

PLASTIC SURGERY

Preamble

Complete understanding of the following paragraphs is essential to appropriate billing of the Plastic Surgery fees, but should be interpreted in the context of the General Preamble.

These listings cannot be correctly interpreted without reference to the Preamble.

Definitions

“**Ablation**” means destruction of a lesion without excision.

“**Advancement flaps**” are adjacent tissue transfers based on extensive undermining and layered closure. The medical necessity for a flap or graft occurs when Direct Closure alone would not suffice due to unacceptable wound tension or local distortion. The distances required to be undermined are:

- a. 1 cm – nose, ear, eyelid, lip, eyebrow
- b. 1.5 cm – other face and neck
- c. 3 cm – rest of body

“**Complicated blepharoplasty**” means skin removal and transgression (and occasional partial excision) of orbicularis oculi muscle, as well as at least one of: manipulation of the orbital septum, removal or repositioning of orbital fat, supratarsal fixation of the pre-tarsal skin to the upper tarsal plate.

“**Direct closure**” means approximation of wound/skin edges with minimal undermining. Simple ligation of vessels in an open wound is considered included in any wound closure.

“**Excision**” means a procedure involving removal of skin and/or subcutaneous tissue.

“**Functional area**” means head, face, neck, shoulder, axilla, elbow, wrist, hand, groin, perineum, knee, ankle, foot and includes coverage of exposed vital structures (bone, tendon, major vessel, nerve).

“**Incision**” means a simple cut or puncture of skin and/or subcutaneous tissue for the purpose of aspiration, drainage, biopsy or extraction of a foreign body.

“**Lesions:**”

Benign Lesions

Destructive therapies of benign skin lesions are insured services when the treatment is medically necessary. Examples of medical necessity include but are not limited to the following indications:

- i) *genital warts (condylomata acuminata)*
- ii) *plantar warts*
- iii) *viral induced cutaneous tumors in the immune compromised patient*
- iv) *inflamed dermal and epidermal cyst*
- v) *dysplastic nevi*
- vi) *lentigo maligna*
- vii) *congenital nevi*
- viii) *actinic (solar) keratosis*
- ix) *atypical pigmented nevi*
- x) *painful neurofibromata*

The following are not a benefit of MSP, unless there is medically significant pathophysiological dysfunction:

- i) *excisions for the listed benign skin lesions*
- ii) *benign nevi*
- iii) *seborrheic keratosis*

- iv) *common warts (verrucae)*
- v) *lipomata*
- vi) *uncomplicated benign dermal and/or epidermal cysts*
- vii) *telangiectasias and angiomas of the skin*
- viii) *skin tags*
- ix) *acrochordons*
- x) *fibroepithelial polyps*
- xi) *papillomata*
- xii) *neurofibromata*
- xiii) *dermatofibromata*

Premalignant Lesions:

- i) *dysplastic nevus (nevus with dysplastic features, atypical melanocytic hyperplasia, atypical melanocytic proliferation, atypical lentiginous melanocytic proliferation or premalignant melanosis).*
- ii) *actinic/solar keratosis*
- iii) *chemical and other premalignant keratoses*
- iv) *large cell acanthoma*
- v) *erythroplasia of Queryrat*
- vi) *leukoplakia and other in-situ lesions such as lentigo maligna, melanoma in-situ and Bowen's Disease and squamous cell carcinoma in-situ are considered malignant.*
- vii) *locally invasive tumors are considered malignant lesions.*

Cutaneous Malignant lesions:

- i) *basal cell carcinoma*
- ii) *squamous cell carcinoma*
- iii) *malignant melanoma*
- iv) *lentigo maligna*
- v) *dermatofibrosarcoma protuberans*
- vi) *sebaceous carcinoma*
- vii) *adnexal carcinoma*
- viii) *atypical fibroxanthoma*
- ix) *merkel cell carcinoma*
- x) *eccrine carcinoma*
- xi) *extramammary Paget's disease*
- xii) *leiomyosarcoma*
- xiii) *primary cutaneous adenocarcinoma*

“Local Flap closure” means skin and subcutaneous tissue is moved locally to close an adjacent defect.

“Minimal undermining” means less than 1 cm on the nose, ear, eyelid, lip; less than 1.5 cm on the rest of the face; or less than 3 cm for the rest of the body.

“Non-functional area” means posterior trunk, anterior trunk, arm (above elbow), forearm (below elbow), thigh, leg (below knee).

“Operation Only,” means listings designated as “operation only,” the in hospital post-operative visits within 14 days post-op may be claimed in addition to the surgical procedure with the exception of the visit(s) made the day of the procedure.

“Rotations, Transpositions, Z-plasties” are the same as advancement flaps with the addition of extra incisions required to create the shape the flap.

“Simple repair” of an excision means the wound is superficial (i.e. involving primary epidermis or dermis or subcutaneous tissue without significant involvement of deeper structures), and requires direct closure.

“Skin Flaps and Grafts” Unless otherwise noted, these include creation of the defect (debridement of tissue, excision of a lesion) and closure (creation and placement of flap or graft and the care of the donor site). When bone or tendon grafts or inlay grafts are required with skin flaps or grafts, they can be billed in addition.

“Simple blepharoplasty” means simple skin (and possible muscle) removal on the upper lid and involves only skin removal. **“Significant blepharochalasia”** is defined when the usual field is restricted within 20° of fixation above the horizontal meridian, due to excess upper eyelid skin or brow ptosis.

Referred Cases

06010 **Major consultation:** To include complete history and physical examination, review of X-ray and laboratory findings, if required, and a written report.....75.24

06012 **Repeat or limited consultation:** To apply where a consultation is repeated for same condition within six (6) months of last visit by the consultant or where in the judgment of the consultant the consultative service does not warrant a full consultative fee.....47.34

Continuing care by consultant:

06007 Subsequent office visit.....24.94

06008 Subsequent hospital visit.....36.00

06009 Subsequent home visit45.95

06005 Emergency visit when specially called93.93
(not paid in addition to out-of-office-hours premiums)

Note: Claim must state time service rendered.

Telehealth Service with Direct Interactive Video Link with the Patient

66010 **Telehealth Major consultation:** To include complete history and physical examination, review of X-ray and laboratory findings, if required, and a written report.....75.24

66012 **Telehealth repeat or limited consultation:** To apply where a consultation is repeated for same condition within six (6) months of last visit by the consultant or where in the judgment of the consultant the consultative service does not warrant a full consultative fee47.34

66007 Telehealth subsequent office visit24.94

66008 Telehealth subsequent hospital visit36.00

Skin and Subcutaneous Tissues

Biopsy

P61291 Biopsy, not sutured.....24.94

P61292 Biopsy, not sutured,multiples same sitting, maximum of four (extra).....5.00

Notes:

i) Restricted to Plastic Surgery.

ii) Fee items P61291 and P61292 include the visit fee.

iii) Paid with tray fee 00080 (once per patient per sitting, regardless of number of biopsies performed).

