

# GENERAL SURGERY

## Preamble

General Surgeons billing General Surgery fee items identified with a “V” prefix are exempt from the post operative general preamble rule (Preamble D. 5. 1.) and can bill fee item P71008 for post operative visits (in hospital) during post-op days 1 – 14.

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

		\$	Anes. Level
<b>Referred Cases</b>			
07010	<b>Consultation:</b> To include complete history and physical examination, review of X-ray and laboratory findings, if required, and written report.....	97.77	
07012	<b>Repeat or limited consultation:</b> To apply where a consultation is repeated for the same condition within six months of the last visit by the consultant, or where in the judgment of the consultant the consultative service does not warrant a full consultative fee.....	51.74	
<b><u>Continuing care by consultant:</u></b>			
07007	Subsequent office visit.....	23.82	
07008	Subsequent hospital visit.....	20.28	
07009	Subsequent home visit .....	47.44	
07005	Emergency visit when specially called (not paid in addition to out-of-office premiums) (not paid within 10 post-operative days from surgical procedure).....	94.77	
<i><b>Note:</b> Claim must state time service rendered.</i>			
07006	Directive care in emergent surgical conditions - per visit .....	27.76	
<b>Notes:</b>			
i) Limited to 2 services per calendar week, when medically required, by the patient's condition.			
ii) This item is payable when further resuscitation and assessment is medically required in preparation for surgery and for the management of conditions such as acute pancreatitis which do not invariably progress to surgical intervention.			
P71008	Post operative visit, in-hospital (1 – 14 days post-operatively) .....	21.25	
<b>Notes:</b>			
i) Restricted to General Surgeons whose most recent specialty is General Surgery.			
ii) Restricted to General Surgery fee items with a “V” prefix.			
iii) Do not bill this item for “operation only” procedures, bill 07008 (subsequent hospital visit), or other appropriate fee item.			
iv) For visits outside of the 1 - 14 days time frame bill 07008, or other appropriate item.			
v) Not billable on the day of the procedure.			
vi) Paid once per day per patient.			

		\$	Anes. Level
P71010	Complex consultation for management of malignancy .....	125.50	
P71017	Special office visit for new diagnosis or recurrent malignancy .....	47.64	

**Notes:**

- i) Payable only to the General Surgeon who is the most responsible physician in treatment of the malignancy.
- ii) Applicable to new malignancy or recurrence of malignancy in remission.
- iii) For histologically confirmed malignancy only.
- iv) Not to be billed for non-melanoma skin carcinoma.
- v) Visits for malignancy are paid to a maximum of 2 times per 6 month period per patient.
- vi) Only payable when seen by the same practitioner, in consultation, within 365 days prior.

**Telehealth Service with Direct Interactive Video Link with the Patient**

70070	Telehealth Consultation: To include complete history and physical examination, review of X-ray and laboratory findings, if required, and written report.....	97.77
70072	Telehealth repeat or limited consultation: To apply where a consultation is repeated for the same condition within six months of the last visit by the consultant, or where in the judgment of the consultant the consultative service does not warrant a full consultative fee.....	51.74
70077	Telehealth subsequent office visit .....	23.82
70078	Telehealth subsequent hospital visit .....	20.28
70076	Telehealth directive care in emergent surgical conditions - per visit.....	27.76

**Notes:**

- i) Limited to 2 services per calendar week, when medically required, by the patient's condition.
- ii) This item is payable when further resuscitation and assessment is medically required in preparation for surgery and for the management of conditions such as acute pancreatitis which do not invariably progress to surgical intervention.

**Emergency Care**

1. 00081 is to be used for the evaluation, diagnosis and treatment of a critically ill patient who requires constant bedside care by the physician.
2. A critically ill patient may be defined as a patient with an immediately life threatening illness/injury associated with any of the following conditions: (which are given as examples)
  - a) Cardiac Arrest
  - b) Multiple Trauma
  - c) Acute Respiratory Failure
  - d) Coma
  - e) Shock
  - f) Cardiac Arrhythmia with haemodynamic compromise
  - g) Hypothermia
  - h) Other immediate life threatening situations

\$      **Anes.  
Level**

3. 00081 includes the following procedure items where required: defibrillation, cardioversion, peripheral intravenous lines, arterial blood gases, nasogastric tubes with or without lavage and urinary catheters (as part of a cardiac arrest).
4. 00081 includes the time required for the use and monitoring by the physician of pharmacologic agents such as inotropic or thrombolytic drugs.
5. All other procedural fee items not specifically listed in #3 above are not included in 00081. Below are listed some of the procedures that are not included and which therefore, may be billed in addition when rendered:

(Note - the time required for these procedures should be noted with the claim and deducted from the 00081 time).

- a) Endotracheal Intubation - as a separate entity, ie., not part of a cardiac arrest or followed by an anesthetic.
  - b) Cricothyroidotomy
  - c) Venous cutdown
  - d) Arterial catheter
  - e) Diagnostic peritoneal lavage
  - f) Chest tube insertion
  - g) Pacemaker insertion
6. 00081 is not intended for standby time such as waiting for laboratory results, or simple monitoring of the patient.
  7. When a consultation fee is charged in addition to 00081, for billing purposes the consultation fee shall constitute the first half hour of the time spent with the patient.
  8. When surgery is performed by the same doctor after prolonged emergency care, the surgical fee may be charged in addition to the appropriate emergency care fee.
  9. When a second or third physician becomes involved in the emergency care of a acutely ill patient requiring continuous bedside care, item 00081 is applicable just as it is to the attending physician who is first on the scene.

00081	Emergency care, per ½ hour or major portion thereof .....	100.80
00082	Monitoring of critically ill patients (when modification of the care and active intervention is not necessary), per half hour or major portion thereof .....	60.47

**Trauma - General Services:**

These fees are intended for the Trauma Team Leader (TTL) within the facility (or facilities) that a trauma patient may arrive at, requiring treatment.

Trauma Team Leader Assessment and Support fees (P10087, P10088, and P10089) will be paid for services to patients demonstrating any one of the following criteria:

**Trauma Team Activation Criteria:**

- i) Shock - confirmed Blood Pressure  $\leq$  90 at any time in adults.
- ii) Airway Compromise including intubations.

- iii) Transfer patients from other Emergency Departments receiving blood to maintain vital signs.
- iv) Unresponsiveness – Glasgow Coma Score  $\leq 8$  with a mechanism suggestive of injury.
- v) Gunshot or other penetrating wounds to head, neck, chest, abdomen or proximal extremity (at or above knee or elbow).
- vi) Autolaunched Trauma Patient.
- vii) Pediatric Trauma Patient under 16 years of age.
- viii) Special consideration will be given for patients with significant co-morbidities, pregnant patients, and patients  $<5$  years of age and  $>65$  years of age.

### **Trauma Team Consults:**

- i) Spinal cord injury (confirmed or suspected).
- ii) Vascular compromise of an extremity with a traumatic mechanism.
- iii) Amputation proximal to the wrist or the ankle.
- iv) Crush to the chest or pelvis.
- v) Two or more proximal long bone fractures (ie: humerus, femur).
- vi) Burns
  - Partial thickness (2<sup>o</sup>) burn  $\geq 10\%$  and full thickness (3<sup>o</sup>) burn
  - Electrical or lightning burn
  - Chemical burn or Inhalation injury
  - Burn injury in patients with significant co-morbidities
  - Burn injury with concomitant trauma
- vii) Obvious significant injury and - Falls  $> 20$  feet.
- viii) Obvious significant injury and - Pedestrian hit (thrown or run over).
- ix) Obvious significant injury and - Motorcycle crash with separation of the rider and bike.
- x) Obvious significant injury and -Motor vehicle crash with either
  - Ejection
  - Rollover
  - Speed  $> 70$  kph
  - A death at the scene
- xi) Patients with possible head injury and GCS less than 13.

### **All Trauma Assessment and Support fees include:**

- Consultation and assessment
- subsequent examinations of the patient
- family counselling
- teleconference with higher level trauma facilities
- ongoing and active daily surgical management of trauma patients including but not limited to:
  - performing tertiary and quaternary survey physical exams
  - assessment and management of active and passive body core warming
  - care of traumatic wounds or burns (including suturing) not requiring a general anesthetic
  - obtaining appropriate surgical consultations and transfer to higher level facilities when needed
  - coordinating with the transplant organ retrieval team, family counselling (related to organ donation) and obtaining consent for organ procurement
- usual resuscitative procedures such as endotracheal intubation, tracheal toilet and artificial ventilation
- extraordinary resuscitative procedures such as resuscitative thoracotomy or emergency surgical airway
- all necessary measures for respiratory support
- insertion of intravenous lines, peripheral and central
- bronchoscopy
- chest tubes
- lumbar puncture
- cut-downs
- arterial and/or venous catheters and insertion of SWAN-GANZ catheter

- pressure infusion sets and pharmacological agents
- insertion of CVP lines
- defibrillation
- cardio-version and usual resuscitative measures
- insertion of urinary catheters and nasal gastric tubes
- securing and interpretation of laboratory tests
- oximetry
- transcutaneous blood gases
- intra-cranial pressure (ICP) monitoring, interpretation and assessment when indicated
- suturing of wounds not requiring a general anesthetic
- ensuring adequate DVT prophylaxis
- reduction of fractures and dislocations (including casting) not requiring a general anesthetic
- clearance of C-spines or appropriate referral

	\$	Anes. Level
P10087		
Trauma Team Leader - Initial Assessment, Secondary Survey and Support .....	296.07	
<b>Notes:</b>		
i) <i>Indicated for those patients experiencing any of the Trauma Team Activation Criteria.</i>		
ii) <i>Minimum of 2 hours of bedside care required on Day 1 (excluding stand by time).</i>		
iii) <i>Start and end times to be recorded on patient's chart.</i>		
iv) <i>Payable in addition to the adult and pediatric critical care fees at 100%.</i>		
v) <i>Not paid with any consult, visit or emergency care fees, by the same practitioner on the same date of service.</i>		
vi) <i>Paid to only one physician for one patient, per facility, per day.</i>		
P10088		
Trauma Team Leader – Tertiary Assessment (after 24 hrs. and before 72 hrs.) .....	102.00	
<b>Notes:</b>		
i) <i>Not paid on same date of service as P10087 or P10089.</i>		
ii) <i>Not paid unless P10087 has been previously claimed (on same PHN).</i>		
iii) <i>Not paid in addition to the adult and pediatric critical care fees by the same practitioner.</i>		
iv) <i>Not paid with any consult, visit or emergency care fees, by the same practitioner, on the same date of service.</i>		
v) <i>Payable to only one physician for one patient, per facility, per day.</i>		
P10089		
Trauma Team Leader Subsequent Hospital Visit (Days 3 – 15 inclusive) .....	77.20	
<b>Notes:</b>		
i) <i>Not paid on same date of service as P10087 or P10088.</i>		
ii) <i>Not paid unless P10087 has been previously claimed (on same PHN).</i>		
iii) <i>Not paid in addition to the adult and pediatric critical care fees by the same practitioner.</i>		
iv) <i>Not paid with any consult, visit or emergency care fees, by the same practitioner, on the same date of service.</i>		
v) <i>Payable to only one physician for one patient, per facility, per day.</i>		

