

# FEMALE GENITAL SURGICAL PROCEDURES

## PREAMBLE

Asst | Surg | Anae

1. In composite operations such as anterior and posterior repair and D&C or anterior and posterior repair and cauterization of cervix and biopsy, the amount payable is equal to the fee for the major procedure(s).
  2. A D&C is not eligible for payment if rendered with hysterectomy or management of ectopic pregnancy (S784) or if rendered routinely with tubal occlusion.
- # E857      - if a D&C is required for abnormal uterine bleeding  
                     and rendered with tubal occlusion or with diagnostic  
                     laparoscopy, to other procedure . . . . . add                      78.45
3. The amount payable for a D&C for pregnancy termination (S752, S756 or S785) is reduced to 85% of the full fee when rendered with tubal occlusion (S741).
  4. Unless otherwise specified, when the laparoscope is used as a means of entrance to perform an intra-abdominal procedure, the laparoscopy is not eligible for additional payment.
  5. A diagnostic laparoscopy is eligible for payment as E860 when rendered prior to laparotomy.

**[Commentary:**

In accordance with section 24 of Regulation 552 under the *Health Insurance Act*, In Vitro Fertilization (IVF) is insured only in certain circumstances. If IVF is uninsured, Z585 - hysteroscopy with embryo transfer or Z718 - laparoscopy for oocyte retrieval are also uninsured.]

- # E854      - ureterolysis - unilateral - payable in conjunction with  
                     major gynaecological operative procedure except S743  
                     and must include surgical definition of pararectal  
                     and paravesical spaces, identification of uterine  
                     artery and vein, and mobilization of the pelvic ureter  
                     from common iliac vessels to ureterovesical  
                     junction . . . . . add                      170.00

# FEMALE GENITAL SURGICAL PROCEDURES

## VULVA AND INTROITUS

Asst Surg Anae

### Abscess of vulva, Bartholin or Skene's gland - incision and drainage

|        |   |   |       |   |
|--------|---|---|-------|---|
| Z714   | - local anaesthetic . . . . .                             |   | 17.30 |   |
| E542   | - when performed outside hospital . . . . . add           |   | 11.15 |   |
| # Z715 | - general anaesthetic . . . . .                           | 6 | 50.90 | 6 |
| # Z716 | Marsupialization of Bartholin's cyst or abscess . . . . . | 6 | 71.90 | 6 |

### EXCISION

#### Biopsy(ies) - when sole procedure

|        |   |   |        |   |
|--------|---|---|--------|---|
| Z477   | - local anaesthetic . . . . .                               |   | 26.85  |   |
| E542   | - when performed outside hospital . . . . . add             |   | 11.15  |   |
| # Z475 | - general anaesthetic . . . . .                             | 6 | 50.90  | 6 |
| # S707 | Hymenectomy (with or without perineotomy) or hymenotomy . . |   | 92.30  | 6 |
| # S706 | Cyst of Bartholin's gland . . . . .                         | 6 | 112.00 | 6 |

#### Condylomata - single or multiple

|        |  |  |        |   |
|--------|--|--|--------|---|
|        | Chemical and/or cryosurgery                                      |  |        |   |
| Z733   | - one or more . . . . .  |  | 10.55  |   |
|        | Surgical excision or electrodesiccation or CO <sub>2</sub> laser |  |        |   |
| Z736   | - local anaesthetic . . . . .                                    |  | 26.85  |   |
| # Z769 | - general anaesthetic . . . . .                                  |  | 115.10 | 6 |

#### Vulvectomy

|        |                                      |   |        |   |
|--------|--------------------------------------|---|--------|---|
| # S703 | - simple . . . . .                   | 6 | 257.05 | 6 |
|        | - radical                            |   |        |   |
| # S704 | - without gland dissection . . . . . | 6 | 431.45 | 6 |

### REPAIR

|        |   |  |        |     |
|--------|---|--|--------|-----|
| # S708 | Non-obstetrical injury to vulva and/or vagina, and/or perineum<br>(see General Preamble GP12) . . . . . |  | I.C    | I.C |
| # S701 | Repair of infibulation - resulting from female genital mutilation .                                     |  | 115.00 | 6   |

# FEMALE GENITAL SURGICAL PROCEDURES

## VAGINA

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### ENDOSCOPY

Z478 Vaginoscopy (premenarchal) with or without medication . . . . . 50.90 6

**Note:**

Culdoscopy - see Z552 - Abdomen, Peritoneum and Omentum - Digestive System.