07025 Temporal artery biopsy (operation only).....77.72 2

07028 Biopsy of sural nerve – operation only72.20 2

Excision - Diagnostic, Open:
11445 Open biopsy, hand or wrist.....238.06 2

	\$	Anes. Level
Incisional or excisional biopsy, includes suture closure		
13600	Biopsy of skin or mucosa (operation only)	49.47 2
13601	Biopsy of facial area (operation only)	49.47 2
<i>Note: Punch or shave biopsies not to be charged under fee items 13600 or 13601.</i>		

Aspiration

07041	Aspiration: abdomen or chest (operation only).....	41.05 2
Hand and Wrist		
S11402	Incision - Diagnostic, Percutaneous: Aspiration bursa, synovial sheath, etc.....	22.79 2

Abscess – incision and drainage

Abscess:		
07059	- deep (complex, subfascial, and/or multilocular) with local or regional anesthesia (operation only)	56.37 2
07027	- under general anesthesia (operation only).....	125.26 2
07061	- deep, post operative wound infection under general anesthesia (operation only).....	79.88 2
07045	Anterior closed space abscess - operation only.....	38.60 2
13605	Opening superficial abscess, including furuncle operation only.....	42.38 2

Pilonidal Cyst or Sinus

70084	- incision and drainage abscess (operation only).....	56.37 2
07685	- excision or marsupialization - operation only	272.08 2

Hand and Wrist Abscess

06028	Web space abscess - (operation only)	70.15 2
06029	- under general anesthetic (operation only).....	250.00 2
06042	Mid palmar, thenar, and dorsal: subaponeurotic space abscess – (operation only).....	250.00 2
06197	Acute tenosynovitis - finger - (operation only)	250.00 2
06198	- ulnar or radial bursa – (operation only)	250.00 2
13630	Paronychia - operation only	33.86 2

Debridement of Soft Tissues for Necrotizing Infections or Severe Trauma

V70155	Debridement of skin and subcutaneous tissue restricted to genitalia and perineum for necrotizing infection (Fournier's Gangrene) (stand alone procedure)	403.86 5
V70158	Debridement of skin and subcutaneous tissue; up to the first 5% of body surface area.....	231.19 3

		\$	Anes. Level
V70159	Debridement of skin and subcutaneous tissue; for each subsequent 5% of body surface area or major portion thereof	115.59	
V70162	Debridement of skin, subcutaneous tissue and necrotic fascia OR muscle; up to the first 5% of body surface area	256.88	4
V70163	Debridement of skin, subcutaneous tissue and necrotic fascia OR muscle; for each subsequent 5% of body surface area or major portion thereof.....	128.44	
V70165	Debridement of skin, fascia, muscle and bone; up to the first 5% of body surface area.....	282.56	4
V70166	Debridement of skin, fascia, muscle and bone; for each subsequent 5% of body surface area or major portion thereof	141.28	
70168	Active wound management during acute phase after debridement of soft tissues for necrotizing infection or severe trauma – per 5% of body surface area - operation only.....	77.06	

Notes:

- i) Payable when rendered at the bedside but only when performed by a medical practitioner.
- ii) Requires wound assessment and dressing change and may include VAC application.
- iii) Applicable with or without anesthesia.

70169	Active wound management during acute phase after debridement of soft tissue for necrotizing infection or severe trauma – per 5% of body surface area (operation only).....	123.30	4
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Notes:

- i) Payable only when performed by a medical practitioner in the operating room under general anesthesia or conscious sedation.
- ii) Requires wound assessment and dressing change and may include VAC application.

Foreign Body and Minor Laceration

06063	Removal of foreign body - requiring general anesthesia - operation only	150.00	2
13610	Minor laceration or foreign body - not requiring anesthesia - operation only.....	33.95	

Notes:

- i) Intended for primary treatment of injury.
- ii) Not applicable to dressing changes or removal of sutures.
- iii) Applicable for steri-strips or glue to repair a primary laceration.

13611	Minor laceration or foreign body - requiring anesthesia - operation only.....	63.21	2
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Ablation

Abrasive Surgery

06112	Abrasive surgery - less than quarter face (operation only)	124.26	3
S06113	- between quarter and half-face	241.44	3
S06114	- full face	513.70	3

Ablation – Cryotherapy, curettage & electrosurgery

00190 Forms of treatment other than excision, X-ray, or Grenz ray; such as removal of haemangiomas and warts with electrosurgery, cryotherapy, etc.- per visit (operation only)29.81

Notes:

- i) Payable to non-dermatologists only.
- ii) The treatment of benign skin lesions for cosmetic reasons, including common warts (*verrucae*) is not a benefit of the Plan. Refer to Preamble D. 9. 2. 4. a. and b. "Surgery for the Alteration of Appearance."

00218 Curettage and electrosurgery of skin carcinoma proven histopathologically (operation only)57.28

00219 For each additional lesion – to a maximum of two additional lesions per day (operation only)28.62

* These items are subject to the general regulations covering surgical procedures.

Laser Therapy

00235 Pulsed laser surgery of the face and/or neck, treatment area less than 50 cm² (operation only).....66.61 3

00236 Pulsed laser surgery of the face and/or neck, treatment area greater than or equal to 50 cm², or treatment of the eyelids with eye shield insertion (operation only)99.91 3

00237 Additional surgical professional fee billable when either of the above two procedures are performed under general anesthesia55.00

Notes:

(a) Only the following conditions qualify for payment under 00235, 00236, 00237:

- i) Port wine stains involving the face and/or neck;
- ii) Complicated superficial haemangiomas:
 - lesions interfering with function (vision, breathing or feeding).
 - lesions which are ulcerated, bleeding, or prone to infections Where standard wound care has failed.
- iii) Facial naevus of Ota
- iv) Disfiguring facial pigmentary anomalies (eg: segmental or systematized).

(b) Only the following types of lasers qualify for payment under 00235, 00236, 00237:

- i) Pulsed dye laser
- ii) Q-Switched Ruby laser
- iii) Q-Switched YAG laser

(c) Restricted to Dermatology and Plastic Surgery.

Special Case – Skin and Soft Tissue

06166 Excision of axillary sweat glands for hyperhidrosis - unilateral318.88 4

Notes:

- i) Direct closure included when open procedure used.
- ii) Includes aggressive curettage and resection of apocrine sweat glands by aspiration or direct excision with scissors or scalpel.

V07053 Excision of nail bed, complete, with shortening of phalanx.....135.32 2

\$ **Anes.
Level**

Excision of skin and subcutaneous tissue of hidradenitis suppurativa:

Note: Direct closure included.

Foreign Body:

Excision of skin and subcutaneous tissue of hidradenitis suppurative:		
07072	- axillary (operation only)	119.77 2
07075	- inguinal (operation only)	119.77 2
07076	- perianal (operation only)	119.77 2
07082	- perineal (operation only)	119.77 2

Nail Surgery

13631	Removal of nail - simple operation only	33.86 2
13632	- with destruction of nail bed (operation only)	68.50 2
13633	Wedge excision of one nail (operation only)	60.44 2

Ganglia

T06182	Ganglia of tendon sheath or joint	178.76 2
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Torn Ear Lobe

06027	Repair of torn (split) earlobe (simple) (operation only)	116.03 3
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Notes:

- i) Single flap only, under 2 cm.
- ii) Paid only for complete tear of lobe through margin.