### Surgical Fee Modifiers

07001 Surgical Surcharge (Age 75+) .....80.00

**Notes:**

- i) Payable only to General Surgeons.
- ii) Fee item 07001 will be paid only once when multiple procedures are performed under the same anesthetic.
- iii) Payable when the following General Surgery Fee items are performed for patients who are age 75 or older: 07027, 07061, 07072, 07075, 07076, 07082, 07108, 07109, 07110, 07111, 07112, 07143, 07360, 07363, 07366, 07368, 07402, 07403, 07404, 07405, 07406, 07407, 07408, 07409, 07410, 07411, 07412, 07413, 07431, 07432, 07433, 07434, 07435, 07436, 07437, 07438, 07440, 07441, 07442, 07443, 07444, 07445, 07446, 07447, 07448, 07449, 07452, 07455, 07460, 07470, 07471, 07472, 07473, 07474, 07475, 07479, 07497, 07498, 07516, 07522, 07528, 07536, 07560, 07561, 07562, 07565, 07567, 07569, 07570, 07578, 07580, 07588, 07589, 07597, 07600, 07601, 07603, 07610, 07623, 07624, 07626, 07627, 07628, 07630, 07632, 07634, 07635, 07636, 07640, 07641, 07643, 07645, 07646, 07647, 07648, 07649, 07650, 07651, 07654, 07658, 07660, 07662, 07663, 07665, 07666, 07672, 07675, 07676, 07677, 07678, 07679, 07683, 07685, 07687, 07689, 07698, 07699, 07703, 07705, 07706, 07707, 07711, 07714, 07725, 07732, 07733, 07740, 07741, 07743, 07744, 07745, 07749, 07756, 07758, 07769, 07771, 07776, 07782, 07789, 07790, 07796, 33321, 33322, 33323, 33324, 33325, 33326, 33329, 70084, 70155, 70158, 70159, 70162, 70163, 70165, 70166, 70168, 70169, 70470, 70471, 70473, 70477, 70478, 70479, 70500, 70530, 70531, 70532, 70533, 70534, 70535, 70536, 70538, 70539, 70540, 70541, 70542, 70544, 70545, 70601, 70602, 70603, 70605, 70606, 70607, 70620, 70621, 70622, 70625, 70626, 70627, 70628, 70629, 70630, 70631, 70632, 70633, 70635, 70637, 70641, 70642, 70643, 70644, 70645, 70646, 70648, 70649, 70650, 70660, 70665, 70666, 70668, 70671, 70672, 70674, 70676, 70680, 70683, 70694, 70695, 70698, 70700, 70701, 70702, 70703, 70704, 70705, 70712, 70713, 70714, 70715, 70716, 70718, 70720, 70721, 70722, 70725, 70726, 70727, 70728, 70731, 70740, 70742, 70743, 70745, 70747, 70748, 71282, 71290, 71380, 71530, 71535, 71536, 71537, 71538, 71539, 71540, 71541, 71542, 71543, 71546, 71548, 71549, 71551, 71606, 71607, 71608, 71609, 71610, 71611, 71612, 71613, 71614, 71615, 71616, 71617, 71618, 71619, 71620, 71621, 71622, 71623, 71624, 71625, 71650, 71651, 71681, 71682, 71684, 71686, 71700, 71703, 71704, 71705, 71706, 71708, 71709, 71710, 71712, 71713, 71714, 71716, 71717, 71718, 71719, 71720, 71721, 71722, 71746, 72600, 72601, 72620, 72622, 72623, 72624, 72625, 72626, 72631, 72632, 72633, 72634, 72635, 72636, 72640, 72641, 72644, 72647, 72648, 72650, 72651, 72652, 72653, 72656, 72657, 72658, 72659, 72660, 72665, 72666, 72669, 72670, 72671, 72672, 72673, 72703, 72704, 72705, 72713, 72714, 72715, 72720, 72721, 72723, 72725, 72726, 72727, 72728, 72729, 72730, 72731, 72732, 72733, 72734, 72735, 72736, 72737, 72739, 72740, 72741, 72743, 72745, 72751, 72755, 72760, 72762, 72763, 72765, 72767, 72769, 72770, 72775, 72788, 72789, 72794, 72795, 72796, 72797, 72798.

### Surgical Assistant or Second Operator

**Total operative fee(s) for procedure(s):**

00195 - less than \$317.00 inclusive ..... 131.64  
 00196 - \$317.01 to 529.00 inclusive..... 185.59  
 00197 - over \$529.00..... 243.04

		\$	Anes. Level
00198	Time, after 3 hours of continuous surgical assistance for one patient, each 15 minutes or fraction thereof.....	27.80	
	<b>Notes:</b>		
	i) <i>In those rare situations where an assistant is required for minor surgery a detailed explanation of need must accompany the account to the Plan.</i>		
	ii) <i>Where an assistant at surgery assists at two operations in different areas performed by the same or different surgeon(s) under one anesthetic, s/he may charge a separate assistant fee for each operation, except for bilateral procedures, procedures within the same body cavity or procedures on the same limb.</i>		
	iii) <i>Visit fees are not payable with surgical assistance listings on the same day, unless each service is performed at a distinct/separate time. In these instances, each claim must state time service was rendered.</i>		
T70019	Certified surgical assistant (where it is necessary for one certified surgeon to assist another certified surgeon, an explanation of the need is required except for procedures prefixed by the letter "C") - for up to one hour .....	251.70	
	<b>Note:</b> <i>Time is calculated at the earliest, from the time of physician/patient contact in the operating suite.</i>		
T70020	Time after one hour of continuous certified surgical assistance for one patient, up to and including 3 hours of continuous surgical assistance for one patient - each 15 minutes or fraction thereof.....	26.28	
	<b>Notes:</b>		
	i) <i>After 3 hours of continual surgical assistance for one patient, bill under fee item 00198 (time after 3 hours of continuous surgical assistance for one patient, each 15 minutes or fraction thereof).</i>		
	ii) <i>Please indicate start and end time of service on claim.</i>		

## Second Surgeon

	<b>Total or near total oesophagectomy; without thoracotomy (Transhiatal):</b>		
	with pharyngogastrostomy or cervical oesophagostomy, with or without pyloroplasty:		
70503	- secondary surgeon .....	465.00	
	with colon interposition or small bowel reconstruction, including bowel mobilization, preparation and anastomosis(es):		
70504	- secondary surgeon.....	465.00	
	<b>Total or near total oesophagectomy;</b>		
	with thoracotomy; with or without pyloroplasty (3 hole):		
70505	- secondary surgeon.....	465.00	
	with colon interposition or small bowel reconstruction, including bowel mobilization, preparation and anastomosis(es):		
70506	- secondary surgeon.....	465.00	
	<b>Partial oesophagectomy, distal 2/3, with thoracotomy and separate abdominal incision and thoracic oesophagostomy:</b>		
	(Includes proximal gastrectomy and pyloroplasty (Ivor Lewis), if required.)		
	with colon interposition or small bowel reconstruction, including bowel mobilization, preparation and anastomosis(es):		
70509	- secondary surgeon.....	465.00	

<b>Partial oesophagectomy, thoraco-abdominal or abdominal approach; with oesophagogastrostomy:</b>		
(Includes vagotomy. Includes proximal gastrectomy, pyloroplasty, and splenectomy if required).		
with colon interposition or small bowel reconstruction, including bowel mobilization, preparation and anastomosis(es):		
70511	- secondary surgeon .....	465.00
07702	Fee for second surgeon participating in total correction of cloacal anomalies .....	386.68
<i>Note: When 07700 and 07702 are claimed, assistant's fees are not applicable to either surgeon for assisting the other.</i>		
07593	Fee for second surgeon participating in Pena posterior sagittal anoproctoplasty .....	332.60
<i>Note: When 07571 and 07593 are claimed, assistant's fees are not applicable to either surgeon for assisting the other.</i>		
<b>Second Operator:</b>		
77025	Synchronous combined bypass graft - extremities.....	294.41
77030	- trunk.....	294.41
<i>Note: Items 77025 and 77030, provide operative report by second operator when requested by MSP.</i>		

**Superficial/Miscellaneous**

13605	Opening superficial abscess, including furuncle - operation only .....	42.38	2
07041	Aspiration: abdomen or chest (operation only).....	41.05	2
<b>Abscess:</b>			
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
06028	Web space abscess - operation only .....	70.15	2
06029	- under general anesthetic (operation only).....	250.00	2
<b>Pilonidal Cyst or Sinus:</b>			
70084	- incision and drainage abscess (operation only).....	56.37	2
07685	- excision or marsupialization - operation only .....	272.08	2
<b>Wounds - simple:</b>			
13610	Minor laceration or foreign body - not requiring anesthesia - operation only .....	33.95	
<b>Notes:</b>			
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	- requiring anesthesia - operation only .....	63.21	2



	\$	Anes. Level
06063	Removal of foreign body requiring general anesthesia - operation only.....150.00	2
<b>Tumours of skin - removal not requiring skin graft:</b>		
Excision of tumour of skin or subcutaneous tissue or small scar, under local anesthetic:		
06069	- face (operation only).....87.33	2
Excision of tumour of skin or subcutaneous tissue or small scar under local anesthetic:		
13620	- 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	
<i>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."</i>		
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>		
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 cm .....443.84	2
<i>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.) .</i>		
13622	Localized carcinoma of skin, proven histopathological (operation only) .....69.83	2
<b>Foreign Body:</b>		
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
06166	Excision of axillary sweat glands for hyperhidrosis -unilateral .....318.21	4
<b>Tenotomy:</b>		
07073	- congenital torticollis (operation only).....131.91	3
V07074	- resection .....253.02	3
(Section of transverse carpal ligament - bill under 06258)		
<b>Excisional biopsy of lymph glands for suspected malignancy:</b>		
70023	- neck (operation only).....131.24	3
V70024	- axilla .....232.76	2
70025	- groin (operation only) .....79.87	2
13630	Paronychia - operation only.....33.86	2
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
V07053	Excision of nail bed, complete, with shortening of phalanx.....135.32	2
07025	Temporal artery biopsy (operation only).....77.72	2
07028	Biopsy of sural nerve – operation only .....72.20	2
V07055	Ganglia - of the wrist.....134.68	2

	\$	Anes. Level
<b>Wounds</b>		
13612*	Extensive laceration greater than 5 cm (maximum charge 35 cm) - operation only - per cm.....	12.67
<b>Wounds - avulsed and complicated:</b>		
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
V70150	Complicated lacerations of tongue, floor of mouth.....	265.30      3

### 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
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
	<b>Notes:</b>	
	i) Payable when rendered at the bedside but only when performed by a medical practitioner.	
	i) Requires wound assessment and dressing change and may include VAC application.	
	ii) 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
	<b>Notes:</b>	
	i) Payable only when performed by a medical practitioner in the operating room under general anesthesia or conscious sedation.	
	i) Requires wound assessment and dressing change and may include VAC application.	
	iii) Debridement not payable in addition.	

### Vascular Access

00319	Insertion of central catheter for total parenteral nutrition (operation only) .....	55.46      2
-------	---	--------------

	\$	Anes. Level
<b>Broviac type catheter:</b>		
07139	- insertion of .....	159.42 2
V07140	- insertion of - less than 3 months of age or less than 3 kg.....	263.85 4
07141	- removal of (operation only).....	37.59 2
Totally implantable venous access port with subcutaneous reservoir (port-a-cath type device):		
07142	- insertion of .....	251.05 2
V07143	- revision (removal and reinsertion) .....	288.10 2
00526	Insertion of intravenous infusion line in children under 5 years - extra to consultation .....	54.90
07145	Intra osseous – access (operation only).....	39.90 2
V07134	Peritoneal venous shunt for ascites .....	382.85 6
V07146	Insertion of inferior vena cava filter; percutaneous placement or cutdown (e.g.: Kimray Greenfield filter).....	360.76 2
S00801	Intra-arterial cannulation - with multiple aspirations - procedural fee.....	21.67

## Head and Neck

### Lips:

06140	Wedge resection of lip – vermilion (operation only) .....	110.08 3
06141	- to sulcus .....	230.48 3

## Mouth - Excision

Excision of lesion of tongue with closure anterior 2/3:		
V07789	- with local tongue flap.....	313.15 3
Excision, lesion of floor of mouth:		
07790	- benign (operation only).....	119.77 3
02457	Tongue tie - under general anesthetic (operation only) .....	81.33 3
02458	Local excision tongue - under general anesthetic.....	162.64 3
02275	Glossectomy - subtotal with either division of mandible or transcervical resection.....	1,035.88 6
02279	Resection base of tongue and/or tonsil and soft palate .....	1,889.27 6
02478	Glossectomy - partial for carcinoma.....	362.84 6
C02480	Resection mandible, floor of mouth suprahyoid dissection and tracheostomy - malignancy.....	1,294.80 7

## Pharynx and Tonsils

S00701	Direct laryngoscopy - procedural fee.....	36.97 5
<i>Note: 00701 not payable with bronchoscopy, except when done under general anesthesiology.</i>		
Incision of peritonsillar abscess:		
02447	- under local anesthetic (operation only) .....	50.04 4
02444	- under general anesthetic (operation only).....	126.33 6
Tonsillectomy:		
02403	- under local anesthesia .....	252.73 4
02445	- adult or child over the age of 14 years .....	187.67 4
02446	- child age 14 years and under (to include neonate).....	175.16 4

		\$	Anes. Level
02413	Operative control of post-tonsillectomy or post-adenoidectomy haemorrhage requiring local or general anesthetic .....	162.64	6
02399	Cryotherapy of tonsils and oral lesions (operation only) .....	112.60	3
02442	Adenoidectomy - adult or child over 14 years (operation only) .....	126.33	4

