

SECTION L:

GENERAL SURGERY

Fee Class Anae

Visits

When the words 'Fee for Service' or 'By Report' are shown rather than a specific rate of payment, the following applies:

(a) Fee For Service-- means services are to be billed on the basis of individual appropriate visit or procedure items included in the Payment Schedule, at the listed amount, and are subject to the Assessment Rules.

(b) By Report -- Means that the claim must be accompanied by a detailed explanation of the circumstances and the services provided. Payment will be assessed on the basis of the explanation. These claims must be submitted on claim forms.

(c) Out of Hours Premiums see -- A36.

5L	Initial Assessment -- of a specific condition includes: pertinent family history, patient history, history of presenting complaint, functional enquiry, examination of affected part(s) or system(s), diagnosis assessment, necessary treatment, advice to the patient and record of service provided	\$116.00
7L	Follow-up Assessment -- includes: history review, functional enquiry, examination, reassessment, necessary treatment, advice to the patient and record of service provided	\$71.40 *
9L	General, Thoracic and Vascular Surgery Consultation -- includes all visits necessary, history and examination, review of laboratory and/or other data and written submission of the consultant's opinion and recommendations to the referring doctor	\$230.00
10L	Cardiac Surgery Consultation (only payable to physicians with approved training in cardiac surgery) -- includes all visits necessary, history and examination, review of laboratory and/or other data and written submission of the consultant's opinion and recommendations to the referring doctor	\$300.00
11L	-- repeat A formal consultation for the same or related condition repeated within 90 days by the same physician. It should not be used for routine follow-up of the patient for which either service code '5' "partial assessment or subsequent review" or service code '7' "follow-up assessment" are appropriate.	\$110.00
13L	Written advice to referring physician on the management of a case based upon review of diagnostic imaging (payable once per case only)	\$58.40
Hospital Care		
(Payable on day of admission)		
25L	-- first 10 days, per day	\$60.00 *
26L	-- 11-20 days, per day	\$60.00 *
27L	-- 21-30 days, per day	\$60.00 *
28L	-- thereafter, per day	\$60.00 *

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Note: for hospital discharge by physician,
see code 725A, page A28

Procedures

Additional payments for diagnostic service
excluding ECG's, 0, 10 or 42 day operative
procedures performed on patients under one (1) year
of age are automatically calculated and paid as
explained in Section A, pages A34 and A35.

Head and Neck

30L	Maxilla-partial resection	\$1,778.30	42	M
31L	-- total resection	\$2,165.70	42	M
32L	V-excision lip -- less than 1/3	\$287.00 *	42	L
33L	Mandible -- one side at ramus excision	\$1,082.80	42	M
35L	-- segmental resection	\$856.00	42	M

Tongue

	Repair of laceration or excision of benign tumor of tongue			
45L	-- local anaesthetic	\$134.80 *	10	
46L	-- under general anaesthetic or IV sedation (includes post op recovery)	\$168.00 *	10	M
	Freneotomy -- See 139T			
	Glossectomy			
47L	-- partial	\$749.00	42	M
48L	-- hemi	\$858.00	42	M
49L	-- total	\$1,353.60	42	M
50L	Excision carotid body tumor	\$1,270.00	42	H
51L	-- with bypass or arterial graft	\$1,637.10	42	H
52L	Scalenotomy	\$554.30	42	L
53L	-- with cervical rib resection	\$941.60	42	M
54L	Branchial cyst -- excision	\$889.00	42	M
55L	Thyroglossal cyst or sinus or branchial sinus -- excision	\$1,057.00	42	M

Torticollis

56L	-- tenotomy	\$481.00	42	L
57L	-- resection of a tumor or wide fasciectomy	\$805.00	42	L
58L	Cystic hygroma -- excision	\$1,636.00	42	H
59L	Excision of congenital defects, angular or midline dermoids, branchial remnants, etc.	\$725.50	42	M

Salivary Glands

60L	Submandibular or parotid stone removal (office procedure)	\$134.80 *	10	
61L	Submandibular duct stone -- operative removal	\$300.00 *	10	M
62L	Parotid duct stone -- operative removal	\$577.00 *	42	M
63L	Local excision of parotid tumor and portion of gland without nerve dissection	\$961.00	42	M
64L	Full excision of superficial lobe of parotid with nerve dissection	\$2,034.00	42	M
65L	Total parotidectomy	\$2,375.00	42	M
66L	Sublingual gland excision	\$369.00 *	42	L
67L	Submandibular salivary gland excision	\$841.00	42	M

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		Fee	Class	Anae
Thyroid				
68L	Aspiration of thyroid gland	\$60.40 *	D	
69L	Needle biopsy of thyroid gland	\$123.00 *	D	
Thyroidectomy In instances of combined total and partial thyroidectomy, the maximum benefit billed will be at the rate of 72L for total bilateral thyroidectomy				
-- Partial				
70L	-- unilateral	\$1,416.00	42	M
71L	-- bilateral	\$1,613.00	42	M
-- total				
77L	-- unilateral	\$1,691.00	42	M
72L	-- bilateral	\$2,375.00	42	M
78L	-- Recurrent	\$1,934.00	42	M
Parathyroid				
75L	Parathyroidectomy -- adenoma or hyperplasia	\$1,751.00	42	M
76L	-- with mediastinal exploration	\$2,041.60	42	H
775L	Parathyroid, reimplantation, add to 72L, 75L, or 76L	\$253.00	42	H
Breast				
(For augmentation or reduction mammoplasty, prosthesis and nipple surgery see items 350N to 431N, 390N, 391N)				
79L	Breast cyst aspiration -- each to a maximum of 4	\$42.80 *	D	
679L	Tru-cut needle biopsy of breast	\$85.00 *	D	
80L	Abscess -- single or multilocular -- general anaesthetic	\$347.00 *	42	L
82L	Segmental resection	\$508.00	42	L
83L	Excision of tumor or biopsy	\$405.00	10	L
86L	Excision of non-palpable breast lesion using wire localization	\$732.00	10	L
84L	Simple mastectomy	\$1,024.00	42	M
85L	Modified radical mastectomy	\$1,912.00	42	M
87L	Radical mastectomy	\$2,078.00	42	M
88L	-- with skin graft	\$2,096.00		
89L	Subcutaneous mastectomy with preservation of nipple and areola	\$1,113.00	42	L
Thorax				
90L	Mediastinoscopy -- without biopsy	\$474.00	D	M
689L	-- with biopsy	\$640.00	10	M
690L	Mediastinotomy.	\$265.00	42	M
91L	Funnel chest repair	\$1,414.50	42	M
92L	Thoracotomy -- with or without biopsy -- (not billed in addition to thoracic surgery) Transthoracic exposure of lower cervical or thoracic spine for neurosurgical procedure -- see Section K, Exposures for Neurosurgery	\$907.00	42	H
93L	Thoracotomy for cardiac -- referred	\$779.00	42	H
94L	Sternal wound dehiscence, closure (service exempt from repeat surgical rule)	\$398.00 *	42	M
95L	Closed drainage of chest	\$371.00 *	0	L
96L	Open drainage of chest with rib resection Intrapleural adhesions	\$553.00	0	M
97L	-- endoscopic resection	\$474.00	42	M
98L	Poudrage of chest	\$508.00	42	M
99L	Decortication lung Lobectomy -- lung	\$1,807.00	42	H
100L	-- total or segmental	\$2,041.00	42	H

