

INTEGUMENTARY SYSTEM SURGICAL PROCEDURES

SKIN AND SUBCUTANEOUS TISSUE

Asst	Surg	Anae
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INCISION

Abscess or haematoma - Local anaesthetic

	- subcutaneous		
Z101	- one	nil	20.10
Z173	- two		30.35
Z174	- three or more		40.80
Z104	- perianal		20.10
Z106	- ischiorectal or pilonidal		44.35
Z103	- palmar or plantar spaces		44.35
E542	- when performed outside hospital		11.15

Abscess or haematoma - General anaesthetic

	- subcutaneous		
# Z102	- one		44.35 6
# Z172	- two or more		66.60 6
# Z105	- perianal		66.00 6
# Z107	- ischiorectal or pilonidal		108.00 6
# Z108	- palmar or plantar spaces		72.00 6

Foreign body removal

	- local anaesthetic		
Z114	- local anaesthetic		18.80
E542	- when performed outside hospital		11.15
# Z115	- general anaesthetic	6	88.80 6
# Z100	- complicated (see General Preamble GP12)	6	I.C 6
# Z227	Intramuscular abscess or haematoma		101.65 6
Z118	Aspiration of superficial lump for cytology		28.25

Biopsy(ies)

	- any method, when sutures are used		
Z116	- any method, when sutures are used		14.70
E542	- when performed outside hospital		11.15
Z113	- any method, when sutures are not used		14.70

Note:

Z116 may be allowed more than once on an IC basis if medically necessary (in order to make a diagnosis or to plan treatment) to biopsy more than one lesion or to obtain a second biopsy from an extensive lesion. If claimed, may be allowed with chemical treatment of lesion (code Z117).

# Z155	Biopsy(ies) - extensive, complicated or requiring general anaesthetic when sole procedure (see General Preamble GP12)		
		I.C	I.C
# Z245	Biopsy for malignant hyperthermia, three or more	152.85	10

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EXCISION (WITH OR WITHOUT BIOPSY)

LESIONS - SINGLE OR MULTIPLE SITES

Note:

1. Tattoo removal - (see Appendix D Surface Pathology Section 3).
2. Removal of any lesions (e.g. keratosis, nevi) for cosmetic purposes and not for any clinical suspicion of disease or malignancy is not an insured service.

Group 1 - verruca, keratosis, pyogenic granuloma

(see Appendix D Surface Pathology)

Removal by excision and suture

Z156	- single lesion	14.80	6
Z157	- two lesions	22.15	6
Z158	- three or more lesions	36.90	6
E542	- when performed outside hospital add	11.15	

Removal by electrocoagulation and/or curetting

Z159	- single lesion	10.55	6
Z160	- two lesions	15.85	6
Z161	- three or more lesions	26.20	6

Group 2 - nevus

(see Appendix D Surface Pathology, Section 4)

Removal by excision and suture

Z162	- single lesion	14.80	6
Z163	- two lesions	22.15	6
Z164	- three or more lesions	36.90	6
E542	- when performed outside hospital add	11.15	
# Z165	Congenital (extensive) (see General Preamble GP12)	I.C	I.C

Group 3 - plantar verruca

Removal by electrocoagulation and/or curetting

Z169	- single lesion	20.10	6
Z170	- two lesions	30.30	6
Z171	- three or more lesions	59.95	6

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Group 4 - cyst, haemangioma, lipoma

