

GENERAL SERVICES

These listings cannot be correctly interpreted without reference to the Preamble.
No additional visit fee should be charged unless extra service is rendered.

B - Service included in visit fee. For an isolated service, see Clause B.12 b. Preamble.

Y - Office or hospital visit on same day extra to procedure fee.

		\$	Anes. Level
Injections			
B00010	Intramuscular medications.....	10.10	
B00011	Intravenous medications.....	11.92	
The following test is not payable to laboratories, vested interest laboratories and/or hospitals:			
00012	Venepuncture and dispatch of specimen to laboratory, when no other blood work performed	5.56	
Notes:			
i) <i>This is the only fee applicable for taking blood specimens and is to apply in those situations where a single bloodwork service is provided by an unassociated facility or person.</i>			
ii) <i>Where a blood specimen is taken by physician's office and dispatched to another unassociated physician's office or diagnostic facility, the original physician's office may charge 00012 only when it does not perform another laboratory procedure using blood collected at the same time. (See Preamble Clause B.6.)</i>			
iii) <i>When billed with another service such as an office visit, 00012 may be billed at 100%.</i>			
B00013	Intra-arterial medications	14.94	
Y00014	Intra-articular medications by injection – hip (initial injection)	23.81	
Y00015	- tendons, bursae, and all other joints (initial injection)	15.84	
(subsequent injections, injection fee only, includes visit fee)			
00016	Intrathecal medications by injection	31.82	
00024	Vein dissection for intravenous therapy (<i>Not paid in the immediate pre and post-operative phase of surgery</i>)	34.96	
00019	Venesection for polycythaemia or phlebotomy - procedural fee	29.41	
00018	Autologous ascitic infusion	46.93	
00017	Insertion of central venous pressure catheter	23.32	

Blood Transfusions

00020	Administered outside hospital.....	58.04	
00021	Administered in hospital	36.38	
00022	Serum transfusion	23.09	
00023	With vein dissection - extra.....	49.64	
Note: <i>The above rates include cross-matching, taking and giving of blood, and are applicable only when the Canadian Blood Service is not available and the attending physician accepts responsibility of the laboratory technique involved. When using blood or plasma provided free by the Canadian Blood Service, it is to be made clear that no charge is being made other than ordinary call rates which are applicable.</i>			

Dialysis Fees

(A) Acute renal failure

a) Haemodialysis:

33750	Blood dialysis - physician in charge	511.26
33751	Repeat blood dialysis - physician in charge	192.13

Notes:

- i) Maximum number of repeat dialysis on one patient is four. Thereafter bill as chronic renal failure, under fee item 33758.
- ii) When Items 33750 or 33751 are charged, there should be no charge under items 33710, 33708, or 00081.

33752	Blood dialysis - fee for cut down by surgeon to be charged in addition to items 33750 or 33751	129.25
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b) Peritoneal dialysis:

33755	Dialysis (initial), to include consultation and two weeks care	382.49
33708	Subsequent hospital visits (Preamble, Clause B.4.e.(ii) applies)	26.34
33756	Reinsertion of peritoneal catheter after 10 days from initial insertion	50.25

Note: Item 00081 not to be charged in addition to item 33755.

Where an initial peritoneal dialysis is performed and for various reasons, haemodialysis initiated within next 48 hours, the subsequent service should be charged under item 33758 plus item 33756 for the insertion of catheter.

(B) Chronic renal failure:

a) Haemodialysis:

33758	Performance of haemodialysis - fee to include supervision of the procedure, history, physical examination, appropriate adjustment of solutions, and other problems during dialysis, for each dialysis	50.25
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Note: Other medical situations which may arise such as septicaemia, etc., to be covered by item 00081 and always to be accompanied by an explanation when billing the Plan.

77390	Removal of haemodialysis shunt.....	72.49	2
77410	Cannula declotting, when performed by attending physician	38.39	

b) Peritoneal Dialysis:

77380	Insertion of permanent catheter, procedural fee only.....	184.23	3
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33723	Performance of initial peritoneal dialysis to include consultation and two weeks' care.....	382.49	
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33759	Performance of each peritoneal dialysis thereafter, - fee to include supervision of procedure, history, physical examination, appropriate adjustments of solutions, and any other problem that may arise during dialysis.....	50.25	
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Notes:

- i) Other situations requiring medical care such as bacteraemias, etc., to be covered by item 00081 in the Payment Schedule and always to be accompanied by an explanation.
- ii) If a period greater than three months elapses since last dialysis, then charge as initial dialysis 33755.

