

Notification Of Changes To AXA PPP Fee Approved Schedule Of Procedures & Fees June - 2018

1. New Codes

| Code | Narrative | Notes | Effective Date |
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| E2501 | FIBRE OPTIC EXAMINATION OF THE PHARYNX +/- BIOPSY/REMOVAL OF FOREIGN BODY | See Section 4. Unbundling | 04/06/2018 |
| T4302 | OPEN ADHESIOLYSIS (INCLUDING BIOPSY) | See Section 4. Unbundling | 12/06/2018 |
| T4130 | FREEING OF ADHESIONS OF PERITONEUM | See Section 4. Unbundling | 12/06/2018 |
| V2161 | THERAPEUTIC ARTHROSCOPIC OPERATION OF TEMPOROMANDIBULAR JOINT +/- LYSIS AND/OR LAVAGE - UNILATERAL | | 18/06/2018 |
| V2162 | THERAPEUTIC ARTHROSCOPIC OPERATION OF TEMPOROMANDIBULAR JOINT +/- LYSIS AND/OR LAVAGE - BILATERAL | | 18/06/2018 |
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2. Narrative Changes

| Code | Previous Narrative | New Narrative | Notes | Effective Date |
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3. Deleted Codes

| Code | Narrative | Notes | Effective Date |
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4. Unbundling

| Code | Narrative | Unbundled | Effective Date |
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| W8230 | ARTHROSCOPIC MENISCAL REPAIR | Removed: W7420 | 01/06/2018 |
| W7420 | AUTOGRAFT ANTERIOR CRUCIATE | Removed: W8230 | 01/06/2018 |

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| | LIGAMENT RECONSTRUCTION (INCLUDING ARTHROSCOPIC AND MENISCECTOMY) | | |
| E2501 | FIBRE OPTIC EXAMINATION OF THE PHARYNX +/- BIOPSY/REMOVAL OF FOREIGN BODY | Added: E3681 ; E2500 | 01/06/2018 |
| E3681 | STROBOSCOPY OF LARYNX | Added: E2501 | 01/06/2018 |
| E2500 | DIAGNOSTIC NASOLARYNGOPHARYNGOSCOPY +/- BIOPSY AS SOLE PROCEDURE | Added: E2501 | 01/06/2018 |
| T4130 | FREEING OF ADHESIONS OF PERITONEUM | Added: A2781 ; A7350 ; G0730 ; G2312 ; G2320 ; G2330 ; G2331 ; G2340 ; G2400 ; G2402 ; G2430 ; G2590 ; H0210 ; H0280 ; H1700 ; J0220 ; J0750 ; J1800 ; J1830 ; J1880 ; J5712 ; M6180 ; M6182 ; M6192 ; Q0740 ; Q0750 ; Q0830 ; Q0920 ; Q3800 ; Q3900 ; Q4400 ; T2500 ; T2501 ; T2503 ; T2510 ; T2600 ; T2620 ; T2640 ; T2780 ; T2781 ; T3010 ; T3080 ; T3410 ; T3600 ; T3910 ; T3930 ; T3980 ; T4300 ; T4302 ; H3332 ; H3334 ; H3363 ; J0310 ; M5300 ; P2110 ; Q0890 ; Q1701 | 12/06/2018 |
| T4302 | OPEN ADHESIOLYSIS (INCLUDING BIOPSY) | Added: A2781 A7350 ; G0730 ; G2312 ; G2320 ; G2330 ; G2331 ; G2340 ; G2400 ; G2402 ; G2430 ; G2590 ; H0210 ; H1700 ; J0220 ; | 12/06/2018 |