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		Fee	Class	Anae
101L	-- wedge resection - one	\$1,603.00	42	H
103L	-- each additional to a maximum of 3, add	\$210.00	42	
600L	Sleeve lobectomy	\$2,304.00	42	
102L	Pneumonectomy	\$2,127.00	42	
602L	Sleeve pneumonectomy	\$2,294.00	42	
	Biopsy of lung			
106L	-- open	\$954.00	42	H
	Drainage lung abscess			
108L	-- one stage	\$991.00	42	H
109L	-- two stages	\$1,024.00	42	H
110L	Resection first rib Thoracoplasty	\$944.00	42	M
111L	-- without first rib	\$1,648.90	42	M
112L	-- with first rib	\$1,274.00	42	M
	Mediastinal tumor includes thymectomy			
114L	-- removal	\$1,576.00	42	H
115L	-- radical excision	\$2,053.00	42	H
	Heart -- Closed Operations			
116L	Exploratory cardiotomy -- (not billed in addition to thoracic surgery)	\$1,168.40	42	H
117L	Insertion of cardiac pacemaker via thoracotomy	\$1,168.40	42	H
	Implantation of transvenous pacemaker or AV sequential pacemaker (includes programming)			
120L	-- permanent ventricular (one lead)	\$877.00	42	L
820L	-- permanent AV sequential (two lead), add	\$255.00	42	L
121L	-- temporary	\$322.00	0	L
821L	Permanent pacemaker lead repositioning	\$612.00		L
	<u>See Section D, Pacemaker Clinic Services</u>			
122L	Replacement of pacemaker power pack (service exempt from repeat surgical rule)	\$479.00	42	L
622L	Reinsertion or repositioning of temporary pacemaker	\$147.70	0	H
123L	Pericardiectomy	\$1,835.00	42	H
623L	Partial pericardectomy -- minimum of 20 minutes	\$510.00	42	H
124L	Patent ductus arteriosus -- ligation or division	\$1,414.50	42	H
125L	Excision/exclusion of left atrial appendage	\$408.00		H
126L	Mitral valvuloplasty -- closed	\$1,648.90	42	H
128L	Cardiac wound repair	\$1,168.40	42	H
129L	Pericardial window	\$941.60	42	H
130L	Operative implantation of intra-aortic balloon pump	\$603.50	0	H
131L	-- removal	\$308.20	0	H
132L	Percutaneous intra-aortic balloon pump -- insertion (includes removal)	\$334.00	0	H
135L	Thoracotomy for post-operative hemorrhage (service exempt from repeat surgical rule)	\$879.50	42	H
137L	Vascular ring	\$1,133.00		
	Procedures With Cardio-Pulmonary Bypass			
138L	Aorto-coronary bypass with tissue stabilizing device	\$1,093.00	42	H

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		Fee	Class	Anae
161L	Extracorporeal bypass	\$1,093.00	42	H
141L	Pulmonary embolectomy	\$1,807.00	42	H
142L	ASD, secundum	\$1,970.00	42	H
143L	ASD, primum	\$1,987.00	42	H
145L	VSD, (direct closure or patch)	\$1,987.00	42	H
148L	Total anomalous pulmonary venous return	\$1,863.90	42	H
149L	Aortic valve replacement	\$3,976.00	42	H
150L	Mitral valve replacement	\$3,920.00	42	H
	100% -- 1st valve			
	75% -- each subsequent valve			
151L	Mitral valvuloplasty -- direct vision	\$2,318.00	42	H
152L	Aortic valvuloplasty -- direct vision	\$2,408.00	42	H
652L	Bental procedure (modified) -- includes 149L 188L, 189LX2 and 161L	\$6,627.00	42	H
653L	Amplatzer device closure of arterial septal defect (does not include angiography if required)	\$1,694.00	42	H
	Aorta-coronary bypass graft			
153L	-- single	\$2,760.00	42	H
154L	-- for each additional	\$566.00	42	H
155L	-- each coronary endarterectomy, add	\$566.00	42	H
755L	Coronary patch angioplasty greater than 3 cm in length (includes endarterectomy) -- add	\$775.00	42	H
654L	Use of internal mammary artery for bypass graft, add	\$357.00	42	
655L	Use of radial artery for bypass graft, add	\$367.00	42	
156L	Excision of ventricular aneurysm	\$1,950.60	42	H
956L	Tricuspid annuloplasty or valvuloplasty	\$2,069.00		
157L	Procuring heart/heart valves for transplant	\$575.00	0	M
760L	Implantation of cardiodefibrillator (ICD) any method	\$1,631.00	42	H
761L	Radiofrequency of atrial fibrillation -- add	\$1,020.00	42	H
762L	Implantation of bi-ventricular pacing device -- add	\$612.00	42	H
	VEINS			
	Portacath, infusaport, hemocath, Hickman-Broviac for chemotherapy or long-term T.P.N.			
657L	-- insertion	\$482.00	10	
957L	-- if second incision, add	\$157.00		
658L	-- remove and replace	\$695.00	10	
659L	-- remove or revise, same site	\$288.00 *	0	
730L	Intravascular thrombolysis attendance and standby	\$940.00	10	L
158L	Transvenous insertion of intra atrial pediatric feeding catheter	\$158.00	0	L
160L	I.V. cutdown	\$72.20 *	0	L
182L	Ligation or plication of iliac, or inferior vena cava	\$1,066.00	42	H
183L	Ligation of femoral vein	\$534.00	42	M
162L	Venous shunt - portocaval, splenorenal, mesocava	\$2,590.50	42	H
	Venous Thrombectomy			
166L	-- trunk	\$1,077.00	42	H
459L	-- vena cava - tumor thrombus	\$1,810.00	42	H
167L	-- extremity - deep vein	\$830.00	42	M
	Repair of Wounds^			
	Major Artery or Vein			

