

# 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 - 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
<b>Abscess of vulva, Bartholin or Skene's gland - incision and drainage</b>				
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
<b>EXCISION</b>				
<b>Biopsy(ies) - when sole procedure</b>				
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
<b>Condylomata - single or multiple</b>				
Chemical and/or cryosurgery				
Z733	- one or more.....		11.05	
Surgical excision or electrodesiccation or CO <sub>2</sub> laser				
Z736	- local anaesthetic .....		26.85	
# Z769	- general anaesthetic.....		115.10	6
<b>Vulvectomy</b>				
# S703	- simple.....	6	257.05	6
# S704	- radical - without gland dissection .....	6	431.45	6
<b>REPAIR</b>				
# S708	Non-obstetrical injury to vulva and/or vagina, and/or perineum (see General Preamble GP8) .....		I.C	I.C
# S701	Repair of infibulation - resulting from female genital mutilation .....		115.00	6

# FEMALE GENITAL SURGICAL PROCEDURES

## VAGINA

	Asst	Surg	Anae
<b>ENDOSCOPY</b>			
Z478 Vaginoscopy (premenarchal) with or without medication.....		50.90	6
<b>Note:</b> Culdoscopy - see Z552 - Abdomen, Peritoneum and Omentum - Digestive System.			
<b>INCISION</b>			
# S712 Culdotomy, drainage or needle puncture.....		115.00	6
Z728 Incision and drainage of cyst, abscess or haematoma.....		92.30	6
<b>EXCISION</b>			
<b>Biopsy(ies) - when sole procedure</b>			
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

	Asst	Surg	Anae
<b>REPAIR</b>			
# S716 Anterior or posterior repair.....	6	164.00	7
<b>Anterior and posterior</b>			
# S717 - repair.....	6	303.40	7
# S718 - repair of enterocele and/or vault prolapse.....	6	349.00	7
<b>Posterior repair and repair of</b>			
# S719 - enterocele and/or vault prolapse.....	6	307.80	7
# S723 - anal sphincter.....	6	272.40	6
<b>Anterior repair</b>			
# S720 - with or without posterior repair and repair of uterine prolapse (Fothergill or Watkin's interposition).....	6	349.00	7
# S721 Anterior, posterior repair with excision of cervical stump.....	6	349.00	7
<b>Post hysterectomy vault prolapse</b>			
# S722 - repair by vaginal approach, may include enterocele and/or anterior and posterior repair.....	6	349.00	7
# S812 - repeat - repair by vaginal approach, may include enterocele and/or anterior and posterior repair.....	6	453.70	7
<b>Abdominal approach to vaginal vault prolapse</b>			
# 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	7
# S726 Construction of artificial vagina (see General Preamble GP8).....	6	I.C	6
<b>Closure of fistula</b>			
# 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
<b>Retropubic Urethropexy</b>			
# S549 Primary procedure.....	6	376.70	6
# S546 Repeat procedure for failed retropubic or vaginal surgery for stress incontinence..	6	489.70	7
# 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 rules:**

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 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%
# 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 with or without biopsy(ies) and/or endocervical curetting .....			50.90
Z787	Follow-up colposcopy with biopsy(ies) with or without endocervical curetting.....			50.90
Z730	Follow up colposcopy without biopsy with or without endocervical curetting.....			25.50

**Note:**

1. A screening colposcopy is included in the assessment.
2. Z720 is *not eligible for payment* with Z730, Z731 or Z787.

### 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 .....			20.00	6
# S765	Amputation of cervix .....	6		173.55	6

### Cervical stump

# S766	- abdominal .....	6		321.90	6
# S767	- vaginal.....	6		321.90	7

**Note:**

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

# FEMALE GENITAL SURGICAL PROCEDURES

## CORPUS UTERI

	Asst	Surg	Anae
<b>REPAIR</b>			
# S774 Repair of incompetent cervix - not associated with pregnancy.....	6	142.50	6
<b>ENDOSCOPY</b>			
<b>Hysteroscopy</b>			
# 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
# Z587 - with resection of one or more endometrial polyps, with or without D&C.....		200.00	6
# Z586 - with lysis of intrauterine adhesions/synechiae requiring a minimum of 60 minutes of surgical time .....		349.00	7
<b>[Commentary:</b>			
Lysis of intrauterine adhesions/synechiae requiring less than 60 minutes constitutes the service described by Z585.]			
<b>Note:</b>			
Only one of Z582, Z583, Z585, Z587 or Z586 is eligible for payment for the same patient on the same day.			
<b>INCISION OR EXCISION</b>			
# E861 - paracervical block - payable in addition to endometrial sampling, ablation or curettage by same physician in an office - unilateral or bilateral .....		9.00	
Z770 Endometrial sampling .....		34.05	
E542 - when performed outside hospital.....		11.15	
# S772 Endometrial ablation by any method .....		218.65	6
<b>Note:</b>			
Hysteroscopy (Z582, Z583, Z587) is <i>not eligible for payment</i> when rendered with endometrial ablation (S772).			
<b>Abortion</b>			
UVC - spontaneous, complete .....		visit.fee	
# S768 - spontaneous, incomplete - including D&C .....		93.00	6
# S752 - induced - by any surgical technique up to and including 14 weeks gestation....		112.40	6
# S785 - induced - by any surgical technique after 14 weeks of gestation.....		189.85	6
<b>Payment rules:</b>			
S785 is <i>only eligible for payment</i> if the length of gestation is confirmed by ultrasound.			
# S756 - missed abortion, or evacuation of molar pregnancy, by any surgical technique		112.40	6
# S770 - hysterotomy .....	6	245.40	7
# 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	7