### Salivary Glands and Ducts

07515	Drainage of abscess; parotid, submaxillary or sublingual (operation only) .....	79.88	3
07526	Dilation of salivary duct (operation only) .....	27.41	3
02452	Sialolithotomy - simple, in duct (operation only) .....	64.54	3
02453	- complicated, in gland .....	187.67	3
02456	Salivary fistula - plastic to Stensen's duct .....	412.88	4
<b>Excision:</b>			
S00844	Biopsy of salivary gland, fine needle or core needle .....	52.98	3
07516	Excision or marsupialization of sublingual salivary cyst (ranula) (operation only) .....	119.77	3
07522	Local excision of parotid tumour- without nerve dissection (operation only) .....	131.91	3
02455	Excision of submandibular gland .....	312.77	4
02471	Subtotal parotidectomy - with complete facial nerve dissection .....	825.79	4
02472	Total parotidectomy - with nerve dissection for malignancy or deep lobe tumour .....	950.88	4

### Neck Dissection

02281	Conservative radical neck dissection .....	1,231.05	6
	<i>Note: Includes radical neck dissection with full dissection and sparing of entire accessory nerve and generally sternomastoid muscle and internal jugular vein.</i>		
02470	Radical neck dissection .....	1,035.94	6
C02282	Composite resection of tongue, mandible, radical neck dissection and tracheostomy .....	1,858.33	7
02477	Contralateral suprahyoid dissection .....	475.44	5

### Head and Neck - Miscellaneous

02459	Excision cystic hygroma .....	538.00	4
V07500	Resection of mandible .....	394.48	5
V07749	Partial maxillectomy for malignancy - fenestration .....	534.15	5
VC07725	Maxillectomy .....	800.57	5
VC07726	- with exenteration of orbit and skin graft .....	1,031.51	5
V07796	Excision neurogenic neoplasm neck .....	534.15	5
	Diverticulectomy of hypopharynx or oesophagus, with or without myotomy:		
V70545	- cervical approach .....	526.42	6
02407	Tracheostomy .....	287.77	5
	<i>Note: Not applicable to cricothyrotomy puncture.</i>		
02476	Pharyngoesophageal anastomosis - re-establishment in neck by neck surgeon .....	625.59	5

	\$	Anes. Level
<b>Breast</b>		
<b>Incision</b>		
70041	Fine needle aspiration of solid or cystic lesion – operation only .....44.60	2
70042	- each additional cyst or lesion (maximum of 3) – operation only ..... 11.16	2
70043	Mastotomy with exploration or drainage of abscess; deep - operation only .....79.88	2
V70044	- under general anesthetic.....156.58	2
<b>Excision</b>		
Biopsy of breast:		
70469	- needle core – operation only .....56.37	2
70470	- incisional - operation only.....112.75	2
70471	- excisional - operation only.....120.44	2
<b>Stereotactic or ultrasound-guided core needle biopsy:</b>		
70472	- 1 to 5 core samples – operation only .....82.72	2
70473	- 6 to 10 core samples (operation only).....116.76	2
V07470	Nipple exploration, with excision of lactiferous duct(s) or papilloma of lactiferous duct (microdochectomy).....166.42	2
V07497	Biopsy or segmental resection of non-palpable breast lesion following radiological fine wire localization .....216.57	2
70477	- each additional lesion identified by a radiologic marker.....108.29	2
<b>Mastectomy:</b>		
V70478	- for gynaecomastia .....219.21	3
V07471	- simple for benign disease (female only).....334.39	3
V07498	- skin sparing, when performed for reconstruction – unilateral (female only) .....555.74	3
V07473	- partial, for malignancy .....232.77	3
V07472	- total, for malignancy .....465.01	3
V70479	- radical .....762.62	3
<b>Note:</b> Includes pectoral muscles and complete axillary node dissection.		
V07475	Partial axillary dissection .....232.77	3
V07474	Complete axillary dissection (level II) .....465.01	3
79135	Chest wall tumour with rib resection.....973.96	6
V07479	Sentinel lymph node biopsy (SLN) .....465.01	3
<b>Notes:</b>		
i) Payable only for the staging of malignant breast disease and malignant melanoma.		
ii) Subsequent surgery (07474 or 07475) performed under same anesthetic is payable at 50% of the applicable fee of the lesser item.		
iii) Payable only to BCCA validated physicians.		
iv) SLN component of the combined procedure not payable to surgeons during the training phase.		
<b>Oesophagus</b>		
<b>Incision</b>		
V70500	Oesophagotomy - cervical approach with removal of foreign body .....526.42	5
V70501	- thoracic approach with removal of foreign body.....625.30	8

	\$	Anes. Level
V70502	Cricopharyngeal myotomy - cervical approach .....460.30	4
<b>Excision</b>		
Excision of lesion, oesophagus, with primary repair:		
VC70530	- cervical approach .....526.42	6
VC70531	- thoracic or abdominal approach; open.....762.62	8
VC70532	- thoracic or abdominal approach; laparoscopic or thorascopic.....762.62	8
<b>Total or near total oesophagectomy; without thoracotomy (Transhiatal):</b>		
with pharyngogastrostomy or cervical oesophagostomy, with or without pyloroplasty:		
V70533	- primary surgeon .....1,402.95	8
70503	- secondary surgeon.....465.00	
with colon interposition or small bowel reconstruction, including bowel mobilization, preparation and anastomosis(es):		
V70534	- primary surgeon .....1,640.97	8
70504	- secondary surgeon.....465.00	
<b>Total or near total oesophagectomy; with thoracotomy; with or without pyloroplasty (3 hole):</b>		
V70535	- primary surgeon .....1,603.39	8
70505	- secondary surgeon.....465.00	
with colon interposition or small bowel reconstruction, including bowel mobilization, preparation and anastomosis(es):		
V70536	- primary surgeon .....1,828.87	8
70506	- secondary surgeon.....465.00	
V70538	Partial oesophagectomy, distal 2/3, with thoracotomy and separate abdominal incision and thoracic oesophagostomy (Includes proximal gastrectomy and pyloroplasty (Ivor Lewis), if required) .....1,603.39	8
with colon interposition or small bowel reconstruction, including bowel mobilization, preparation and anastomosis(es):		
V70539	- primary surgeon .....1,828.87	8
70509	- secondary surgeon.....465.00	
VC70540	Partial oesophagectomy, thoraco-abdominal or abdominal approach; with esophagostomy .....1,402.95	8
<b>Notes:</b>		
i) Includes vagotomy		
ii) Includes proximal gastrectomy, pyloroplasty, and splenectomy if required)		
with colon interposition or small bowel reconstruction, including bowel mobilization, preparation and anastomosis(es):		
V70541	- primary surgeon .....1,640.97	8
70511	- secondary surgeon.....465.00	
VC70542	Total or partial oesophagectomy, without reconstruction (any approach), with cervical oesophagostomy (includes gastrostomy) .....1,052.82	6
Diverticulectomy of hypopharynx or oesophagus, with or without myotomy:		
V70545	- cervical approach .....526.42	6
V70544	- thoracic approach.....641.35	8
<b>Oesophagus - Endoscopy</b>		
SP10761	Esophagogastroduodenoscopy (EGD) , including collection of specimens by brushing or washing, per oral - procedural fee .....88.00	3

	\$	Anes. Level
SP10762 Rigid esophagoscopy, including collection of specimens by brushing or washing, - procedural fee .....	73.29	3
SP10763 Initial esophageal, gastric or duodenal biopsy .....	28.50	3
<b>Notes:</b>		
i) Paid only in addition to SP10761, SP10762 and SY10750 to a maximum of three biopsies per endoscopy, in one organ or multiple organs.		
ii) First biopsy paid at 100%, second and third at 50%.		
SP10764 Multiple biopsies for differential diagnoses of Barrett's Esophagus, H pylori, Eosinophiic Esophagitis, infection of stomach, surveillance for high or low grade dysplasia, or carcinoma .....	42.75	3
<b>Notes:</b>		
i) Paid only once per endoscopy.		
ii) Paid only in addition to SP10763 at 100%.		
iii) Only applicable to services submitted under diagnostic codes 530, 041, 235, and 234.9.		
 <b>Upper Gastrointestinal System – Endoscopy (Surgical)</b>		
SP33321 Removal of foreign material causing obstruction, operation only.....	99.95	4
<b>Notes:</b>		
i) Paid only in addition to SP10761 or SP10762.		
ii) Paid only once per endoscopy.		
SP33322 Therapeutic injection(s), sclerosis, band ligation, and/or clipping for GI hemorrhage, bleeding esophageal varices or other pathologic conditions – operation only .....	114.44	3
<b>Notes:</b>		
i) Paid only once per endoscopy.		
ii) Paid only in addition to SP10761 or SP10762.		
SP33323 Transendoscopic tube, stent or catheter – operation only .....	99.90	3
<b>Notes:</b>		
i) Paid only in addition to SP10761 or SP10762.		
ii) Paid only once per endoscopy.		
SP33324 Thermal coagulation – heater probe and laser, operation only.....	41.77	3
<b>Notes:</b>		
i) Paid only in addition to SP10761 or SP10762.		
ii) Paid only once per endoscopy.		
SP33325 Gastric polypectomy, operation only .....	158.36	5
<b>Notes:</b>		
i) Paid only in addition to SP10761 or SP10762.		
ii) Paid only once per endoscopy.		
SP33326 Percutaneous endoscopically placed feeding tube – operation only .....	72.36	3
<b>Notes:</b>		
i) Paid only in addition to SP10761 or SP10762.		
ii) Paid only once per endoscopy.		
SP33327 Endoscopic repositioning of the gastric feeding tube through the duodenum for enteric nutrition, operation only .....	13.97	3
<b>Notes:</b>		
i) Paid only in addition to SP10761 or SP10762.		
ii) Paid only once per endoscopy.		

	\$	Anes. Level
SP33328	Esophageal dilation, blind bouginage, operation only .....56.14	3
	<i>Note: Repeats within one month paid at 100%.</i>	
SP33329	Esophageal dilation or dilation of pathological stricture, by any method, except blind bouginage, under direct vision or radiologic guidance, operation only ..... 106.92	3
	<i>Note: Repeats within one month paid at 100%.</i>	
<b>Oesophagus – Repair:</b>		
V71530	Cervical oesophagostomy .....521.12	5
V71531	Repair tracheo-oesophageal fistula – cervical approach .....788.95	6
	<i>Note: 71530 and 71531 include gastrostomy.</i>	
<b>Oesophagoplasty, (plastic repair or reconstruction) thoracic approach:</b>		
VC71532	- without repair of tracheo-oesophageal fistula .....881.86	8
VC71533	- with repair of tracheo-oesophageal fistula ..... 1,020.21	8
V71534	Division of tracheo-oesophageal fistula without oesophageal anastomosis (thoracic approach).....788.95	8
	<i>Note: C71533 and 71534 include gastrostomy.</i>	
<b>Oesophagogastric fundoplasty (e.g.: Nissen, Belsey IV, Hill procedures); antireflux:</b>		
VC71535	- laparoscopic .....902.93	6
V71536	- open.....722.34	6
VC71537	Oesophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure); abdominal and/or thoracic approach .....776.62	8
V71538	- with gastroplasty - Collis.....776.62	8
<b>Plastic operation for cardiospasm; Heller:</b>		
VC71539	- thoracic approach - open.....659.62	8
VC71540	- laparoscopic or thorascopic (endoscopy to be billed separately) .....824.53	6
VC71541	- with fundoplication - open.....921.94	6
VC71542	- with fundoplication - laparoscopic .....1,152.43	6
<b>Gastrointestinal reconstruction for previous oesophagectomy; for obstructing oesophageal lesion or fistula, or for previous oesophageal exclusion:</b>		
VC71543	- with stomach; with or without pyloroplasty .....1,402.95	6
VC71544	- with colon interposition or small bowel reconstruction, including bowel mobilization, preparation and anastomosis(es).....1,640.97	6
VC07536	Direct ligation of oesophageal varices.....722.34	7
VC71546	Transection of oesophagus with repair, for oesophageal varices .....814.22	6
VC71547	Ligation or stapling at gastro-oesophageal junction for pre-existing oesophageal perforation .....659.62	6
<b>Suture of oesophageal wound or injury:</b>		
V71548	- cervical approach .....425.82	6
VC71549	- transthoracic or transabdominal approach.....761.61	8
<b>Closure of oesophagostomy or fistula:</b>		
VC71550	- cervical approach .....529.13	6



	\$	Anes. Level
VC71551 - transthoracic or transabdominal approach.....	801.69	8
07528 Placement of gastroesophageal venous compression balloon (e.g.: Minnesota or Blakemore) operation only.....	64.89	5
<b>Notes:</b>		
i) Paid at 100% with 00081.		
ii) Paid in addition to SP10761 or SP10762.		
iii) Paid only once per endoscopy.		