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		Fee	Class	Anae
	Trunk			
175L	-- suture	\$1,268.00	42	H
176L	-- graft	\$2,106.00	42	H
	Major Artery -- Extremity or Neck			
177L	-- suture	\$875.00	42	M
178L	-- graft	\$1,350.00	42	M
	Major Vein -- Extremity or Neck			
179L	-- suture	\$532.00	42	L
180L	-- graft	\$973.00	42	L
^ If saphenous vein graft add 769L. Unlisted or unusually complicated -- by report				
Digital Vessel Revascularization				
Microvascular or loupe magnification revascularization of a digital vessel as part of a wound repair				
281L	Revascularization -- arterial	\$1,330.00	42	H
282L	Revascularization -- arterial -- with vein graft	\$1,530.00	42	H
283L	Revascularization -- venous	\$1,325.00	42	H
284L	Revascularization -- venous -- with vein graft	\$1,529.00	42	H
Codes 281L to 284L only apply when provided by a recognized microvascular unit. Each individual code is billable once per anatomical site. The 75% rule will apply where all attempts to revascularize fail.				
Renal				
660L	Haemodialysis - cutdown artery and vein	\$85.20	0	
661L	Schribner or similar shunt, initial or repeat	\$369.00	42	
662L	A/V fistula for dialysis	\$715.00	42	
663L	Arterial venous fistula with graft -- prosthetic or venous (includes harvesting of vein)	\$1,094.00	42	
666L	Ligation of fistula	\$411.00	0	
Peritoneal Dialysis				
667L	Chronic dialysis catheter -- insertion	\$465.00 *	0	
669L	-- removal	\$305.00 *	0	
670L	Acute dialysis catheter insertion includes first 24 hours of dialysis	\$157.00	0	
671L	Externalization of buried chronic peritoneal dialysis catheter	\$291.00	0	
Arteries				
159L	Biopsy of artery	\$293.00 *	10	L
181L	Ligation of carotid artery	\$530.00	42	H
184L	Exploration of peripheral artery	\$381.00	42	M
Bypass Graft (Occlusive Disease or Aneurysm)				
769L is billable in addition for harvesting of long saphenous - 770L is billable if in situ saphenous vein preparation				
769L	Harvesting long saphenous vein for use in peripheral vascular surgery, add	\$284.00	42	
770L	In situ saphenous vein preparation, add	\$557.00	42	
Bifurcation Grafts^				
568L	Aorto-iliac - unilateral or bilateral	\$2,886.00	42	H
668L	Aorto-unifemoral	\$2,753.00	42	H
768L	Aorto-bifemoral	\$3,001.00	42	H

SECTION L:

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		Fee	Class	Anae
460L	Juxta-renal aortobifemoral	\$3,925.00	42	H
461L	Ilio-femoral obturator	\$1,998.00	42	H
	^ Includes thromboendarterectomy and/or embolectomy			
191L	Ruptured aortic aneurysm (add to surgical procedure)	\$652.00	42	H
	Peripheral Artery			
169L	Femoro-popliteal	\$1,542.00	42	H
462L	Femoro-tibial or peroneal	\$2,021.00	42	H
463L	Femoro-pedal	\$2,290.00	42	H
464L	Axillo - axillary, axillo-femoral; carotid-subclavian; cross femoral; ilio-femoral; subclavian-subclavian; other arteries of neck or extremities	\$1,743.00	42	H
	Thoracic or abdominal aorta			
188L	Aorto-carotid; aorto-axillary; aorto-coeliac; aorto-superior mesenteric; aorto-innominate; renal; thoracic or abdominal aorta	\$2,722.00	42	H
189L	Reimplantation of each major branch, add	\$391.00	42	H
174L	-- intra-operative arteriogram, add	\$159.00 *	D	
	Complication of Grafts			
	Repeat graft - within 42 days - 75%			
	- after 42 days - 150%			
	Bypass graft with thromboendarterectomy. A thromboendarterectomy at site of a regular arterial bypass is included in the composite fee. However, where thromboendarterectomy of extensive atherosclerosis of profunda femoris artery is carried out in addition to aorto uni or bifemoral graft the following should be claimed by report.			
790L	Aorto femoral - unilateral with thromboendarterectomy of profunda femoris	\$3,893.00	42	H
791L	Aorto femoral - bilateral with thromboendarterectomy of profunda femoris	\$4,149.00	42	H
465L	Profundoplasty - (sole procedure) Profundoplasty up to the first major branch is included in the fee for bypass procedure. If a bypass graft is accompanied by a profundoplasty extending beyond the first major branch of the profundo femoris artery, add 466L to the bypass fee. If the repair extends beyond the second major branch, add 467L. Payment for profundoplasty includes thromboendarterectomy. Claim 465L if a profundoplasty is done alone.	\$1,525.00	42	H
466L	Profundoplasty beyond first major branch, add	\$824.00	42	H
467L	Profundoplasty beyond second major	\$1,028.00	42	H

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		Fee	Class	Anae
	branch, add			
	Arteriotomy with Embolectomy			
163L	-- trunk	\$1,416.00	42	M
164L	-- neck	\$1,095.00	42	H
165L	-- extremity	\$1,078.00	42	M
468L	-- visceral	\$1,731.00	42	H
	Thromboendarterectomy (Independent Procedure)			
469L	Femoral (unilateral)	\$1,623.00	42	M
470L	-- iliac; carotid; renal; subclavian; superior mesenteric; vertebral	\$1,813.00	42	H
471L	-- aorta innominate	\$2,587.00	42	H
472L	-- aorto-iliac - unilateral or bilateral; aorto ilio-femoral unilateral	\$2,718.00	42	H
473L	-- aorto ilio-femoral, bilateral	\$3,107.00	42	H
474L	Carotid endarterectomy with patch angioplasty greater than 3 cm -- add	\$732.00	42	H
920L	Vascular Re-do Procedure -- add to 163L, 164L, 165L, 169, 188L, 460L, 461L, 462L, 463L, 464L, 465L, 468L, 469L, 470L, 471L, 472L, 473L, 668L, 768L, 790L, 791L	\$411.00	42	H
	Excision AV fistula			
192L	-- extremity	\$928.00	42	L
193L	-- trunk	\$1,625.00	42	M
	Varicose Veins			
	Saphenous axis -- section and ligation			
200L	-- unilateral	\$430.00 *	42	L
201L	-- bilateral	\$809.00 *	42	L
	Ligation of multiple veins, with or without long saphenous stripping, with saphenous axis ligation			
209L	-- unilateral	\$759.00 *	42	L
210L	-- bilateral	\$1,472.00 *	42	L
211L	Multiple ligation of veins -- each -- maximum - 10 veins	\$74.20	10	L
212L	Endovenous Laser Therapy (excludes transcutaneous laser treatment of spider veins) -- Payment will only be made for services provided in hospital (including outpatient setting) for treatment of major varicosities of the lesser and greater saphenous systems, which could otherwise require surgical stripping. Ligation and dissection short saphenous vein at saphenopopliteal junction	\$804.00	42	
213L	-- unilateral	\$362.00 *	42	L
214L	-- bilateral	\$532.00 *	42	L
215L	Subfascial ligation of one incompetent communicating vein Follow-up operation to 209L or 210L	\$113.40 *	0	L
216L	-- unilateral	\$308.20 *	42	L
217L	Subfascial ligation -- complete (Linton)	\$941.60	42	L
	Injection of <u>symptomatic</u> varicose veins (Injection of spider veins is uninsured)			
218L	-- first vein	\$80.30 *	0	L