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| | | J0750 ; J1800 ; J1830 ; J1880 ; J5712 ; M6180 ; M6182 ; M6192 ; Q0740 ; Q0750 ; Q0830 ; Q0920 ; Q3800 ; Q3900 ; Q4400 ; T2500 ; T2501 ; T2503 ; T2600 ; T2620 ; T2640 ; T2781 ; T3010 ; T3080 ; T3410 ; T3600 ; T3910 ; T3930 ; T3980 ; T4130 ; T4300 ; G7530 | |
| T4300 | LAPAROSCOPY INCLUDING BIOPSY AND ADHESIOLYSIS | Added: T2501 ; T2503 ; H0750 ; J0900 ; Q0800 ; H3580 ; Q0790 ; T2102 ; T2720 ; H3381 ; Q0751 ; Q2230 ; H3332 ; M5220 ; Q1701 | 12/06/2018 |
| G7530 | CLOSURE OF ILEOSTOMY (AS SOLE PROCEDURE) | Added: T4302 | 12/06/2018 |
| H0750 | LAPAROSCOPICALLY ASSISTED RIGHT HEMICOLECTOMY | Added: T4300 | 12/06/2018 |
| H3332 | ANTERIOR RESECTION - HIGH (I.E. COLORECTAL ANASTOMOSIS ABOVE THE PERITONEAL REFLECTION) | Added: T4130 ; T4300 | 12/06/2018 |
| H3334 | ANTERIOR RESECTION - LOW (IE COLORECTAL ANASTOMOSIS AT OR BELOW THE PERITONEAL REFLECTION) | Added: T4130 | 12/06/2018 |
| H3363 | COLECTOMY AND COLOSTOMY AND PRESERVATION OF RECTUM | Added: T4130 | 12/06/2018 |
| H3381 | TOTAL MESORECTAL EXCISION (TME) | Added: T4300 | 12/06/2018 |
| H3580 | LAPAROSCOPIC RECTOPEXY | Added: T4300 | 12/06/2018 |
| J0310 | RESECTION OF LIVER TUMOUR(S) | Added: T4130 | 12/06/2018 |
| J0900 | DIAGNOSTIC LAPAROSCOPY (INCLUDING ANY BIOPSY) | Added: T4300 | 12/06/2018 |
| M5220 | RETROPUBIC SUSPENSION OF NECK OF BLADDER (INCLUDING COLPOSUSPENSION) (INCLUDING CYSTOSCOPY) | Added: T4300 | 12/06/2018 |
| M5300 | VAGINAL OPERATIONS TO SUPPORT OUTLET OF FEMALE BLADDER | Added: T4130 | 12/06/2018 |

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| | (INCLUDING CYSTOSCOPY) | | |
| M6192 | ROBOTIC ASSISTED LAPAROSCOPIC RADICAL PROSTATECTOMY, RECONSTRUCTION OF BLADDER NECK INCLUDING BILATERAL PELVIC LYMPHADENECTOMY (INCLUDING CYSTOSCOPY) | Added: T4130 ; T4302 ; T4300 | 12/06/2018 |
| P2110 | PARTIAL REMOVAL OF VAGINAL MESH/TAPE WITH RECONSTRUCTION OF VAGINA AND/OR URETHRA INCLUDING CYSTOSCOPY AND/OR PROCTOSCOPY | Added: T4130 | 12/06/2018 |
| Q0751 | LAPAROSCOPIC SUBTOTAL HYSTERECTOMY (+/ OOPHORECTOMY) +/- URETEROLYSIS | Added: T4300 | 12/06/2018 |
| Q0790 | LAPAROSCOPIC TOTAL HYSTERECTOMY (+/ OOPHORECTOMY) +/- URETEROLYSIS | Added: T4300 | 12/06/2018 |
| Q0800 | VAGINAL HYSTERECTOMY WITHOUT LAPAROSCOPIC ASSISTANCE | Added: T4300 | 12/06/2018 |
| Q0890 | VAGINAL HYSTERECTOMY INCLUDING SALPINGO-OOPHORECTOMY (INCLUDING LAPAROSCOPICALLY ASSISTED) +/- URETEROLYSIS | Added: T4130 | 12/06/2018 |
| Q1701 | LAPAROSCOPIC EXCISION OF ENDOMETRIOSIS, +/- URETEROLYSIS | Added: T4130 ; T4300 | 12/06/2018 |
| Q2230 | LAPAROSCOPIC OOPHORECTOMY AND SALPINGECTOMY, +/- BIOPSY EG. OMENTUM, PERITONEUM, LYMPH NODE (AS SOLE PROCEDURE) - BILATERAL | Added: T4300 | 12/06/2018 |
| T2102 | LAPAROSCOPIC REPAIR OF RECURRENT INGUINAL HERNIA - UNILATERAL | Added: T4300 | 12/06/2018 |
| T2501 | OPEN REPAIR OF INCISIONAL OR VENTRAL HERNIA REQUIRING MESH | Added: T4130 ; T4302 | 12/06/2018 |
| T2503 | LAPAROSCOPIC REPAIR OF INCISIONAL OR VENTRAL HERNIA NOT REQUIRING MESH | Added: T4130 ; T4302 | 12/06/2018 |
| T2510 | LAPAROSCOPIC REPAIR OF PARASTOMAL HERNIA REQUIRING MESH | Added: T4130 | 12/06/2018 |
| T2720 | LAPAROSCOPIC REPAIR OF INCISIONAL OR VENTRAL HERNIA REQUIRING MESH | Added: T4300 | 12/06/2018 |
| C5432 | CONVENTIONAL RETINAL SURGERY (MAY INCLUDE SCLERAL BUCKLING, | Added: C8200 | 12/06/2018 |

