S050		148.60	6
<b>Glossectomy</b>			
# S018	6	197.45	8
# S020	6	197.45	6
<b>Extraction of tooth (complete care)</b>			
S023		24.90	6
E700		13.40	
# S028	6	98.80	6
# S900			8
# S021	6	I.C	I.C
<b>Note:</b>			
For minor lacerations - see Skin.			
# S034	6	369.25	8
# S035		41.25	6
# S032	6	335.65	8

# DIGESTIVE SYSTEM SURGICAL PROCEDURES

## ORAL CAVITY AND PHARYNX

	Asst	Surg	Anae
<b>Closure of fistula</b>			
# S030 - anterior alveolar .....	6	197.45	6
# S033 - palate .....	6	281.95	8
# S036 Uvulopalatopharyngoplasty (includes tonsillectomy) .....		239.75	6
<b>Note:</b>			
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.			
<b>[Commentary:</b>			
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	
<b>Branchial</b>			
# 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
<b>INCISION</b>			
# Z500 Sialolithotomy .....		30.65	
# Z521 - requiring general anaesthesia.....	6	103.60	6
<b>EXCISION</b>			
# S042 Submandibular gland or sublingual gland.....	6	391.05	7
<b>Parotid gland</b>			
# 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
<b>RECONSTRUCTION</b>			
# S049 Plastic repair of duct.....	6	202.25	7
Z511 Dilatation and/or probing of duct.....		43.15	6
# S057 Submandibular duct relocation .....	6	360.75	7

# DIGESTIVE SYSTEM SURGICAL PROCEDURES

## LIPS

		Asst	Surg	Anae
<b>INCISION</b>				
# Z503	Biopsy .....		35.40	6
E542	- when performed outside of hospital..... add		11.15	
<b>EXCISION</b>				
<b>Wedge resection of lip</b>				
# 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..... add		11.15	
# S012	Lip shave vermilionectomy .....	6	225.00	6
<b>RECONSTRUCTION</b>				
<b>Cleft lip</b>				
# S013	- unilateral .....	6	363.30	8
# E501	- with nasal cartilage realignment .....		304.30	
# 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.

# 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.]

#### Note:

Z292 rendered in association with oesophagoscopy and oesophagoscopy-gastroscopy services is *not eligible for payment* unless the laryngoscopy service is rendered for suspicion of disease of the larynx. Claims for Z292 in these circumstances are assessed by a *medical consultant* on a manual review basis and require the submission of a written explanation.

#### [Commentary:

Manual review is not required for Z293, Z322 and Z323 rendered in association with oesophagoscopy and oesophagoscopy-gastroscopy services.]

# 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 .....		678.85	
# E847	- with reconstruction of diaphragm requiring repair with mesh or equivalent synthetic material, to S089 or S090 .....		75.00	
# E644	- radical mediastinal node dissection following preoperative chemotherapy and/or radiotherapy, to S089 or S090 .....		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 .....		217.35	
# S100	Total thoracic oesophageal myotomy (as sole procedure) .....		738.90	
# E758	- with oesophageal hiatus hernia repair .....		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

**Note:**

Z292 rendered in association with gastroscopy services is *not eligible for payment* unless the laryngoscopy service is rendered for suspicion of disease of the larynx. Claims for Z292 in these circumstances are assessed by a *medical consultant* on a manual review basis and require the submission of a written explanation.

**[Commentary:**

Manual review is not required for Z293, Z322 and Z323 rendered in association with gastroscopy services.]

# 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
<b>GASTRECTOMY</b>			
# 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%			
<b>Partial or subtotal</b>			
# 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	
<b>Note:</b>			
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%			
<b>Total gastrectomy</b>			
# 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
<b>Vagotomy</b>			
# 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
<b>Note:</b> 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
<b>Note:</b>			
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.			
<b>[Commentary:</b>			
The second stage would be a gastric bypass with Roux-en-Y.]			
# S113 Removal of gastric band .....	7	300.00	10
<b>Note:</b>			
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
<b>REPAIR</b>				
# 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%			
<b>SUTURE</b>				
# 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
<b>ENDOSCOPY</b>			
# 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	

**Note:**

Z292 rendered in association with duodenoscopy and small bowel push enteroscopy services is *not eligible for payment* unless the laryngoscopy service is rendered for suspicion of disease of the larynx. Claims for Z292 in these circumstances are assessed by a *medical consultant* on a manual review basis and require the submission of a written explanation.

**[Commentary:**

Manual review is not required for Z293, Z322 and Z323 rendered in association with duodenoscopy and small bowel push enteroscopy services.]

# 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 *not eligible for payment* 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 GP65 are *not eligible for payment* 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.

# DIGESTIVE SYSTEM SURGICAL PROCEDURES

## INTESTINES (EXCEPT RECTUM)

Asst

Surg

Anae

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 *uninsured service* for the same patient in the five year period following Z499.
2. Z493 is an *uninsured service* for the same patient in the ten year period following Z497 and Z555.