	Face or neck - Local anaesthetic			
Z122	- single lesion	nil	32.20	
Z123	- two lesions		65.00	
Z124	- three or more lesions		65.35	
E542	- when performed outside hospital add		11.15	
	Face or neck - General anaesthetic			
# Z145	- single lesion	6	65.35	6
# Z146	- two lesions	6	98.55	6
# Z147	- three or more lesions	6	131.10	6
# Z148	- extensive or massive (see General Preamble GP12).	6	I.C	6
	Other areas - Local anaesthetic			
Z125	- single lesion	nil	27.05	
Z126	- two lesions		38.15	
Z127	- three or more lesions		50.00	
E542	- when performed outside hospital add		11.15	
	Other areas - General anaesthetic			
# Z149	- single lesion	6	50.00	6
# Z150	- two lesions	6	65.55	6
# Z151	- three or more lesions	6	98.55	6
# Z152	- extensive or massive (see General Preamble GP12).	6	I.C	6
	Group 5 - other lesions			
Z096	Lipoma - 5 to 10 cm	6	73.75	6
E542	- when performed outside hospital add		11.15	
# Z097	Lipoma - over 10 cm	6	110.75	6
# R034	Congenital dermoid cyst adult	6	124.40	6
# R043	- infant or child	6	201.10	6
# R042	- midline, e.g. nasal.	6	272.80	6
# R037	Giant cell tumour	6	200.00	6
	Pilonidal cyst			
# R035	- simple excision or marsupialization		183.30	6
# R054	- simple excision or marsupialization, if patient's BMI greater than 40	6	183.30	6
# R036	- excision and skin shift.	6	248.80	6
	Inguinal, perineal or axillary skin and sweat glands for hyperhidrosis and/or hidradenitis			
# R059	- unilateral.	6	248.80	6
# R060	- with skin graft(s) or rotation flap(s)	6	377.90	6

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EXCISION OF PRE-MALIGNANT LESIONS INCLUDING BIOPSY OF EACH LESION – SINGLE OR MULTIPLE SITES

The amount payable for excision of a pre-malignant lesion will be adjusted to a lesser fee if the pathologist's report is not retained in the patient's record.

Face or Neck

Simple excision				
R160	- single lesion	6	53.20	6
R161	- two lesions	6	87.40	6
R162	- three or more lesions	6	174.75	6
E542	- when performed outside hospital add		11.15	

Other Areas

Simple excision				
R163	- single lesion	6	43.60	6
R164	- two lesions	6	71.80	6
R165	- three or more lesions	6	143.55	6
E542	- when performed outside hospital add		11.15	

Note:

Excision of a pre-malignant lesion is only payable for the following lesions:

1. Dysplastic Nevus (nevus with dysplastic features, atypical melanocytic hyperplasia, atypical melanocytic proliferation, atypical lentiginous melanocytic proliferation or premalignant melanosis)
2. Actinic/Solar Keratosis
3. Chemical and other pre-malignant keratoses
4. Large Cell Acanthoma
5. Erythroplasia of Queryrat
6. Leukoplakia

[Commentary:

In-situ lesions such as Lentigo Maligna (melanoma-in-situ) and Bowen's Disease (squamous cell carcinoma-in-situ) are considered malignant lesions.]

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MALIGNANT LESIONS INCLUDING BIOPSY OF EACH LESION - SINGLE OR MULTIPLE SITES

The amount payable for treatment of a malignant lesion will be adjusted to a lesser fee if the pathologist's report is not retained in the patient's record.

Note:

A pre-malignant lesion is not a malignant lesion for the purposes of payment.

Face or neck

Simple excision			
R048	- single lesion	6	70.90
R049	- two lesions	6	116.50
R050	- three or more lesions	6	233.00
E542	- when performed outside hospital add		11.15

Other areas

Simple excision			
R094	- single lesion	6	58.15
R040	- two lesions	6	95.70
R041	- three or more lesions	6	191.40
E542	- when performed outside hospital add		11.15

Malignant melanoma

R010	- wide excision in any area and must include > 1 cm margins and layered closure.	6	124.10
# E540	- if excision is performed in hospital for tumour free margin with frozen section, to excision or repair fees add 25%		
# E507	- with sentinel node biopsy (per draining basin), to R010 add		330.45

Note:

When excision of benign, pre-malignant or malignant lesions are corrected by advancement, rotation, transposition, Z-plasty, flap or graft, claim appropriate benefit listed under Repair Section instead of foregoing excision benefits.

Face or neck

Curettage, electrodesiccation or cryosurgery			
R018	- single lesion	6	68.55
R019	- two lesions	6	112.90
R020	- three or more lesions	6	225.75

Other areas

Curettage, electrodesiccation or cryosurgery			
R031	- single lesion	6	55.05
R032	- two lesions	6	90.70
R033	- three or more lesions	6	181.55

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# R051	Laser surgery on Group 1-5, pre-malignant and malignant lesions (see General Preamble GP12)	I.C	I.C
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Note:
Physicians treating vascular ectasias by laser may obtain from their Ministry of Health and Long-Term Care Medical Consultant the current Ministry policy regarding conditions approved for coverage under the Plan.

