

VASCULAR SURGERY

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

Note: Asterisk items (*) operation only - refer to Orthopaedic Preamble 1.

		\$	Anes. Level
Referred Cases			
77010	Consultation: to include complete history and physical examination, review or x-ray and laboratory findings, if required, and a written report	125.52	
77012	Repeat or Limited Consultation: to apply where a consultation is repeated for same condition within 6 months of the last visit by the consultant, or where in the judgment of the consultant the consultative service does not warrant a full fee	56.49	
<u>Continuing Care by Consultant:</u>			
77007	Subsequent office visit	24.34	
77008	Subsequent hospital visit	21.37	
77009	Subsequent home visit	43.06	
77005	Emergency visit when specially called (not payable in addition to out of office hour premiums nor within 10 post-operative days from a surgical procedure)	85.93	
<i>Note: Claim must state time call placed.</i>			
77006	Directive care in emergent surgical conditions, per visit	23.38	
<i>Note: Fee Item 77006 charged only where no other consultant is involved in directive care of this emergent condition. Use only where further resuscitation and assessment is medically required in preparation for surgery.</i>			

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, intubation (as part of a cardiac arrest).

4. 00081 includes the time required for the use and monitoring by the physicians 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 an 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 half 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	58.07

Out-Of-Office Hours Premiums

These listings cannot be correctly interpreted without reference to the Explanatory Notes in the Out-of-Office Hours Premiums Section.

Call-Out Charges

Extra to consultation or other visit or to procedure if no consultation or other visits charged.

01200	Evening (call placed between 1800 hours and 2300 hours and service rendered between 1800 hours and 0800 hours)	57.88
01201	Night (call placed and service rendered between 2300 hours and 0800 hours).....	81.30
01202	Saturday, Sunday or Statutory Holiday (call placed between 0800 hours and 1800 hours)	57.88

Note: State time called and time service rendered.

Continuing Care Surcharges

a) NON-OPERATIVE

Applicable when an out-of-office hours call-out charge is applicable or when specially called for an emergency. Timing begins after the first 30 minutes for consultations, visits or anesthetic evaluation. Payment is based on one half hour of care or major portion thereof. Therefore, the first surcharge is billable after 45 minutes of continuous care. Applicable also, without the 30 minute time lapse and with timing continuing, to immediately subsequent patients seen on the same callout, under the following conditions:

- i) as an emergency;
- ii) to provide "top-ups" under fee code 01103 or for obstetrical epidural anesthesia;
- iii) to provide subsequent resuscitative care under fee code 01088.

Surcharges do not apply to time spent standing by and are based on the amount of time providing care, regardless of the number of patients attended or services provided.

01205	Evening (service rendered between 1800 hours and 2300 hours) - per half hour or major part thereof	48.35
01206	Night (service rendered between 2300 hours and 0800 hours) - per half hour or major part thereof	72.77
01207	Saturday, Sunday or Statutory Holiday (call placed between 0800 hours and 1800 hours) - per half hour or major part thereof	53.22

Notes:

- i) State time called and time services rendered
- ii) Where timing is continuous, submit an account for each patient, indicating "CCFPP" (continuing care from previous patient).
- iii) Not applicable to full or part-time emergency physicians or to onsite practitioners providing coverage in drop-in emergency clinics or hospital emergency rooms

b) OPERATIVE

Applicable only to emergency surgery or to elective surgery which, because of intervening emergency surgery, commences within the designated times.
Applicable only to surgical procedure(s) requiring general, spinal or epidural anesthesia and/or requiring at least 45 minutes of surgical time.

01210	Evening(1800 hours to 2300 hours) – 37.59% of surgical (or assistant) fee	
	- minimum charge	52.06
	- maximum charge	359.21
01211	Night (2300 hours to 0800 hours) –60.27% of surgical (or assistant) fee	
	- minimum charge	73.13
	- maximum charge	504.43
01212	Saturday, Sunday or Statutory Holiday (call placed between 0800 hours and 1800 hours) – 37.59% of surgical (or assistant) fee	
	- minimum charge	52.06
	- maximum charge	359.21

Notes:

- i) *When surgery commences within evening time period (1800 -2300 hrs) and continues into night time period (2300-0800hrs), the appropriate item for billing is determined by the period in which the major portion of the surgical time is spent.*
- ii) *When emergency surgery commences prior to 1800, even if the major portion of surgical time is after 1800, surgical surcharges are not applicable.*
- iii) *If emergency surgery commences prior to 0800 and continues after 0800 hours, surcharges are applicable to the entire surgical time.*
- iv) *Claim must state time surgery commenced.*