## Diaphragm - Repair

V70601 Repair of para-oesophageal hiatus hernia, transabdominal, with or without fundoplication .....	745.31	6
<b>For anti-reflux procedures, funduplications, etc., please see Oesophageal section.</b>		
Diaphragmatic or other hernia to include fundoplication, vagotomy and drainage procedure where indicated:		
V70602 - open.....	745.31	6
VC70603 - laparoscopic .....	745.31	6
VC70604 Congenital diaphragmatic hernia.....	748.45	9
Repair diaphragmatic hernia or laceration; thoracic or abdominal approach:		
VC70605 - acute (traumatic) .....	788.95	8
VC70606 - chronic .....	722.34	8
V70607 Imbrication of diaphragm for eventration, transthoracic or transabdominal .....	659.70	8

## Stomach

### Incision

V70620 Gastrotomy - with exploration or foreign body removal.....	394.48	5
V70621 - with suture repair of bleeding ulcer (including duodenal).....	661.39	6
VC70622 - with suture repair of pre-existing oesophagogastric laceration (e.g.: Mallory-Weiss).....	688.94	6
V70624 Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation).....	394.48	5

### Excision

Limited or wedge excision:		
V70625 - ulcer or benign tumour of stomach - open .....	561.19	6
PCV72725 - ulcer or benign tumour of stomach - laparoscopic .....	701.49	6
V70626 - malignant tumour of stomach - open.....	641.35	6
PCV72726 - malignant tumour of stomach - laparoscopic .....	801.69	6

### Gastrectomy, total:

VC70627 - with oesophagoenterostomy - open .....	1,118.10	6
PCV72727 - with oesophagoenterostomy - laparoscopic.....	1,397.63	6
VC70628 - with Roux-en-Y reconstruction - open.....	1,162.46	6
PCV72728 - with Roux-en-Y reconstruction - laparoscopic.....	1,453.08	6

	\$	Anes. Level
VC70629 - with formation of intestinal pouch, any type - open .....	1,198.77	6
PCV72729 - with formation of intestinal pouch, any type - laparoscopic.....	1,498.46	6
<b>Gastrectomy, partial, distal:</b>		
V70630 - with gastroduodenostomy (Billroth I) - open.....	962.04	6
PCV72730 - with gastroduodenostomy (Billroth I) - laparoscopic .....	1,202.55	6
V70631 - with gastrojejunostomy (Billroth II) - open .....	962.04	6
PCV72731 - with gastrojejunostomy (Billroth II) - laparoscopic.....	1,202.55	6
V70632 - with Roux-en-Y reconstruction - open.....	1,002.10	6
PCV72732 - with Roux-en-Y reconstruction - laparoscopic.....	1,252.63	6
V70633 - with formation of intestinal pouch - open.....	1,082.30	6
PCV72733 - with formation of intestinal pouch - laparoscopic .....	1,352.88	6
70634 Vagotomy (extra) .....	62.63	
V70635 Proximal gastrectomy; thoracic or abdominal approach including oesophagogastrostomy, with vagotomy and includes pyloroplasty or pyloromyotomy with or without splenectomy - open.....	1,179.50	6
PCV72735 Proximal gastrectomy; thoracic or abdominal approach including oesophagogastrostomy, with vagotomy and includes pyloroplasty or pyloromyotomy with or without splenectomy – laparoscopic .....	1,474.38	6
VC07624 Emergency gastrectomy for continued haemorrhage (accompanied by written report to MSP).....	984.88	7
V07628 Gastrojejunostomy or pyloroplasty – with vagotomy - with or without gastrostomy .....	624.37	5
VC07578 Highly selective vagotomy .....	624.37	5
<b>Stomach – Introduction</b>		
V07630 Gastrostomy - open .....	329.17	5
33394 Assistant fee for PEG procedure .....	110.30	
<i>Note: 33326, 33394 may be billed by any qualified physician.</i>		
70637 Change of gastrostomy tube (operation only) .....	30.05	2
<b>Stomach - Other Procedures</b>		
V07626 Pyloroplasty .....	394.48	5
V07627 Gastrojejunostomy - open .....	425.82	5
PCV72737 Gastrojejunostomy - laparoscopic .....	532.28	5
V07632 Gastrotomy, suture of perforated duodenal or gastric ulcer, wound or injury - open .....	448.45	6
V70641 - laparoscopic .....	448.45	6
V70642 Gastric restrictive procedure, without gastricbypass, for morbid obesity (includes vertical banded and other gastroplasties) .....	771.99	7
PCV72739 Laparoscopic vertical sleeve gastrectomy.....	1,083.78	7
V70643 Gastric restrictive procedure - with bypass, for morbid obesity; gastroenterostomy - open.....	828.98	7
PCV72743 Gastric restrictive procedure - with bypass, for morbid obesity; gastroenterostomy - laparoscopic .....	1,036.23	7

		\$	Anes. Level
V70644	- with small bowel reconstruction to limit absorption - ileojejunal bypass .....	911.89	7
V70645	Revision or reversal of gastric restrictive procedure for morbid obesity with takedown gastroenterostomy and reconstitution of small bowel integrity - open .....	826.73	7
PCV72775	Revision or reversal of gastric restrictive procedure for morbid obesity with takedown gastroenterostomy and reconstitution of small bowel integrity – laparoscopic.....	1,033.41	7
VC07623	Revision gastrectomy after previous gastrectomy - with or without vagotomy - open.....	984.88	7
PCV72723	Revision gastrectomy after previous gastrectomy - with or without vagotomy - laparoscopic.....	1,231.10	7
V70646	Closure of gastrostomy, surgical .....	394.48	4
VC07633	Closure of gastro-jejuno-colic fistula .....	1,118.10	5
VC70649	Closure of gastrocolic fistula.....	771.63	5

## Intestines

V70650	Lysis of intra-abdominal adhesions – first 30 minutes (extra) .....	150.00	7
V70651	- each additional 15 minutes or greater portion thereof (extra) .....	75.00	

### Notes:

- i) *Restricted to General Surgeons only.*
- ii) *Payable for open procedures only.*
- iii) *Not payable with fee item 07650.*
- iv) *Not payable to same general surgeon doing the surgical assist.*
- v) *Start and stop times for Lysis must be provided in patient chart and claim time field.*

PV70660	Lysis of intra-abdominal adhesions, laparoscopic – first 30 minutes (extra).....	150.00	7
PV70661	- each additional 15 minutes or greater portion thereof (extra) .....	75.00	

### Notes:

- i) *Restricted to General Surgeons only.*
- ii) *Not payable with fee item V07650, V70650 or S04001.*
- iii) *Not payable to same general surgeon doing the surgical assist.*
- iv) *Start and stop times for laparoscopic lysis must be provided in patient chart and claim time field.*
- v) *If conversion to open procedure is necessary, bill open procedure plus 50% of laparoscopy fee, 04001.*

## Incision

V07650	Intestinal obstruction; resection of bands; enterolysis - open .....	492.43	5
--------	--	--------	---

**Note:** *Not payable with fee items 70650, 70651, 70660, 70661.*

PVC72650	Intestinal obstruction, resection of bands, enterolysis – laparoscopic .....	615.54	5
----------	--	--------	---

### Notes:

- i) *Restricted to General Surgeons.*
- ii) *Not payable with fee items 70650, 70651, 70660, 70661.*

V70648	Tube or needle catheter jejunostomy for enteral alimentation, intraoperative any method .....	263.85	4
--------	---	--------	---

	\$	Anes. Level	
V07634	Enterotomy or colotomy (single) – for exploration, biopsy, or foreign body removal.....	477.99	5
V07635	Multiple colotomy, with operative sigmoidoscopy.....	627.54	5
V07654	Intestinal obstruction - plication or insertion of intraluminal tube.....	559.06	5
V07651	Reduction of volvulus, intussusception, internal hernia, by laparotomy.....	516.10	5
V71650	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (e.g.: Ladd procedure) - open.....	459.78	5
PV71651	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (e.g.: Ladd procedure) – laparoscopic.....	574.73	
	<b>Notes:</b>		
	i) <i>Restricted to General Surgeons.</i>		
	ii) <i>If conversion to open procedure is required, bill under the appropriate open procedure at 100% plus fee item 04001 at 50%.</i>		
<b>Excision</b>			
V07636	Resection of small intestine with anastomosis - open.....	591.73	5
PCV72736	Resection of small intestine with anastomosis - laparoscopic .....	739.66	5
VC72620	- with enterostomy; without anastomosis (does not include separate enterostomies or resections) - open .....	798.10	5
PCV72720	- with enterostomy; without anastomosis (does not include separate enterostomies or resections) - laparoscopic.....	997.63	5
V07643	Enteroenterostomy .....	477.99	5
V07570	Colo-colostomy or entero-colostomy - open.....	787.36	6
	<b>Note:</b> <i>07570 applies to unprepared, non-resectable bowel obstructions. In all other instances, 07643 is applicable instead.</i>		
PCV72770	Colo-colostomy or entero-colostomy – laparoscopic.....	984.20	6
	<b>Note:</b> <i>PCV72770 applies to unprepared, non-resectable bowel obstructions. In all other instances, 07643 is applicable instead.</i>		
72621	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy- extra (not applicable to right or left hemicolectomy) (operation only) - open .....	93.95	6
PC72721	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy – laparoscopic – extra (not applicable to right or left hemicolectomy) (operation only) .....	117.44	6
	<b>Notes:</b>		
	i) <i>Restricted to General surgeons.</i>		
	ii) <i>If conversion to open procedure is required, bill under the appropriate open procedure at 100%.</i>		
V72622	Limited resection of colon - open.....	772.70	6
VC72623	- laparoscopic .....	965.88	6
V72624	Hemicolectomy; right - open.....	810.82	6
VC72625	- laparoscopic .....	1,013.53	6
V72626	Hemicolectomy; left - open .....	860.54	6
VC72631	- laparoscopic .....	1,075.68	6
V72632	Sigmoid resection - open.....	895.85	6
VC72633	- laparoscopic .....	1,119.81	6
V72634	- with end colostomy and closure of distal segment or mucous fistula (Hartmann type procedure) - open .....	846.47	6

	\$	Anes. Level
PCV72734 - with end colostomy and closure of distal segment or mucous fistula (Hartmann type procedure) - laparoscopic.....	1,058.09	6
CV72635 Anterior resection of rectosigmoid for carcinoma (low pelvic anastomosis; coloproctostomy) with or without protective stoma - open .....	1,033.70	6
PCV72755 Anterior resection of rectosigmoid for carcinoma (low pelvic anastomosis; coloproctostomy) with or without protective stoma - laparoscopic .....	1,292.13	6
V72636 Proctectomy; abdominal and transanal approach; coloanal anastomosis (with or without protective colostomy) - synchronous abdominal portion.....	1,103.98	7
V07664 Proctectomy, in combination with any abdominal resection – synchronous – perineal portion .....	369.49	7
C07662 Abdomino-perineal resection - single surgeon - open.....	1,322.38	7
PCV72762 Abdomino-perineal resection - single surgeon - laparoscopic .....	1,652.98	7
V07663 - synchronous abdominal portion - open .....	1,103.98	7
PCV72763 - synchronous abdominal portion - laparoscopic.....	1,379.98	7
V07664 Proctectomy, in combination with any abdominal resection – synchronous – perineal portion .....	369.49	7
VC07569 Colectomy and hemiproctectomy - open.....	1,067.45	6
PCV72769 Colectomy and hemiproctectomy - laparoscopic.....	1,334.31	6
VC07640 Colectomy - total, abdominal, (without proctectomy) - open .....	1,105.53	6
<i>Note: Includes ileostomy or ileoproctostomy</i>		
PCV72760 Colectomy - total, abdominal, (without proctectomy) - laparoscopic.....	1,381.91	6
<i>Note: Includes ileostomy or ileoproctostomy.</i>		
V07567 Proctectomy with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J) with or without loop ileostomy - open .....	1,518.99	6
PCV72767 Proctectomy with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J) with or without loop ileostomy - laparoscopic.....	1,898.74	6
V07566 Rectal mucosectomy and ileoanal anastomosis .....	733.35	6
VC07641 Total proctocolectomy - with perineal excision of rectum and ileostomy - single surgeon - open.....	1,614.14	7
PCV72741 Total proctocolectomy - with perineal excision of rectum and ileostomy - single surgeon - laparoscopic.....	2,017.68	7
V07589 - synchronous - abdominal portion - open.....	1,291.74	7
PCV72789 - synchronous - abdominal portion - laparoscopic.....	1,614.68	7
V07664 Proctectomy, in combination with any abdominal resection – synchronous – perineal portion .....	369.49	7
V07565 Take-down of pelvic pouch, to include ileostomy - open.....	810.82	5
PCV72765 Take-down of pelvic pouch, to include ileostomy - laparoscopic .....	1,013.53	5
V72640 Partial right colectomy (caecum) with removal of terminal ileum and ileocolostomy - open.....	773.34	6
PCV72740 Partial right colectomy (caecum) with removal of terminal ileum and ileocolostomy – laparoscopic.....	966.68	6