Suture of Lacerations and Minor Traumatic Wounds

Wounds – Simple, or involving minor debridement of traumatic wounds

These fees apply to closure using tissue glue (included), direct closure with sutures (included) but not flap/graft (bill in flap/graft section for composite fee). For primary excision and direct closure of benign (medically necessary) and pre-malignant or malignant lesions, bill P61310 to P61318. These fee items are intended for linear/stellate wounds. In the case of wider degloving/abrasion, it is appropriate to bill 70155 to 70169 if wound debrided but left open or treated with Vacuum Assisted Closure (VAC).

SP61300	- up to 5 cm – other than face, simple closure (operation only)	65.00 2
SP61301	- up to 5 cm - on face and/or requiring tying of bleeders and/or closure in layers (operation only)	73.99 2
SP61302	- 5.1 to 10 cm - other than face, simple closure (operation only)	88.90 2
SP61303	- 5.1 to 10 cm - on face and/or requiring tying of bleeders and/or closure in layers (operaton only)	108.43 2
SP61304	- 10.1 to 15 cm - other than face, simple closure (operation only)	97.44 2
SP61305	- 10.1 to 15 cm - on face and/or requiring tying of bleeders and/or closure in layers (operaton only)	121.60 2

	\$	Anes. Level
SP61306 - 15.1 cm or more - other than face, simple closure (operation only).....	105.03	2
SP61307 - 15.1 cm or more – on face and/or closure in layers (operation only).....	140.45	2

Notes:

- i) Restricted to Plastic Surgery.
- ii) Multiples paid at 50%, to a maximum of 5 lacerations at the same sitting
- iii) Removal of sutures included in any Plastic Surgery visit fee.
- iv) Not paid with skin flap or graft fees. (Per wound. Cannot bill flap and wound closure on same wound, but if one wound requires a flap/graft and second/third wounds require simple layered closure then existing 100%/50% billing applies as per Note ii above).
- v) Direct closure paid when the procedure includes at least one deep layer of sutures and cyanoacrylate.
- vi) Minor undermining (to help evert wound edges) is considered included.

P61308 Coordination of anesthetic services – if inhalation of general anesthetic is used, and when suture of laceration(s) is the sole procedure – extra	50.40	2
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Notes:

- i) Restricted to Plastic Surgery.
- ii) Paid in addition to P61300-P61307 and P61310-P61322.

Wounds - avulsed and complicated (in special areas)

V70150 Complicated lacerations of tongue, floor of mouth	265.30	3
T06238 Repair of complicated fingertip injury under digital block or anesthetic (regional/general)	197.17	2

Note: Requires nail bed repair (includes removal of nail plate, suturing of nail bed laceration and replacement of nail plate) including associated management of distal phalangeal fracture.

06075 Lips and eyelids	332.87	3
06076 Nose and ear	418.15	3
06077 Complicated lacerations of the scalp, cheek and neck	326.71	3

Notes: The following conditions are necessary for 06075, 06076 or 06077 to apply:

- i) A layered closure* is required and at least one of:
 - a) Injuries involving necrotic tissue requiring debridement such that simple suture closure is precluded; or
 - b) Injuries involving tissue loss such that simple suture is precluded; or
 - c) Wounds requiring tissue shifts for closure aside from minor undermining or advancement flaps; or
 - d) Skived, ragged or stellate wounds where excision of tissue margins is necessary to obtain 90 degree closure; or
 - e) Contaminated wounds that require excision of foreign material, or
- ii) Lacerations requiring layered closure and key alignment sutures involving critical margins of the eyelid, nose, lip, oral commissure or ear; or
- iii) Lacerations into the subcutaneous tissue requiring alignment and repair of cartilage and layered closure.
- iv) A note record indicating how the service meets the above criteria must accompany claims billed under these fee items.

* A layered closure is required when the defect would require too much tension for an acceptable primary closure. It involves at least two layers of deep dissolving sutures to close off dead space and take tension off the wound. A deep cartilage closure is also considered a layered closure.

Lesions and Scars

For medically necessary excision and/or repair of benign, pre-malignant and malignant lesions and scars, by direct closure, and resulting in linear closure:

Notes:

- i) *Restricted to Plastic Surgery.*
- ii) *Multiples paid at 50%, to a maximum of 4 additional lesions, regardless of how many lesions treated.*
- iii) *Not paid with excision fees P61320, P61321, P61322.*

Trunk, Arms and Legs

SP61310	Resulting in repair less than 5 cm (operation only)	64.77
SP61311	Resulting in a repair 5 - 10 cm (operation only)	107.53
SP61312	Resulting in a repair greater than 10 cm (operation only)	173.06

Face, scalp, neck, genitalia, hands, feet, axilla

SP61313	Resulting in repair less than 5 cm (operation only)	93.25
SP61314	Resulting in repair 5 -10 cm (operation only)	112.95
SP61315	Resulting in repair greater than 10 cm (operation only)	182.97

Eyelids, ears, lips, nose, mucous membrane, eyebrow

SP61316	Resulting in repair less than 2 cm (operation only)	117.76
SP61317	Resulting in repair 2 - 4 cm (operation only)	161.37
SP61318	Resulting in repair greater than 4 cm (operation only)	241.87

P61319	For excision of lesion (in hospital), to achieve tumour-free margin with frozen section, (extra)	50.40
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Notes:

- i) *Restricted to Plastic Surgery.*
- ii) *Paid once per sitting.*
- iii) *Paid with P61310-P61318, P61320-P61322 and P61325-P61341.*

Skin Flaps and Grafts

Excision of Malignant and Pre-malignant Lesions

Note: For excision of malignant and pre-malignant lesions, when the recipient area requires skin flaps, full thickness grafts or split thickness grafts for closure, use the following fee items for excision in addition to the fees for skin flaps or grafts. For defects less than 10 cm² (3cm x 3cm), payment is made for closure only.

P61320	Area 10-50 cm ² (minimum 10 cm ²) – extra (operation only)	40.75	2
P61321	Area 51-100 cm ² (minimum 51 cm ²) – extra (operation only)	87.87	2
P61322	Area over 100 cm ² (minimum 101 cm ²) – extra (operation only)	134.24	2

Notes:

- i) Restricted to Plastic Surgery.
- ii) Not paid with direct linear closure fees (P61310-P61318).
- iii) For areas $\geq 10 \text{ cm}^2$.
- iv) Maximum 3 services paid per patient, per sitting, regardless of number performed.
- v) Paid in addition to skin flaps, split-thickness graft or full-thickness grafts (where applicable).
- vi) Paid with P61319 (when applicable).

Advancement flap fees

Notes:

- i) These fees are for adjacent tissue transfers based on extensive undermining and layered closure. The medical necessity for a flap or graft occurs when direct closure alone would not suffice due to unacceptable wound tension or local distortion. The distances required to be undermined are:
 - a. 1 cm (nose, ear, eyelid, lip, eyebrow)
 - b. 1.5 cm (other face and neck)
 - c. 3 cm (rest of body)
- ii) Fee items 61325 to 61329 are restricted to Plastic Surgery.
- iii) These fees include creation and closure of the defect, except when P61320 to P61322 apply.