Chemical and/or cryotherapy treatment of minor skin lesions

Z117	- one or more lesions, per treatment.	11.05	
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Note:
See Appendix D Surface Pathology.

MOHS' SURGERY

- Note:**
1. R081 and E524 are billable only for complicated epithelial cancer where 2 or more previous treatments have failed or where the cancer is in an anatomical area where tissue preservation is of the utmost importance (e.g. ear, nose, eyelids and mouth).
 2. R081 and E524 are billable only once whether or not excision of the lesion extends to the subsequent day.
 3. Closure of the resulting defect by undermining and advancement flaps is included in the above fees. If more complicated closure is medically necessary, bill as an extra under appropriate listings for skin grafts.
 4. The preparation of slides must be done or supervised by the Mohs' surgeon and all tissue section slides must be personally microscopically reviewed and interpreted personally by the physician claiming Mohs' surgery.
 5. Where a physician submits a claim for performing Mohs' surgery to four patients on any one day, the amount payable for any other Mohs' surgery performed by the same physician on the same day is reduced to nil.

# R081	Initial cut, including debulking	265.45	6
# E524	- one or more additional cuts. add	233.55	

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REPAIR

Debridement and dressing

UVC	- minor			visit.fee
# Z153	- major (not to be claimed in addition to Z176)			14.05
# Z144	- requiring general anaesthetic	6	56.75	6
# R082	- extensive (see General Preamble GP12)	6	I.C	6

Note:

Not to be claimed in addition to any surgical procedure unless complications require such care in excess of the usual post-operative care.

Burns

Note:

For burn care requiring anaesthetists' and assistants' services, the following fees apply.

# R030	Minor burns - up to 15%	6	-	6
# R038	Moderate burns - 16% to 30%	6		10
# R039	Major burns - more than 30%	8	-	15

Resuscitation - Major Burn, Initial Care

These fees apply to the service of being in constant or periodic attendance during a 24 hour period following a major burn, to provide all aspects of resuscitation to the patient. This follows the initial assessment, and includes such subsequent assessments as may be indicated. The specific elements are those of an assessment, including ongoing monitoring of the patient's condition, and intervening as appropriate (see General Preamble GP15). Instead of element H, the assessment includes, providing premises, equipment, supplies and personnel for any aspects of the specific elements that is(are) performed in a place other than the place in which the assessment is performed. Separately billable interventions may be claimed in addition to these fees.

# Z180	- first 24 hours			106.25
# Z181	- continuing care (up to 3 days), per day			53.10

Debridement and excision

# R660	- hand, each digit			28.90
# R661	- dorsum palm - each			47.95
# R662	- nose, cheek, lip, ear, forehead, scalp, neck, eyelid - each			28.90
# R637	Debridement and excision, per % of total body treated other than hand, head or neck			29.65

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	Asst	Surg	Anae
Grafting of burn, per % of total body treated			
# R638 Other than hand, head or neck		49.25	
Hand			
# R663 - each digit		57.60	
Palm, dorsum			
# R664 - each		115.20	
Nose, lip(s)			
# R665 - each		192.00	
Cheek(s), forehead			
# R666 - each		192.00	
# R667 Ear		192.00	
# R668 Eyelid		192.00	
Scalp			
# R669 - less than 10%		96.05	
# R670 - up to 50%		251.55	
# R671 - over 50%		323.60	
Neck			
# R672 - less than 10%		96.05	
# R673 - up to 50%		241.85	
# R674 - over 50%		313.95	
Skin allograft procurement			
R690 - for banking purposes, per % of total body harvested, other than hand, head or neck.	7	17.25	7

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Suture of lacerations

Note:

Wound closure via tissue adhesives (such as cyanoacrylate) is payable at 50% of the appropriate fee.