		\$	Anes. Level
72641	Caecostomy, tube for decompression (extra) - open .....	296.18	5
P72601	Caecostomy tube for decompression – laparoscopic (extra) .....	370.23	5
	<b>Notes:</b>		
	i) <i>Restricted to General Surgeons.</i>		
	ii) <i>If conversion to open procedure is required, bill under the appropriate open procedure at 100% plus fee item 04001 at 50%</i>		
	<b>Revision of colostomy, ileostomy:</b>		
V07648	- simple incision or scar, etc. ....	220.23	4
V07649	- radical; reconstruction with bowel resection.....	411.69	5
V72644	- with repair of paracolostomy hernia requiring laparotomy .....	552.75	5
V72645	Continent ileostomy (Koch procedure) - open.....	984.88	6
PCV72745	Continent ileostomy (Koch procedure) - laparoscopic .....	1,231.10	6
V07645	Colostomy or ileostomy – loop - open .....	401.52	5
PCV72715	Colostomy or ileostomy – loop - laparoscopic.....	501.90	5
V07588	- end - open .....	462.60	5
PCV72788	- end - laparoscopic .....	578.25	5
72646	- multiple biopsies (e.g.: for Hirschsprung disease) – extra (operation only) .....	131.91	5
	<b>Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction:</b>		
V72647	- single .....	501.05	5
V72648	- multiple (two or more).....	688.94	5
	<b>Closure of loop enterostomy, large or small intestine:</b>		
V07646	- without resection .....	369.49	4
V07647	- with resection and anastomosis .....	552.75	5
V72651	Reconstruction Hartmann procedure with or without protective colostomy		
	- open.....	810.82	5
VC72652	- laparoscopic .....	1,013.53	5
	<b>Closure of fistula; enterovesical, colovesical or colovaginal:</b>		
V72653	- without intestinal and/or bladder resection .....	773.34	5
72654	- with bowel resection (extra to 72653) .....	331.83	5
V07455	Emergency resection of obstructed colon, with lavage and anastomosis.....	984.27	6
V07658	Exteriorization of large bowel lesion (carcinoma, perforation, etc.).....	590.91	5

## Meckel's Diverticulum and the Mesentery

### Excision

V07655	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct .....	361.47	4
--------	--	--------	---

### Suture and Repairs

V07447	Repair of mesenteric injury.....	561.69	6
--------	----------------------------------	--------	---

	\$	Anes. Level
<b>Appendix</b>		
<b>Incision</b>		
V72660	Incision and drainage of appendiceal abscess, transabdominal.....425.82	4
<i>Note: Not payable in addition to appendectomy listings.</i>		
<b>Excision</b>		
V72656	Appendectomy - open .....337.23	4
V72658	- laparoscopic (if conversion to open procedure is necessary bill open procedure plus 50% of laparoscopy fee).....337.23	4
V72657	Appendectomy; perforated with abscess or generalized peritonitis - open.....495.57	5
V72659	- laparoscopic (if conversion to open procedure is necessary bill open procedure plus 50% of laparoscopy fee).....495.57	5
<b>Rectum</b>		
<b>Incision</b>		
V07660	Transrectal drainage of pelvic abscess .....220.09	2
<b>Excision</b>		
07665	Biopsy of anorectal wall, anal approach (e.g.: congenital megacolon) – operation only .....148.07	2
VC07662	Abdomino-perineal resection - single surgeon - open.....1,322.38	7
PCV72762	Abdomino-perineal resection - single surgeon - laparoscopic .....1,652.98	7
V07663	- synchronous abdominal portion - open .....1,103.98	7
PCV72763	- synchronous abdominal portion - laparoscopic.....1,379.98	7
V07664	Proctectomy, in combination with any abdominal resection - synchronous – perineal portion .....369.49	7
<b>Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull through procedure and anastomosis (e.g.: Swenson, Duhamel, or Soave type operation):</b>		
V72662	- synchronous abdominal .....1,266.15	7
V07664	Proctectomy, in combination with any abdominal resection – synchronous – perineal portion .....369.49	7
VC72664	- with subtotal or total colectomy, with multiple biopsies .....1,614.14	7
V72665	Proctectomy, partial, without anastomosis, perineal approach .....492.14	5
V72666	Altemeier transperineal excision of rectal procidentia with anastomosis .....664.22	3
<b>Notes:</b>		
i) Includes levator muscle imbrication (70671).		
ii) Sphincteroplasty (70666) is paid in addition if performed through a separate incision.		
iii) Colostomy paid in addition if required.		
72667	Division of stricture of rectum (includes endoscopy) - operation only .....175.75	2
V07580	Excision of rectal tumour by posterior parasacral, transacral or transcoccygeal approach (Kraske).....632.74	5
<b>Excision of rectal tumour, transanal approach to include operative sigmoidoscopy:</b>		
72669	- 0 to 2.5 cm – operation only .....151.85	2
72670	- 2.6 to 5 cm - operation only .....203.90	2
72671	- greater than 5 cm -operation only .....421.83	2

		\$	Anes. Level
72672	Electrodesiccation or fulguration of malignant tumour of rectum, transanal - includes endoscopy – operation only .....	151.85	2
PCV72673	Transanal Endoscopic Microsurgical Resection of rectal tumour .....	900.00	6
	<b>Notes:</b>		
	i) Paid only if a sealed and insufflating operating proctoscope is employed with visualization via an endoscopic camera (not under direct vision).		
	ii) Not paid with 70683, 72669, 72670 and 72671.		
	iii) Resection of one additional lesion is payable at 50% only if complete removal, repositioning and reinsertion of the insufflating operating proctoscope is required.		
	iv) If procedure is converted to open, bill under the appropriate open procedure at 100% and 04001 at 50%.		
	v) Fee items SY00715, SY10714, SY00716 and SY00718 are included if done at the same time.		
	vi) Restricted to General Surgery.		
	<b>Repair</b>		
VT07672	Complete rectal prolapse - transabdominal rectopexy or transperineal Delorme procedure.....	685.25	5
	<b>Notes:</b>		
	i) Paid in addition to transabdominal resection of colon or rectum if required.		
	ii) Not paid in addition to 72666 Altemeier procedure.		
	<b>Rectum – Endoscopy</b>		
	<b>Notes:</b>		
	i) <b>Proctosigmoidoscopy</b> is the examination of the rectum and sigmoid colon.		
	ii) <b>Sigmoidoscopy</b> is the examination of the entire rectum, sigmoid colon and may include examination of a portion of the descending colon.		
	iii) <b>Colonoscopy</b> is the examination of the entire colon, from the rectum to the caecum, and may include the examination of the terminal ileum.		
SY10714	Proctosigmoidoscopy, rigid; diagnostic .....	33.57	2
	<b>Notes:</b>		
	i) Proctosigmoidoscopy is the examination of the rectum and sigmoid colon		
	ii) Sigmoidoscopy is the examination of the entire rectum, sigmoid colon and may include examination of a portion of the descending colon		
	iii) Colonoscopy is the examination of the entire colon, from the rectum to the caecum, and may include the examination of the terminal ileum		
SY00715	Sigmoidoscopy (with biopsy) - procedural fee.....	35.56	2
07460	- with decompression of volvulus – operation only.....	224.43	2
SY00716	Sigmoidoscopy, flexible; diagnostic.....	62.65	2
SY00718	- with biopsy.....	75.84	2
07461	- with removal of foreign body (operation only) .....	105.46	2
07462	- with control of bleeding, any method – operation only.....	140.60	2
07463	- with decompression of volvulus, any method (operation only) .....	118.13	2
07464	- with removal of polyp(s) (operation only) .....	246.18	2
07465	- with ablation of tumour(s), polyp(s) or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique – operation only .....	166.48	2
S10730	Colonoscopy, flexible, transabdominal via colotomy - single or multiple .....	235.51	4
S10731	Colonoscopy, flexible, proximal to splenic flexure; diagnostic with or without collection of specimen(s) by brushing or washing .....	227.15	2
S10732	- with removal of foreign body .....	266.82	2
S10733	- with control of bleeding, any method.....	298.14	2



	\$	Anes. Level
<b>Anus</b>		
<b>Repair</b>		
V70665	Anoplasty; plastic procedure for stricture - adult .....442.80	2
V70666	Sphincteroplasty; anal for incontinence or prolapse; posterior anal repair - adult.....442.80	2
V07690	Anoplasty for imperforate anus.....590.91	4
70668	Graft (Thiersch operation) for rectal incontinence or prolapse (operation only).....147.65	2
V70670	Sphincteroplasty; anal, for incontinence; Gracilis muscle implant .....688.99	3
V70671	Levator muscle imbrication - Park posterior; anal repair .....442.80	2
V70672	Implantation of artificial sphincter .....989.89	4
	<i>Note: 70670 to 70672 are not payable together.</i>	
V07452	Repair extra-peritoneal rectum with or without colostomy .....944.23	7
70674	Destruction of anal lesion, any method including fulguration anal condylomata - simple - less than 10% perianal skin involvement (operation only).....73.96	2
70680	- complicated - greater than 10% of perianal skin involvement (with operative report) (operation only) .....148.07	2
70683	EUA with or without sigmoidoscopy; with or without biopsy (operation only).....140.60	2
PCV72673	Transanal Endoscopic Microsurgical Resection of rectal tumour .....900.00	6
	<b>Notes:</b>	
	i) <i>Paid only if a sealed and insufflating operating proctoscope is employed with visualization via an endoscopic camera (not under direct vision).</i>	
	ii) <i>Not paid with 70683, 72669, 72670 and 72671.</i>	
	iii) <i>Resection of one additional lesion is payable at 50% only if complete removal, repositioning and reinsertion of the insufflating operating proctoscope is required.</i>	
	iv) <i>If procedure is converted to open, bill under the appropriate open procedure at 100% and 04001 at 50%.</i>	
	v) <i>Fee items SY00715, SY10714, SY00716 and SY00718 are included if done at the same time.</i>	
	vi) <i>Restricted to General Surgery.</i>	
07689	Anal dilation under general anesthetic (operation only) .....89.59	2
04401	Repair of recto-vaginal fistula .....466.59	3
<b>Incision</b>		
70675	Removal of anal seton, other marker (operation only) .....28.12	2
V70676	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton .....382.45	2
07691	Anus imperforate - simple incision (operation only) .....43.47	2
07679	Incision and drainage of ischiorectal, intramural, intramuscular or submucosal abscess, under anesthesia – operation only.....130.64	2
07678	Incision and drainage, perianal abscess – superficial (operation only).....89.67	2
<b>Excision</b>		
07687	Anal fissure, excision under local anesthetic (operation only) .....89.67	2

		\$	Anes. Level
V71681	Sphincterotomy with or without fissurectomy .....	153.53	2
SV71682	Botox injection for anal fissure.....	114.83	2

**Notes:**

- i) Payment restricted to General Surgeons.
- ii) Tray fee is not paid when the procedure is performed in hospital or publicly-funded facilities (D&T Centres, psychiatric facilities).
- iii) Paid to a maximum of four injections per patient per year.

**Papillectomy or excision of anal tag or polyp:**

71684	- single – extra (operation only) .....	66.56	2
71686	- multiple – extra (operation only) .....	120.92	2
T71689	Hemorrhoid(s); office procedure (e.g.: band ligation) to include proctoscopy (operation only) .....	79.02	2
T71690	Hemorrhoid(s); office procedure – infrared photocoagulation to include proctoscopy (operation only) .....	79.02	2
V07683	Haemorrhoidectomy with or without sigmoidoscopy .....	262.89	2

**Fistula-in-ano (fistulectomy or fistulotomy):**

07675	- subcutaneous or submucous – operation only.....	148.07	2
V07676	- submuscular .....	331.22	2
V07677	- multiple or horseshoe, with or without placement of seton .....	442.80	2
V07666	Fistula-in-ano; second stage; division of sphincter after placement of seton .....	153.53	2
V71700	Closure of congenital or acquired anal fistula with rectal advancement flap .....	632.74	2

**Liver**

**Incision**

V07402	Hepatotomy for drainage of abscess or cyst; laparoscopic or open - single .....	425.82	6
V07403	- multiple, including marsupialization.....	641.35	6
CV71380	Open or Laparoscopic operative liver tumour non-resectional ablation by any means .....	700.00	7

**Notes:**

- i) Payment restricted to General Surgeons.
- ii) Includes all diagnostic imaging required to complete the procedure.
- iii) Paid to a maximum of three lesions, 100% for the first and 50% for the second and 25% for the third lesion.
- iv) Repeats within 30 days are paid at 50%.
- v) Not paid with Fee Item 10908.