# FEMALE GENITAL SURGICAL PROCEDURES

## CORPUS UTERI

	Asst	Surg	Anae
<b>INCISION OR EXCISION</b>			
<b>Hysterectomy - with or without adnexa (unless otherwise specified)</b>			
# S757 - abdominal - total or subtotal.....	6	463.00	7
# S816 - vaginal.....	6	463.00	7
# S758 - with anterior and posterior vaginal repair and including enterocele and/or vault prolapse repair when rendered .....	6	616.60	6
# S759 - with anterior or posterior vaginal repair and including enterocele and/or vault prolapse repair when rendered .....	6	523.55	7
# E090 - removal of one or both ovaries with moderate or severe endometrosis, to S757, S758 or S759 .....		260.80	
# E862 - when hysterectomy is performed laparoscopically, or with laparoscopic assistance, abdominal or vaginal, to S757, S758, S759 or S816.....			add 25%
# 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
# E862 - when performed laparoscopically, to S710, S763, S762 .....			add 25%
<b>Note:</b>			
S722, S760, S812, S813, S738, S741, S745, S747, S780, S781 and S782 are <i>not eligible for payment</i> when rendered with S757, S816, S758, S759, S710, S763 or S762.			
# S776 Staging pelvic lymphadenectomy for carcinoma (laparoscopic or open).....	6	431.20	6
# S781 Staging Para-aortic lymphadenectomy for carcinoma (laparoscopic or open) (not eligible for payment when rendered with Z578 and/or S776).....	6	431.20	6
<b>REPAIR</b>			
<b>Hysteroplasty</b>			
# S779 - excision of septum .....	6	349.00	6
# S775 - unification of double uterus (Strassman).....	6	431.45	7
# 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
<b>EXCISION, SUTURE OR REPAIR</b>				
<b>Ectopic pregnancy</b>				
# S784	- management by any surgical technique .....	6	306.85	7
# E852	- with tuboplasty..... add		47.90	
# E860	- diagnostic laparoscopy prior to laparotomy .....		131.45	
# S738	Salpingectomy or salpingo-oophorectomy (uni- or bilateral) .....	6	306.85	7
# S741	Tubal occlusion/interruption/removal by any method or approach for the purpose of sterilization .....	6	155.70	6
<b>Tubal plastic operation with/without operating microscope (unilateral or bilateral)</b>				
# S735	- fimbriolysis .....	6	306.85	6
# S736	- salpingostomy .....	6	359.55	7
# S739	- fimbriolysis and salpingostomy .....	6	407.45	7
# E862	- when performed laparoscopically, to S735, S736 or S739..... add 25%			
<b>Repair of extensive unilateral or bilateral tubal and peritubal disease</b>				
For infertility, pelvic inflammatory disease or endometriosis <i>with or without</i> laser treatment and ureterolysis				
# S743	- laparotomy .....	8	616.60	8
# E862	- when performed laparoscopically, to S743..... add 25%			
<b>Note:</b>				
1. Z737 or E854 are <i>not eligible for payment</i> when rendered same patient same <i>day</i> as S743 by any surgeon.				
2. Reconstruction or repair for infertility following previous sterilization is not an insured service.				
3. S162 is <i>only eligible for payment</i> in addition to S743 when records document that a transmural intestinal resection was rendered.				
<b>Laparoscopy</b>				
# Z552	- without biopsy .....	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 .....		25.85	
# E857	- with D&C..... add		78.45	
# Z737	Laser treatment of extensive pelvic disease.....	6	215.80	7

# FEMALE GENITAL SURGICAL PROCEDURES

## OVARY

	Asst	Surg	Anae
# Z718 Oocyte retrieval.....	6	174.50	6
<b>Payment rules:</b>			
1. Professional and/or technical fees for obtaining and interpreting images for the purpose of image guidance for oocyte retrieval are <i>not eligible for payment</i> to any physician.			
2. Z552 and Z553 are <i>not eligible for payment</i> with Z718.			
<b>EXCISION (UNILATERAL OR BILATERAL)</b>			
# S780 Biopsy of ovaries by laparotomy.....	6	257.05	7
<b>Oophorectomy</b>			
# S745 - and/or oophorocystectomy.....	6	306.85	7
# E090 - removal of contralateral ovary with moderate or severe endometriosis, to S745..... add		260.80	
# S782 - with total omentectomy.....	6	410.40	6
# S747 Para ovarian cystectomy.....	6	306.85	7
# S714 Second look exploratory laparotomy including biopsies, when done as part of chemotherapy protocol for ovarian carcinoma with or without total omentectomy.....	6	431.45	6
# S727 Ovarian debulking, for ovarian carcinoma of stage 2C, 3B, 3C, or 4 and may include hysterectomy, omentectomy, bowel resection, one or more biopsies and/or resection of pelvic peritoneum.....	8	884.85	8
# E853 - with resection of diaphragm including reconstruction, to 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.