Z176	- up to 5 cm.	14.80	6
Z154	- up to 5 cm if on face and/or requires tying of bleeders and/or closure in layers.	35.90	6
Z175	- 5.1 to 10 cm.	35.90	6
Z177	- 5.1 to 10 cm if on face and/or requires tying of bleeders and/or closure in layers.	71.30	6
Z179	- 10.1 to 15 cm	50.40	6
Z190	- 10.1 to 15 cm if on face and/or requires tying of bleeders and/or closure in layers	101.45	6
Z191	- more than 15.1 cm - other than face.	77.30	6
Z192	- more than 15.1 cm - on face.	154.95	6
E530	- if inhalation general anaesthesia (other than 50% N ₂ O/O ₂ mixture) is used, when suture of laceration is sole procedure add	50.40	
E531	- if extensive debridement is required (see General Preamble GP12) add	I.C	
E542	- when performed outside hospital add	11.15	
R024	Acute laceration earlobe, unilateral	100.65	
UVC	Removal of sutures only	visit.fee	

Note:

The above benefits include the use of sutures, local anaesthetic, tetanus toxoid and routine observation.

Muscle repair

# R525	Simple muscle repair(s) to include repair of involved skin	6	88.60	6
# R528	Complex (see General Preamble GP12)	6	I.C	6

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PREAMBLE TO SKIN FLAPS AND GRAFTS

The amount payable will depend on the size and location of the area grafted and the type of graft. Additional procedures other than the skin grafting are payable in addition to the skin flap or grafts, e.g. tendon grafts, inlay grafts, etc.

E540 - payable once per lesion for excision of tumour free with frozen section, to first flap or graft procedure . . . add 25%

SKIN FLAPS

A. Advancement flaps

Note:

To include undermining of more than 2.5 cm per side. Is intended to include excision of a lesion if this is technique of closure.

Defect 2.1 to 5 cm			
# R011	- face, neck or scalp	6	89.85
# R002	- other areas	6	67.40
Defect 5.1 to 10 cm			
# R012	- face, neck or scalp	6	247.15
# R003	- other areas	6	161.75
# R004	Defect more than 10 cm such as thoracic abdominal flap	6	242.70

B. Rotations, transpositions, Z-plasties

Note:

Includes undermining but will depend on the site and size.

Defect less than 2 cm average diameter			
# R045	- face, neck or scalp	6	203.70
# R072	- other areas	6	133.40
Defect 2.1 to 5 cm average diameter			
# R046	- face, neck or scalp	6	335.15
# R075	- other areas	6	223.35
Defect 5.1 to 10 cm average diameter			
# R047	- face, neck or scalp	6	477.45
# R073	- other areas	6	318.45
Defect more than 10 cm average diameter			
# R076	- face, neck or scalp	6	709.90
# R074	- other areas	6	477.85

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		Asst	Surg	Anae
C. Pedicle flaps				
# R070	Small/Intermediate, e.g. cross finger, cervical finger	6	293.75	6
# R071	- each subsequent stage.	6	223.35	6
# R080	Large, e.g. cross leg, deltopectoral, forehead	6	416.30	6
# R078	- each subsequent stage.	6	311.45	6
# E069	- preparation of a contracted recipient site, to R070 or R080 add		134.75	
# R101	Delay, Small/Intermediate flap.	6	132.45	6
# R100	Delay, major flap	6	291.90	6
D. Myocutaneous, myogenous or fascia-cutaneous flaps				
Note:				
To include closure by any means.				
# R005	Sterno-mastoid, tensor fascia lata, gluteus maximus, gracilis, sartorius, rectus femoris, gastrocnemius (medial and lateral), trapezius	6	545.00	6
# R006	Pectoralis major, latissimus dorsi, unilateral rectus abdominus.	6	734.95	6
# R008	Lower transverse rectus abdominus flap	6	984.55	8
Repair of abdominal defect				
# Z196	- different surgeon.		377.65	
# E523	- same surgeon, to other procedure add		321.00	
# R009	Myocutaneous - osseous flaps e.g. pectoralis major myocutaneous flap with rib graft, trapezius flap with scapula spine	6	783.40	8
# R007	Other - (see General Preamble GP12)	I.C	I.C	I.C

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SKIN GRAFTS

A. Split thickness grafts (for burn grafts see pages M7 & M8)

# R084	Very minor, very small areas, e.g. trauma	92.30		6
# R085	Minor, medium sized areas, e.g. small or skin ulcer, breast, etc	6	140.25	6
# R086	Intermediate, large areas, e.g. trunk, arms, legs	6	259.10	6
# R087	Major, complex areas, e.g. face, neck, hands	6	388.00	6
# R088	Extensive major, very large area(s)	6	567.95	6

Note:

The Medical Consultant may be requested to determine appropriateness of code claimed relative to size.

