

## Notification of changes to AXA PPP Schedule of Procedures & Fees - September 2017

### 1. New Codes

Code	Narrative	Notes	Effective date

### 2. Narrative Changes

Code	Previous Narrative	New Narrative	Notes	Effective date
W3719	METAL ON METAL HIP RESURFACING ARTHROPLASTY – BILATERAL	HIP RESURFACING ARTHROPLASTY - BILATERAL		29/09/2017

### 3. Deleted Codes

Code	Narrative	Notes	Effective date

### 4. Unbundling

Code	Narrative	Unbundled	Effective date
A5290	TRANSFORAMINAL EPIDURAL	W0660, W2912, V5230, V5002 & V5003	11/09/2017
A5730	FACET OR SACROILIAC JOINT (RF) RADIOFREQUENCY THERMOCOAGULATION CRYOTHERAPY OR PHENOL (INCLUDING RHIZOLYSIS UNDER IMAGE GUIDANCE) - 4 TO 6 JOINTS	A5720	08/09/2017
V5210	CHEMONUCLEOSIS (MULTIPLE LEVELS)	A5290	11/09/2017
W0660	COCCYGECTOMY (MULTIPLE LEVELS)	A5290	11/09/2017
W2912	APPLICATION OF HALO (AS A SOLE PROCEDURE)	A5290	11/09/2017
V2200	POSTERIOR DECOMPRESSION +/- FORAMINOTOMY - CERVICAL REGION (1 OR 2 LEVELS)	A5290	11/09/2017

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V2282	PROSTHETIC INTERVERTEBRAL DISC REPLACEMENT - CERVICAL REGION (1 OR 2 LEVELS)	A5290	11/09/2017
V2300	REVISIONAL POSTERIOR DECOMPRESSION +/- FORAMINOTOMY (CERVICAL REGION)	A5290	11/09/2017
V2990	OPEN DOOR LAMINOPLASTY OF THE CERVICAL REGION (HIROBYASHI)	A5290	11/09/2017
V3720	POSTERIOR FUSION +/- INSTRUMENTATION - CERVICAL REGION (1 OR 2 LEVELS)	A5290	11/09/2017
V2900	ANTERIOR DISCECTOMY - CERVICAL REGION (1 OR 2 LEVELS)	A5290	11/09/2017
V2902	REVISIONAL ANTERIOR DISCECTOMY (CERVICAL REGION)	A5290	11/09/2017
V2950	ANTERIOR DISCECTOMY, DECOMPRESSION AND FUSION (INCLUDING BONE GRAFTING) - CERVICAL REGION (1 OR 2 LEVELS)	A5290	11/09/2017
V2980	COMBINED ANTERIOR AND POSTERIOR FUSION OF CERVICAL SPINE	A5290	11/09/2017
V3730	TRANSORAL SURGERY (INCLUDING POSTERIOR FIXATION)	A5290	11/09/2017
V3721	POSTERIOR FUSION +/- INSTRUMENTATION - CERVICAL REGION (3 OR MORE LEVELS)	A5290	11/09/2017
V2901	ANTERIOR DISCECTOMY - CERVICAL REGION (3 OR MORE LEVELS)	A5290	11/09/2017
V2201	POSTERIOR DECOMPRESSION +/- FORAMINOTOMY - CERVICAL REGION (3 OR MORE LEVELS)	A5290	11/09/2017
V2283	PROSTHETIC INTERVERTEBRAL DISC REPLACEMENT - CERVICAL REGION (3 OR MORE LEVELS)	A5290	11/09/2017
V2951	ANTERIOR DISCECTOMY, DECOMPRESSION AND FUSION (INCLUDING BONE GRAFTING) - CERVICAL REGION (3 OR MORE LEVELS)	A5290	11/09/2017
V2402	POSTERIOR DECOMPRESSION (THORACIC REGION)	A5290	11/09/2017
V2400	POSTERIOR DECOMPRESSION WITH FUSION (THORACIC REGION)	A5290	11/09/2017
V2430	REVISIONAL POSTERIOR DECOMPRESSION WITH FUSION	A5290	11/09/2017