Surgical Assistant Or Second Operator

Total operative fee(s) for procedures:

00195	less than \$314.00 inclusive	128.78
00196	\$314.01 to 523.00 inclusive	181.57
00197	Over \$523.00	237.76
00198	Time, after 3 hours of continuous surgical assistance for one patient, each 15 minutes or fraction thereof	27.19

Notes:

- 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.*
- ii) *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.*

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
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Note: *Time is calculated at the earliest, from the time of physician/patient contact in the operating suite.*

		\$	Anes. Level
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	
	Notes:		
	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).		
	ii) Please indicate start and end time of service on claim.		
	Second Operator:		
77025	Second operator, synchronous combined bypass graft - extremities	289.58	
77030	- trunk	289.58	
	Note: Item 77025 and 77030 provide operative report by second operator when requested by MSP.		

Abscess And Infection

13605*	Opening superficial abscess, including furuncle - operator only	41.45	2
T07041*	Aspiration: abdomen or chest (operation only).....	41.05	2
	Abscess:		
07059*	- deep (complex, subfascial, and/or multi-locular) with local or regional anesthesiology (operation only)	56.37	2
07027*	- under general anesthesia (operation only).....	125.26	2
07061*	- deep post-operative wound infection, under GA (operation only).....	79.88	2
07045*	Anterior closed space abscess - operation only	38.60	2
06028*	Web space abscess - operation only	49.58	2
06029*	- under general anesthetic (operation only).....	66.41	2
07685	Pilonidal cyst or sinus - excision or marsupialization (operation only)	272.08	2
	Osteomyelitis:		
*52380	Osteomyelitis, acute, decompression	181.78	2
*52385	Osteomyelitis, debridement with or without reconstruction	313.57	3
	Note: 52380 and 52385 include insertion of antibiotic beads or antibiotic loaded temporary prosthesis, if necessary.		
	Wounds – Simple:		
13610*	Minor laceration or foreign body - not requiring anesthesia - operation only	33.20	
	Notes:		
	i) Intended for primary treatment of injury.		
	ii) Not applicable to dressing changes or removal of sutures.		
	iii) Applicable for steri-strips or glue to repair a primary laceration.		
13611*	Minor laceration or foreign body - requiring anesthesia - operation only	61.84	2
06063*	Removal of foreign body - requiring general anesthesia - operation only	124.00	2
13612*	Extensive lacerations greater than 5 cm. (maximum charge 35 cm) - operation only - per cm.....	12.40	2

\$ Anes.
Level

Debridement of Soft Tissues for Necrotizing Infections or Severe Trauma

	Debridement of skin and subcutaneous tissue restricted to genitalia and perineum for necrotizing infection (Fournier's Gangrene) (stand alone procedure)	393.05	3
70158	Debridement of skin and subcutaneous tissue; up to the first 5% of body surface area	231.19	3
70159	Debridement of skin and subcutaneous tissue; for each subsequent 5% of body surface area or major portion thereof	115.59	3
70162	Debridement of skin, subcutaneous tissue and necrotic fascia OR muscle; up to the first 5% of body surface area	256.88	
70163	Debridement of skin, subcutaneous tissue and necrotic fascia OR muscle; for each subsequent 5% of body surface area or major portion thereof	128.44	
70165	Debridement of skin, fascia, muscle and bone; up to the first 5% of body surface area	282.56	3
70166	Debridement of skin, fascia, muscle and bone; for each subsequent 5% of body surface area or major portion thereof	141.28	3
70168	Active wound management during acute phase after debridement of soft tissues for necrotizing infection or severe trauma – per 5% of body surface area	77.06	3

Notes:

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

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

- i) Payable only when performed by a medical practitioner in the operating room under general anesthesia or conscious sedation.
- ii) Requires wound assessment and dressing change and may include VAC application.
- iii) Debridement not payable in addition.

Wounds - Avulsed and Complicated:

06075	Lips and eyelids	332.18	3
06076	Nose and ear	417.28	3
06077	Complicated lacerations of the scalp, cheek and neck	326.03	3
70150	Complicated lacerations of tongue, floor of mouth	265.30	3

Tumours of skin - removal not requiring skin graft:

	Removal of tumour (including intraoral)		
06017	- 5 cm. to 10 cm.	256.31	2
06018	- more than 10 cm.	442.91	2

Note: Fee items 06017 and 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 A. 7).