Defect 2.1 to 5 cm:

P61325	- face, neck or scalp (operation only)	89.21	2
P61326	- other areas (operation only)	60.83	2

Defect 5.1 to 10 cm:

P61327	- face, neck or scalp	245.34	2
P61328	- other areas	160.60	2
P61329	- defects more than 10 cm (such as a thoracic abdominal flap).....	386.94	2

Rotations, transpositions, Z-plasty, Limberg or V-Y type flaps

Notes:

- i) These flaps differ from advancement flaps in that they require skin incisions specifically to create the shape of the flap.
- ii) Fee items 61330 to 61344 are restricted to Plastic Surgery.

Trunk

P61330	Defect up to 40 cm^2	239.78	2
P61331	Defect 40 cm^2 to 100 cm^2	318.49	2
P61332	Defect greater than 100 cm^2	415.50	2

Arms, legs and scalp

P61333	Defect up to 6 cm^2	150.57	2
P61334	Defect 6 cm^2 to 19 cm^2	200.59	2
P61335	Defect greater than 19 cm^2	450.00	2

	\$	Anes. Level
Axilla, cheeks, chin, feet, forehead, genitalia, hands, mouth and neck		
P61336	Defect up to 6 cm ²299.87	2
P61337	Defect 6 cm ² to 19 cm ²340.10	2
P61338	Defect greater than 19 cm ²459.98	2
Ears, eyelids, lips and nose		
P61339	Defect up to 6 cm ²340.35	2
P61340	Defect 6 cm ² to 19 cm ²449.10	2
P61341	Defect greater than 19 cm ²499.45	2
Revision of Graft		
P61342	Revision, less than 2 cm142.66	2
P61343	Revision, between 2 and 5 cm348.79	2
P61344	Revision, greater than 5 cm362.00	2
Specialized Flaps		
06026	Arterial island flap347.10	2
06177	Neurovascular pedicle flap730.09	3
Flaps from a distance: for defects over 10 cm² requiring two stages (e.g.: groin flap, deltopectoral flap or cross leg flap):		
P06030	Upper extremity – initial stage (with free skin graft) - over 10 cm ²580.08	2
P06031	– second stage - over 10 cm ²462.42	2
P06032	Lower extremity (plaster cast included) - initial stage - over 10 cm ²696.58	2
	<i>Note: Second stage for lower extremity paid at 50% (of P06032).</i>	
Flaps from a distance for defects under 10 cm², requiring two stages (e.g. cross finger flap, thenar flap for digital defects)		
06033	First stage - per operation (skin graft to secondary defect included) - under 10 cm ²347.10	4
06034	Minor Second stage - per operation - under 10 cm ²230.86	3
06035	Delaying a flap (operation only) - under 10 cm ²160.33	3
Specific areas:		
Eyebrow		
06148	Hair bearing scalp vascular island flap to eyebrow474.66	3
Hand		
06171	Syndactyly, local flaps - first cleft250.00	2
06172	- with skin grafts - first cleft444.82	2

Free Skin Grafts (including mucosa)

Full-thickness grafts:

Notes:

- i) Full thickness fees, 2 to 19 cm², include direct closure of donor site.
- ii) Each additional 19 cm² or major portion thereof, will be paid at 50%, depending on the anatomic location of the defect.
- iii) Paid to a maximum of 2 additional units.
- iv) Fee items 61350 to 61354 are restricted to Plastic Surgery.

P61350	Trunk (2 to 19 cm ²) (operation only)	121.00	2
P61351	Arms, legs, scalp (2 to 19 cm ²).....	207.00	2
P61352	Axilla, cheeks, chin, feet, forehead, genitalia, hands, mouth, neck (2 to 19 cm ²)	261.10	2
P61353	Ears, eyelids, lips and nose (2 to 19 cm ²)	305.00	2
SP61354	Graft (pinch, split or full thickness) to cover small ulcer, toe pulp graft, finger- tip or other minimal open area (up to 2 cm diameter) (operation only)	124.26	2

Split-thickness grafts:

Note:

*Non-functional areas include posterior or trunk, anterior trunk, arm (above elbow), forearm (below elbow), thigh, leg (below knee).
Functional areas include head, face, neck, shoulder, axilla, elbow, wrist, hand, groin, perineum, knee, ankle and foot. Also includes coverage of exposed vital structures (bone, tendon, major vessel, nerve).*

Non-functional areas: (total area treated, whether at one operation or at staged intervals):

06046	- less than 6.5 sq.cm.(operation only)	101.71	2
06047	- 65 sq.cm. (operation only).....	190.40	2
06048	- 650 sq.cm.	380.79	2
06049	For each 6.5 sq.cm. over 650 sq.cm. (operation only)	7.27	3

Note: Refrigerated graft - 50% of appropriate fee.

Functional areas:

Note: Multiple operations to functional areas [see Preamble, Clause D. 5. 3.].

06051	Finger tip (operation only).....	160.33	2
06050	Regions of major joints and hands - early	424.32	2
06058	- late - with scar excision graft.....	513.70	2
06052	Head and neck - 65 sq.cm. or less.....	306.17	3
06053	- in excess of 65 sq.cm.....	408.90	3
06054	- in excess of 195 sq.cm.....	1,014.05	3

Major Flap Procedures

06151	Decubitus ulcers - excision and treatment of bone, rotation flaps, and skin grafts to secondary defect.....	850.00	4
C06159	TRAM Flap reconstruction of mastectomy defect	1,002.09	5

Notes:

- i) Includes preparation of site to be grafted, harvesting and insertion of the graft, closure of donor defect, with or without mesh.
- ii) Reconstruction of both breasts (bilateral) with two pedicled TRAM flaps is payable at 150%.