**Excision**

V07404	Non-anatomic, subsegmental excision of liver mass .....	526.42	7
PCV72794	Laparoscopic non-anatomic sub-segmental excision of liver mass .....	658.03	7

**Notes:**

- i) Restricted to General Surgery.
- ii) If laparoscopic procedure is converted to open, bill under open procedure (07404) at 100% and 04001 at 50%.

**Hepatectomy, segmental resection:**

V07405	- one or more, same side.....	990.10	8
--------	-------------------------------	--------	---

	\$	Anes. Level
PCV72795 Laparoscopic hepatectomy, segmental resection-one or more, same side....	1,237.63	8
<b>Notes:</b>		
i) Restricted to General Surgery.		
ii) If laparoscopic procedure is converted to open, bill under open procedure (07405) at 100% and 04001 at 50%.		
V07406 - two or more segments, bilateral lobes .....	1,162.46	8
<b>Note:</b> Surgeon must operate on right and left lobes.		
PCV72796 Laparoscopic segmental resection of liver: two or more segments, bilateral lobes.....	1,453.08	8
<b>Notes:</b>		
i) Restricted to General Surgery.		
ii) If conversion to open is necessary, bill the open procedure (07406) at 100% plus 50% of the laparoscopy fee (04001).		
iii) Surgeon must operate on right and left lobes.		
V07407 - total left lobectomy .....	1,282.71	8
PCV72797 Laparoscopic total left lobectomy .....	1,603.39	8
<b>Notes:</b>		
i) Restricted to General Surgery.		
ii) If laparoscopic procedure is converted to open, bill under open procedure (07407) at 100% and 04001 at 50%.		
V07408 - total right lobectomy .....	1,282.71	8
PCV72798 Laparoscopic total right lobectomy .....	1,603.39	8
<b>Notes:</b>		
i) Restricted to General Surgery.		
ii) If laparoscopic procedure is converted to open, bill under open procedure (07408) at 100% and 04001 at 50%.		
V07409 - extended left lobectomy (includes caudate lobe and at least one portion of right lobe).....	1,402.95	8
V07410 - caudate lobectomy (isolated procedure) .....	1,443.04	8
V07411 - extended right lobectomy; 5 or more segments (includes caudate) .....	1,608.39	8
 <b>Liver - Repair (Trauma)</b>		
V07412 Hepatorrhaphy; suture of liver wound or injury - simple .....	538.89	8
V07413 - with packing.....	632.22	8
V07440 Resectional debridement of liver .....	990.10	8
V07441 Hepatic artery ligation, to include resectional debridement where indicated .....	931.33	8
V07442 Hepatic lobectomy for trauma to include resectional debridement where indicated .....	1,264.41	9

## Biliary Tract

### Incision

#### Choledochotomy or choledochostomy and exploration, drainage or removal of calculus:

V70694 - open.....	519.88	5
V70695 - laparoscopic .....	519.88	5

	\$	Anes. Level
V70696 - with transduodenal sphincteroplasty .....	907.81	5
V07769 Duodenotomy and sphincteroplasty .....	647.89	5
<b>Cholecystostomy:</b>		
V07698 - open.....	414.08	5
V70698 - laparoscopic .....	414.08	5
71698 - percutaneous (operation only) .....	161.67	2
<b>Biliary Tract – Endoscopy</b>		
07780 Biliary endoscopy; intraoperative, choledochoscopy (extra) .....	130.63	
07781 Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with or without collection of specimen by brushing and/or washing to include biopsy – operation only.....	80.17	2
07782 - with removal of stone (operation only) .....	130.63	2
07783 - with dilation of duct stricture with or without stent (operation only).....	130.63	2
<b>Endoscopic Retrograde Cholangiopancreatography (ERCP); to include biopsies or brushings:</b>		
V07517 - with papillotomy or sphincterotomy .....	438.44	3
V07518 - with stone extraction.....	519.85	3
V07519 - with biliary stenting .....	425.88	3
V07554 - with balloon dilatation of biliary stricture.....	425.88	3
V07556 - with stone extraction requiring lithotripsy .....	544.91	3
07560 Insertion of naso-biliary drainage tube - operation only .....	101.49	3
07562 Replacement of a duodenal biliary stent – operation only .....	169.14	3
<b>Biliary Tract – Excision</b>		
<b>Cholecystectomy:</b>		
V07707 - laparoscopic .....	519.87	5
V07699 - open.....	519.88	5
V70700 - open cholecystectomy immediately preceded by attempted laparoscopic cholecystectomy.....	637.36	5
V70701 - with exploration of CBD (laparoscopic) .....	779.81	5
V70702 - with exploration of CBD (open) .....	779.81	5
V70703 - with choledochoduodenostomy (includes CBD exploration).....	1,002.10	5
V70704 - with choledochojejunostomy (includes CBD exploration) .....	1,027.17	5
V70705 - with transduodenal sphincterotomy or sphincteroplasty (includes CBD exploration) .....	1,002.10	5
V70710 Exploration for congenital atresia of bile ducts without repair .....	432.80	5
<i>Note: Includes liver biopsy and/or cholangiography if required.</i>		
V70711 Portoenterostomy (Kasai procedure) .....	1,554.37	6
<b>Excision of bile duct tumour or stricture:</b>		
V70712 - lower (below bifurcation), any repair .....	1,038.18	6
V70713 - upper (at or above bifurcation) – one anastomosis.....	1,554.27	6
V70714 - upper (at or above bifurcation) – multiple anastomoses .....	1,679.55	6
<b>Excision of choledochal cyst (to include cholecystectomy):</b>		
V70715 - below bifurcation .....	977.08	5

	\$	Anes. Level
V70716 - above bifurcation requiring one ductoplasty.....	1,443.04	5
V70717 - above bifurcation - multiple anastomoses.....	1,563.30	5
PCV70718 Portal lymphadenectomy .....	750.00	4
<b>Notes:</b>		
i) Paid as stand-alone procedure or in conjunction with liver resection, bile duct dissection, or pancreatectomy for cancer of the liver, pancreas, gallbladder and bile ducts.		
ii) Paid only with skeletonization of the hepatic artery and portal vein from the superior duodenum to the liver hilum.		
iii) Restricted to General Surgery.		
 <b>Biliary Tract – Repair</b>		
<b>Cholecystoenterostomy:</b>		
V07706 - direct (loop).....	641.61	6
V70720 - with gastroenterostomy .....	853.81	5
V70721 - Roux-en-Y .....	761.61	5
V70722 - Roux-en-Y with gastroenterostomy .....	978.07	5
VC07703 Choledochoduodenostomy.....	814.22	6
V07705 Choledochojejunostomy (anastomosis of extra-hepatic biliary ducts and GI tract).....	901.92	6
V70725 - with gastrojejunostomy.....	1,064.76	6
V70726 - Roux-en-Y .....	977.08	6
V70727 - Roux-en-Y with gastrojejunostomy .....	1,190.02	6
V70728 Anastomosis of intra-hepatic ducts and GI tract; (Longmyer); Roux-en-Y.....	1,202.55	6
07561 Placement of choledochal stent (operation only) .....	169.14	5
V70730 U-tube hepatico enterostomy .....	646.66	5
V70731 Primary repair of extra-hepatic biliary duct for injury (including intraoperative), any method.....	1,002.10	5
V07776 Repair of cholecystenteric fistula.....	751.58	5

## Endocrine System

### Thyroid – Incision

70740 Incision and drainage of thyroglossal cyst; infected (operation only) .....	125.26	3
S00744 Thyroid biopsy - procedural fee .....	64.49	2

### Thyroid – Excision

V07740 Thyroid biopsy - open .....	187.90	4
------------------------------------	--------	---

### Total thyroid lobectomy:

V70742 - unilateral, with or without isthmusectomy.....	576.52	4
V70743 - unilateral, with contralateral subtotal lobectomy including isthmus.....	714.02	4

### Thyroidectomy:

V07743 - total or complete .....	812.46	4
V07741 - subtotal unilateral (local excision of thyroid lesion) .....	329.17	4
V70745 - subtotal bilateral .....	693.19	4

	\$	Anes. Level
V70747 - removal of all remaining thyroid tissue following previous removal of portion of thyroid (completion thyroidectomy) .....	681.45	4
C70748 Sternal split for substernal thyroid; (extra).....	160.33	
V07771 Picking operation; metastatic neck nodes for thyroid carcinoma (with operative report) .....	400.27	5

## Endocrine System - Parathyroid

### Parathyroidectomy or exploration of parathyroids:

V07745 - removal of single adenoma .....	658.89	4
V07744 - subtotal parathyroidectomy .....	721.51	4
V71746 - re-exploration.....	873.08	4
VC71747 - with mediastinal exploration and sternal split.....	939.48	6
<i>Note: Re-exploration is not payable in addition to C71747.</i>		
71748 Parathyroid autotransplantation - extra to thyroidectomy and parathyroidectomy procedures (operation only).....	80.17	

### Endocrine System – Adrenal

VTC71703 Adrenalectomy for Pheochromocytoma - open .....	999.55	8
--	--------	---

#### Notes:

- i) Only to be billed if procedure takes longer than three hours. If surgery takes less than three hours, bill item 71704.
- ii) Pathology report to be submitted when billing to confirm Pheochromocytoma.
- iii) Start and end times must be included in patients chart and on claim form.

PCV72703 Adrenalectomy for Pheochromocytoma - laparoscopic.....	1,249.44	8
---	----------	---

#### Notes:

- i) Only to be billed if procedure takes longer than three hours. If surgery takes less than three hours, bill item 72704.
- ii) Pathology report to be submitted when billing to confirm Pheochromocytoma.
- iii) Start and end times must be included in patients chart and on claim form.

### Adrenalectomy; any approach:

VC71704 - unilateral - open .....	788.95	8
PCV72704 - unilateral - laparoscopic .....	986.19	8
VC71705 - bilateral - open.....	1,082.30	8
PCV72705 - bilateral - laparoscopic .....	1,352.88	8

## Endocrine System - Carotid Body

### Excision of carotid body tumour:

VC71706 - without excision of carotid artery .....	800.57	6
VC71707 - with excision of carotid artery.....	982.07	8

### Endocrine System - Pancreas – Incision

V71708 Placement of drains, peripancreatic for acute pancreatitis .....	425.82	2
71709 Resectional debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis; to include gastrostomy, jejunostomy and cholecystostomy - any approach (operation only).....	688.38	8

### Endocrine System - Pancreas – Excision

71710	Open biopsy of pancreas, any method (fine needle, core, wedge) intraoperative – extra (operation only).....	80.17	6
S00826	Biopsy of pancreas - percutaneous .....	80.17	2
V71712	Limited excision of pancreatic lesion (e.g.: cyst or adenoma).....	688.38	6

#### Pancreatectomy, distal subtotal:

V71713	- with splenectomy and without pancreaticojejunostomy -open .....	801.69	7
PVC72713	- with splenectomy and without pancreaticojejunostomy – laparoscopic.....	1,002.11	7

**Notes:**

- i) *Restricted to General Surgery.*
- ii) *Start and end times must be included in patients chart and on claim submission.*
- iii) *If conversion to open procedure is necessary, bill open procedure plus 50% of laparoscopy fee, 04001.*

V71714	- with splenic preservation - open.....	1,002.10	7
PVC72714	- with splenic preservation - laparoscopic .....	1,252.63	7

**Notes:**

- i) *Restricted to General Surgery.*
- ii) *Start and end times must be included in patients chart and on claim submission.*
- iii) *If conversion to open procedure is necessary, bill open procedure plus 50% of laparoscopy fee, 04001.*

V71715	- with pancreaticojejunostomy and splenectomy.....	1,002.10	7
V71716	- with splenic preservation and pancreaticojejunostomy .....	1,052.21	7
VC71717	Pancreatectomy, distal, near total with preservation of duodenum.....	1,077.27	7
V71718	Excision ampulla of vater.....	1,042.21	6
VC71719	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochojejunostomy and gastroenterostomy (with or without pancreateojejunostomy)(Whipple procedure) .....	1,377.91	8
VC71720	- pyloric sparing (Whipple procedure) .....	1,377.91	8
VC71721	Regional pancreatectomy to include above Whipple procedures with portal vein reconstruction, with portosystemic shunt and with coeliac lymphadenectomy .....	1,565.80	9
V71722	Total pancreatectomy with Whipple procedure .....	1,440.54	8
VC07714	Pancreaticojejunostomy; side-to-side anastomosis (Peustow type procedure) .....	920.89	6