	\$	Anes. Level
Excisional biopsy of lymph glands for suspected malignancy:		
70023*	- neck (operation only).....	131.24 3
70024	- axilla	232.76 2
70025*	- groin (operation only)	79.87 2
Foreign Body:		
Excision of skin and subcutaneous tissue of hidradenitis suppurative:		
07072*	- axillary (operation only)	119.77 2
07075*	- inguinal (operation only).....	119.77 2
07076*	- perianal (operation only).....	119.77 2
07082*	- perineal (operation only).....	119.77 2
06166	Excision of axillary sweat glands for hyperhidrosis - unilateral	318.21 4
Tenotomy:		
07073*	- congenital torticollis (operation only).....	131.91 3
07074	- resection	253.02 3
(Section of transverse carpal ligament - bill under 06258)		
13630*	Paronychia (operation only)	33.12 2
13631*	Removal of nail - simple (operation only)	33.12 2
13632*	- with destruction of nail bed (operation only).....	67.01 2
13633*	Wedge excision of one nail (operation only)	59.12 2
07053	Excision of nail bed, complete, with shortening of phalanx	135.32 2
Biopsy of nerve or artery:		
07025*	Temporal artery biopsy (operation only).....	77.72 2
07028	Biopsy of sural nerve	72.20 2
Free Skin Grafts And Myeloplasty		
Split Thickness Grafts:		
Nonfunctional areas: (total area treated, whether at one operation or at staged intervals)		
06046*	- less than 6.5 sq. cm. (operation only)	101.50 2
06047*	- 65 sq. cm. (operation only).....	124.00 2
06048	- 650 sq. cm.	333.21 2
06049*	For each 6.5 sq. cm. over 650 sq. cm. (operation only).....	6.41 3
<i>Note: Refrigerated graft - 50% of appropriate fee.</i>		
06158	Myocutaneous flap - involving major muscle - rotated on its neurovascular pedicle	746.78 5
Vascular Access		
<u>Broviac type catheter:</u>		
07139	- insertion of	135.21 2
07140	- 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	248.60 2
07143	- revision (removal and reinsertion)	288.10 2
00526	Insertion of intravenous infusion line in children under 5 years - extra to consultation	53.78

		\$	Anes. Level
07145*	Intra osseous - access (operation only)	39.00	2
07134	Peritoneal venous shunt for ascites	382.85	6
S00801	Intra-arterial cannulation (with multiple aspirations) - procedural fee	21.67	
00319*	Insertion of central catheter for total parenteral nutrition (operation only)	55.46	2

Venous

Chronic or Varicose Veins:

77045	Varicose veins, injection, each visit	12.99	
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Note: Treatment for cosmetic purposes is not a benefit under MSP.

Compression sclerotherapy, initial:

77050	- uncomplicated	77.96	2
77055	- complicated	117.34	2
77060	Compression sclerotherapy - repeat	36.53	2

Note: 77050 and 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	215.16	2
07108	Stripping long saphenous	251.26	2
07109	Stripping short saphenous	144.85	2

Multiple ligations and stripping tributaries:

07110*	- 3 to 5 incisions (operation only)	108.28	2
07111	- 6 or more incisions	188.11	2
07112	Ligation of 2 or more perforators	196.20	2
77070	Complete fasciotomy with or without multiple ligations	307.96	2

Note: For decompression fasciotomy, see 77360.

77075	Re-exploration of groin and/or popliteal fossa	289.58	2
07116	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)	116.03	3
77079	Venous crossover graft for iliac obstruction	588.32	7

Acute Venous:

77082	Ligation of femoral vein	143.57	2
77084	Ligation or fenestration of inferior vena cava (requires laparotomy)	477.75	5
77086	Thrombectomy for acute ilio-femoral thrombophlebitis	598.67	5
07146	Insertion of inferior vena cava filter; percutaneous placement or cutdown (e.g.: Kimray Greenfield filter)	360.76	2

Portosystemic Shunting:

C77090	Spleno-renal shunt	911.65	8
C77092	Porto-caval shunt	911.65	8
	Mesocaval graft:		
C77094	- synthetic	911.65	8
C77096	- autogenous	970.64	8

Arterial System

Notes: 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.

Removal of synthetic graft:

- 77100 - without replacement (payable at 100% of the current fee listed for the initial insertion).
- 77102 - with replacement at the same site (payable at 50% of the current fee listed for the initial insertion), extra to the replacement graft.
- 77104 - 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 percent 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).

Repeat Surgery

Groin Dissection:

C77110*	Re-exploration of groin for bleeding or haematoma (operation only).....	121.04	4
77112	Re-dissection of groin (after 21 days) - extra	127.79	4

Note: Not payable with fee items 77100, 77102, 77104, or 77043.