		\$	Anes. Level
61152	Abdominal panniculectomy – where medically indicated, secondary to chronic subpanus intertrigo, which has been unresponsive to a reasonable period of medical treatment	777.92	4
	Note: To include umbilicoplasty where medically indicated		
C61156	Myocutaneous flap or fascia cutaneous flap rotated on its vascular or neurovascular pedicle involving small muscles	434.59	5
	Note: The following muscle flaps are payable under this item:		
	i) abductor digiti minimi flap		
	ii) abductor hallucis flap		
	iii) abductor pollicis brevis flap		
	iv) anconeus flap		
	v) extensor digitorum communis flap		
	vi) extensor digitorum longus flap		
	vii) extensor hallucis longus flap		
	viii) first dorsal interosseous flap		
	ix) flexor carpi ulnaris flap		
	x) flexor digitorum brevis flap		
	xi) flexor digitorum longus flap		
	xii) flexor hallucis longus flap		
	xiii) orbicularis oculi flap		
	xiv) orbicularis oris flap.		
C61157	Myocutaneous flap or fascia cutaneous flap rotated on its vascular or neurovascular pedicle involving medium muscles	616.44	5
	Note: The following muscle flaps are payable under this item:		
	i) brachioradialis flap		
	ii) coracobrachialis flap		
	iii) pectoralis minor flap		
	iv) peroneus brevis flap		
	v) peroneus longus flap		
	vi) platysma flap		
	vii) sartorius flap		
	viii) serratus flap		
	ix) sternocleidomastoid flap		
	x) tibialis anterior flap		
	xi) tongue flap		
C61158	Myocutaneous flap or fascia cutaneous flap rotated on its vascular or neurovascular pedicle involving major muscles	748.04	5
	Note: The following muscle flaps are payable under this item:		
	i) biceps femoris flap		
	ii) deltoid flap		
	iii) external oblique flap		
	iv) gastrocnemius flap		
	v) gluteus maximus flap		
	vi) gracilis flap		
	vii) latissimus dorsi flap		
	viii) pectoralis major flap		
	ix) rectus abdominus flap		
	x) rectus femoris flap		
	xi) soleus flap		
	xii) trapezius flap		
	xiii) temporalis flap		
	xiv) tensor fascia lata flap		
	xv) triceps flap		
	xvi) vastus lateralis flap		
	xvii) vastus medialis flap		

		\$	Anes. Level
Cheeks			
06111	Facial paralysis - static slings with simple suspension (unilateral).....	638.02	3
06110	- dynamic slings with local functional muscle transfer (unilateral).....	770.55	3
06120	Complete repair for facial paralysis, plication of paralyzed muscles, meloplasty, and resection of overactive muscles – bilateral	821.93	3
06129	Combined complete repair as above and rhytidectomy – unilateral	927.20	3

Cell-assisted Lipotransfer for soft defects (Aspiration and Injections)

Cell-assisted Lipotransfer – Aspiration			
PS61250	- Volume less than 20 ml	80.00	3
PS61251	- Volume between 21-60 ml.....	100.00	3
PS61252	- Volume greater than 60 ml	140.00	3

Notes:

- i) *Lipoaspiration and lipo injection components are paid together at 100%. Subsequent lipo injection procedures to anatomically discrete sites, completed during the same session, are paid at 50%.*
- ii) *When performed with another procedure (e.g.: breast reduction, mastopexy) during the same date of service, the surgical preamble rules will apply.*
- iii) *As with other medically necessary procedures for alteration of appearance, pre-approval is required.*
- iv) *These fees are not intended to accompany any liposuction procedures. Lipoaspiration is only to be followed by lipo injection.*
- v) *Restricted to Plastic Surgery.*
- vi) *Aspirate from multiple sites is pooled for a total amount; only one aspirate fee is paid per session, for the aggregate amount.*
- vii) *Volume harvested is the total usable fat cells after processing and does not include the oil or aqueous layers.*

Cell-assisted Lipotransfer – Injection

Functional area:

PS61260	- Volume less than 20 ml	120.00	3
PS61261	- Volume greater than 20 ml	180.00	3

Non-functional area:

PS61270	- less than 20 ml	100.00	3
PS61271	- 21 to 60 ml.....	140.00	3
PS61272	- greater than 60 ml	180.00	3

Notes:

- i) *For the purpose of cell-assited fat injection, functional area will be restricted to the head and neck, hands, perineum and groin, as well as in the direct vicinity of major joints. The breast is considered a non-functional area for this indication.*
- ii) *Non-functional areas are defined as: posterior or anterior trunk (including breasts), arm (above elbow), forearm (below elbow), thigh, leg (below knee).*
- iii) *Facial subunits such as eyelid and lip are considered part of one aggregate fee for the face. Injections of multiple subunits of the face are still considered one aggregate area, the face.*
- iv) *Bilaterally symmetrical sites, as in breasts or axillary regions are considered separate areas.*

Tissue Expansion

06085	Tissue expansion - major areas - breast, scalp and tibial areas, regions of major joints	496.24	3
06086	Tissue expansion - minor areas	345.21	2

Blepharoplasty

06125	Blepharoplasty, simple, non-cosmetic (unilateral).....	256.85	3
	Notes:		
	i) Covers simple skin removal on the upper lid, and may include transgression (and occasional partial excision) of orbicularis oculi muscle on the upper eyelid.		
	ii) Significant blepharochalasis is defined as present when the visual field is restricted to within 20 degrees of fixation above the horizontal meridian.		
61025	Blepharoplasty, simple, non-cosmetic (bilateral).....	385.27	3
	Notes:		
	i) Covers simple skin removal on the upper lid, and may include transgression (and occasional partial excision) of orbicularis oculi muscle on the upper eyelid.		
	ii) Significant blepharochalasis is defined as present when the visual field is restricted to within 20 degrees of fixation above the horizontal meridian.		
06126	Blepharoplasty, complicated, non-cosmetic (unilateral).....	385.27	3
	Notes:		
	i) Includes not only skin removal, but also transgression (and occasional partial excision) of orbicularis muscle, entry of the septum, removal of fat if necessary, and fixation of the upper lid crease by identifying and attaching the orbicularis to the anterior levator surface.		
	ii) Significant blepharochalasis is defined as present when the visual field is restricted to within 20 degrees of fixation above the horizontal meridian.		
61026	Blepharoplasty, complicated, non-cosmetic (bilateral).....	577.92	3
	Notes:		
	i) Includes not only skin removal, but also transgression (and occasional partial excision) of orbicularis muscle, entry of the septum, removal of fat if necessary, and fixation of the upper lid crease by identifying and attaching the orbicularis to the anterior levator surface.		
	ii) Significant blepharochalasis is defined as present when the visual field is restricted to within 20 degrees of fixation above the horizontal meridian.		

Eyebrow ptosis

P61360	Eyebrow ptosis repair- simple skin excision- non-cosmetic – unilateral	256.85	
P61361	Eyebrow ptosis repair – simple skin excision – non-cosmetic – bilateral.....	385.27	

Notes:

- i) Significant eyebrow ptosis is defined as present when the visual field is restricted to within 20 degrees of fixation above the horizontal meridian.
- ii) Includes resection of any amount of forehead skin and upward brow advancement required to correct the functional deficit.
- iii) For upper lid skin excess secondary to severe brow ptosis as opposed to primary upper lid skin excess.
- iv) Not paid with 06125 or 61025 on the same patient, same date of service.

Tenotomy

Notes:

- i) Tenotomy fees paid once per tendon only. Two repairs on the same tendon will be paid as one repair.
- ii) Restricted to Plastic Surgery.