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| | INJECTION OF GAS, DRAINAGE AND RETINOPEXY) | | |
| 64302 | TRANSOESOPHAGEAL ECHOCARDIOGRAPHY (INCLUDING REPORTING) (AS SOLE PROCEDURE) | Added: K6180 ; K5760 ; K5780 ; K5790 ; K6030 ; K6060 ; K6511 ; X5020 | 18/06/2018 |
| K5760 | ABLATION OF ATRIAL FIBRILLATION BY ISOLATION OF THE PULMONARY VEINS (INCLUDING MAPPING) | Added: 64302 | 18/06/2018 |
| K5780 | ABLATION OF ACCESSORY PATHWAY OR SELECTED MODIFICATION OF AV NODE (INCLUDING MAPPING) | Added: 64302 | 18/06/2018 |
| K5790 | ABLATION OF LEFT ATRIAL TACHYCARDIA (INCLUDING MAPPING) | Added: 64302 | 18/06/2018 |
| K6030 | REPLACEMENT OF GENERATOR FOR INTRAVENOUS CARDIAC PACEMAKER SYSTEM (WITHOUT LEAD CHANGE) | Added: 64302 | 18/06/2018 |
| K6060 | LEAD REPLACEMENT FOR PACEMAKER OR IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) | Added: 64302 | 18/06/2018 |
| K6511 | ADULT CARDIAC CATHETERISATION-FEMORAL ACCESS (INCLUDING CORONARY ARTERIOGRAPHY / CATHETERISATION OF RIGHT/LEFT SIDE OF HEART/CONTRAST RADIOLOGY) | Added: 64302 | 18/06/2018 |
| X5020 | EXTERNAL CARADIOVERSION | Added: 64302 | 18/06/2018 |
| K6180 | SHORT-TERM CIRCULATORY SUPPORT WITH LEFT VENTRICULAR ASSIST DEVICE | Added: 64302 | 18/06/2018 |
| B2830 | RE-EXCISION OF LESION OF BREAST IF RESECTION MARGINS ARE NOT CLEAR (AS SOLE PROCEDURE) | Added: B3310 ; S2500 ; T8520 ; T9020 ; XR916 | 18/06/2018 |
| B3310 | DRAINAGE OF BREAST ABSCESS (INCLUDING HAEMATOMA AND SEROMA) | Added: B2830 | 18/06/2018 |
| S2500 | LOCAL FLAP - LESS THAN 9CM2 | Added: B2830 | 18/06/2018 |
| T8520 | BLOCK DISSECTION OF AXILLARY LYMPH NODES (AXILLARY CLEARANCE LEVELS 1-3) | Added: B2830 | 18/06/2018 |
| T9020 | SENTINEL NODE MAPPING AND SAMPLING WITH BLUE DYE AND RADIOACTIVE PROBE FOR BREAST CANCER | Added: B2830 | 18/06/2018 |
| XR916 | SURGICAL REMOVAL OF CUFFED | Added: B2830 | 18/06/2018 |