Re-operation:

- 77043 Re-dissection of artery/vein at site of previous anastomosis, arteriotomy or venotomy - (after 21 days) - extra. Payable at 25% of listed fee for surgery performed.

Notes:

- i) Payable once per side only.
- ii) Not payable with fee items 77100, 77102, 77104, or 77112.

Arterial Procedures

Thrombectomy, Embolectomy:

77115	Thrombectomy - with or without angioplasty	537.06	5
C77120	Embolectomy - trunk or extremities (subclassified by location and incision)	598.67	5
C77125	- one side	430.34	5

Neck or Thoracic:

C77130	Bypass graft (synthetic) and/or thrombo-endarterectomy - carotid arteries	878.32	8
77135	- innominate	751.59	5
C77140	- subclavian	816.57	5
C77145	Ligation of carotid artery	246.36	5

	\$	Anes. Level	
Aortoiliac:			
C77150	Bypass graft (synthetic) and/or thromboendarterectomy- aorta and/or iliac (unilateral)	860.70	9
C77155	- aorta and/or iliac (bilateral)	1,059.73	9
C77160	- aorto-femoral or ilio-femoral (unilateral)	835.77	9
C77165	- aorto-femoral or ilio-femoral (bilateral)	1,059.73	9
Aneurysm:			
<i>Note: Peripheral aneurysm - charge associated bypass graft procedure.</i>			
77170	Arteriovenous aneurysm	477.75	9
C77175	Abdominal aneurysm, with grafting	1,136.19	9
T77177	Abdominal aortic aneurysm repair using endovascular stent graft – vascular surgery component	1,136.19	9
Notes:			
i) In order to bill T77177, vascular surgeon must be present throughout entire procedure.			
ii) Includes iliac endarterectomy/iliac artery repair.			
iii) Fem-fem crossover payable in addition at 50% of 77230 or 77235 when done.			
C77180*	Resection of abdominal aneurysm with associated femoral dissection - one or both sides (extra fee to be added to procedure) (operation only).....	119.72	9
<i>Note: Peripheral aneurysms - charge associated bypass graft procedure).</i>			
C77185	Ruptured aneurysm, with grafting	1,306.81	10
Mesenteric:			
C77190	Superior mesenteric bypass graft (synthetic) and/or thromboendarterectomy	860.69	7
C77195	Superior mesenteric bypass graft (autogenous vein)	860.69	7
Renal:			
C77200	Renal bypass graft (synthetic) and/or thromboendarterectomy	860.69	7
C77205	Renal bypass graft (autogenous vein)	860.69	7
Axillo - Femoral:			
77210	Axillo-femoral bypass graft (synthetic) and/or thromboendarterectomy - unilateral	716.04	7
77215	-bilateral	835.77	7
77220	Axillo-femoral bypass graft (autogenous vein) - unilateral	797.83	7
Femoral Crossover:			
77230	Femoro-femoral crossover bypass graft (synthetic) and/ or thromboendarterectomy	753.11	5
77235	Femoro-femoral crossover bypass graft (autogenous vein)	731.87	5
Infrainguinal:			
77240	Femoral bypaSs graft (synthetic) and/or thromboendarterectomy (common or superficial endarterectomy).....	477.75	5
77245	- popliteal (endarterectomy)	655.58	5
77250	- popliteal (synthetic)	598.60	5
77255	- anterior, posterior tibial or peroneal	716.04	5

	\$	Anes. Level
Bypass graft (autogenous vein):		
77260	- femoral691.15	5
77265	- popliteal914.83	5
77270	- anterior, posterior tibial or peroneal960.68	5
77275	- in situ vein graft, (extra)247.94	7
77280	- non-ipsilateral long saphenous graft; (extra)245.65	
77285	- short saphenous graft; (extra)245.65	
77290	- superficial femoral vein graft; (extra)245.65	
77295	- arm vein graft; (extra)245.65	
77300	- A-V fistula with bypass graft in limb salvage; (extra)179.01	
Profundoplasty:		
C77310	Profundoplasty bypass graft (synthetic) and/or thromboendarterectomy533.47	5
C77315	- extended724.34	5
Trauma:		
Repair of injury of major vessel in extremity:		
77330	- suture563.11	6
77335	- graft724.34	6
Repair of injury of major vessel in trunk:		
77340	- suture845.25	9
77345	- graft1,127.40	9
77350*	Supra-renal aortic cross-clamp - extra to abdominal vascular or major trauma cases (operation only).....110.19	
	<i>Note: Operative report required.</i>	
07447	Repair of mesenteric injury561.69	6
	<i>Note: Trauma fee item 07447 is to be charged in cases of blunt and/or penetrating abdominal injury. It does not apply to incidental intraoperative injury to abdominal structures.</i>	
Operative repair – arteriography – for iatrogenic injury during percutaneous endovascular aortic valve implantation :		
T77352	Repair of major vessel in extremity - suture543.66	
T77353	Repair of major vessel in extremity - graft.....699.30	
T77354	Repair of major vessel in trunk - suture816.05	
T77355	Repair of major vessel in trunk - graft1,088.44	
Fasciotomy:		
77360	Decompression fasciotomy - subcutaneous322.75	3
	<i>Note: 77360 includes secondary closure.</i>	
Tibial Metaphysis (Distal) Ankle and Foot:		
Incision - Therapeutic, Release:		
57250	Decompression, neurolysis, nerve (isolated procedure)290.85	2
57260*	Fasciotomy, compartment syndrome209.04	2
57269*	Fasciotomy, secondary wound closure181.78	2
Miscellaneous:		
77370	Release of popliteal entrapment syndrome322.75	3
	<i>Note: Not to be billed if full femoral popliteal bypass is performed.</i>	
S00722	Arteriography, operative - procedural fee73.34	