### INCISION

# S712 Culdotomy, drainage or needle puncture . . . . . 115.00 6

Z728 Incision and drainage of cyst, abscess or haematoma . . . . . 92.30 6

### EXCISION

**Biopsy(ies) - when sole procedure**

Z722 - local anaesthetic . . . . . 26.85

E542 - when performed outside of hospital, to Z722 . . . . . add 11.15

# Z723 - general anaesthetic . . . . . 92.30 6

# S715 Excision of cyst(s), or benign tumour(s) . . . . . 6 123.70 6

# S742 Colpectomy - e.g. for carcinoma . . . . . 6 349.00 6

# S702 Excision of congenital vaginal septum . . . . . 6 123.70 6

# FEMALE GENITAL SURGICAL PROCEDURES

## VAGINA

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### REPAIR

# S716 Anterior or posterior repair. . . . . 6 164.00 6

#### Anterior and posterior

# S717 - repair . . . . . 6 303.40 6

# S718 - repair of enterocele and/or vault prolapse . . . . . 6 349.00 6

#### Posterior repair and repair of

# S719 - enterocele and/or vault prolapse. . . . . 6 307.80 6

# S723 - anal sphincter . . . . . 6 272.40 6

#### Anterior repair

# S720 - with or without posterior repair and repair of uterine prolapse (Fothergill or Watkin's interposition). . . . . 6 349.00 6

# S721 Anterior, posterior repair with excision of cervical stump. . . . . 6 349.00 6

#### Post hysterectomy vault prolapse

# S722 - repair by vaginal approach, may include enterocele and/or anterior and posterior repair . . . . . 6 349.00 6

# S812 - repeat - repair by vaginal approach, may include enterocele and/or anterior and posterior repair. . . . . 6 453.70 6

#### Abdominal approach to vaginal vault prolapse

# S760 - vaginal sacropexy. . . . . 6 349.00 6

# S813 - repeat - vaginal sacropexy . . . . . 6 453.70 6

# S761 Combined abdominal/vaginal approach for vaginal vault prolapse . . . . . 7 431.45 7

# E862 - when performed laparoscopically, to S760, S813 or S761 . . . . . add 25%

# S724 Perineorrhaphy (not eligible for payment with delivery or other vaginal surgery procedures). . . . . 6 122.75 6

# S725 Colpocleisis (LeFort or modification) . . . . . 6 257.05 6

# S726 Construction of artificial vagina (see General Preamble GP12). . . . . 6 I.C 6

#### Closure of fistula

# S523 Vesicovaginal. . . . . 6 772.40 6

# S231 Rectovaginal (any repair). . . . . 6 338.55 6

# S729 Ureterovaginal . . . . . 6 560.95 6

# S709 Urethrovaginal . . . . . 6 374.85 6

#### Retropubic Urethropexy

# S549 Primary procedure . . . . . 6 376.70 6

# S546 Repeat procedure for failed retropubic or vaginal surgery for stress incontinence. . . . . 6 489.70 6

# E862 - when performed laparoscopically, to S549 or S546 . . . . . add 25%

# S815 Tension free vaginal tape mid-urethral sling by any method/approach . . . . . 6 381.60 6

#### Payment rule:

Cystoscopy (Z606) is not eligible for payment with S815 unless the cystoscopy is rendered for suspicion of disease.