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	(THORACIC REGION)		
V3120	TRANSTHORACIC/ ANTERO-LATERAL EXCISION OF INTERVERTEBRAL DISC +/- FUSION	A5290	11/09/2017
V3122	REVISIONAL TRANSTHORACIC/ ANTERO-LATERAL EXCISION OF INTERVERTEBRAL DISC +/- FUSION	A5290	11/09/2017
V3140	VATS PERCUTANEOUS DISCECTOMY +/- FUSION (THORACIC REGION)	A5290	11/09/2017
V3100	COMBINED ANTERIOR DISCECTOMY AND POSTERIOR FUSION (THORACIC REGION)	A5290	11/09/2017
V3102	REVISIONAL COMBINED ANTERIOR DISCECTOMY AND POSTERIOR FUSION (THORACIC REGION)	A5290	11/09/2017
V3181	PROSTHETIC INTERVERTEBRAL DISC REPLACEMENT IN THE THORACIC SPINE	A5290	11/09/2017
V2540	POSTERIOR EXCISION OF DISC PROLAPSE (INCLUDING MICRODISCECTOMY +/- DECOMPRESSION) - LUMBAR REGION (1 OR 2 LEVELS)	A5290	11/09/2017
V2544	REVISION OF POSTERIOR EXCISION OF DISC PROLAPSE (LUMBAR REGION)	A5290	11/09/2017
V2542	POSTERIOR EXCISION OF DISC PROLAPSE WITH UNDERCUTTING FACETECTOMY +/- DECOMPRESSION - LUMBAR REGION (1 OR 2 LEVELS)	A5290	11/09/2017
V2543	REVISION OF POSTERIOR EXCISION OF DISC PROLAPSE WITH UNDERCUTTING FACETECTOMY +/- DECOMPRESSION (LUMBAR REGION)	A5290	11/09/2017
V2560	DECOMPRESSION FOR CENTRAL SPINAL STENOSIS (ONE OR TWO LEVELS)	A5290	11/09/2017
V2562	DECOMPRESSION FOR CENTRAL SPINAL STENOSIS (THREE OR MORE LEVELS)	A5290	11/09/2017
V3345	MOBILISATION OF THE LUMBAR/THORACIC VESSELS TO PROVIDE SPINAL SURGICAL ACCESS (BY VASCULAR SURGEON) AS SOLE PROCEDURE	A5290	11/09/2017
V3381	PROSTHETIC INTERVERTEBRAL DISC REPLACEMENT - LUMBAR DISC (3 OR	A5290	11/09/2017

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	MORE LEVELS)		
V3341	PRIMARY ANTERIOR DISCECTOMY, DECOMPRESSION AND ANTERIOR FUSION +/- INSTRUMENTATION - LUMBAR REGION (3 OR MORE LEVELS)	A5290	11/09/2017
V2501	PRIMARY POSTERIOR FUSION +/- DECOMPRESSION +/- DISCECTOMY - LUMBAR REGION (3 OR MORE LEVELS)	A5290	11/09/2017
V2546	POSTERIOR EXCISION OF DISC PROLAPSE WITH UNDERCUTTING FACETECTOMY +/- DECOMPRESSION - LUMBAR REGION (3 OR MORE LEVELS)	A5290	11/09/2017
V2541	POSTERIOR EXCISION OF DISC PROLAPSE (INCLUDING MICRODISCECTOMY +/- DECOMPRESSION) - LUMBAR REGION (3 OR MORE LEVELS)	A5290	11/09/2017
V2570	PERCUTANEOUS VERTEBROPLASTY	A5290	11/09/2017
V2660	REVISION OF DECOMPRESSION FOR CENTRAL SPINAL STENOSIS	A5290	11/09/2017
V2500	PRIMARY POSTERIOR FUSION +/- DECOMPRESSION +/- DISCECTOMY LUMBAR REGION (1 OR 2 LEVELS)	A5290	11/09/2017
V3362	PRIMARY POSTERIOR FUSION WITH INSTRUMENTATION +/- DECOMPRESSION +/- DISCECTOMY (INCLUDING GRAF STABILISATION AND ALL FUSION APPROACHES (LUMBAR REGION)	A5290	11/09/2017
V2652	REVISION POSTERIOR FUSION +/- INSTRUMENTATION (LUMBAR REGION)	A5290	11/09/2017
V3340	PRIMARY ANTERIOR DISCECTOMY, DECOMPRESSION AND ANTERIOR FUSION +/- INSTRUMENTATION - LUMBAR REGION (1 OR 2 LEVELS)	A5290	11/09/2017
V3350	COMBINED ANTERIOR APPROACH DISCECTOMY, DECOMPRESSION AND FUSION AND POSTERIOR FUSION (LUMBAR REGION)	A5290	11/09/2017
V3380	PROSTHETIC INTERVERTEBRAL DISC REPLACEMENT - LUMBAR REGION (1 OR 2 LEVELS)	A5290	11/09/2017
V4140	REMOVAL OF POSTERIOR SPINAL	A5290	11/09/2017