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| | CENTRAL VENOUS CATHETER - TUNNELLED (X-RAY GUIDED) | | |
| B3180 | IMPLANTATION OF PROSTHESIS INTO BREAST AS SOLE PROCEDURE | Added: S4930 ; L9181 ; B3100 | 18/06/2018 |
| S4930 | REMOVAL OF SKIN EXPANDER OR VALVE | Added: B3180 | 18/06/2018 |
| L9181 | REMOVAL OF PORTACATH/VASOPORT UNIT | Added: B3180 | 18/06/2018 |
| C2550 | LACRIMAL INTUBATION (AS SOLE PROCEDURE) | Added: E0412 | 18/06/2018 |
| E0412 | REDUCTION TURBINATES OF NOSE (LASER, DIATHERMY, OUT FRACTURE ETC) | Added: C2550 | 18/06/2018 |
| D1520 | SUCTION CLEARANCE OF MIDDLE EAR (AS SOLE PROCEDURE) | Added: D0810 ; D1040 ; D2070 ; E0380 ; E1500 ; E2010 ; E2880 ; F3480 | 18/06/2018 |
| D0810 | EXCISION OF LESION OF EXTERNAL AUDITORY CANAL | Added: D1520 | 18/06/2018 |
| D1040 | SIMPLE MASTOIDECTOMY | Added: D1520 | 18/06/2018 |
| D2070 | TRANSTYMPANIC STEROID INJECTION (INCLUDING TOPICAL OR LOCAL ANAESTHETIC) | Added: D1520 | 18/06/2018 |
| E0380 | NASAL SEPTUM CAUTERISATION (& BILATERAL) | Added: D1520 | 18/06/2018 |
| E1500 | OPERATION(S) ON SPHENOID SINUS (INCLUDING ENDOSCOPIC) AND BILATERAL | Added: D1520 | 18/06/2018 |
| E2010 | ADENOIDECTOMY | Added: D1520 | 18/06/2018 |
| E2880 | EPLEY MANOEUVRE | Added: D1520 | 18/06/2018 |
| F3480 | ADENOTONSILLECTOMY (AND BILATERAL) | Added: D1520 | 18/06/2018 |
| D1710 | STAPEDECTOMY (AS SOLE PROCEDURE) | Added: D0812 ; D1610 ; S2500 | 18/06/2018 |
| D0812 | REMOVAL OF SOLITARY OSTEOMA OF AUDITORY CANAL | Added: D1710 | 18/06/2018 |
| D1610 | OSSICULOPLASTY | Added: D1710 ; D2040 | 18/06/2018 |
| S2500 | LOCAL FLAP - LESS THAN 9CM2 | Added: D1710 | 18/06/2018 |
| D2040 | DIAGNOSTIC TYMPANOTOMY (AS SOLE PROCEDURE) | Added: D1610 | 18/06/2018 |
| E0610 | PACKING OF CAVITY OF NOSE (AS SOLE PROCEDURE) | Added: E0820 | 18/06/2018 |
| E0820 | EXCISION OF LESION OF INTERNAL NOSE | Added: E0610 | 18/06/2018 |
| D2822 | EXAMINATION OF EAR UNDER | Added: D0810 ; | 18/06/2018 |