B. Full thickness grafts

# R092	Minor - less than 1 cm average diameter		116.65	6
# R093	Intermediate - 1 cm to 5 cm average diameter	6	178.90	6
# R083	Major - over 5 cm	6	280.15	6
# R091	Complex - eyelid, nose, lip, face	6	263.95	6

Note:

1. R092, R093, R083, R091 - The Medical Consultant may be requested to determine appropriateness of codes claimed relative to size of graft.

2. Skin grafts are not eligible for payment in addition to R117.

# R057	Appendage or tissue re-vascularization involving microanastomosis with or without micro neuroanastomosis (see General Preamble GP12)					
# R058	Revision of above (see General Preamble GP12)	I.C	I.C	I.C	I.C	I.C

Stasis ulcer

# R847	- with skin graft - per leg		195.85		6
# R845	- multiple ligation and skin graft - per leg	6	341.55	6	6

Neurovascular island transfer

# R061	Minor, e.g. finger tip		140.25		6
# R062	Intermediate, e.g. finger to thumb transfer	6	259.20	6	6
# R063	Major, e.g. foot to heel	6	430.85	6	6

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FREE ISLAND FLAPS

Note:

When excision of the lesion and preparation of the recipient site are carried out by different surgeons, the preparation fees should be reduced by 15%.

# R013	Free jejunum artery and vein for transplantation	10	322.70	10
# R014	Preparation of microvascular recipient site for free jejunum artery and vein	10	881.75	10
# R016	Preparation of microvascular recipient site for jejunum artery and vein immediately following ablative surgery, and when recipient vessels are in site of the ablation	10	519.00	10
# R015	Transplantation of free jejunum artery and vein with microvascular anastomosis	10	881.75	10
# R064	Elevation of free island skin and subcutaneous flap and closure of defect	10	832.95	10
# R065	Preparation of microvascular recipient site for free island skin subcutaneous flap	10	881.75	10
# R055	Preparation of microvascular recipient site for free island flap and subcutaneous flap immediately following ablative surgery and when recipient vessels are in site of the ablation	10	519.00	10
# R066	Transplantation of free island skin and subcutaneous flap with microvascular anastomosis(es)	10	881.75	10
# R067	Elevation of innervated free island skin and subcutaneous flap and closure of defect	10	979.25	10
# R068	Preparation of microvascular recipient site for innervated free island skin and subcutaneous flap	10	979.25	10
# R056	Preparation of microvascular recipient site for innervated free island skin and subcutaneous flap immediately following ablative surgery and when recipient vessels are in the site of ablation	10	576.35	10
# R069	Transplantation of innervated free island skin and subcutaneous flap with microvascular anastomosis(es) and nerve repair	10	915.80	10
# R125	Elevation of free island skin and muscle flap and closure of defect	10	832.95	10
# R126	Preparation of microvascular recipient site for free island skin and muscle flap	10	881.75	10
# R122	Preparation of microvascular recipient site for free island skin and muscle flap immediately following ablative surgery and when recipient vessels are in the site of the ablation	10	519.00	10
# R127	Transplantation of free island skin and muscle flap with microvascular anastomosis(es)	10	832.95	10