# FEMALE GENITAL SURGICAL PROCEDURES

## VAGINA

Asst Surg Anae

### Combined Abdominal-Vaginal Procedure for Stress Incontinence (Sling Procedure)

**[Commentary:**

Combined abdominal vaginal sling procedures are indicated for the management of stress incontinence or genital prolapse, particularly following previous failed anti-incontinence procedures of any kind, or a very large cystocele. The procedure usually entails entry into the space of Retzius through an abdominal approach (open or laparoscopic) in conjunction with an anterior vaginal dissection (with or without cystoscopy) following which the sling material (autologous, synthetic or xenograft) is passed through the perineal membrane, placed under appropriate tension at the bladder neck, and sutured to Cooper's ligament bilaterally.]

**Payment rules:**

1. Anti-prolapse procedures or other anti-incontinence procedures are not eligible for payment when rendered with combined abdominal-vaginal procedures for stress incontinence (sling procedures).
2. Cystoscopy (Z606) is not eligible for payment with combined abdominal-vaginal procedures for stress incontinence (sling procedures) unless the cystoscopy is rendered for suspicion of disease.

**[Commentary:**

Those procedures listed under the titles "Following one previous failed procedure" or "Following two or more previously failed procedures" are eligible for payment following failure of the appropriate number of any listed anti-incontinence procedure.]

**Primary approach**

|              |  |   |         |   |
|--------------|--|---|---------|---|
| # S728       | One surgeon . . . . .                                | 7 | 429.10  | 7 |
| # E862       | - when performed laparoscopically, to S728 . . . . . |   | add 25% |   |
| Two surgeons |  |   |         |   |
| # S730       | - vaginal surgeon . . . . .                          | 7 | 330.50  | 7 |
| # E863       | - when performed laparoscopically, to S730 . . . . . |   | add 25% |   |
| S740         | - abdominal surgeon . . . . .                        | 7 | 330.50  |   |
| # E862       | - when performed laparoscopically, to S740 . . . . . |   | add 25% |   |

**Following previous failed procedure**

|              |  |   |         |   |
|--------------|--|---|---------|---|
| # S731       | One surgeon . . . . .                                | 7 | 557.95  | 7 |
| # E862       | - when performed laparoscopically, to S731 . . . . . |   | add 25% |   |
| Two surgeons |  |   |         |   |
| # S732       | - vaginal surgeon . . . . .                          | 7 | 429.65  | 7 |
| # E863       | - when performed laparoscopically, to S732 . . . . . |   | add 25% |   |
| # S733       | - abdominal surgeon . . . . .                        | 7 | 429.65  |   |
| # E862       | - when performed laparoscopically, to S733 . . . . . |   | add 25% |   |

**Following two or more failed procedures**

|              |  |   |         |   |
|--------------|--|---|---------|---|
| # S748       | One surgeon . . . . .                                | 7 | 686.70  | 7 |
| # E862       | - when performed laparoscopically, to S748 . . . . . |   | add 25% |   |
| Two surgeons |  |   |         |   |
| # S749       | - vaginal surgeon . . . . .                          | 7 | 528.75  | 7 |
| # E863       | - when performed laparoscopically, to S749 . . . . . |   | add 25% |   |
| S751         | - abdominal surgeon . . . . .                        | 7 | 528.75  |   |
| # E862       | - when performed laparoscopically, to S751 . . . . . |   | add 25% |   |

# FEMALE GENITAL SURGICAL PROCEDURES

## VAGINA

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|        |  |   |        |   |
|--------|--|---|--------|---|
| # S811 | Rectus abdominus myocutaneous neovaginostomy - includes harvest of longitudinal, vertical or transverse rectus abdominus flap(s), formation of vaginal pouch and insertion of vaginal mold. .... | 8 | 829.40 | 8 |
|--------|--|---|--------|---|

### MANIPULATION

#### Examination and/or dilatation (may include insertion and/or removal of IUD)

|        |   |  |           |   |
|--------|---|--|-----------|---|
| # Z735 | - general anaesthetic - as sole procedure. .... |  | 50.90     | 6 |
| UVC    | Removal of IUD without GA. ....                 |  | visit.fee |   |

# FEMALE GENITAL SURGICAL PROCEDURES

## CERVIX UTERI

Asst | Surg | Anae

### ENDOSCOPY

|      |   |       |  |  |
|------|---|-------|--|--|
| Z731 | Initial investigation of abnormal cytology of vulva and/or vagina or cervix under colposcopic technique (to include biopsies and curetting) . . . . . | 50.90 |  |  |
| Z730 | Follow up colposcopy. . . . .   | 25.50 |  |  |

**Note:**

A screening colposcopy is included in the assessment.