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| | GENERAL ANAESTHETIC (AS SOLE PROCEDURE) | E1370 ; E2010 ; F3400 ; F3440 ; D1910 ; E4510 ; F3480 | |
| D0810 | EXCISION OF LESION OF EXTERNAL AUDITORY CANAL | Added: D2822 | 18/06/2018 |
| E1370 | ENDOSCOPIC BALLOON DILATION MAXILLARY SINUPLASTY AND BILATERAL | Added: D2822 | 18/06/2018 |
| E2010 | ADENOIDECTOMY | Added: D2822 | 18/06/2018 |
| F3400 | TONSILLECTOMY - CHILD (INCLUDING BILATERAL) UP TO & INCLUDING AGE 12 | Added: D2822 | 18/06/2018 |
| F3440 | TONSILLECTOMY - ADULT AGE 13 + (AND BILATERAL) | Added: D2822 | 18/06/2018 |
| D1910 | MIDDLE EAR POLYPECTOMY | Added: D2822 | 18/06/2018 |
| E4510 | FIBROPTIC EXAMINATION OF TRACHEA (INCLUDING BIOPSY /REMOVAL OF FOREIGN BODY) | Added: D2822 | 18/06/2018 |
| F3480 | ADENOTONSILLECTOMY (AND BILATERAL) | Added: D2822 | 18/06/2018 |
| E0520 | LIGATION OF ARTERY OF INTERNAL NOSE (INCLUDING ENDOSCOPIC, AS SOLE PROCEDURE) | Added: E0360 ; E1432 ; E1480 ; V1082 | 18/06/2018 |
| E0360 | SEPTOPLASTY OF NOSE (INCLUDING ATTENTION TO TURBINATES) | Added: E0520 | 18/06/2018 |
| E1432 | FESS UNCINECTOMY, ETHMOIDECTOMY, ANTROSTOMY OR ANTRAL PUNCTURE INC POLYPECTOMY AND ATTENTION TO TURBINATES ETC | Added: E0520 | 18/06/2018 |
| E1480 | ENDOSCOPIC EXPLORATION FRONTAL SINUS BEYOND FRONTOETHMOID RECESS AND BILATERAL | Added: E0520 | 18/06/2018 |
| V1082 | PARTIAL MAXILLECTOMY FOR MALIGNANCY | Added: E0520 | 18/06/2018 |
| E1780 | DIAGNOSTIC ENDOSCOPY OF SINUS AND BILATERAL (AS SOLE PROCEDURE) | Added: C2650 ; C2910 ; D0702 ; E0380 ; E0440 ; E2010 ; E2880 ; S0602 ; S5710 ; XR320 | 18/06/2018 |
| C2650 | PROBING OF NASOLACRIMAL SYSTEM +/- SYRINGING AND/OR IRRIGATION | Added: E1780 | 18/06/2018 |
| C2910 | PUNCTO-CANALICULOPLASTY | Added: E1780 | 18/06/2018 |
| D0702 | AURAL TOILET (INCLUDING MICROSUCTION AND/OR SUCTION OF | Added: E1780 | 18/06/2018 |

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| | EXTERIORISED MASTIOD CAVITY) INCLUDING BILATERAL | | |
| E0380 | NASAL SEPTUM CAUTERISATION (& BILATERAL) | Added: E1780 | 18/06/2018 |
| E0440 | DIVISION OF ADHESIONS OF TURBINATE OF NOSE (& BILATERAL) | Added: E1780 | 18/06/2018 |
| E2010 | ADENOIDECTOMY | Added: E1780 | 18/06/2018 |
| E2880 | EPLY MANOEUVRE | Added: E1780 | 18/06/2018 |
| S0602 | PRIMARY EXCISION OF MALIGNANT LESION - HEAD AND NECK | Added: E1780 | 18/06/2018 |
| S5710 | DEBRIDEMENT OF WOUND (AND SURGICAL TOILET) - UP TO 25CM2 IN AREA | Added: E1780 | 18/06/2018 |
| XR320 | DILATATION/STENTING OF NASOLACRIMAL DUCT UNDER IMAGING CONTROL | Added: E1780 | 18/06/2018 |
| E2500 | DIAGNOSTIC NASOLARYNGOPHARYNGOSCOPY +/- BIOPSY AS SOLE PROCEDURE | Added: B0830 ; B0850 ; B0860 ; B1220 ; D0702 ; D0730 ; D1530 ; D2030 ; E0380 ; E0412 ; E0440 ; E0820 ; E0850 ; E2880 ; F3440 ; F4210 ; F4640 ; H2502 ; S4182 ; S4760 ; S5710 | 18/06/2018 |
| B0830 | TOTAL THYROID LOBECTOMY AND ISTHMECTOMY | Added: E2500 | 18/06/2018 |
| B0850 | ISTHMECTOMY OF THYROID GLAND | Added: E2500 | 18/06/2018 |
| B0860 | PARTIAL THYROIDECTOMY | Added: E2500 | 18/06/2018 |
| B1220 | FINE NEEDLE ASPIRATION OF THYROID GLAND | Added: E2500 | 18/06/2018 |
| D0702 | AURAL TOILET (INCLUDING MICROSUCTION AND/OR SUCTION OF EXTERIORISED MASTIOD CAVITY) INCLUDING BILATERAL | Added: E2500 | 18/06/2018 |
| D0730 | REMOVAL OF FOREIGN BODY FROM EXTERNAL AUDITORY CANAL (AND BILATERAL) | Added: E2500 | 18/06/2018 |
| D1530 | MYRINGOTOMY (AND BILATERAL) | Added: E2500 | 18/06/2018 |
| D2030 | REMOVAL OF GROMMETS | Added: E2500 | 18/06/2018 |
| E0820 | EXCISION OF LESION OF INTERNAL NOSE | Added: E2500 | 18/06/2018 |
| E0850 | REMOVAL OF FOREIGN BODY FROM CAVITY OF NOSE | Added: E2500 | 18/06/2018 |
| E2880 | EPLY MANOEUVRE | Added: E2500 | 18/06/2018 |