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		Fee	Class	Anae
618L	-- each additional vein (one leg max. 15, both legs max. 25)	\$59.90 *	0	
219L	Stripping and ligation of short saphenous vein	\$608.00 *	42	L
	Abdomen			
	Transabdominal exposure of lumbar and lower thoracic spine for neurosurgical procedure -- see Section K, Exposures for Neurosurgery			
	Laparotomy			
220L	-- diagnostic - including removal of F.B., such as I.U.C.D. - (Not paid in addition to abdominal surgery)	\$965.00 *	42	M
531L	-- extended - including gland and liver biopsies	\$1,394.00	42	M
532L	-- staged - for Hodgkins Disease - including biopsies and splenectomy	\$3,012.00	42	H
533L	-- for acute trauma - by report	\$1,429.00	42	M
	-- with repair of bowel			
534L	-- single add	\$515.00	42	M
535L	-- multiple and/or resection, add	\$816.00	42	M
536L	-- with splenectomy or repair, add	\$890.00	42	H
537L	-- with lacerated liver, add	\$734.00	42	H
538L	-- with repair of diaphragm, add	\$438.00	42	M
539L	-- insertion of tubes and post-operative continuous peritoneal lavage, add	\$335.00	42	M
221L	Staging and/or Diagnostic Peritoneoscopy -- with or without biopsy 1. Peritoneoscopy is not payable with laparoscopic surgery unless it precedes the surgery as a diagnostic and/or staging procedure. 2. Diagnostic peritoneoscopies are billable when the diagnosis or condition is uncertain or unknown. 3. Staging peritoneoscopies are billable for the diagnosis/staging of malignancies to determine extent of disease and treatment options (ie: gastric, pancreatic, and peritoneal). 4. Claim must indicate whether the service was for diagnostic or staging purposes.	\$387.30	D	M
222L	Abdominal wound dehiscence -- (exempt from repeat surgical rule)	\$584.00 *	42	M
224L	Sub-phrenic abscess -- incision and drainage - When performed as an independent procedure. - Not billable in addition to other abdominal surgery.	\$1,523.00	42	M
225L	Abdominal or pelvic abscess -- incision and drainage	\$876.00 *	42	M
226L	Transrectal drainage of pelvic abscess	\$438.00 *	42	L
227L	Incision and drainage of -- supra-levator, pelvi-rectal or retro-rectal abscess	\$541.00	42	L
228L	-- ischio-rectal abscess	\$483.00 *	42	L
229L	-- perianal abscess	\$373.00 *	10	L
230L	Pneumoperitoneum	\$187.00	0	L
231L	Insertion of Leveen/Denver shunt	\$1,778.00	42	H
232L	Debulking of intra-thoracic or intra-abdominal tumor when primary procedure	\$991.00	42	H
233L	Intraoperative surgical intervention Note: To be paid to the surgeon when he is	\$582.00	42	M

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		Fee	Class	Anae
	called in by the primary surgeon during the course of the operation and performs a surgical procedure for which there is no listed fee (e.g., adhesiolysis). This service is paid as a flat fee. Consultation is not paid in addition. If the surgeon does not have to carry out any procedure and only provides advice, a consultation alone is the proper claim.			
	Hernia Repairs			
240L	Diaphragmatic hernia	\$1,632.00	42	M
241L	Fundoplication and/or hiatus hernia repair	\$1,603.00	42	M
248L	Esophagogastric fundoplasty (Nissen) with gastroplasty (Collis)	\$2,400.00	42	H
242L	Epigastric hernia	\$660.00 *	42	L
243L	Reduction of hernia	\$67.20 *	0	L
244L	-- with anaesthetic.	\$94.40	0	L
245L	Incisional ventral hernia	\$1,147.00 *	42	L
246L	Complex incisional hernia with inlay mesh (retrorectus or intraperitoneal) 1. Billable when hernia is repaired with Inlay mesh AND 2. Two (2) of the following 3 components are present: a) Component separation; or b) Hernia width is more than 8 cm on preoperative CT; or c) Multiple fascial defects are seen on preoperative CT; AND 3. Surgery is a minimum duration of 2.5 hours. 4. Physician must indicate on the electronic claim which 2 components are present and the total duration of time. Physician may state "component 2 a) and c)" etc, if there is not enough room on the comment line. 5. If the criteria are not met, the code should be converted to "incisional ventral hernia" (245L).	\$1,850.00	42	H
247L	Paraesophageal hernia repair Umbilical Hernia - not billable in addition to other abdominal surgery except where clinically indicated and billed by report	\$2,056.00 *	42	H
	Umbilical hernia Not paid in addition to other laparoscopic abdominal surgery			
251L	-- child	\$705.00 *	42	L
252L	-- adult	\$760.00 *	42	L
253L	-- incarcerated or recurrent, child or adult	\$993.00	42	M
	Omphalocele			
255L	-- one stage	\$812.10	42	H
256L	-- staged -- each stage	\$845.00	42	H
258L	Patent urachus -- includes excision of urachal cyst or sinus	\$795.00	42	M
260L	Inguinal or femoral herniorrhaphy	\$853.00 *	42	L
261L	-- incarcerated, strangulated or recurrent	\$997.00	42	M
262L	Simple herniotomy -- unilateral	\$764.00 *	42	L
263L	-- bilateral - includes unilateral herniotomy with negative contralateral exploration (open or by laparoscopy) Herniotomy with orchidopexy, only the larger fee is paid	\$1,042.00 *	42	L
264L	Spigelian hernia	\$888.00	42	L
265L	Lumbar hernia	\$936.00	42	L
266L	Obturator hernia	\$929.00	42	L
267L	Patent vitello-intestinal duct or excision Meckel's diverticulum includes excision of omphalomesenteric duct fistula, cyst or sinus	\$1,109.00	42	M

SECTION L:

GENERAL SURGERY

		Fee	Class	Anae
	Biliary Tract			
271L	Cholecystostomy	\$876.00	42	M
	Choledochostomy			
272L	-- with or without cholecystectomy	\$1,692.00	42	M
273L	Cholecysto-enterostomy	\$1,258.00	42	M
274L	Choledocho-enterostomy or transduodenal sphincterotomy	\$1,720.00	42	M
674L	Choledochojejunostomy with Roux-en-Y	\$2,364.00	42	M
275L	Repair stricture common bile duct Cholecystectomy	\$2,664.00	42	M
276L	-- without operative cholangiography	\$1,233.00	42	M
277L	-- with cholangiogram	\$1,379.00	42	M
278L	Biliary atresia -- exploration with cholangiogram - not paid with portoenterostomy - with liver biopsy add 416L at 75%	\$1,297.00	42	M
279L	Hepatico -- enterostomy - includes portoenterostomy (Kasai procedure) for biliary atresia	\$3,383.00	42	H
	Oesophagus and Stomach			
292L	Oesophagomyotomy (Heller)	\$2,031.00	42	H
293L	Congenital tracheo-oesophageal fistula - with or without esophageal atresia repair - includes esophageal atresia repair without TEF and cervical repair of congenital TEF	\$2,025.00	42	H
	Oesophageal diverticulum			
294L	-- transthoracic repair	\$1,376.00	42	H
	Pharyngo-oesophageal diverticulum			
295L	-- repair	\$1,187.00	42	M
	Ruptured oesophagus			
296L	-- transthoracic repair	\$1,313.00	42	H
297L	-- transcervical repair	\$940.00	42	M
298L	Oesophagostomy or oesophagojejunostomy Oesophagectomy or oesophagogastrrectomy	\$2,023.00	42	M
299L	-- with or without pyloroplasty	\$2,966.00	42	H
320L	-- with replacement	\$3,781.00	42	H
300L	Total oesophagectomy with cervical fistula and gastrostomy	\$2,436.40	42	H
301L	Replacement of oesophagus by transplant	\$2,966.00	42	H
302L	Vagotomy -- truncal or selective -- abdominal or thoracic	\$1,168.00	42	H
321L	Highly selective vagotomy, with or without pyloroplasty Gastrectomy (with or without splenectomy)	\$1,637.10	42	M
303L	-- partial	\$1,998.00	42	H
304L	-- partial with vagotomy	\$2,031.00	42	H
305L	-- total	\$3,213.00	42	H
306L	Pyloroplasty	\$1,108.00	42	M
607L	-- with oversewing of bleeding ulcer, add	\$292.00	42	M
308L	Gastro-enterostomy	\$1,143.00	42	M
309L	-- with vagotomy	\$1,605.00	42	M
310L	Gastrotomy -- with or without removal of foreign body or tumor Gastrotomy	\$1,082.80	42	M
311L	-- simple	\$910.00	42	M
312L	-- with living tube	\$1,178.00	42	M
313L	Decompression gastrostomy -- in conjunction with other abdominal surgery, add	\$200.00 *	42	M
314L	Rammstedt pyloromyotomy	\$981.00	42	M
315L	Perforated ulcer -- repair	\$1,143.00 *	42	M