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FREE ISLAND FLAPS

# R128	Elevation of free island muscle flap with tendon and nerve, and closure of defect	10	1127.15	10
# R129	Preparation of microvascular recipient site for muscle, tendon and nerve anastomosis(es)	10	1126.85	10
# R123	Preparation of microvascular recipient site for muscle, tendon and nerve anastomosis(es) immediately following ablative surgery and when recipient vessels are in site of the ablation	10	663.25	10
# R130	Transplantation of free island muscle flap with tendon, nerve and microvascular anastomosis(es)	10	1127.15	10
# R131	Elevation of free island bone flap and closure of defect.	10	832.95	10
# R132	Preparation of microvascular recipient site for free island bone flap	10	881.75	10
# R124	Preparation of microvascular recipient site for free island bone flap immediately following ablative surgery and when recipient vessels are in the site of the ablation	10	519.00	10
# R133	Transplantation of free island bone flap with microvascular anastomosis(es) and bone fixation	10	979.25	10
# R134	Elevation of free island skin and bone flap and closure of defect	10	998.65	10
# R135	Preparation of microvascular recipient site for free island skin and bone flap	10	998.65	10
# R140	Preparation of microvascular recipient site for free island skin and bone flap immediately following ablative surgery and when recipient vessels are in the site of the ablation	10	587.70	10
# R136	Transplantation of free island skin and bone flap with microvascular anastomosis(es) and bone fixation	10	998.65	10
# R137	Elevation of free toe or finger and closure of defect.	10	998.65	10
# R138	Preparation of microvascular recipient site for free toe or finger transplant	10	998.65	10
# R141	Preparation of microvascular recipient site for free toe or finger transplant immediately following ablative surgery and when recipient vessels are in the site of the ablation	10	587.70	10
# R139	Transplantation of free island toe or finger with microvascular anastomosis(es) and tendon nerve and bone repair.	10	1175.00	10
# R025	Revision of free island flaps (see General Preamble GP12) . . .	10	I.C	10
# R106	Skin flaps and grafts - other than listed above (see General Preamble GP12).	I.C	I.C	I.C

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FINGER OR TOE-NAIL

Z110	Extensive debridement of onychogryphotic nail involving removal of multiple laminae	17.45	
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Simple, partial or complete, nail plate excision requiring anaesthesia

Z128	- one	23.80	6
Z129	- multiple	35.70	6
E542	- when performed outside hospital	11.15	

Radical, including destruction of nail bed

# Z130	- one	nil	62.75	6
# Z131	- multiple		82.65	6
E542	- when performed outside hospital		11.15	

WEBBED FINGERS AND TOES

# R089	Webbed fingers - one web space	6	400.00	6
# R090	Webbed toes - one web space	6	250.00	6

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SCAR REVISION - ANY METHOD OF CLOSURE

Up to 2.5 cm

R021	- face or neck	6	115.60	6
R026	- other areas	6	77.35	6

2.6 cm to 5 cm

R022	- face or neck	6	194.85	6
R027	- other areas	6	130.10	6

5.1 cm to 10 cm

R023	- face or neck	6	277.90	6
R028	- other areas	6	185.60	6

Greater than 10 cm

R017	- face or neck	6	417.05	6
R029	- other areas	6	288.20	6

Note:

1. Authorization is required for all scar revisions in areas other than the face or neck (see Appendix D).
2. Revision of post-infection scarring of face must be claimed on an "I.C" basis - maximum payable will be as equated to R023.

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PLASTIC SURGERY PROCEDURES

The setting of benefits covering the various procedures of plastic surgery is a very difficult problem. Since many procedures are divided into stages which have to be considered in assessing a fee, it is felt that all such plastic surgical procedures should be classed by the responsible specialist as very minor, intermediate, major or extensive major. Benefits should be claimed according to procedures set forth in the tariff, except in cases which are difficult to define, in which case "I.C" should be the basis of the claim.

The minimum benefit for each would be as follows:

# R150	Very minor	92.30	6
# R151	Minor	6 140.25	6
# R152	Intermediate	6 259.20	6
# R153	Major	6 388.00	6
# R154	Extensive major	6 568.95	6

Note:

1. Descriptive details of procedure (e.g. operative report) should be submitted with claims for codes R150 - R154 for professional assessment.
2. Taking of skin by a surgeon for grafting by an Oral Surgeon - claim as R150.

# Z132	Insertion of tissue expander	6 196.70	6
# E527	- additional expander, same incision add	58.95	
# E528	- additional expander, different incision add	167.30	

Note:

Authorization may be required from the Ministry of Health and Long-Term Care (e.g. for scars of legs, etc.).