Home Dialysis

33761	Supervision of home dialysis - per week	60.75	
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Note: This fee item covers all services per week necessary for home or limited care dialysis and includes consultations and visits of all types. Should a patient take ill with a condition totally unrelated to renal care or require hospitalization for any reason, then other appropriate fee items may be billed in lieu of fee item 33761.

Immunization Skin Tests

B00030	Diagnostic skin tests (Schick, Dick, TB., and Frei.).....	8.42
B00031	Vaccination against smallpox (with certificate).....	8.03
B00034	Subcutaneous injections, including desensitization treatments, immunization, oral polio vaccine, etc. (maximum charge per sitting - 3).....	10.10

Immunizations for Patients 18 Years of Age or Younger

Notes:

- i) For immunizations of patients age 19 or older, use fee item B00010, B00034.
- ii) Not payable for immunizations required for travel, employment and emigration.
- iii) Payable per injection.
- iv) Payable in full with an office visit to a maximum of 4 injections per patient per day.
- v) Not payable on the same day with B00010, B00034.

10010	DTaP-P (Diphtheria, Tetanus, Pertussis, Polio).....	4.07
10011	DTaP-P-Hib (Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenza type b)	4.07
	Note: Not payable with 10010 or 10018 on the same day, same patient.	
10012	Td (Tetanus, Diphtheria).....	4.07
10013	TdP (Tetanus, Diphtheria, Polio).....	4.07
	Note: Not payable with 10012 or 10019 on the same day, same patient.	
10014	TdaP (Tetanus, Diphtheria, Pertussis)	4.07
	Note: Not payable with 10013 on the same day, same patient.	
10015	Flu (Influenza).....	4.07
10016	HA (Hepatitis A).....	4.07
10017	HB (Hepatitis B).....	4.07
10018	HiB (Haemophilus influenza type b)	4.07
	Note: Not payable with 10011 on the same day, same patient.	
10019	IPV (Polio Vaccine - Inactivated).....	4.07
	Note: Not payable with 10010, 10011 or 10013 on the same day, same patient.	
10020	MEN-C-C (Meningococcal-Conjugate-ACYW135).....	4.07
10021	MEN-C-ACYW135 (Meningococcal-Conjugate-ACYW135)	4.07
10022	MMR (Measles, Mumps, Rubella)	4.07
10023	PNEU-C-7 (Pneumococcal Conjugate C-7)	4.07
10024	PNEU-P-23 (Pneumococcal-Polysaccharide-23).....	4.07
10025	RAB (Rabies).....	4.07
10026	VAR (Varicella)	4.07
10027	Infanrix hexa vaccine (Diphtheria, Tetanus, Pertussis, Hepatitis B, Polio, and Haemophilus Influenza type b (Hib)	4.07
	Note:	
	i) Not billable with fee items 10010,10011,10012, 10013, 10014,10017, 10018.	
P10028	HPV vaccine (Human Papiloma Virus).....	4.07
	Note: Applicable only for females in Grade 6 starting September 2008 and females in Grade 9 in the school years 2008/2009 to 2010/2011.	

Miscellaneous

T00039 Methadone treatment only22.23

Notes:

- i) *The physician does not necessarily have to have direct face-to-face contact with the patient for these fees to be paid.*
- ii) *00039 is the only fee payable for any visit or medically necessary service associated with methadone maintenance therapy. This includes but is not limited to the following:*
 - a) *At least one visit per week with the patient during the induction of methadone/methadone stabilization.*
 - b) *At least two visits per month with the patient after induction/ stabilization on methadone is complete. Exceptions to this criterion are where the patient resides/works in an isolated locale which is a significant distance from the prescribing physician.*
 - c) *Case management/treatment planning with care team.*
 - d) *Supervised urine drug screening and interpretation of results.*
 - e) *Counselling by a physician.*
 - f) *Communication with non-physician counsellor.*
 - g) *Communication with dispensing/supervising pharmacist.*
 - h) *Communication with primary care physician.*
 - i) *Communication with hospital-based physician when patient admitted to hospital.*
 - j) *Completion and submission of documentation relating to registration, termination or transfer.*
- iii) *Claims for visit fees are not payable in addition.*
- iv) *This fee is payable once per week per patient regardless of the number of visits per week.*
- v) *This fee is not payable with out of office hours premiums.*
- vi) *Eligibility to submit claims for this fee item is limited to physicians who:*
 - a) *have a current valid license to prescribe methadone for addiction.*
 - b) *are actively supervising the patient's continuing use of methadone within the provincial methadone program.*
- vii) *This payment stops when the patient stops taking methadone.*

P15039 GP Point of Care (POC) testing for methadone maintenance6.22

Notes:

- i) *Restricted to physicians who have exemptions to prescribe methadone for their patients with opioid dependency in B.C.*
- ii) *Restricted to patients registered in the B.C. Methadone Maintenance Program.*
- iii) *Maximum billable: 26 per annum, per patient.*
- iv) *Confirmatory testing (reanalyzing a specimen which is positive on the initial POC test using a different analytic method) is expensive and seldom necessary once a patient has enrolled in the Methadone Maintenance Program. Accordingly, confirmatory testing should be utilized only when medically necessary and when a confirmed result would have a significant impact on patient management.*
- v) *This fee includes the adulteration test.*

00040 Stomach lavage and gavage25.41

B00041 Ultrasound treatments 8.42

00042 Mileage, per mile one way (in the country beginning 5 miles [8 kilometres] from town centre, in the city from the boundary the city)2.59
Note: *To be billed only in unusual emergencies; submit explanation with claim.*

00043 Anticoagulation therapy by telephone6.52

B00045 Manipulation therapy - without anesthesia 15.67

	\$	Anes. Level
PG13705 Telephone Advice regarding H1N1 virus.....	14.74	
Notes: - Effective October 1, 2009		
i) Payable when there is a pre-existing, on-going and longitudinal professional relationship between the patient and the physician.		
ii) Payable for direct physician telephone advice about the patient's suspected or active H1N1 symptoms, provided to the patient or the patient's caregiver.		
iii) Not intended for providing general information on H1N1.		
iv) Phone call must be initiated by patient or patient representative.		
v) Dates of service under this item and a brief notation of the advice given should be documented in the patient's record together with the name of the patient's representative (if appropriate).		
vi) Includes providing a new prescription or prescription renewal if rendered.		
vii) Limited to two (2) calls per patient per day.		

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).

00025 Where no other fee is charged - physician in chamber - 1st ½ hour	77.43	7
00026 - each additional 15 mins.....	39.75	
00027 - physician outside chamber - 1st ½ hour	52.73	5
00028 - each additional 15 mins.....	28.00	
00046 Additional charge to pertinent medical, anesthetic or surgical fee, per hour	26.56	

Eye Bank Services

00050 Enucleation of eye(s) for use in corneal transplant	105.18	
Note: Payment of this fee item is limited to:		
i) enucleations yielding tissue which is confirmed by the Eye Bank of British Columbia as falling within its guidelines for enucleations and		
ii) enucleations where the donors were insured by the Medical Services Plan at the time of death.		
00051 Corneal tissue processing	368.41	
Note: Payment of this fee item is limited to:		
i) corneal tissue which is processed by the Eye Bank of British Columbia		
ii) corneas which are used for transplant into recipients who are insured under the Medical Services Plan.		

Certificates, etc.