**Note:** *Includes removal of calculi.*

### Endocrine System - Pancreas - Repair

#### External drainage, pseudocyst of pancreas:

V07756	- open.....	425.82	5
V07758	- laparoscopic .....	425.82	5
V07711	Internal drainage or anastomosis of: pancreatic pseudocyst to gastrointestinal tract – cyst gastrostomy; open or laparoscopic (endoscopy payable separately) .....	591.73	5
V07732	- transduodenal.....	722.34	5
V07733	- Roux-en-Y .....	751.58	5

## Hernia - Repair

V71600	Repair inguinal or femoral hernia; under 6 months of age; with or without hydrocoelelectomy .....	375.80	2
V71601	- bilateral .....	501.05	2
V71602	- incarcerated or strangulated.....	424.65	3
V71603	Repair inguinal or femoral hernia; age 6 months to 12 years; with or without hydrocoelelectomy .....	313.15	2
V71604	- bilateral .....	438.44	2
V71605	- incarcerated or strangulated.....	375.80	3
<b>Repair inguinal or femoral hernia; greater than age 12:</b>			
V71606	- reducible open .....	349.07	2
V71607	- reducible laparoscopic.....	349.07	4
V71608	- incarcerated or strangulated.....	403.91	3
<b>Repair recurrent inguinal or femoral hernia; any age:</b>			
V71609	- reducible open .....	436.35	2
V71610	- reducible laparoscopic.....	436.35	4
V71611	- incarcerated or strangulated.....	504.87	3
<b>Bilateral primary inguinal or femoral hernias greater than age 12, not incarcerated or recurrent:</b>			
V71612	- open.....	523.60	2
V71613	- laparoscopic .....	523.60	4
<b>Repair initial incisional hernia:</b>			
<i>Note: Lysis of adhesions not payable in addition.</i>			
V71614	- reducible .....	436.00	2
V71615	- incarcerated or strangulated.....	504.19	3
V71616	- using prosthetic mesh .....	492.42	3
V71623	Laparoscopic initial ventral or incisional hernia repair, reducible or strangulated, with mesh, with or without enterolysis. ....	565.13	5
<b>Repair recurrent incisional hernia:</b>			
V71617	- reducible .....	545.01	2
V71618	- incarcerated or strangulated.....	630.25	3
P71624	Laparoscopic recurrent ventral or incisional hernia repair, reducible or strangulated, with mesh, with or without enterolysis .....	719.26	6
<i>Note: Lysis of adhesions not payable in addition.</i>			
VC71625	Myofascial abdominal wall advancement flaps (component separation procedure) for massive initial or recurrent incisional hernia repair.....	850.00	7
<b>Notes:</b>			
i) For complex and recurrent abdominal wall hernias with or without mesh.			
ii) To include removal of previous mesh, if required.			
iii) If Lysis of adhesions (70650 and 70651) is performed and takes longer than 30 minutes to complete, it is payable in addition after 30 minutes of time.			
<b>Repair umbilical hernia:</b>			
V71619	- reducible .....	243.68	2
V71620	- incarcerated or strangulated.....	307.84	3



	\$	Anes. Level	
V71621	Repair of hernia with resection of bowel; all performed through same incision .....	623.80	5
V71622	Repair of hernia with resection of bowel requiring a separate incision .....	751.58	5
07596	Hernia; incisional; repair following laparotomy (with operative report) – extra (operation only) .....	80.17	2
V07610	Epigastric .....	200.41	4
VC70604	Congenital diaphragmatic hernia.....	748.45	9

## Pediatric Procedures

<b>Broviac type catheter:</b>			
07139	- insertion of .....	159.42	2
V07140	- insertion of - less than 3 months of age or less than 3 kg.....	263.85	4
07141	- removal of (operation only).....	37.59	2
V07571	Pena posterior sagittal anal proctoplasty; primary surgeon .....	1,127.98	6
07593	Fee for second surgeon participating in Pena posterior sagittal anal proctoplasty .....	332.60	
<i>Note: When 07571 and 07593 are claimed, assistants' fees are not applicable to either surgeon for assisting the other.</i>			
V07700	Total correction cloacal anomalies; primary surgeon .....	2,109.12	6
07702	Fee for second surgeon participating in total correction of cloacal anomalies .....	386.68	
<i>Note: When 07700 and 07702 are claimed, assistants' fees are not applicable to either surgeon for assisting the other.</i>			
V07690	Anoplasty; for imperforate anus.....	590.91	4
V07466	Anal stricture; plastic repair; child.....	441.82	2
<b>Proctectomy; complete (for congenital megacolon) abdominal and perineal approach with pull through procedure and anastomosis (e.g.: Swenson, Duhamel or Soave type operation):</b>			
V72662	- synchronous abdominal .....	1,266.15	7
VC07697	Excision sacrococcygeal teratoma .....	1,033.70	6
<b>Intestinal strictoplasty (enterotomy and enterorrhaphy) with or without dilation for intestinal obstruction:</b>			
V72647	- single .....	501.05	5
V72648	- multiple (two or more).....	688.94	5
<b>Omphalocele or gastroschisis:</b>			
V07615	- permanent repair .....	601.27	7
V07614	- temporary repair .....	394.48	7
VC70604	Congenital diaphragmatic hernia .....	748.45	9
V07651	Reduction of volvulus, intussusception; internal hernia by laparotomy.....	516.10	5
PCV72751	Reduction of volvulus, intussusception; internal hernia – laparoscopic .....	\$645.13	5
<b>Notes:</b>			
i) Restricted to General Surgeons.			
ii) If conversion to open procedure is required, bill under the appropriate open procedure at 100% plus fee item 04001 at 50%.			

		\$	Anes. Level
V70624	Pyloromyotomy, cutting of pyloric muscle (Fradet-Ramstedt type operation).....	394.48	5
V07552	Aortopexy for tracheomalacia.....	626.33	9
V07653	Atresia of the small bowel.....	722.34	6
V07655	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct .....	361.47	4
VC07692	Repair major ano-rectal anomalies – with concurrent uro-genital malformations via sacral approach.....	885.59	7
V71531	Repair tracheo-oesophageal fistula - cervical approach to include gastrostomy .....	788.95	6
V07630	Gastrostomy - open .....	329.17	5
33394	Assistant fee for PEG procedure .....	110.30	
	<b>Note:</b> 33326, 33394 may be billed by any qualified physician.		
VC71532	Oesophagoplasty (plastic repair or reconstruction); thoracic approach - without repair of tracheo-oesophageal fistula.....	881.86	8
VC71533	- with repair of tracheo-oesophageal fistula .....	1,020.21	8
V71534	Division of tracheo-oesophageal fistula without oesophageal anastomosis (thoracic approach).....	788.95	8
	<b>Note:</b> C71533 and 71534 include gastrostomy.		
	Oesophagogastric fundoplasty (e.g.: Nissen, Belsey IV, Hill procedures); antireflux:		
VC71535	- laparoscopic .....	902.93	6
V71536	- open.....	722.34	6
V71650	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (e.g.: Ladd procedure)- open .....	459.78	5
PV71651	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (e.g.: Ladd procedure) – laparoscopic.....	574.73	
	<b>Notes:</b>		
	iii) Restricted to General Surgeons.		
	iv) If conversion to open procedure is required, bill under the appropriate open procedure at 100% plus fee item 04001 at 50%.		

## Trauma

**Note:** Trauma fee items are to be charged in cases of blunt and/or penetrating abdominal injury. They do not apply to incidental intra-operative injury to abdominal structures.

S32031	Closed drainage of chest – operation only .....	105.08	4
07430	Diagnostic peritoneal lavage (catheter) – operation only .....	100.85	3
V07432	Laparotomy in the trauma patient.....	445.65	5
V07431	Repair diaphragmatic injury.....	788.95	8
	Hepatorrhaphy; suture of liver wound or injury:		
V07412	- simple .....	538.89	8
V07413	- with packing.....	632.22	8
V07440	Resectional debridement of liver .....	990.10	8
V07441	Hepatic artery ligation, to include resectional debridement where indicated .....	931.33	8
V07442	Hepatic lobectomy for trauma to include resectional debridement where indicated .....	1,264.41	9
V07434	Splenic repair, any method.....	732.44	7
V07433	Laparotomy to include removal of injured spleen.....	632.22	7
V07435	Repair of lacerations to stomach.....	561.69	7

	\$	Anes. Level
V07436	Exploration and mobilization of duodenum and pancreas .....	632.22 7
V07437	Repair of laceration of duodenum .....	841.19 7
V07438	Resection and debridement of duodenal injury to include duodenal diverticulisation where indicated.....	1,052.82 7
V07445	Repair of lacerations to small bowel.....	561.69 7
V07446	Resection of injured small bowel.....	632.22 7
V07450	Exteriorization of colonic injury.....	590.91 7
V07448	Repair of colonic injury with or without colostomy.....	944.23 7
V07449	Resection of colonic injury.....	944.23 7
V07452	Repair of extra-peritoneal rectum, with or without colostomy .....	944.23 7
V07447	Repair of mesenteric injury .....	561.69 6
V07443	Resection of distal pancreas for trauma.....	841.19 8
V07444	Pancreatico-duodenectomy (Whipple Procedure) for trauma.....	1,685.02 9
77350	Supra renal aortic crossclamp - extra to abdominal vascular or major trauma cases (operation only).....	112.02

*Note: Operative report required.*

## Vascular

### Chronic or Varicose Veins

77045	Varicose veins, injection, each visit.....	13.20
-------	--	-------

*Note: Treatment for cosmetic purposes is not a benefit under MSP.*

### Compression sclerotherapy initial:

77050	- uncomplicated .....	79.26 2
77055	- complicated .....	119.30 2
77060	Compression sclerotherapy - repeat .....	37.14 2

*Note: 77050 or 77055 may be charged only once per 12 month period for each leg, and 77060 only twice in the same period.*

77065	High ligation, long saphenous .....	218.74 2
V07108	Stripping long saphenous.....	251.26 2
V07109	Stripping short saphenous.....	144.85 2

### Multiple ligations and stripping tributaries:

07110	- 3 to 5 incisions (operation only) .....	108.28 2
V07111	- 6 or more incisions .....	188.11 2
V07112	Ligation of 2 or more perforators .....	196.20 2
77070	Complete fasciotomy with or without multiple ligations .....	328.13 2

*Note: For decompression fasciotomy, see 77360.*

77075	Re-exploration of groin and/or popliteal fossa.....	294.41 2
V07116	Multiple ligations, strippings and perforators; re-exploration of groin and/or popliteal fossa (to include complete fasciotomy).....	513.33 3
77077	Excision of ulcer and grafting - add full fee to venous procedures (operation only).....	117.96 3
77079	Venous crossover graft for iliac obstruction .....	598.13 7

### Acute Venous

77082	Ligation of femoral vein .....	145.97 2
77084	Ligation or fenestration of inferior vena cava (requires laparotomy).....	485.72 5
77086	Thrombectomy for acute ilio-femoral thrombophlebitis .....	608.65 5

		\$	Anes. Level
<b>Portosystemic Shunting</b>			
C77090	Spleno-renal shunt .....	926.84	8
C77092	Porto-caval shunt.....	926.84	8
C77094	Mesocaval graft - synthetic.....	926.84	8
C77096	- autogenous.....	986.83	8

## Arterial System

### **Note: Repeat Vascular Surgery:**

- i) Same procedure within 24 hours - 75% of listed fee
- ii) Same procedure after 24 hours - see repeat surgery Items 77043, 77112 and applicable notes.

### **Thrombectomy, Embolectomy:**

C77115	Thrombectomy - with or without angioplasty .....	546.01	5
C77120	Embolectomy - trunk or extremities (subclassified by location and incision) .....	608.65	5
C77125	- one side .....	437.51	5
77100	Removal of synthetic graft, without replacement - payable at 100% of the current fee listed for the initial insertion		
77102	Removal of synthetic graft, with replacement at the same site - payable at 50% of the current fee listed for the initial insertion, extra to the Replacement graft		
77104	Removal of synthetic graft, with replacement at a different site - payable at 75% of the current fee listed for the initial insertion, extra to the replacement graft		

### **Notes:**

- i) 77100, 77102, 77104 are payable only where more than 21 days have elapsed since insertion and where more than 50% of the graft is removed.
- ii) 77043 is not payable in addition to 77100, 77102, 77104 nor to the replacement graft where removal also is claimed.
- iii) Initial graft procedure fee code should be submitted with claim as a note record.
- iv) Anesthetic procedural fee should be claimed in equity with that listed for the initial insertion (for 77100), and in equity with that listed for the replacement graft (for 77102, 77104).