Removal tissue expander injection port when sole procedure

# Z094	- general anaesthetic	6 75.45	6
# Z095	- local anaesthetic	37.70	
Z137	Percutaneous inflation of first tissue expander	23.05	
E541	- each additional expander (to a maximum of 3)	11.55	
# Z138	Replacement of tissue expander by permanent prosthesis	195.85	6

INTEGUMENTARY SYSTEM SURGICAL PROCEDURES

OPERATIONS ON THE BREAST

Asst **Surg** **Anae**

INCISION

Needle biopsy

Z141	- one or more	nil	25.15	
E542	- when performed outside hospital add		11.15	
Z143	- large core breast biopsy - (14 gauge or larger bore needle)		107.05	

Aspiration of cyst

Z139	- one or more	nil	25.15	
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Drainage of intramammary abscess or haematoma

# Z140	Single or multiloculated - local anaesthetic		25.15	
# Z740	Single or multiloculated - general anaesthetic		63.05	6

EXCISION

# R107	Tumour or tissue for diagnostic biopsy and/or treatment, e.g. carcinoma, fibroadenoma or fibrocystic disease (single or multiple - same breast)	6	137.05	6
# E525	- after mammographic wire localization, to R107. add		41.55	
# R111	Partial mastectomy or wedge resection for treatment of breast disease, with or without biopsy, e.g. carcinoma or extensive fibrocystic disease	6	269.40	6
# E525	- after mammographic wire localization, to R111. add		41.55	
# E546	- with axillary node dissection up to the level of the axillary vein, to R111. add		388.75	
# E505	- with limited axillary node sampling, to R111 add		178.05	1
# E506	- with axillary sentinel node biopsy, to R111. add		330.45	

Note:

1. E505 is not eligible for payment in addition to E506.
2. E506 is only eligible for payment in addition to E546 when a frozen section report demonstrates micrometastases.

Mastectomy - female (with or without biopsy)

# R108	- simple	6	273.95	6
# R117	- subcutaneous with nipple preservation	6	273.95	6
# E505	- with limited axillary node sampling, to R108 or R117. add		178.05	1

Note:

Skin grafts are not eligible for payment in addition to R117.

# R109	Mastectomy, radical or modified radical (with or without biopsy)	6	658.15	6
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[Commentary:

Skin grafts are eligible for payment in addition to R109.]

INTEGUMENTARY SYSTEM SURGICAL PROCEDURES

OPERATIONS ON THE BREAST

Asst | **Surg** | **Anae**

Mastectomy - Male (benign)

Unilateral - for treatment of adolescent gynecomastia, gynecomastia secondary to endocrine or genetic disorders (e.g. Klinefelter's Syndrome) or chemotherapy. Prior approval is not required. Removal of male breast fat tissue by liposuction is not an insured service.

# R146	- simple	6	177.50	6
# R147	- subcutaneous with nipple preservation.	6	273.95	6

Mastectomy - male

Unilateral - for treatment of pathological male breast disease (with or without biopsy), e.g. carcinoma

# R148	- simple	6	273.95	6
# R149	- subcutaneous with nipple preservation.	6	273.95	6
# E505	- with limited axillary node sampling, to R148 or R149 . . . add		178.05	1

REPAIR

Post-mastectomy breast reconstruction

# R119	Breast mound creation by prosthesis and/or soft tissue.	6	350.00	6
# R118	Breast skin reconstruction by local flaps or grafts	6	405.60	6
# E529	- with breast mound creation by prosthesis and/or soft tissue add		102.45	
# E526	- with contralateral balancing mastopexy or reduction, to include nipple transplantation add		401.35	
# R114	Revision of breast mound	6	230.30	6

Note:
By myocutaneous flaps - see codes R005 - R009.

# R120	Nipple-areola reconstruction by grafts	6	300.00	6
# R110	Reduction mammoplasty (female, to include nipple transplantation or grafting) - unilateral	6	472.15	7
# R112	Augmentation mammoplasty - unilateral	6	350.00	6

Note:
R110 - R112 - Claims for these procedures may require Ministry of Health and Long-Term Care authorization (see Surgical Preamble SP4; also, Appendix D).

# Z142	Removal of breast prosthesis	6	150.00	6
# Z135	Open capsulotomy with or without replacement of breast prosthesis	6	195.95	6
# Z182	Breast capsulectomy	6	255.05	6
# R006	Myocutaneous flaps - pectoralis major, latissimus dorsi, unilateral rectus abdominus	6	734.95	6

Note:
Correction of inverted nipple(s) is not an insured service.

INTEGUMENTARY SYSTEM SURGICAL PROCEDURES

NOT ALLOCATED