00062 Initial "in-care" or adoption examination of a well baby or child (with report) (fee for each doctor).....	72.11	
00064 Subsequent "in-care" or adoption examination by same doctor within six months.....	32.43	
00065 Investigation (with certificate of mental ill health) (fee per doctor)	64.79	
00066 Completion of documents for certification of mental ill health on previously treated cases	29.12	
00067 Voluntary committal	29.04	

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
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, i.e. 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	98.61
00082	Monitoring of critically ill patients (when modification of the care and active intervention is not necessary), per half hour or major portion thereof	59.15

Crisis Intervention

00083	Personal or family crisis intervention: Applies to situations where the attending physician is called upon to provide continuous medical assistance at the exclusion of all other services in periods of personal or family crisis caused by rape, sudden bereavement, suicidal behaviour or acute psychosis - per ½ hour or major portion thereof	98.61
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Notes:

- i) *Timing for this listing begins after the first hour if a consultation or complete physical examination is rendered or after 30 minutes if a regional examination, counselling, etc. is rendered. Claims for more than 3 hours under fee item 00083 will be given independent consideration by the Medical Services Plan.*
- ii) *The item does not include time spent collecting legal evidence of possible sexual assault. Such is billable to the local police station or RCMP.*

00084	Accompanying patient(s) to a distant hospital, where medically required - per ½ hour or major portion thereof	207.27
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Notes:

- i) *When accompanying a patient to a distant hospital, charge portal to portal for time while patient is under the exclusive care of the accompanying physician.*
- ii) *Time for standing by and return trip are included and may not be billed in addition.*
- iii) *Payment is not applicable to layover or return travel time. Claims for travel, board and lodging are not payable by the Plan. Physicians who accompany a patient who is being transferred will, upon application to the Health Authority, be reimbursed for expenses reasonably incurred during, and necessitated by, the transfer. Please refer to Preamble B. 13.*

Tray Service Fee

00044	Mini Tray Fee	4.90
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Notes:

- i) *00044 is applicable to fee items 00190, 00217, 00744 and 14560 only.*
- ii) *Applicable to 14560 only when disposable speculum is used.*

00080	Minor Tray - is defined as the use of sterile tray suitable for cautery, cryotherapy, dilation or similar procedure	9.80
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00090	Major Tray - is defined as the use of sterile instrument tray requiring local anesthetic and/or suture material or similar supplies, or plaster cast material, and endoscopy requiring sterile instrumentation	29.41
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Note: *Applicable to 04111 only when rendered in private (non-funded) facilities. Not applicable when rendered in hospital or other publicly-funded facilities*

Notes – General for Tray Fees

- i) *Tray fees are only applicable where the costs are actually incurred by the physician.*
- ii) *Tray fees are only applicable in conjunction with the procedures included in the attached lists. Other procedures will be given independent consideration with the British Columbia Medical Association Tariff Committee.*
- iii) *Tray fees are not applicable when the service is performed at a funded facility (eg., hospital, D&T Centre, Psychiatric Institution, etc.).*

PROCEDURES ELIGIBLE FOR MAJOR TRAY FEES

S33373	Colonscopy with flexible colonoscope - biopsy
33374	Colonscopy with flexible colonoscope – removal polyp
S00701	Direct laryngoscopyolyp
S00704	Cystoscopy dilation and Panendoscopy
S00706	Oesophagoscopy with biopsy
S00707	Oesophagogaastro-duodenoscopy procedural fee
SY00715	Sigmoidoscopy with biopsy
SY00716	Sigmoidoscopy Flexible
SY00718	Sigmoidoscopy Flexible with Biopsy
S00723	Sialogram (per duct) or galactograms (per blast) - procedure fee for Injection
S00727	Salpingogram - procedural fee
S00732	Voiding cysto-urethrogram – procedural fee
S00745	Peripheral or Subcutaneous Lymph Node Biopsy
S00747	Prostate biopsy - procedural fee
S00759	Chest Aspiration Paracentesis
S00760	Paracentesis Abdominal
S00785	Endometrial biopsy
S00807	Diagnostic Hysteroscopy
S00808	Diagnostic Hysteroscopy with Biopsy(s)
S00874	Urethral Profilometry
S00878	Cystometry (includes pelvic floor EMG)
SY00907	Endoscopic Examination of the Nose and Nasopharynx
SY00908	Endoscopic Examination of the Nose and Nasopharynx with biopsy
SY00909	Flexible fiberoptic nasopharyngolaryngoscopy
01036	Epidural Block: Thoracic
01037	Epidrual Block: Cervical
01135	Epidural Block: Lumbar
01138	Epidural Block: Caudal blocks
01140	Nerve root or facet blocks – cervical - single
01141	Nerve root or facet blocks – cervical - multiple
01142	Nerve root or facet blocks – thoracic - single
01143	Nerve root or facet blocks – thoracic - multiple
01144	Nerve root or facet blocks – lumbar - single
01145	Nerve root or facet blocks – lumbar - multiple
S02107	Repair of eyelid margin defect, requiring layered closure
S02150	Chalazion Excision
S02152	Tarsorrhaphy
S02153	Ectropion - Ziegler or Simple Procedure
S02156	Eyelid Margin Tumour - Benign Excision
S02157*	Eyelid Tumour - Benign Excision (operation only)
S02171*	Pterygium or Limbus Tumour (operation only)
02251	Myringoplasty
02254*	Myringotomy unilateral - with insertion of aerating tube (operation only)
02255	Exploratory tympanotomy
02266*	Myringoplasty - Paper patch, ear drum (operation only)
02274*	Myringotomy bilateral - with insertion of aerating tube (operation only)
02307*	Naso-antral window – single (operation only)
02308	Naso-antral window - double
02317*	Electrocoagulation of turbinates – one side (operation only)
02318*	Electrocoagulation of turbinates – both sides (operation only)
S02322*	Removal of nasal polypi – unilateral (operation only)
S02323	Removal of nasal polypi - bilateral
02324*	Antral lavage – unilateral (operation only)
02325*	Antral lavage – bilateral (operation only)