SECTION L:

GENERAL SURGERY

		Fee	Class	Anae
317L	Resection of anastomotic ulcer	\$2,152.00	42	M
318L	Repair duodenal tear	\$1,178.00	42	M
319L	Traumatic duodenal fistula	\$1,626.00	42	M
327L	Laparoscopic Roux-en-Y Bypass	\$3,135.00	42	H
328L	Laparoscopic sleeve gastrectomy	\$2,056.00	42	H
Small Bowel				
330L	Perforated small bowel repair Small bowel obstruction	\$1,250.00 *	42	M
331L	-- without resection	\$1,283.00 *	42	M
332L	Small bowel resection	\$1,603.00	42	M
333L	Appendectomy -- (not paid in addition to abdominal surgery, except where clinically indicated and billed by report)	\$837.00 *	42	M
334L	Entero-enterostomy	\$1,523.00	42	M
335L	Enterotomy for foreign body or tumor Ileostomy revision	\$1,227.00	42	M
336L	-- minor (service exempt from repeat surgical rule)	\$776.00	42	L
337L	-- major (service exempt from repeat surgical rule)	\$1,082.80	42	M
338L	Feeding jejunostomy	\$1,026.00	42	M
638L	Tube jejunostomy when performed with other surgery	\$512.00	42	
339L	Continent ileostomy (Koch's) -- independent procedure	\$2,237.00	42	M
340L	Enterostomy or cecostomy -- service exempt from repeat surgical rule	\$1,073.00 *	42	M
639L	Closure of loop or double barrelled ileostomy (service exempt from repeat surgical rule)	\$1,083.00	42	M
Bowel Obstruction -- Infant				
631L	--excluding intussusception -- without resection - includes Ladd's procedure for malrotation and/or correction of volvulus	\$1,365.30	42	M
632L	-- with resection - includes duodenal atresia repair, repair of jejunoileal atresia (single atresia)	\$1,778.00	42	M
Large Bowel, Rectum and Anus				
342L	Colectomy -- hemi or segmental	\$2,070.00	42	H
442L	Hartmann's procedure	\$2,080.00	42	H
343L	Total colectomy with or without ileostomy	\$2,598.00	42	H
344L	Total colectomy and proctectomy	\$4,060.00	42	H
644L	Continent ileostomy (Koch's) -- with 343L or 344L, add	\$1,168.00	42	H
645L	Total colectomy with mucosal proctectomy and ileo-pouch with ileo-anal anastomosis and loop ileostomy	\$4,750.00	42	M
345L	Ileorectal anastomosis	\$1,560.00	42	M
346L	Proctectomy	\$1,168.00	42	M
347L	Colostomy (service exempt from repeat surgical rule)	\$1,083.00	42	M
348L	Closure of loop or double barrelled colostomy (service exempt from repeat surgical rule)	\$1,083.00	42	M
548L	Colonic reanastomosis following Hartmann's procedure Colostomy revision	\$2,080.00	42	M
349L	-- minor (service exempt from repeat surgical rule)	\$663.00	42	L
350L	-- major (service exempt from repeat surgical rule)	\$1,082.80	42	M

SECTION L:

GENERAL SURGERY

		Fee	Class	Anae
	Abdomino-perineal resection - includes any type of pullthrough procedure for Hirschsprung's disease			
352L	-- one team -- surgeon	\$3,104.00	42	H
353L	-- two team -- abdominal surgeon	\$2,771.00	42	H
354L	-- perineal surgeon	\$1,057.00	42	H
355L	Proctosigmoidectomy Colotomy	\$2,364.00	42	H
356L	-- for foreign body	\$1,332.00	42	M
357L	-- for tumor	\$1,464.00	42	M
358L	Anterior resection -- without total mesorectal excision	\$2,393.00	42	H
359L	Posterior resection	\$2,418.00	42	H
370L	Low anterior resection -- with total mesorectal excision (TME)	\$3,020.00	42	H
Anus and Rectum				
	Massive rectal prolapse			
365L	-- perineal repair	\$1,024.00	42	L
366L	-- abdominal repair	\$1,457.00	42	M
367L	-- with sigmoid resection	\$1,838.00	42	H
368L	-- abdominal-perineal repair	\$2,078.00	42	M
369L	Insertion of ring or wire for rectal prolapse	\$608.00	42	L
373L	Closure of rectovesical or rectourethral fistula	\$1,402.00	42	M
374L	--with colostomy	\$1,539.00	42	M
377L	Banding of hemorrhoids -- each -- (maximum of of three)	\$98.60 *	10	L
	Hemorrhoids			
378L	-- injection	\$59.90 *	0	L
379L	-- incision or excision external thrombosed	\$125.00 *	10	L
380L	Polyp -- anal -- excision	\$220.00 *	10	L
381L	Hemorrhoidectomy	\$705.00 *	42	L
Imperforate anus				
383L	Low imperforate anus repair	\$1,377.00	42	M
384L	High imperforate anus repair - by any method includes division of vaginal, urethral or bladder fistula	\$1,756.00	42	M
386L	Rectal polyp or tumor -- excision or fulguration -- under anaesthetic	\$292.00 *	42	L
387L	Transanal excision of giant villous adenoma of rectum	\$944.00	42	M
388L	Deep transrectal or perirectal biopsy for Hirschsprung's disease	\$270.70	10	L
371L	Transanal endoscopic microsurgery (TEM), resection of rectal tumor 371L is limited to physicians with advanced fellowship training in colorectal surgery or surgical oncology, as approved by the Saskatchewan Medical Association Tariff Committee.	\$1,706.00	42	M
389L	Excision sacro-coccygeal teratoma	\$1,457.00	42	M
	Pilonidal			
391L	-- cyst or sinus -- excision or marsupialization	\$777.00 *	42	L
394L	Major anal sphincter repair for stricture or incontinence	\$1,180.00	42	M
396L	Fissure-in-ano -- incision or excision and/or subcutaneous sphincterotomy	\$496.00 *	42	L
397L	Fistula-in-ano -- excision -- superficial	\$637.00 *	42	L