		\$	Anes. Level
Renal Access			
77380	Insertion permanent peritoneal catheter; (procedure fee only)	184.23	3
77385	Removal by dissection of chronic peritoneal catheter; (operation only)	127.79	3
	<i>Note: For removal of Tenchov type chronic peritoneal catheter not requiring surgical dissection, use visit fees.</i>		
77390	Removal of haemodialysis shunt.....	72.49	2
77395	Creation of internal arterio-venous fistula	358.02	4
77400	A-V shunt with bovine graft.....	477.75	4
77405	Thrombectomy of arterio-venous fistula	336.68	3
77410	Cannula declotting when performed by attending physician	38.39	
	Sympathectomy:		
77420	Lumbar sympathectomy - unilateral	358.02	4
77422	Cervical sympathectomy - unilateral	484.13	5
77424	Preganglionic sympathectomy; upper dorsal region - unilateral	442.19	7
77426	Lumbo-dorsal sympathectomy and splanchnic neurectomy - unilateral	442.19	7
	Lumbar sympathectomy with abdominal procedure:		
77428	- unilateral (extra)	119.73	
77430	- bilateral (extra)	239.47	
	Lymphatic System:		
07768	Excision tuberculous lymph nodes neck (with operative report)	267.73	3
07361	TB glands - radical removal	263.85	4
07363	Radical femoral, inguinal and/or iliac dissection	526.42	5
07360	Splenectomy	632.22	6
C07366	Laparotomy and staging of lymphoma to include splenectomy	765.44	6
C07365	Isolated limb perfusion to include groin dissection and laparotomy	920.89	5
	Lymphoedema: Leg		
	Lymphoedema of limbs - excision and grafting:		
06127	- entire leg	685.13	3
06128	- entire lower extremity	1,024.28	3
Abdominal Surgery			
	Miscellaneous:		
07603	Resuture abdominal wound evisceration	263.85	5
07451	Thoracic extension of abdominal incision (extra)	280.18	8
07600	Exploratory laparotomy to include biopsy	339.60	5
Transplantation			
	Implantation of kidney graft:		
77440	Vascular surgeon	806.90	7
07760	Urologist	917.26	7

	\$	Anes. Level
Amputation		
Hand and wrist:		
06218	Transmetacarpal	147.43 2
06219*	Finger, any joint or phalanx (operation only).....	124.00 2
Pelvis, Hip & Femur:		
55983	Above knee	636.23 4
55980	Hemicorpectomy	2,381.28 6
55981	Hemipelvectomy	1,326.98 6
55982	Hip disarticulation	1,008.87 6
55984	Knee disarticulation	636.23 4
55998*	Open injury, primary wound care	90.89 4
55999*	Open injury, secondary wound management	181.78 4
Femur, Knee Joint, Tibia & Fibula:		
56980	Below knee	504.44 3
56998*	Open injury, primary wound care (operation only)	90.89 3
56999*	Open injury, secondary wound management	181.78 3
Tibial Metaphysis (Distal), Ankle & Foot:		
57981	Midtarsal	477.17 2
57982	Transmetatarsal	395.37 2
57983	Single metatarsal/Ray resection	345.39 2
57980	SYME	518.05 2
57984	Toe	181.78 2
57998*	Open injury, primary wound care (operation only)	45.44 2
57999*	Open injury, secondary wound management (operation only).....	90.89 2
Chest Wall Surgery		
79125	Cervical rib resection	300.87 5
79130	Trans-axillary resection of first rib.....	724.60 5