### CAUTERIZATION

|        |  |           |  |   |
|--------|--|-----------|--|---|
| UVC    | Chemical . . . . .   | visit.fee |  |   |
| Z732   | Cryotherapy . . . . .  | 17.30     |  |   |
| Z724   | Electro . . . . .  | 8.55      |  |   |
| # Z725 | Dilatation and cauterization under general anaesthesia . . . . . | 50.90     |  | 6 |

### CONIZATION

|        |  |       |        |   |
|--------|--|-------|--------|---|
| # Z766 | Loop Electrosurgical Excision Procedure (LEEP) . . . . .   | 78.00 |        |   |
| # S744 | Cervix - cone biopsy - any technique, with or without D&C . . . . .  | 6     | 173.15 | 6 |
| Z729   | Cryoconization, electroconization or CO <sub>2</sub> laser therapy with or without curettage for premalignant lesion (dysplasia or carcinoma in situ), out-patient procedure . . . . . | 38.35 |        |   |

### EXCISION

|        |  |       |        |   |
|--------|--|-------|--------|---|
| Z720   | Biopsy - with or without fulguration . . . . . | 17.30 |        | 6 |
| # S765 | Amputation of cervix . . . . .                 | 6     | 173.55 | 6 |

### Cervical stump

|        |                       |   |        |   |
|--------|-----------------------|---|--------|---|
| # S766 | - abdominal . . . . . | 6 | 321.90 | 6 |
| # S767 | - vaginal . . . . .   | 6 | 321.90 | 6 |

**Note:**

Excision of cervical polyp(s) under general anaesthesia, submit using Z720.

# FEMALE GENITAL SURGICAL PROCEDURES

## CORPUS UTERI

Asst Surg Anae

### REPAIR

# S774 Repair of incompetent cervix - not associated with pregnancy . 6 142.50 6

### ENDOSCOPY

#### Hysteroscopy

# Z582 - diagnostic . . . . . 105.40 6  
 # Z583 - with uterine biopsy and/or D&C . . . . . 131.40 6  
 # Z585 - with cannulization of tube(s), lysis of intrauterine  
 adhesions or embryo transfer . . . . . 131.40 6  
 # Z586 - with lysis of intrauterine adhesions/synechiae requiring a  
 minimum of 60 minutes of surgical time . . . . . 349.00 6

#### [Commentary:

Lysis of intrauterine adhesions/synechiae requiring less than 60 minutes constitutes the service described by Z585.]

#### Note:

Only one hysteroscopy fee schedule code is eligible for payment per patient, per day.

### INCISION OR EXCISION

# E861 - paracervical block - payable in addition to endometrial  
 sampling, ablation or curettage by same physician in an  
 office - unilateral or bilateral . . . . . add 9.00  
 Z770 Endometrial sampling . . . . . 34.05  
 E542 - when performed outside hospital . . . . . add 11.15  
 # S772 Endometrial ablation by any method . . . . . 218.65 6

#### Note:

Hysteroscopy (Z582, Z583) is not eligible for payment when rendered with endometrial ablation (S772).