P61363	Flexor - primary or secondary repair - first tendon.....	369.80	2
P61364	- second to sixth tendon repair (extra).....	184.90	2
P61365	- seventh to eleventh tendon repair (extra)	92.45	2
P61366	- twelfth and over tendon repair (extra)	46.23	2
P61368	Extensor - primary or secondary repair - first tendon.....	232.45	2
P61369	- second to sixth tendon repair (extra)	116.23	2
P61370	- seventh to eleventh tendon repair (extra)	58.11	2
P61371	- twelfth and over tendon repair (extra)	29.05	2
Tenoplasty - tenodesis, tenovaginitis, shortening or lengthening, stenosing tenosynovitis:			
06186	- one tendon, any location	227.16	2
06187	- two or more tendons.....	369.80	2
06188	Tenolysis.....	384.59	2
06189	- each additional, to a maximum of three (extra) (operation only).....	142.64	2
06185	Tendon graft	692.05	2
T06203	Tendon transfer in hand and wrist	440.08	2
T06204	- each additional, to a maximum of three (extra).....	160.33	2
06175	Pollicization.....	1,128.42	4
06176	Digital transplant.....	684.66	5
57270	Plantar Fascia: open release or partial excision, uni- or bilateral.....	265.54	2
06193	Extensive palmar - fasciectomy involving one or more digits.....	425.35	2
06194	- with skin grafting.....	550.69	2
Note: Localized, charge under Item 06016.			
06195	Silastic rod prior to tendon grafting.....	453.27	3

\$ **Anes.
Level**

Cavity grafting

06055	Eye socket	432.53	3
06056	- with mucosa.....	662.67	3
06057	Nose	386.31	3
06060	Mouth.....	513.70	3
06061	Lining pedicle flaps	294.87	3
06062	Bone cavity over 7.5 cm in diameter in large bone, e.g.: femur	432.53	4
06065	Bone cavity up to 7.5 cm in diameter in large bone	305.14	3
06064	Bone cavity in small bone, e.g.: hand or foot	250.00	2
06066	Operation for congenital absence of vagina (McIndoe) plastic surgery and care.....	571.23	4

Burns (with or without general anesthesia - per operation)

General care, severe only:

06083	- first hour.....	250.00	
06084	- subsequent hour (per hour).....	200.00	
	- subsequent visits	per visit	

Local care:

	Minor burns - per visit:		
06078	- dressing (in-hospital care only)	56.51	4
06079	- surgical debridement-for each 5% of body surface (operation only).....	120.00	5
06080	- subsequent debridement-for each 5% of body surface (operation only)	29.79	5
06081	Surgical excision of burnt tissue prior to immediate skin grafting-for first 5 percent of body surface, extra (operation only).....	356.85	5
06082	- for each subsequent 5 percent of body surface, extra (operation only).....	200.00	5

Osteomyelitis

06087	Incision subperiosteal abscess (operation only).....	250.00	2
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Regional Mandibulo-Facial

Guidelines for compounded facial fractures:

- 1)
 - a. When fractures of the zygoma, the orbital floor and medial wall are compounded into the sinuses, no additional fee should be paid for these fractures.
 - b. When fractures of the maxilla and mandible involve the dento-alveolar tissues, and are compounded, no additional fee should be paid (this would include fractures into the tooth socket where a tooth is lost or a fracture into a partially erupted wisdom tooth, or a diastasis to two teeth at the fracture site where the compounding component does not extend further than the dento-alveolar area).

- 2) Significant external compounding of facial fractures is recognized as a factor which compromises the treatment and possible outcome of patients with these injuries. Treatment of these fractures should be billed at 150% of the pertinent listed fee. Operative notes should accurately describe such an injury to support these billings when submitted to MSP.

- 3) Fractures of the maxilla and mandible with intraoral compounding beyond the dento-alveolar bone, therefore exposing basal bone, complicates treatment and possible outcome. These injuries should be billed at 150% of the listed fee (eg: degloving of the maxilla or mandible).

Fracture - mandible:

06240	Interdental and intermaxillary wiring	367.69	6
06241	Wiring with Gunning splints or dentures	449.05	6
	Open reduction:		
06242	- unilateral	550.00	6
06243	- bilateral	750.00	6
06244	Open reduction and intermaxillary wiring:		
	- unilateral	650.00	6
06245	- bilateral	850.00	6
06246	Removal of sutures, intra-oral splints, etc., under general anesthetic - (operation only)	117.28	4

Fracture-maxilla (central mid-third):

06250	Le Fort I - horizontal fractures	850.00	6
06251	Le Fort II - pyramidal fractures	950.00	6
06252	Le Fort III - cranio facial dysjunction	1,090.39	6
06253	Open reduction and internal or external craniomaxillary wire suspension with or without intermaxillary fixation	1,090.39	6

Fracture - Zygomatic (lateral mid-third):

Zygomatico-maxillary, including orbital floor

06260	Temporal elevation (operation only)	250.00	3
06261	Open reduction and interosseous wiring (to include antral packing where necessary)	619.15	4
06262	Reduction via transantral approach and antral packing (operation only)	250.00	4

Zygomatic arch:

06265	Temporal elevation (operation only)	250.00	3
06266	Open reduction and interosseous wiring	338.11	4

	\$	Anes. Level
Orbital floor fractures (blow-out fractures):		
06270	Open reduction (to include antral packing where necessary)	650.00 4
Fracture-alveolus:		
06271	Alveolar fracture - with one tooth extraction (operation only)	125.73 3
06272	- each additional tooth (operation only)	78.18 3
06273	Arch bar fixation of teeth.....	302.18 3
Temporo-mandibular joint:		
06280	Meniscectomy.....	338.11 3
06281	Condylectomy.....	500.82 3
06282	Arthroplasty.....	712.14 3
Mandibular resection:		
06291	Tumours - enucleation, partial, or complete resection	594.85 4
06292	- with bone graft.....	844.20 4
06293	Bone graft to jaw or face - autologous.....	531.46 4
06294	- non-autologous.....	490.25 4

Maxillo-facial

Osteotomies:		
C06300	Le Fort I - horizontal	1,108.34 6
C06301	Le Fort II - pyramidal	1,372.49 6
C06302	Le Fort III - intracranial	2,851.69 8
C06303	Le Fort III - extracranial	2,429.07 7
C06310	Unilateral orbital advancement, intracranial approach	2,746.04 8
C06311	Intracranial orbital advancement and correction of hypertelorism.....	3,063.01 8
C06312	Intracranial correction of hypertelorism	3,696.95 8
C06313	Unilateral orbital expansion by osteotomy for macrophthalmia.....	2,957.35 8
06314	Canthopexy.....	553.65 3
C06304	Malar maxillary	1,266.83 6
Mandibular - for prognathism, micrognathism, malocclusion, etc.:		
C06305	- unilateral with intermaxillary fixation.....	791.37 6
C06306	- bilateral with intermaxillary fixation.....	949.86 6
C06307	Premaxillary set back	791.37 6
C06308	Mandibular osteotomy with rigid internal fixation - unilateral.....	807.22 6
C06309	- bilateral.....	1,161.17 6

Nose and Sinuses

Cryosurgical treatments of turbinates:		
02298	- unilateral	150.13
02299	- bilateral	187.67 3
02306	Submucous resection of septum	162.64 3
Rhinoplasty:		
06109	Removal of hump	233.51 3