SECTION L:

GENERAL SURGERY

		Fee	Class	Anae
398L	-- deep involving sphincter	\$981.00 *	42	L
399L	-- high	\$1,178.00	42	L
562L	Fissure-in-ano -- cleansed and obliterated with Tiseel	\$425.00 *	10	L
400L	Anal dilatation - Manual or by balloon (under anaesthetic or IV sedation) (includes post op recovery) <u>Not to be billed with other anorectal surgery such as hemorrhoidectomy, fissure codes etc.</u>	\$116.00 *	0	L
Liver, Spleen, Adrenals				
Liver				
413L	-- rupture -- repair	\$1,507.00	42	H
414L	-- abscess -- incision and drainage	\$1,250.00	42	M
415L	-- needle biopsy	\$188.00	D	L
416L	-- open biopsy	\$927.00	42	M
417L	-- hemi-hepatectomy	\$3,383.00	42	H
418L	-- segment hepatectomy	\$1,895.00	42	H
Pancreatectomy				
419L	-- partial	\$1,895.00	42	H
420L	-- partial with duodenectomy or total with or without duodenectomy	\$6,000.00	42	H
421L	Pancreatic pseudocyst marsupialization or adenoma excision	\$1,802.00	42	M
620L	Pancreatic abscess drainage	\$1,314.00	42	M
621L	Pancreatico-enterostomy with Roux-en-Y	\$2,810.00	42	M
Splenectomy				
422L	-- abdominal or repair	\$1,603.00	42	M
423L	-- thoraco-abdominal	\$1,590.00	42	M
426L	Adrenalectomy -- unilateral	\$1,783.00	42	H
428L	Extra-adrenal phaeochromocytoma or other retroperitoneal tumor	\$2,260.00	42	H
Lymph Nodes				
Biopsy				
430L	-- superficial node	\$360.00 *	10	L
431L	-- deep node -- beneath deep fascia	\$600.00 *	10	L
432L	-- scalene node	\$427.00	10	L
433L	-- mediastinal	\$608.00	10	M
434L	Suprahyoid block dissection	\$1,249.00	42	M
635L	Sentinel lymph node biopsy - with malignant melanoma and breast cancer surgery	\$1,042.00	42	M
73L	Central neck dissection - thyroid cancer - add to 72L	\$576.00	42	M
Complete block dissection				
435L	-- neck	\$2,277.00	42	H
436L	-- axilla	\$1,375.00	42	M
437L	-- groin-wide inguinal	\$1,519.00	42	M
438L	-- groin-deep with common iliac dissection	\$2,134.00	42	M
439L	-- retroperitoneal -- including pelvic, aortic and renal	\$2,499.00	42	H
440L	Scalene fat pad dissection	\$672.00	42	L
Integumentary System				
Biopsy of palpable superficial lesion - unless otherwise listed				
840L	-- by fine needle biopsy or aspiration	\$59.90 *	D	L
841L	-- by core needle biopsy	\$82.80 *	D	L
849L	Aspiration of haematoma or cyst	\$42.20 *	0	L
850L	Incision and drainage of abscess, etc.	\$106.00 *	10	L

SECTION L:

GENERAL SURGERY

		Fee	Class	Anae
851L	Abscess -- multilocular	\$131.00 *	10	L
852L	Carbuncle, deep (beneath deep fascia) or pilonidal cyst abscess -- unroofing under general anaesthetic	\$187.00 *	10	L
853L	Intramuscular abscess	By Report	10	L
854L	Muscle biopsy	\$234.00 *	10	L
	Ablation of actinic keratosis, pyogenic granuloma, keratoacanthoma or bleeding lesions by electrocautery, chemical cautery, cryotherapy, laser and/or curettage			
	Abalation of seborrheric keratosis, molluscum contagiosum, skin tags and warts			
603L	- first lesion	\$50.00 *	10	L
604L	- second to seventh, each	\$19.00 *	10	L
605L	- eighth and over, each	\$7.60 *	10	L
	(Veneral Warts, see codes 420R to 422R)			
610L	Laser ablation of actinic keratosis, pyogenic granuloma, keratoacanthoma, plantars warts, bleeding lesions under local anaesthesia --laser owned by physician-- first 15 minute session	\$137.00 *	10	L
611L	Each subsequent 15 minutes (maximum of two additional units), add	\$79.20 *	10	L
	Pulsed dye turned laser ablation of facial port-wine stains is insured under the age of 18. Pre-authorization required for other symptomatic or bleeding curtaneous angiomata.			
795L	-- removal by electrocautery or laser under local anesthesia - first lesion	\$50.30		
796L	- second to seventh, each	\$18.60		
797L	- eighth and over, each	\$7.90		
798L	-- laser therapy of cutaneous lesions in physician's office - laser owned by physician - first 15 minute session	\$125.00	10	
799L	- each subsequent 15 minutes to a maximum of two additional, add	\$62.20	10	
780L	Dye-tuned laser ablation of cutaneous lesion - laser owned by physician - per 15 minute session or major part thereof	\$101.70 *	0	
781L	- for each unit of up to five pulses, add (Note: Billings also to be made in units; 1 unit = 5 pulses)	\$15.00 *	0	
	Lesion removal by surgical excision with suture closure: the various diameter categories below relate to the size of the lesion, not the size of the excision			
	These codes are intended for removal of any lesion type (ie: malignant/non-malignant) where a wide excision has not been carried out. If the pathology report returns with a malignant diagnosis, but a wide excision was not carried out at the time the lesion was excised, it cannot be converted to codes 684N/685N.			
	-- under 1 cm. diameter -- any area			
857L	-- 1st lesion	\$106.00 *	10	L
858L	-- 2nd to 7th, each .	\$52.60 *	10	L
859L	-- 8th and over, each	\$35.20 *	10	L

SECTION L:

GENERAL SURGERY

		Fee	Class	Anae
	-- over 1 cm. diameter			
	--face, palm of hand or fingers, sole of foot or toes			
860L	-- 1st lesion	\$164.00 *	10	L
861L	-- 2nd to 7th, each	\$84.60 *	10	L
862L	-- 8th and over, each	\$56.00 *	10	L
	-- over 1 cm. diameter			
	--other areas, including scalp			
863L	-- 1st lesion	\$128.00 *	10	L
864L	-- 2nd to 7th, each	\$61.40 *	10	L
865L	-- 8th and over, each	\$35.40 *	10	L
	Sebaceous cyst or intradermal cyst (any area)			
866L	Excision and suture closure	\$147.00 *	10	L
	Lipoma or subcutaneous tumor -- excision			
867L	-- up to 5 cm.	\$144.00 *	10	L
868L	-- over 5 cm. up to 10 cm.	\$239.00 *	42	L
869L	-- larger than 10 cm.	\$481.00 *	42	L
	Lipomas are only insured when medically necessary (ie. Initial biopsy or causing symptoms in functional area) -- maximum of four services.			
	Beneath deep fascia			
870L	Lipoma or other benign tumor	\$720.00	42	L
871L	Malignant tumor	By Report	42	M
971L	Resection of sarcoma (non-retroperitoneal) #Entitlement to bill 971L is limited to physicians with advanced fellowship training in surgical oncology or other proof of expertise in surgical oncology as approved by the Saskatchewan Medical Association Tariff Committee. 1. Physician must indicate on the <u>electronic</u> claim the total duration of time spent performing the resection. 2. Do not send the operative report manually unless requested by MSB. 3. Fee will be applied by MSB based on total duration of time.	By Report#	42	M
	Removal of Foreign Body			
	-- without anaesthesia	Visit Fee		
872L	-- under local anaesthesia	\$179.00 *	10	L
873L	-- under general anaesthesia or IV sedation (includes post op recovery)	\$239.00 *	10	L
874L	-- complicated	By Report	42	L
974L	Removal of deep metallic foreign body under x-ray or fluoroscopic guidance	\$308.00 *	10	L
	Plantar warts -- Excision or fulguration plus curettage			
875L	-- 1st lesion	\$57.20 *	10	L
876L	-- each additional (maximum of 4)	\$19.20 *	10	L
	Plantar warts -- Treatment by cryotherapy laser, cautery or or chemical ablation			
877L	-- 1st lesion	\$28.40 *	10	L
878L	-- 2nd to 7th, each (max. of 6 units for this code)	\$11.00 *	10	L
879L	-- 8th and over, each	\$3.20 *	10	L

SECTION L:

GENERAL SURGERY

		Fee	Class	Anae
Removal of fingernail or toenail				
880L	-- simple avulsion or wedge excision	\$115.00 *	10	L
881L	-- radical excision of nail bed or hemiphalangectomy	\$291.00 *	10	L
882L	-- wedge resection with phenol ablation or cautery or cryo ablation	\$200.00 *	10	L
883L	Trimming of toenails, corns or calluses where medically necessary (max. of 1 per day)	\$50.00 *	0	L
884L	Soft tissue nail-fold excision for ingrown toenails -- Vandembos surgery	\$245.00	10	L
Lacerations -- Repair of lacerations - where approximation of wound edges needs to be achieved and maintained. (Laceration repair is categorized below by body location. When billing for multiple repairs add the lengths of all individual lacerations for the same location category, i.e., (A) or (B), and submit as a single total laceration under the appropriate code(s). Where lacerations involve both location categories apply the same procedure within each category).				
(A) -- face, palm of hand, fingers, sole of foot or toes				
890L	-- up to 2.5 cm.	\$113.00 *	10	L
891L	-- each additional 2.5 cm.	\$56.00 *	10	L
(B) -- other areas, including scalp				
894L	-- up to 2.5 cm.	\$75.00 *	10	L
895L	-- each additional 2.5 cm.	\$37.60 *	10	L
896L	-- complicated - times and details must be provided	By Report	42	L
897L	Tray service --only for office procedures which require sutures or staples, the use of sterilized instruments and are performed under local anaesthetic e.g. excision of skin lesions with sutures or staples, biopsies requiring local anaesthesia and sutures or staples, wedge resection of toenails, vasectomy, sigmoidoscopy or endometrial biopsies (can be paid in addition to the following office procedures only 117A, 100F with sutures, 102F with sutures, 45L, 159L, 430L, 449L, 450L, 684N, 685N, 854L, 857L, 860L, 863L, 866L, 867L, 868L, 869L, 872L, 880L, 881L, 882L, 890L (with sutures or staples), 894L (with sutures or staples), 380N, 382N, 31P, 39P, 59R, 190R, 72S, 89S or 100S)	\$51.00 *		
899L	Minor tray service -- -- only for office procedures which require two of suturing, the use of sterilized instruments or are performed under local anaesthetic, -- only payable with the following procedures; 116A, 123A, 100F without sutures, 102F without sutures, 888F, 94H, 158H, 379L,380M, 381M, 382M, 108P, 63S, 91S, 92S, 250S and 88T	\$23.00 *		
898L	Removal of sutures from lacerations or surgical incisions of any length by any physician	\$35.60 *	0	
700L	Surgical debridement; excision of damaged necrotic or otherwise non-viable tissue - payment will include payment for	By Report	10	

SECTION L:

GENERAL SURGERY

Fee Class Anae

office tray service where applicable
 (This item is not billed in addition to burns or
 complicated laceration suture, see code 896L)
 Physician must provide times and details of
 procedure.

For a claim to be processed, the physician must provide details of:

- i) the patients clinical condition
- ii) the treatment or procedure provided
- iii) time when the debridement started and was completed

Penetrating wound (e.g. gunshot
 or stab wound)

720L	-- of chest	FFS	42	H
721L	-- of abdomen	FFS	42	M

Internalization of Epidural Catheter

725L	-- tunnelling	\$475.00	10	L
726L	-- establishment and connection of catheter	\$218.00	0	L

Burns -- Emergency Treatment
 e.g. as out-patient 5B or 918A
 (also see Section N, Burns)

Vascular Laboratory

(applies to ultrasound vascular studies done in
 an approved hospital based Vascular Laboratory
 only)

Peripheral Arterial

750L	Resting arterial assessment -- to include multiple wave form and/or segmental pressure analysis calculation and ankle/arm index	\$30.00 *		D
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751L	Reactive hyperemia with sequential pressure	\$30.00 *		D
752L	Vasospastic assessment -- to include digital pressures and/or plethysmography, cold and hot stress responses and /or multiple extremity wave form analysis	\$30.00 *		D

753L	Sympathetic tone response --to include resting arterial assessment plus plethysmography and or impedance monitoring and/or digital wave forms, response to Valsalva manoeuvres or other stimuli	\$30.00 *		D
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756L	Digital index assessment (finger or toe), PPG wave forms, pulse volume recordings (not including resting arterial ankle brachial indexes)	\$25.40		D
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Peripheral Venous

754L	Laboratory assessment for interpretation of peripheral venous system	\$30.00 *		D
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BMI Supplement

580L	General surgery supplement for patients with a Body Mass Index, (Weight[kg]/Height[m] ²) greater than 40	\$117.00		
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- Maximum of one 580L supplement per
patient per day.
- Supplement 580L may be billed by all physicians with all Section L
procedures done in the operating room
- Supplement 580L may be billed by general

SECTION L:

GENERAL SURGERY

Fee Class Anae

surgeons with all L Section procedures done in the operating room.

- Bariatric surgery fee codes (327L) are exempt from this supplement.

General Surgery - Endoscopy

ENDOSCOPY

Preamble:

1. Base fees include full endoscopic exam with or without biopsies.
2. Base fees include intravenous injection of medication for sedation if provided by physician performing procedure
3. Unusually complicated or difficult endoscopies by report
4. Biopsy for Barrett's esophagitis and inflammatory bowel disease are listed in endoscopic interventions
5. Cryotherapy for bleeding from polypectomy site is included in polypectomy code.