# DIGESTIVE SYSTEM SURGICAL PROCEDURES

## INTESTINES (EXCEPT RECTUM)

		Asst	Surg	Anae
<b>Colonoscopy - For diagnosis or ongoing management</b>				
# 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
<b>Payment rules:</b>				
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
<b>Payment rules:</b>				
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
<b>Payment rules:</b>				
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
<b>Payment rules:</b>				
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 months 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
<b>Payment rules:</b>				
Z555 is an <i>uninsured service</i> for the same patient in the 10 year period following the previous Z555.				
<b>Note:</b>				
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 GP65 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..... add		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
<b>EXCISION</b>			
# 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
<b>Resection with anastomosis</b>			
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%			
<b>Ileostomy</b>			
# 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	
<b>Note:</b>			
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
<b>Intestinal obstruction (mechanical)</b>			
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
<b>Note:</b>			
If staged procedure, refer to Surgical Preamble SP2.			
# S178 Intestinal atresia (newborn) .....	6	682.90	7
# S179 Meconium ileus.....	6	682.90	7
<b>REPAIR</b>			
<b>Revision of ileostomy or colostomy</b>			
# 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
<b>SUTURE</b>			
# 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
<b>Note:</b>			
For division or removal of adhesions only, use S312.			
<b>MANIPULATION</b>			
# Z538 Reduction of prolapse.....		25.25	6
# Z539 Dilation of gastrostomy, enterostomy, colostomy, etc. ....		25.25	6
<b>Intubation of small intestine (therapeutic or diagnostic)</b>			
# Z540 - with or without fluoroscopy.....		79.80	
# E732 - with biopsy.....		29.10	

# DIGESTIVE SYSTEM SURGICAL PROCEDURES

## MISCELLANEOUS

	Asst	Surg	Anae
<b>MECKEL'S DIVERTICULUM</b>			
# S194 Meckel's diverticulum excision.....	6	356.50	7
# S159 - with small bowel resection .....	6	406.85	7
<b>MESENTERY</b>			
# S195 Local excision of lesion.....	6	305.05	7
# S199 Resection of mesentery .....	6	325.40	6
<b>APPENDIX</b>			
# 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
<b>TRANSPLANT</b>			
<b>Small bowel transplant</b>			
# S201 - donor.....	6	964.50	8
# S202 - recipient .....	20	2748.75	30
<b>Multivisceral transplant</b>			
# 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 .....		5.85	
# E641	- endoscopic placement of stent in rectum .....		137.05	
# E797	- management of uncomplicated upper or lower gastrointestinal bleeding, by any technique (e.g. laser, injection, diathermy, banding etc.) .....		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.....		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 .....		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 S17).

# DIGESTIVE SYSTEM SURGICAL PROCEDURES

## RECTUM

	Asst	Surg	Anae
<b>REPAIR</b>			
# S223 Anastomosis of rectum .....	6	488.20	6
<b>Rectal prolapse</b>			
# 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
<b>SUTURE</b>			
# S229 Suture of rectum, trauma-external approach .....	6	239.20	7
<b>Closure of fistula</b>			
# S231 - rectovaginal (any repair) .....	6	338.55	7
# S525 - rectovesical .....	6	446.90	7
<b>MANIPULATION</b>			
# 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	
<b>Note:</b>			
The fees for excision, ligation, injection of haemorrhoids and treatment of intra or perianal condylomata acuminata include anoscopy.			
<b>ENDOSCOPY</b>			
Z543 Anoscopy (proctoscopy) .....		8.70	
<b>INCISION</b>			
# 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
<b>EXCISION</b>				
# 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
<b>INJECTION</b>				
Z575	Haemorrhoid injections (to a maximum of 6 per year) .....		27.05	
Z576	Injections for anal fissure .....		35.90	6
<b>REPAIR</b>				
# 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
<b>DESTRUCTION</b>				
Z548	Cauterization of fissure .....		34.90	6
<b>Fulguration of condylomata</b>				
Z549	- local anaesthetic .....		30.95	
# Z758	- general anaesthetic .....	6	97.65	6
<b>MANIPULATION</b>				
Z550	Dilation of anal sphincter .....		12.05	6
# S248	Peter Lord procedure .....		43.60	6

# DIGESTIVE SYSTEM SURGICAL PROCEDURES

## LIVER

		Asst	Surg	Anae
<b>INCISION</b>				
<b>Biopsy</b>				
# Z554	- incisional .....		102.10	
# Z551	- needle .....		87.80	7
# S268	Insertion of implantable pump for continuous liver perfusion.....	7	604.95	7
<b>EXCISION</b>				
<b>Hepatectomy</b>				
# 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%
<b>Liver transplant</b>				
# E765	- with reconstruction or repair of the hepatic artery (i.e. re-anastomosis or conduit), to liver transplant fee.....		300.45	add
# 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
<b>Note:</b>				
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.				
<b>REPAIR</b>				
# 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	add



# 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
<b>INCISION</b>			
# 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	
<b>Note:</b> 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
<b>EXCISION</b>			
# 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
<b>REPAIR</b>			
# 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
<b>Note:</b> * For reconstruction, refer to S281.			

# DIGESTIVE SYSTEM SURGICAL PROCEDURES

## PANCREAS

	Asst	Surg	Anae
<b>INCISION</b>			
<b>Biopsy</b>			
# Z762 - needle .....		102.10	
# Z577 - incisional .....		122.05	7
# S297 Drainage of acute pancreatitis or abscess or marsupialization of cyst .....	7	406.85	7
<b>EXCISION</b>			
<b>Pancreatectomy</b>			
# 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	
<b>REPAIR</b>			
<b>Pancreatic cyst</b>			
# 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
<b>TRANSPLANT</b>			
# 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 *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 *MOH* 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
<b>ENDOSCOPY</b>			
<b>Peritoneoscopy, culdoscopy or laparoscopy</b>			
# 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
<b>REPAIR</b>			
# S325 Omentopexy - as sole operative procedure.....	6	305.05	7
<b>Herniotomy</b>			
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	
<b>Omphalocele and gastroschisis</b>			
# 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
<b>Congenital diaphragmatic hernia</b>			
# 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	
<b>SUTURE</b>			
# S343 Secondary closure for evisceration - sole operative procedure in abdomen.....	6	350.00	7