### Abortion

UVC - spontaneous, complete . . . . . visit. fee  
 # S768 - spontaneous, incomplete - including D&C . . . . . 93.00 6  
 # S752 - induced - curettage, intra-amniotic injection (complete) . . . 112.40 6  
 # S785 - induced - intra-amniotic injection (incomplete) followed  
 by curettage, or by any technique after 16 weeks of  
 gestation (only if length of gestation is confirmed by  
 ultrasound) . . . . . 189.85 6  
 # S756 - missed abortion, or evacuation of molar pregnancy . . . . . 112.40 6  
 # S770 - hysterotomy . . . . . 6 245.40 6  
 # S783 - hysterotomy with tubal interruption . . . . . 6 257.05 6  
 # S754 Diagnostic curettage (with or without cauterization, biopsy of  
 cervix removal of polyps, or hysterosalpingography) . . . . . 92.30 6  
 # S764 Myomectomy . . . . . 6 383.90 6



# FEMALE GENITAL SURGICAL PROCEDURES

## CORPUS UTERI

Asst | Surg | Anae

### INCISION OR EXCISION

#### Hysterectomy - with or without adnexa (unless otherwise specified)

|        |   |   |        |   |
|--------|---|---|--------|---|
| # S757 | - abdominal - total or subtotal . . . . .   | 6 | 478.00 | 6 |
| # S816 | - vaginal . . . . .   | 6 | 429.10 | 6 |
| # S758 | - with anterior and posterior vaginal repair and including<br>enterocele and/or vault prolapse repair when rendered . .                                 | 6 | 616.60 | 6 |
| # S759 | - with anterior or posterior vaginal repair and including<br>enterocele and/or vault prolapse repair when rendered . .                                  | 6 | 523.55 | 6 |
| # E090 | - removal of one or both ovaries with moderate or severe<br>endometriosis, to S757, S758 or S759 . . . . . add  |   | 260.80 |   |
| # E862 | - when hysterectomy is performed laparoscopically, or<br>with laparoscopic assistance, abdominal or vaginal, to<br>S757, S758 or S759 . . . . . add 25% |   |        |   |

**[Commentary:**

Submit claims for laparoscopically-assisted vaginal hysterectomy using S757 and E862.]

|        |   |   |        |   |
|--------|---|---|--------|---|
| # S710 | - with omentectomy for malignancy. . . . .                    | 6 | 680.65 | 6 |
| # S763 | - radical (Wertheim or Schauta) - includes node dissection .  | 8 | 893.55 | 8 |
| # S762 | - radical trachelectomy - excluding node dissection . . . . . | 8 | 801.10 | 8 |

**[Commentary:**

Unless otherwise specified, S757, S816, S758, S759, S710, S763, S762 are total fees.]

**Note:**

S722, S760, S812, S813, S738, S741, S745-S747, S780-S782 are not eligible for payment when rendered with S757, S816, S758, S759, S710, S763 or S762.

|        |  |   |        |   |
|--------|--|---|--------|---|
| # S776 | Staging pelvic lymphadenectomy for carcinoma (laparoscopic<br>or open) . . . . .   | 6 | 431.20 | 6 |
| # S781 | Staging Para-aortic lymphadenectomy for carcinoma<br>(laparoscopic or open) (not eligible for payment when<br>rendered with Z578 and/or S776). . . . . | 6 | 431.20 | 6 |

### REPAIR

#### Hysteroplasty

|        |   |   |        |   |
|--------|---|---|--------|---|
| # S779 | - excision of septum . . . . .                                  | 6 | 349.00 | 6 |
| # S775 | - unification of double uterus (Strassman) . . . . .            | 6 | 431.45 | 6 |
| # S777 | - uterine inversion, operative. . . . .                         | 6 | 349.00 | 6 |
| # S778 | Presacral neurectomy (with or without ovarian neurectomy) . . . | 6 | 349.00 | 6 |

# FEMALE GENITAL SURGICAL PROCEDURES

## FALLOPIAN TUBE

Asst Surg Anae

### EXCISION, SUTURE OR REPAIR

#### Ectopic pregnancy

|        |  |   |        |   |
|--------|--|---|--------|---|
| # S784 | - management by any surgical technique   | 6 | 306.85 | 6 |
| # E852 | - with tuboplasty . . . . . add  |   | 47.90  |   |
| # E860 | - diagnostic laparoscopy prior to laparotomy. . . . . add  |   | 71.90  |   |
| # S738 | Salpingectomy or salpingo-oophorectomy (uni- or bilateral) . . .   | 6 | 306.85 | 6 |
| # S741 | Tubal occlusion/interruption/removal by any method or approach for the purpose of sterilization. . . . . | 6 | 155.70 | 6 |