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| F3440 | TONSILLECTOMY - ADULT AGE 13 + (AND BILATERAL) | Added: E2500 | 18/06/2018 |
| F4210 | BIOPSY OF LESION OF MOUTH | Added: E2500 | 18/06/2018 |
| F4640 | FINE NEEDLE ASPIRATION OF PAROTID GLAND | Added: E2500 | 18/06/2018 |
| H2502 | DIAGNOSTIC FLEXIBLE SIGMOIDOSCOPY, INCLUDES FORCEPS BIOPSY AND PROCTOSCOPY | Added: E2500 | 18/06/2018 |
| S4182 | DEBRIDEMENT AND PRIMARY SUTURE OF WOUND WITH INVOLVEMENT OF DEEPER TISSUE - HEAD AND NECK | Added: E2500 | 18/06/2018 |
| S4760 | FINE NEEDLE ASPIRATION CYTOLOGY | Added: E2500 | 18/06/2018 |
| S5710 | DEBRIDEMENT OF WOUND (AND SURGICAL TOILET) - UP TO 25CM2 IN AREA | Added: E2500 | 18/06/2018 |
| G7530 | CLOSURE OF ILEOSTOMY (AS SOLE PROCEDURE) | Added: G5810 ; H0610 ; H2502 ; H2510 ; T2500 ; T2720 | 18/06/2018 |
| G5810 | EXCISION OF JEJUNUM | Added: G7530 | 18/06/2018 |
| H0610 | EXTENDED EXCISION OF RIGHT HEMICOLON | Added: G7530 | 18/06/2018 |
| H2502 | DIAGNOSTIC FLEXIBLE SIGMOIDOSCOPY, INCLUDES FORCEPS BIOPSY AND PROCTOSCOPY | Added: G7530 | 18/06/2018 |
| H2510 | RIGID SIGMOIDOSCOPY (INCLUDING PROCTOSCOPY BIOPSY) | Added: G7530 | 18/06/2018 |
| T2500 | OPEN REPAIR OF INCISIONAL OR VENTRAL HERNIA NOT REQUIRING MESH | Added: G7530 | 18/06/2018 |
| T2720 | LAPAROSCOPIC REPAIR OF INCISIONAL OR VENTRAL HERNIA REQUIRING MESH | Added: G7530 | 18/06/2018 |
| G8082 | DIAGNOSTIC OESOPHAGO-GASTRO-DUODENOSCOPY (OGD) AND IMMEDIATE COLONOSCOPY INCLUDES FORCEPS BIOPSIES, BIOPSY TEST AND DYE SPRAY (AS SOLE PROCEDURE) | Added: A5761 ; G2110 ; G4530 ; G8080 ; H5230 ; H5240 ; H5520 ; L7032 ; W9030 | 18/06/2018 |
| A5761 | FACET JOINT INJECTION (UNDER X-RAY CONTROL) - 3 TO 4 JOINTS | Added: G8082 | 18/06/2018 |
| G2110 | OESOPHAGEAL PHYSIOLOGY STUDIES (INCLUDING PH MEASUREMENT) | Added: G8082 | 18/06/2018 |
| G4530 | CATHETERLESS OESOPHAGEAL PH MONITORING (EG BRAVO) | Added: G8082 | 18/06/2018 |
| G8080 | CAPSULE ENDOSCOPY (INCLUDING INTERPRETATION AND EVALUATION) | Added: G8082 | 18/06/2018 |
| H5230 | INJECTION OF SCLEROSING | Added: G8082 | 18/06/2018 |