02341* Posterior nasal packing – to include balloon control of epistaxis (operation only)
 02345* Drainage of abscess or haematoma of septum (operation only)
 02346* Posterior nasal packing with trans-oral gauze pack, under local, topical or general
 anesthesiology (operation only)
 02412* Biopsy of larynx and/or cauterization (including laryngoscopy) (operation only)
 02413 Operative control of post-tonsillectomy or post-adenoidectomy haemorrhage requiring local or
 general anesthetic
 02419 Direct or indirect laryngoscopy with foreign body removal
 02447* Incision of peritonsillar abscess – under local anesthetic (operation only)
 02535 Maxillary Sinus Endoscopy
 03211 Muscle Biopsy
 04032 Biopsy of vulva, excisional lesion > /= 2 cm
 04111* Therapeutic abortion (vaginal), by whatever means – less than 14 weeks gestation
 (operation only)
 04300* Hymen Incision (operation only)
 04301* Bartholin's cyst excision (operation only)
 04312* Resection of labia minora (operation only)
 04317 Biopsy Vulva, lesion <2 cm
 04404* Cyst Vaginal Inclusion Removal (operation only)
 04405* Removal of other vaginal cyst (operation only)
 04406* Operation for removal of vaginal septum (operation only)
 S04500* Cervix dilatation and curettage (operation only)
 04510* Biopsy of cervix, with dilation and curettage (operation only)
 04536 Cone Biopsy Cervix (includes D&C)
 06016* Removal of tumour or scar under GA or regional block (operation only)
 06017 Removal of Tumour
 06019* Skin grafts - single or multiple flaps under 2 cm (operation only)
 06020 Skin grafts - single
 06021 Skin grafts - single with free skin graft to secondary defect
 06022 Skin grafts - multiple
 06023 Skin grafts - multiple with free skin graft to secondary defect
 06024 Skin Graft - eyebrow, eyelid, lip, ear, nose
 06027* Repair of torn (split) earlobe (simple)
 06040 Free Skin Graft - finger, phalanx
 06041 Free Skin Graft, ear eyelid, lip, nose
 06043* Free Skin Graft - finger tip (operation only)
 06044 Free Skin Grafts - sole or palm
 06046* Free Skin Grafts - less than 6.5 sq. cm (operation only)
 06051* Free Skin Grafts - finger tip (operation only)
 06052 Free Skin Grafts - head and neck - 6.5 sq. cm or less
 06060 Free Skin Grafts - mouth
 06069* Tumour or scar excision – face (operation only)
 06070* Skin Graft following removal of tumour (operation only)
 06075 Eyelid and lip wounds avulsed and complicated
 06076 Nose and ear wounds avulsed and complicated
 06077 Lacerations of the scalp, cheek and neck complicated
 06079* Minor burns debridement, surgical (operation only)
 06125 Blepharoplasty - Simple
 06126 Blepharoplasty - Complicated
 06130* Accessory Auricle (operation only)
 06156 Peripherhal nerve: transplant of neuroma
 T06182 Ganglia of tendon sheath or joint
 06184 Extensor - primary or secondary repair
 06186 Tenoplasty
 06187 Tenoplasty - 2 or more tendons
 06188 Tenolysis
 06193 Palmar Fasciectomy - more than one digit
 06197* Tenosynovitis, finger (operation only)