#### Tubal plastic operation with/without operating microscope (unilateral or bilateral)

|        |  |   |        |   |
|--------|--|---|--------|---|
| # S735 | - fimbriolysis . . . . .   | 6 | 306.85 | 6 |
| # S736 | - salpingostomy. . . . .   | 6 | 359.55 | 6 |
| # S739 | - fimbriolysis and salpingostomy. . . . .                                  | 6 | 407.45 | 6 |
| # E862 | - when performed laparoscopically, to S735, S736 or S739 . . . . . add 25% |   |        |   |

#### Repair of extensive unilateral or bilateral tubal and peritubal disease

For infertility, pelvic inflammatory disease or endometriosis using operating microscope with or without laser treatment and ureterolysis

|        |   |   |        |   |
|--------|---|---|--------|---|
| # S743 | - laparotomy . . . . .                                      | 8 | 616.60 | 8 |
| # E862 | - when performed laparoscopically, to S743. . . . . add 25% |   |        |   |

#### Note:

1. Z737 or E854 are not eligible for payment when rendered same patient same day as S743 by any surgeon.
2. Reconstruction or repair for infertility following previous sterilization is not an insured service.

#### Laparoscopy

|        |   |   |        |   |
|--------|---|---|--------|---|
| # Z552 | - diagnostic . . . . .  | 6 | 131.45 | 6 |
| # Z553 | - with biopsy and/or lysis of adhesions and/or removal of foreign body and/or cautery of endometrial implants . . . . . | 6 | 173.25 | 6 |
| # E855 | - with dye injection. . . . . add   |   | 25.85  |   |
| # E857 | - with D&C. . . . . add   |   | 78.45  |   |
| # Z718 | Laparoscopy for oocyte retrieval . . . . .  | 6 | 174.50 | 6 |
| # Z737 | Laser treatment of extensive pelvic disease . . . . .   | 6 | 215.80 | 6 |

# FEMALE GENITAL SURGICAL PROCEDURES

## OVARY

Asst Surg Anae

### EXCISION (UNILATERAL OR BILATERAL)

|                     |  |   |        |   |
|---------------------|--|---|--------|---|
| # S780              | Biopsy of ovaries by laparotomy . . . . .  | 6 | 257.05 | 6 |
| <b>Oophorectomy</b> |  |   |        |   |
| # S745              | - and/or oophorocystectomy . . . . .   | 6 | 306.85 | 6 |
| # E090              | - removal of contralateral ovary with moderate or severe<br>endometriosis, to S745 . . . . . add   |   | 260.80 |   |
| # S782              | - with total omentectomy . . . . .   | 6 | 410.40 | 6 |
| # S747              | Para ovarian cystectomy . . . . .  | 6 | 306.85 | 6 |
| # S714              | Second look exploratory laparotomy including biopsies, when<br>done as part of chemotherapy protocol for ovarian<br>carcinoma with or without total omentectomy . . . . .                                    | 6 | 431.45 | 6 |
| # S727              | Ovarian debulking, for ovarian carcinoma of stage 2C, 3B, 3C,<br>or 4 and may include hysterectomy, omentectomy, bowel<br>resection, one or more biopsies and/or resection of pelvic<br>peritoneum . . . . . | 8 | 884.85 | 8 |
| # E853              | - with resection of diaphragm including reconstruction, to<br>S727 . . . . . add   |   | 145.00 |   |
| # S750              | Radical resection pelvic and para-aortic nodes for cancer. . . . .   | 6 | 797.45 | 8 |

**Note:**

1. Z758, S776 or S781 are not eligible for payment when rendered to the same patient same day as S750.
2. The ovarian excision codes include payment for unilateral or bilateral services except for S745 when the contralateral ovary has moderate or severe endometriosis and E090 can be billed.
3. For Diagnostic and Therapeutic procedures - see gynaecology.

# **FEMALE GENITAL SURGICAL PROCEDURES**

**NOT ALLOCATED**