	\$	Anes. Level
06118	Bone graft to nose-autologous	589.57 3
06119	- non-autologous.....	483.91 3
06115	Forehead rhinoplasty- two operations	900.01 3
	<i>Note: Partial forehead rhinoplasties charge under item 06020 or 06021.</i>	
02351	Nasal refracture requiring lateral osteotomies.....	350.31 3
02352	Reconstruction of nasal tip, ala, and columella	412.88 3
02353	External reconstruction of nasal tip, ala and columella (such as for cleft lip or open trauma).	553.02 3
02354	Complete rhinoplasty with S.M.R. to include nasal hump removal, nasal refracture, and reconstruction of nasal tip, without skin grafting.....	600.56 3
02355	Complete rhinoplasty with SMR to include nasal hump removal, nasal refracture and external reconstruction of nasal tip without skin grafting.	761.21 3
06116	Composite graft	328.60 3
06117	Rhinophyma.....	327.91 3
	Fractures:	
06123	Comminuted nasal fractures – transosseous wire plate fixation	301.13 3
06124	Naso-orbital fractures-open reduction and interosseous wiring or transosseous wire plate fixation	523.00 3
02364	Nasal fracture - simple reduction (operation only).....	62.54 3
S02365	- reduction and splinting (operation only)	125.12 3
	Ears	
06131	Outstanding ears - unilateral otoplasty	311.69 3
61031	Outstanding ears - bilateral otoplasty	466.56 3
06132	Microtia or loss of ear - partial - per stage.....	369.80 3
06133	- total - major stage.....	920.28 3
06134	- total - minor stage.....	301.13 3
06130	Accessory auricle (operation only)	250.00 3
06135	Preauricular sinus - simple	250.00 3
06180	- complicated	230.86 3
	Mouth	
06181	Lip adhesion procedure for cleft palate	385.64 3
06146	Lip shave - vermilionectomy	391.44 3
06136	Plastic repair, e.g.: Abbe operation - two stages.....	628.77 4
06137	Full lip thickness transfer by rotation flap	538.36 4
06139	Unilateral cleft lip	547.30 4
06138	Bilateral cleft lip - complete.....	1,040.72 4
06144	- incomplete	736.44 4
06140	Wedge resection of lip – vermilion (operation only)	110.08 3
06141	- to sulcus	230.48 3
06142	Pharyngoplasty or pharyngeal flap	532.51 6
06143	Push-back of palate - with pharyngeal flap or similar procedure	736.44 6
06145	Cleft palate.....	543.08 6
06147	Bone graft to palatal cleft.....	601.19 4

		\$	Anes. Level
Orbit			
06153	Bone graft to orbit-autologous	601.19	4
06154	- non-autologous implant	453.27	4
Trunk			
Note: See Preamble regarding cosmetic surgery.			
06150	Reduction mammoplasty for hypermastia - unilateral	517.68	4
	Note: For ptosis, cosmetic only.		
61050	Reduction mammoplasty for hypermastia – bilateral	776.52	4
	Note: For ptosis, cosmetic only.		
P61054	Bilateral mastectomy in the context of gender reassignment surgery (GRS), female to male (FtM) - (to include bilateral subcutaneous mastectomy, nipple-areolar reconstruction and chest wall reconstruction)	1,447.82	3
	Notes:		
	i) For MSP-approved, transgender patients meeting the clinical and psychiatric criteria for FtM surgery.		
	ii) Not billable in addition to V07498 (mastectomy, subcutaneous), 06157 (nipple-areolar reconstruction), and 06022 (local tissue shifts, multiple).		
	iii) Otherwise subject to General Preamble rules for multiple surgery.		
	Prosthetic breast replacement in unilateral agenesis or following mastectomy:		
06164	- unilateral	289.45	3
06165	- bilateral	462.42	3
61166	Mastopexy, balancing unilateral (isolated procedure)	314.45	3
61167	Mastopexy, balancing – when performed at same time as contralateral breast surgery	235.83	3
06178	Excision of breast implant and associated pathologic capsule	339.86	2
06179	Excision of breast implant only (operation only)	124.26	2
06157	Nipple-areolar reconstruction	332.98	2
	Note: This procedure is to result in a pigmented areolar complex using pigmented epithelium.		
61057	Nipple areolar reconstruction and tattooing	449.02	
	Notes:		
	i) Fee includes initial tattooing whether done at time of the reconstruction or as a staged procedure, and one additional tattooing		
	ii) Subsequent tattooing is not payable by the Plan.		
Leg			
06127	Lymphoedema of limbs, excision and grafting - entire leg	686.56	3
06128	- entire lower extremity	1,026.42	3
06167	Treatment of lymphoedema, using the Thompson procedure - upper extremity forearm	347.10	4
06168	- arm	230.86	4

	\$	Anes. Level
(Total of \$526.56 whether one or two stages.)		
06169	- lower extremity leg580.09	4
06170	- thigh.....580.09	4
(Total of \$1,056.98 whether one or two stages.)		

Microsurgery

06259	Microsurgical removal of neoplasm – digital or palmar	329.57	2
Microneural Surgery:			
Neurolysis:			
06210	- external.....	282.54	2
06211	- intraneural.....	430.48	2
Microfascicular neuroorrhaphy, primary:			
06212	- digital or palmar	282.54	2
06213	- major nerve.....	603.09	2
Interfascicular nerve graft (to include harvest of graft):			
06214	- digital or palmar	423.29	2
06215	- major nerve.....	1,232.88	4
03207	Microsurgical removal of neoplasm - major peripheral nerve	799.49	3
Microvascular Surgery:			
06216	Artery or vein - primary repair (to include operative report)	662.47	6
<i>Note: If a major artery in trunk, anesthetic IC Level 9.</i>			
C06220	Free flap, including closure of defect at donor site.....	3,048.22	5
Microreimplantation:			
C06217	Digit or extremity (to include operative report)	2,852.75	4

Amputations

06218	Transmetacarpal.....	250.00	2
06219	Finger, any joint or phalanx (operation only).....	250.00	2

Bone Grafting

06221	Metacarpal, phalanx	250.00	2
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Fractures

06222	Finger phalanx, requiring reduction (operation only).....	124.26	2
06223	Metacarpal requiring reduction (operation only).....	124.26	2
61222	CRIF of phalangeal (middle or proximal) or metacarpal fracture	191.75	2
61223	ORIF of phalangeal (middle or proximal) or metacarpal fracture	261.55	2
Note: Multiple fractures paid in accordance with Preamble D. 6.			
61224	Open (compound) hand fracture – Primary wound management (operation only).....	40.18	2

Notes:

- i) Includes management of soft tissue component of open fracture, including wound excision, debridement, irrigation, and implementation of antibiotic beads.
- ii) Payable in addition to 06224, 06225, 61223.
- iii) Payable at same percent as applies to fracture fee.
- iv) Payable only when procedure performed in operating room.

61225	Open (compound) hand fractures – Secondary Wound Management (operation only).....	80.27	2
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Notes:

- i) Repeat primary management of soft tissue component of open fracture, including wound excision, debridement, irrigation, implementation of antibiotic beads at a second sitting or return to the O.R. for delayed primary closure. Not payable in addition to closure with skin grafts and/or local skin grafts.
- ii) Includes removal of beads.
- iii) This listing is exempt from the 14 day rule (D. 5. 2.)
- iv) Payable only when procedure performed in operating room.