### **Neck or Thoracic:**

C77130	Bypass graft: (synthetic) and/or thromboendarterectomy - carotid arteries .....	892.97	8
C77135	- innominate .....	764.12	5
C77140	- subclavian.....	830.19	5
C77145	Ligation of carotid artery .....	250.46	5

### **Groin Dissection:**

77180	Resection of abdominal aneurysm - with associated femoral dissection, one or both sides (extra fee to be added to procedure) (operation only) .....	121.72	9
	<b>Note:</b> Peripheral aneurysm - charge associated bypass graft procedure.		
C77110	Re-exploration of groin for bleeding or hematoma (operation only).....	123.06	4
77112	Redissection of groin (after 21 days), extra.....	129.28	4
	<b>Note:</b> Not payable with fee items 77100, 77102, 77104 or 77043.		

	\$	Anes. Level
<b>Aorto-iliac:</b>		
C77150	Bypass graft (synthetic) and/or thromboendarterectomy - aorta and/or iliac (unilateral).....	875.05 9
C77155	- aorta and/or iliac (bilateral).....	1,077.39 9
C77160	- aorto-femoral and ilio-femoral (unilateral) .....	849.70 9
C77165	- aorto-femoral and ilio-femoral (bilateral) .....	1,077.39 9
<b>Aneurysm:</b>		
<i>Note: Peripheral aneurysm - charge associated bypass graft procedure.</i>		
77170	Arteriovenous aneurysm.....	485.72 9
C77175	Abdominal aneurysm - with grafting .....	1,155.13 9
C77185	Ruptured aneurysm - with grafting .....	1,328.60 10
<b>Mesenteric:</b>		
C77190	Superior mesenteric bypass graft (synthetic) and/or thromboendarterectomy .....	875.04 7
C77195	Superior mesenteric bypass graft (autogenous vein).....	875.04 7
<b>Renal:</b>		
C77200	Renal bypass graft (synthetic) and/or thromboendarterectomy .....	875.04 7
C77205	Renal bypass graft (autogenous vein).....	875.04 7
<b>Axillo-Femoral:</b>		
C77210	Axillo-femoral bypass graft (synthetic) and/or thromboendarterectomy - unilateral .....	727.98 7
C77215	- bilateral .....	849.70 7
C77220	Axillo-femoral bypass graft (autogenous vein) - unilateral .....	811.12 7
<b>Femoral Crossover:</b>		
C77230	Femoro-femoral crossover bypass graft (synthetic) and/or thromboendarterectomy .....	765.66 5
C77235	Femoro-femoral crossover bypass graft (autogenous vein).....	765.66 5
<b>Infrainguinal:</b>		
C77240	Femoral bypass graft (synthetic) and/or thromboendarterectomy (common or superficial endarterectomy).....	485.72 5
C77245	- popliteal (endarterectomy).....	666.50 5
C77250	- popliteal (synthetic) .....	608.58 5
C77255	- anterior, posterior tibial, or peroneal .....	727.98 5
<b>Bypass graft (autogenous vein):</b>		
C77260	- femoral.....	702.67 5
C77265	- popliteal .....	930.08 5
C77270	- anterior, posterior tibial or peroneal .....	976.70 5
77275	- in situ vein graft (extra).....	252.07 7
77280	- non-ipsilateral long saphenous graft (extra).....	249.75 7
77285	- short saphenous graft (extra) .....	249.75 7
77290	- superficial femoral vein graft (extra) .....	249.75 7
77295	- arm vein graft (extra) .....	249.75 7
77300	- A-V fistula with bypass graft in limb salvage (extra) .....	181.99 7
<b>Profundoplasty:</b>		
77310	Profundoplasty bypass graft (synthetic) and/or thromboendarterectomy .....	542.36 5
77315	- extended.....	736.42 5

	\$	Anes. Level	
<b>Trauma:</b>			
C77330	Repair of injury of major vessel in extremity: - suture.....	572.50	6
C77335	- graft .....	736.42	6
Repair of injury of major vessel in trunk:			
C77340	- suture.....	859.34	9
C77345	- graft .....	1,146.20	9
77350	Supra renal aortic crossclamp - extra to abdominal vascular or major trauma cases (operation only) .....	112.02	
	<i>Note: Operative report required.</i>		
<b>Fasciotomy:</b>			
77360	Decompression fasciotomy - subcutaneous.....	328.13	3
	<i>Note: 77360 includes secondary closure</i>		
<b>Miscellaneous:</b>			
77370	Release of popliteal entrapment syndrome.....	328.13	3
	<i>Note: Not to be paid if full femoral popliteal bypass is performed.</i>		
00722	Arteriography, operative - procedural fee.....	74.06	
<b>Second Operator:</b>			
77025	Synchronous combined bypass graft - extremities.....	292.96	
77030	- trunk.....	294.41	
	<i>Note: Items 77025 and 77030, provide operative report by second operator when requested by MSP.</i>		
<b>Renal Access</b>			
77380	Insertion permanent catheter - procedure fee only .....	187.01	3
77385	Removal by dissection of chronic peritoneal catheter - operation only .....	129.72	3
	<i>Note: For removal of Tenckhoff type chronic peritoneal catheter not requiring surgical dissection, use visit fees.</i>		
77395	Creation of internal arterio-venous fistula.....	364.00	4
P77396	Revision of AV fistula.....	451.93	5
	<b>Notes:</b>		
	i) Restricted to Vascular and General Surgeons.		
	ii) Not paid with renal access fees (77380, 77385, 77395, 77402, 77403, 77405).		
	iii) Not paid with the following vein graft fees (77275, 77280, 77285, 77290, 77295, 77300).		
	iv) 77043 not paid with this fee.		
77402	Creation of brachiobasilic arteriovenous fistula with vein transposition .....	613.73	5
	<i>Note: Not paid with 77260 to 77300 and 77395 .</i>		
77403	Arm revascularization with distal revascularization and interval ligation (DRIL) .....	609.62	5
	<i>Note: Not paid with 77260, 77265, 77270, 77275, 77280, 77285, 77290, 77295, 77300 , 77395 and 77396.</i>		
77405	Thrombectomy of arterio-venous fistula .....	342.29	3
<b>Sympathectomy</b>			
77420	Lumbar sympathectomy - unilateral .....	364.00	4
77422	Cervical sympathectomy - unilateral .....	492.21	5
77424	Preganglionic sympathectomy, upper dorsal region - unilateral .....	449.56	7

		\$	Anes. Level
77426	Lumbo-dorsal sympathectomy and splanchnicneurectomy - unilateral .....	449.56	7
	Lumbar sympathectomy - with abdominal procedure:		
77428	- unilateral (extra) .....	121.73	3
77430	- bilateral (extra) .....	243.47	

## Lymphatic System

V07360	Splenectomy .....	632.22	6
VCT07368	Laparoscopic splenectomy .....	790.27	6

### Notes:

- i) Fee items 07360 or 07434 not payable in addition.
- ii) If laparoscopic procedure is converted to open, bill under 07360 at 100% and 04001 at 50%.

V07361	TB glands - radical removal .....	263.85	4
V07363	Radical femoral, inguinal and/or iliac dissection.....	526.42	5
VC07365	Isolated limb perfusion to include groin dissection and laparotomy .....	920.89	5
VC07366	Laparotomy and staging of lymphoma to include splenectomy .....	765.44	6

## Lymphoedema - Leg

06127	Lymphoedema of limbs, excision and grafting - entire leg .....	686.56	3
06128	- entire lower extremity .....	1,026.42	3

## Abdominal Surgery - Miscellaneous

V07603	Resuture abdominal wound evisceration .....	263.85	5
V07451	Thoracic extension of abdominal incision, extra.....	280.18	8
V07600	Exploratory laparotomy to include biopsy.....	339.60	5
V07597	Post-operative haemorrhage - intra-abdominal management.....	372.26	6
V07601	Intra-abdominal abscess - excluding intrahepatic .....	425.82	5

PV72600	Temporary or delayed abdominal closure for complex abdominal sepsis or abdominal compartment syndrome – with Vacuum Assisted Closure (VAC) system Bogota bag or other temporary abdominal closure system (with or without abdominal exploration and washout) .....	339.30	5
---------	--	--------	---

### Notes:

- i) Payable only in the operating room or ICU under general anesthesia.
- ii) Repeat services billed at 100%.
- iii) If required over 10 times in a single hospital stay, provide explanation in a note record.
- iv) Not billable in addition to 07600 or 07601.

S04001	Laparoscopy (operation only) .....	182.77	4
--------	------------------------------------	--------	---

Removal of indwelling Enteral tubes with or without exploration of tube insertion site:

S71280	- not requiring anesthesia (operation only) .....	30.05	
S71281	- requiring local or regional anesthesia (operation only) .....	61.84	
S71282	- requiring general anesthesia (operation only) .....	104.01	2
S71283	- replacement of tube – extra.....	30.05	

### Notes:

- i) Tray fee is not paid when the procedure is performed in hospital or publicly funded facilities (D&T Centres, psychiatric facilities).
- ii) Not paid with Fee Items 07517, 07518, 07519, 07562, 07781, 07782, 07783, 70637 and 33326.
- iii) Restricted to General Surgeons.
- iv) Paid @ 50% with endoscopy.

	\$	Anes. Level
CV71290	Resection of retroperitoneal or intra-abdominal soft tissue tumour measuring 10 cm or greater – first 60 minutes.....500.00	8
C71291	Resection of retroperitoneal or intra-abdominal soft tissue tumour measuring 10 cm or greater – each additional 15 minutes or greater portion thereof.....50.00	
	<b>Notes:</b>	
	i) Payment restricted to General Surgeons.	
	ii) Not paid with fee items 51051, 51052, 04029 or 04628.	
	iii) Start and end times are required in the claim and the patient's chart.	

## Hyperbaric Chamber

**Note:** Use of hyperbaric chamber is insured under the Medical Services Plan only for a limited number of conditions. (Diagnosis required with submission of account).

00046	Additional charge to pertinent medical, anesthetic or surgical fee, per hour .....27.24	
-------	---	--

## Organ Transplants

### Kidney

#### Implantation of Kidney Graft:

77440	Vascular surgeon.....820.35	7
-------	-----------------------------	---

## Diagnostic Procedures or Endoscopy

07764	Cholangiography - operative, extra .....64.24	
07710	Pancreatogram - with or without sphincterotomy, done in conjunction with any of the biliary or pancreatic surgical procedures –extra.....65.89	
S00869	Manometry; anal - adult.....61.66	2
S00797	Oesophageal motility test .....134.58	
S00788	- technical fee .....72.92	
S00798	- professional fee .....61.66	
S00818	Oesophageal pH study for reflux, extra	
	- professional fee .....40.04	
S00817	- technical fee .....12.21	
S00826	Biopsy of pancreas - percutaneous .....80.17	2
S00809	Retrograde pancreatography.....212.36	3
SP10761	Esophagogastroduodenoscopy (EGD) , including collection of specimens by brushing or washing, per oral - procedural fee .....88.00	3
SP10762	Rigid esophagoscopy, including collection of specimens by brushing or washing, - procedural fee .....73.29	3
SP10763	Initial esophageal, gastric or duodenal biopsy .....28.50	3
	<b>Notes:</b>	
	i) Paid only in addition to SP10761, SP10762 and SY10750 to a maximum of three biopsies per endoscopy, in one organ or multiple organs.	
	ii) First biopsy paid at 100%, second and third at 50%.	
SP10764	Multiple biopsies for differential diagnoses of Barrett's Esophagus, H pylori, Eosinophilic Esophagitis, infection of stomach, surveillance for high or low grade dysplasia, or carcinoma .....42.75	3
	<b>Notes:</b>	
	i) Paid only once per endoscopy.	



		\$	Anes. Level
	ii) Paid only in addition to SP10763 at 100%.		
	iii) Only applicable to services submitted under diagnostic codes 530, 041, 235, and 234.9.		
S00710	Mediastinoscopy or anterior mediastinotomy (combined 50% extra) - procedural fee .....	188.13	4
SY00716	Sigmoidoscopy, flexible; diagnostic.....	62.65	2
SY00718	- with biopsy.....	75.84	2
	Colonoscopy with flexible colonoscope:		
33373	- biopsy .....	230.62	2
33374	- removal polyp .....	344.79	2
S00780	Schirmer's Test (included in fee Item 02015) .....	12.89	
SY00789	Peritoneal lavage.....	84.08	2

### Electrodiagnosis

**Items under:**

- Intensity duration curve - each muscle.
- Electromyograph - each muscle.
- Motor nerve conduction study - each nerve.
- Sensory nerve conduction study - each nerve.
- Tetanic simulation test - each muscle.

**Bill according to:**

S00900	Schedule A - extensive examination (eight or more items).....	119.50
S00901	Schedule B - limited examination (four to seven items).....	79.92
S00902	Schedule C - short examination (one to three items).....	39.83
S00923	Technical fee for electrodiagnostic testing .....	20.00