402L	Oesophagoscopy -- base	\$171.00 *	D	L
403L	-- Bleeding varices management (banding, sclerotherapy, glue, endoloops, hemoclips or other) - any combination -- add	\$250.00 *	D	
404L	-- Removal of benign tumor -- add	\$124.00 *	D	
405L	-- Dilatations via endoscope			
	-- by means of pneumatic bag or balloon, with or without thread or wire guidance -- add	\$248.00 *	D	
406L	-- by means of sound or bougie -- add	\$126.00 *	D	
407L	-- Stenting with or without dilatation -- add	\$257.00 *	D	
408L	Gastroduodenoscopy -- base	\$262.00 *	D	L
	includes oesophagoscopy			
409L	Management of bleeding (varices, ulcers, GAVE Banding, sclerotherapy, glue, endoloop, hemoclips or other) - Any combination of above -- add	\$257.00 *	D	
410L	Nasojejunoscopy tube placement -- add	\$126.00 *	D	
411L	Extended enteroscopy -- add	\$253.00 *	D	
412L	Dilatation of pylorus -- add	\$124.00 *	D	
475L	Endoscopic mucosal resection (EMR) for Barrett's esophagus -- add	\$220.00	D	
	1. Payable in addition to 408L; and			
	2. Must be billed with diagnosis of Barrett's esophagus (530).			
499L	Radiofrequency ablation for Barrett's Oesophagus	\$424.00	D	L
590L	Placement of gastric or duodenal self expanding metal stent -- add	\$366.00	D	L
	Endoscopic Ultrasound			
490L	Upper endoscopic ultrasound - base	\$530.00	D	L
492L	Lower endoscopic ultrasound - base	\$318.00	D	L
495L	Fine needle aspiration biopsy - one or more - add	\$106.00	D	L
496L	Injection of one or more metastases, nodes, masses or celiac plexus-add	\$324.00	D	L
497L	Drainage of pseudo cyst, one or more-add	\$424.00	D	L
	Percutaneous gastrostomy under gastroscopic control -- by two physicians			
	-- endoscopic gastrostomy or jejunostomy			
443L	-- 1st physician	\$379.00 *	0	L
444L	-- 2nd physician	\$253.00 *	0	L
	-- endoscopic gasterostomy and jejunostomy same day			
445L	-- 1st physician	\$557.00 *	0	L
446L	-- 2nd physician	\$369.00 *	0	L

SECTION L:

GENERAL SURGERY

		Fee	Class	Anae
447L	PEG tube change External approach PEG tube removal -- external via gastroscop	\$50.40 *	D	L
448L	Colonoscopy -- base	\$406.00 *	D	L
449L	Sigmoidoscopy (Flexible) - base code	\$141.00 *	D	L
450L	Sigmoidoscopy (Rigid) - base code	\$70.80 *	D	L
453L	Ileoscopy/jejunoscopy when done through ileostomy-- base code (Considered an inclusion when performed same day as 448L or 408L)	\$141.00	D	L
	Gastrointestinal Endoscopic Interventions biopsy included in base code except:			
480L	-- For inflammatory bowel disease 10 or more specimens -- add	\$125.00 *	D	
481L	-- Barrett's esophagus -- 4 or more specimens -- add	\$63.00 *	D	
	Polypectomy (any G.I. Site) -- by loop, electrocautery, submucosal injection etc.			
482L	-- 1st polyp -- add	\$126.00 *	D	
483L	-- 2nd to 5th polyp each (maximum of 5 total) -- add	\$95.80 *	D	
484L	Sclerotherapy by any thermal means (eg. heater or bicaprobe) or any injectable method (eg. Adrenalin, sclerosing solution) or by gluing -- add	\$124.00 *	D	
485L	Dilatations -- all GI dilatations other than esophageal, add	\$123.00 *	D	
486L	Tattoo - any G.I. site -- add	\$63.00 *	D	
487L	Botox - any G.I. or bronchial site -- add	\$125.00 *	D	
488L	Foreign body removal - any G.I. site -- add Usually complicated or difficult endoscopies by report.	\$126.00 *	D	
500L	Endoscopic Retrograde Cholangiopancreatography -- base includes routine sweeps of common duct -- maximum procedural billing per base code same day \$800.00	\$486.00 *	D	L
501L	-- plus papillotomy/sphincterotomy -- add	\$186.00 *	D	
	-- with removal of common duct stones and sludge			
502L	-- 1 to 4 stones and/or sludge add	\$124.00 *	D	
503L	-- with removal of 5 or more stones - (includes 1 to 4 stones) -- add	\$248.00 *	D	
504L	-- with mechanical lithotripsy -- add	\$124.00 *	D	
505L	-- with brush cytology -- add	\$61.80 *	D	
	-- with Biliary or pancreatic duct balloon dilatations			
506L	-- 1st add	\$124.00 *	D	
507L	-- 2nd add	\$61.80 *	D	
	-- with stenting (any type of stent) -- stent insertion			
508L	-- 1st add	\$124.00 *	D	
509L	-- 2nd add	\$61.80 *	D	
510L	-- stent removal -- one or more add	\$61.80 *	D	
511L	-- stent removal and replacement -- add	\$124.00 *	D	
512L	-- with Brachytherapy catheter placement -- add	\$110.00 *	D	
513L	-- with nasobiliary tube placement -- add	\$119.00 *	D	
514L	With cholangioscopy / pancreatoscopy -- add	\$242.80	D	
520L	Bronchoscopy -- (unilateral or bilateral with or without biopsy) -- base	\$253.00 *	D	L
521L	-- with fluroscopy -- add	\$121.00 *	D	
522L	-- with tracheobronchial toilet -- add	\$126.00 *	D	
523L	-- with removal of benign tumor -- add	\$110.00 *	D	
524L	-- with endobronchial malignant tumor	\$520.00 *	D	

SECTION L:

GENERAL SURGERY

		Fee	Class	Anae
525L	debulking -- add -- with tracheo esophageal fistula creation -- add	\$112.00 *	D	
526L	-- with removal of foreign body (rigid or flexscope) -- add	\$369.00 *	D	
515L	Endobronchial Ultrasound Base-includes bronchoscopy-516L may be added	\$541.00	D	
516L	Transbronchial needle aspiration-add maximum of 3 lesions or stations	\$108.00	D	
452L	Video Capsule Endoscopy -- 15 minute units -- maximum of 10 units	\$109.00	D	
	Balloon Endoscopies			
527L	Antegrade Double Balloon Enteroscopy	\$551.00	D	L
627L	Antegrade Single Balloon Enteroscopy	\$551.40	D	L
528L	Retrograde Double Balloon Enteroscopy	\$695.60	D	L
628L	Retrograde Single Balloon Enteroscopy	\$695.60	D	L
529L	Double Balloon Colonoscopy	\$609.00	D	L
530L	Double Balloon Endoscopic Retrograde Cholangiopancreatography	\$696.00	D	L