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	IMPLANT		
V4740	IMAGE GUIDED PERCUTANEOUS SPINAL BIOPSY	A5290	11/09/2017
V4900	OPEN BIOPSY OF LESION OF SPINE WHERE NO OTHER OPERATIVE PROCEDURE ON THE SPINE IS PERFORMED.	A5290	11/09/2017
V2680	REVISION ANTERIOR DECOMPRESSION WITH FUSION AND INSTRUMENTATION (LUMBAR REGION)	A5290	11/09/2017
V4100	POSTERIOR CORRECTION OF IDIOPATHIC JUVENILE SCOLIOSIS WITH INSTRUMENTATION, +/- FUSION (INCLUDING SPINAL CORD MONITORING)	A5290	11/09/2017
V4120	ANTERIOR CORRECTION OF IDIOPATHIC JUVENILE SCOLIOSIS WITH INSTRUMENTATION, +/- FUSION INCLUDING SPINAL CORD MONITORING	A5290	11/09/2017
V4000	COMBINED ANTERIOR AND POSTERIOR CORRECTION AND INSTRUMENTATION, +/- FUSION OF IDIOPATHIC JUVENILE SCOLIOSIS (INCLUDING SPINAL CORD MONITORING)	A5290	11/09/2017
V4280	CORRECTION OF ADULT DEGENERATIVE OR ADULT IDIOPATHIC SCOLIOSIS INCLUDING DECOMPRESSION +/- FUSION (INCLUDING SPINAL CORD MONITORING)	A5290	11/09/2017
V4010	POSTERIOR CORRECTION OF IDIOPATHIC JUVENILE KYPHOSIS WITH INSTRUMENTATION, +/- FUSION (INCLUDING SPINAL CORD MONITORING)	A5290	11/09/2017
V4122	ANTERIOR CORRECTION OF IDIOPATHIC JUVENILE KYPHOSIS WITH INSTRUMENTATION, +/- FUSION (INCLUDING SPINAL CORD MONITORING)	A5290	11/09/2017
V4160	POSTERIOR CORRECTION OF DEGENERATIVE ADULT KYPHOSIS WITH INSTRUMENTATION, +/- FUSION (INCLUDING SPINAL	A5290	11/09/2017

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	MONITORING)		
V4150	ANTERIOR CORRECTION OF DEGENERATIVE ADULT KYPHOSIS WITH INSTRUMENTATION, +/- FUSION (INCLUDING SPINAL CORD MONITORING)	A5290	11/09/2017
V4300	ANTERIOR VERTEBRECTOMY WITH DECOMPRESSION AND IMPLANT	A5290	11/09/2017
V4302	COMBINED ANTERIOR VERTEBRECTOMY WITH POSTERIOR FUSION AND INSTRUMENTATION	A5290	11/09/2017
V4142	REMOVAL OF POSTERIOR SCOLIOSIS INSTRUMENTATION (AS SOLE PROCEDURE)	A5290	11/09/2017
V4451	BALLOON KYPHOPLASTY - SINGLE LEVEL	A5290	11/09/2017
V4452	BALLOON KYPHOPLASTY - TWO LEVELS	A5290	11/09/2017
V4453	BALLOON KYPHOPLASTY - GREATER THAN TWO LEVELS	A5290	11/09/2017

#### 5. Fee Changes

Code	Narrative	Notes	Effective date
W8193	ARTHROSCOPIC SUBACROMIAL DECOMPRESSION	Anaesthetist Fee Reduced to £220.	06/09/2017

#### 6. Chapter Amendments

Chapter	Previous Narrative	New Narrative	Effective date
15. Skin and subcutaneous tissue	The codes for removal of malignant lesions should only be used where a malignant lesion is removed with a margin of normal tissue.	The codes for removal of malignant lesions should only be used where a malignant lesion is removed with a margin of normal tissue and a histology report confirms a malignancy.	08/09/2017

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