06210 Neurolysis external
 06218 Amputation, Transmetacarpal
 06219* Amputation, Finger (operation only)
 S06258 Neurolysis and exploration of Peripheral Nerve
 07025* Biopsy, Temporal Artery (operation only)
 T07041* Aspiration: abdomen or chest (operation only)
 07045* Abscess Anterior Closed Space (operation only)
 V07053 Wedge excision of one nail - complete with shortening of phalanx
 07110* Multiple ligations and stripping tributaries: - 3 to 5 incisions (operation only)
 V07111 Multiple ligations and stripping tributaries: - 6 or more incisions
 V07112 Ligation of 2 or more perforators
 07464 Sigmoidoscopy, flexible; diagnostic – with removal of polyp(s) (operation only)
 V07470 Microdocheotomy, Nipple exploration
 07516* Excision of salivary cyst (operation only)
 07685 Pilonidal Sinus
 S08262* Meatotomy and plastic repair (operation only)
 S08264* Urethra dilation (operation only)
 S08301* Dorsal slit (operation only)
 S08340* Epididymis abscess incision (operation only)
 S08345* Vasectomy – bilateral (operation only)
 08513 Dacrocystogram
 08595 Cystogram or Retrogradeurethrogram (not including catheterization)
 SY10714 Proctosigmoidoscopy, rigid, diagnostic
 13600* Biopsy, Mucosa or skin (operation only)
 13601* Biopsy, Face (operation only)
 13611* Lacerations or foreign body, Minor (operation only)
 13612* Laceration, Extensive (operation only)
 13620* Scar or tumour Excision (operation only)
 13622* Localized carcinoma of skin, proven histopathologically (operation only)
 13632* Removal of nail - with destruction of nail bed (operation only)
 13633* Wedge excision of one nail (operation only)
 13650* Hemorrhoid Thrombotic, Enucleation (operation only)
 14540 Insertion of IUD
 51016 Cast - Short Arm (elbow to hand)
 51017 Cast - Long Arm (axilla to hand)
 51019 Cast - Below Knee
 51021 Cast - Long Leg
 57270 Fasciectomy - plantar
 70041 Fine Needle aspiration of solid or cystic lesion (operation only)
 70470* Breast biopsy incisional (operation only)
 70471* Breast biopsy excisional (operation only)
 70472 Stereotactic or ultrasound-guided core needle biopsy: - 1 to 5 core samples (operation only)
 70473* Stereotactic or ultrasound-guided core needle biopsy: - 6 to 10 core samples (operation only)
 70547 Oesophagogastroduodenoscopy, including collection of specimen(s) by brushing or washing
 – with band ligation of oesophageal varices (includes endoscopy) (operation only)
 71684* Papillectomy or excision of anal tag or polyp – single (operation only)
 71686* Papillectomy or excision of anal tag or polyp – multiple (operation only)
 T71690* Hemorrhoid(s); office procedure –infrared photocoagulation to include proctoscopy
 (operation only)
 72669 Excision rectal tumour - 0 to 2.5 cm (operation only)
 72670 Excision rectal tumour - 2.6 to 5 cm
 72672 Electrodesiccation or fulguration of malignant tumour of rectum (operation only)
 77045 Varicose veins, injection, each visit
 77050 Compression sclerotherapy initial - uncomplicated
 77055 Compression sclerotherapy - complicated
 77060 Compression sclerotherapy - repeat
 77065 High ligation, long saphenous
 77390 Removal of haemodialysis shunt