Distal phalanges open reduction and wiring:			
06224	- first	147.74	2
06225	- each additional (extra) (operation only).....	124.26	2

Joints - Interphalangeal or Metacarpophalangeal

06228	Arthroplasty of metacarpophalangeal or interphalangeal (hand) joint	338.11	2
06229	Arthrodesis of metacarpophalangeal or interphalangeal (hand) joint	301.13	2
06231	Reconstruction of rheumatoid hand joints, multiple, e.g.: synovectomy, intrinsic release, repositioning of extensor tendons, each hand, fee for service, at any one operative session - up to	873.10	3

Note: Only applicable when performed on more than 2 joints.

06232	Finger joint prosthesis - first joint.....	254.63	2
06233	- subsequent joints same sitting – each (operation only)	144.75	2
06234	Synovectomy - of flexor or extensor tendons in wrist and hand for rheumatoid disease	344.44	2
06235	Intrinsic release	250.00	2

Dislocations:

T06236	Metacarpophalangeal or interphalangeal joint: - closed reduction (operation only).....	71.85	2
T06237	- open reduction (operation only)	250.00	2

Nerves

Peripheral nerve:		
06255	Minor, digital, primary suture or secondary	250.00 2
06256	Repair of palmar nerve	250.00 2
06257	Major, primary suture.....	395.55 3
S06258	Exploration of peripheral nerve and neurolysis	251.72 2
<i>Note: Multiple neurolyses are paid in accordance with Preamble, clause D. 5. 3. to a maximum of four neurolyses per sitting.</i>		
S03196	Exploration, mobilization and transposition	276.06 2
03198	Neurectomy of major nerve	218.14 2
03200	Secondary suture including transposition.....	564.17 3
03201	Secondary suture of major nerve	429.30 3
03205	Nerve graft.....	423.49 3
06156	Transplant of neuroma	250.00 2

Tattooing Surgery (for haemangiomas, vitiligo, lentiginos, etc.)

Facial area:		
S06200	Less than one-quarter of face (operation only)	112.48 3
S06201	One-quarter to one half of face.....	230.86 3
S06202	Full face	347.10 4
Nonfacial area:		
06205	Less than 6.5 sq.cm. (operation only)	58.60 2
S06206	Less than 65 sq.cm. (operation only)	116.03 2
S06207	Less than 650 sq.cm.	230.86 2
<i>Note: Fee items 06205-06207 are not payable for nipple areolar tattooing.</i>		

Salivary Gland and Ducts – Excision

07522	Local excision of parotid tumour - without nerve dissection (operation only)	131.91 3
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Arteries

Trauma:		
Repair of injury of major vessel in extremity:		
77330	- suture.....	572.50 6
77335	- graft	736.42 6

Elbow, Proximal Radius and Ulna

Incision - Therapeutic, Release:		
53250	Decompression, neurolysis, nerve	237.29 2
53255	Decompression, neurolysis, submuscular transposition of nerve	397.02 2
Repair, Revision, Reconstruction (Soft Tissue):		
53520	Biceps tendon, longhead, tenodesis	265.54 2

Shoulder Girdle, Clavicle and Humerus

	Repair Revision, Reconstruction (Soft Tissue):	
52555	Tendon transfer transplant	503.61

Plastic Surgeons will no longer be able to bill for the following, effective December 1, 2013:

Skin Grafts

Additional procedures, other than skin grafts, are extra; e.g.: bone or tendon grafts, inlay grafts, etc

Notes:

1. *The medical necessity for a single or multiple flap occurs when a defect cannot be closed by elevating or undermining the edges and suturing subcutaneous tissue and skin. An advancement flap does not qualify for these listings unless the repair involves at least one level of deep sutures and each edge of the lesion is undermined a distance equal to or greater than:*
 - (a) 1 cm - nose, ear, eyelid, lip
 - (b) 1.5 cm - other face and neck
 - (c) 3 cm - rest of body

These listings are only to be used where the dissection meets the criteria above, whether the advancement involves one or both sides of the wound. If the wound can be closed in a straight line, 5 cm or less in length, a tissue advancement flap should not ordinarily be required.

2. *When fee items 06020, 06022 or 06024 are done under local anesthesiology, an operative note, and/or diagram or clinical record that describes the procedure may be required by MSP to justify claims.*
3. *The medical record of the patient must explain the medical necessity for the use of these listings.*
4. *Fee item 06020 should rarely be used for an excision of tumour of skin or subcutaneous tissue or scar up to five cm when excised under local anesthetic.*

	Local tissue shifts: Advancements, rotations, transpositions, "Z" plasty, etc:		
06019	Single or multiple flaps under 2 cm. in diameter used in repair of a defect (except for special areas as in 06024) (operation only)	155.32	2
06020	Single.....	318.49	2
06021	- with free skin graft to secondary defect.....	400.69	2
06022	Multiple	560.96	2
06023	- with free skin graft to secondary defect.....	638.02	2
06024	Eyebrow, eyelid, lip, ear, nose - single	289.45	3
	Note: Repair of torn earlobe to be claimed under 06027.		
06025	- two stages	462.42	3

	\$	Anes. Level
Free Skin Grafts (including mucosa)		
Full-thickness grafts:		
06041	Eyelid, nose, lips. ear347.10	2
06043	Finger tip (operation only).....124.26	2
06040	Finger, more than one phalanx.....289.45	2
06044	Sole or palm.....289.45	2
06045	Toe pulp graft (operation only)124.26	2
Tumours of skin - removal not requiring skin graft:		
Excision of tumour of skin or subcutaneous tissue or small scar, under local anesthetic:		
06069	- face (operation only).....87.33	2
06015	Removal of extensive scars - 5 cm or more - per cm over 5 cm (in addition to 06069, 13620 or 06016) (operation only)8.37	2
	Notes:	
	1. Payment for scar revision based on length of scar, not length of incision.	
	2. A note record is required for scars >30 cm.	
06016	Removal of tumour (including intraoral) or scar under general anesthetic or regional block - up to 5 cm (operation only)125.26	2
06017	Removal of tumour (including intraoral) 5 cm to 10 cm.....256.85	2
06018	Removal of tumour (including intraoral) more than 10 cm443.84	2
	Note: Items 06016, 06017, 06018 are not intended to apply to the removal of localized malignant soft tissue tumours use 06999 instead and submit a written report (see Preamble, Clause C. 4.).	
13612	Extensive laceration greater than 5 cm (maximum charge 35 cm) - operation only - per cm.....12.67	2
13620	Excision of tumour of skin or subcutaneous tissue or small scar under local anesthetic - up to 5 cm (operation only).....63.21	2
13621	- additional lesions removed at the same sitting (maximum per sitting, five) each (operation only)31.61	
	Note: The treatment of benign skin lesions for cosmetic reasons, including common warts (verrucae) is not a benefit of the Plan. Refer to Preamble D. 9. 2. 4. a. and b. "Surgery for the Alteration of Appearance."	
06183	Flexor - primary or secondary repair - first tendon.....369.80	2
06184	Extensor - primary or secondary repair - first tendon.....232.45	2