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| | SUBSTANCE INTO HAEMORRHOIDS | | |
| H5240 | BANDING OF HAEMORRHOIDS | Added: G8082 | 18/06/2018 |
| H5520 | LAYING OPEN OF HIGH ANAL FISTULA (FISTULOTOMY) (INCLUDING SIGMOIDOSCOPY) | Added: G8082 | 18/06/2018 |
| L7032 | HAEMORRHOIDAL ARTERY LIGATION OPERATION (INCLUDING IMAGE-GUIDED) +/- RECTO ANAL PROLAPSE REPAIR (KNOWN AS HALO OR HAL) | Added: G8082 | 18/06/2018 |
| W9030 | INJECTIONS(S) +/- ASPIRATION, INTO JOINT, CYST, BURSA OR SOFT TISSUE, WITH IMAGE GUIDANCE | Added: G8082 | 18/06/2018 |
| H5230 | INJECTION OF SCLEROSING SUBSTANCE INTO HAEMORRHOIDS | Added: G8083 | 19/06/2018 |
| G8083 | THERAPEUTIC OESOPHAGO-GASTRO-DUODENOS (OGD) & IMMEDIATE COLONOSCOPY INCLUDES FORCEPS BIOPSIES, BIOPSY TEST & DYE SPRAY (AS SOLE PROCEDURE) | Added: H5230 | 19/06/2018 |
| H4430 | EXAMINATION OF RECTUM UNDER ANAESTHETIC (AS SOLE PROCEDURE) | Added: F2620 ; G7403 ; G7512 ; H4800 ; H5800 ; S4780 | 19/06/2018 |
| F2620 | FRENOTOMY /FRENECTOMY OF TONGUE UNDER GENERAL ANAESTHETIC | Added: H4430 | 19/06/2018 |
| G7403 | LAPAROSCOPIC ILEOSTOMY | Added: H4430 | 19/06/2018 |
| G7512 | REVISION OF ILEOSTOMY - LOCAL | Added: H4430 | 19/06/2018 |
| H4800 | EXCISION OF LESION OF ANUS | Added: H4430 | 19/06/2018 |
| H5800 | DRAINAGE THROUGH PERINEAL REGION (INCLUDING ISCHIO-RECTAL ABSCESS) (INCLUDING SIGMOIDOSCOPY) | Added: H4430 | 19/06/2018 |
| S4780 | ASPIRATION OF SUBCUTANEOUS HAEMATOMA | Added: H4430 | 19/06/2018 |
| M4713 | BLADDER INSTILLATION AS SOLE PROCEDURE | Added: M4210; M2580 | 19/06/2018 |
| M4210 | ENDOSCOPIC RESECTION OF LESION OF BLADDER (INCLUDING CYSTOSCOPY) | Added: M4713 | 19/06/2018 |
| M2580 | URETEROLYSIS - BILATERAL | Added: M4713 | 19/06/2018 |
| M7700 | DIAGNOSTIC ENDOSCOPIC EXAMINATION OF URETHRA (AS SOLE PROCEDURE) (INCLUDING CYSTOSCOPY) | Added: M7332 | 19/06/2018 |
| M7332 | CLOSURE OF FISTULA OF URETHRA AFTER HYPOSPADIAS | Added: M7700 | 19/06/2018 |

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| P2932 | EXAMINATION OF VAGINA UNDER ANAESTHETIC (AS SOLE PROCEDURE) | Added: M4510 ; P0310 ; P1800 ; P2230 ; P2730 ; Q1800 ; Q1802 ; S1500 | 20/06/2018 |
| M4510 | DIAGNOSTIC ENDOSCOPIC EXAMINATION OF BLADDER (FLEXIBLE CYSTOSCOPY) INCLUDING ANY BIOPSY | Added: P2932 | 20/06/2018 |
| P0310 | EXCISION OF BARTHOLIN GLAND | Added: P2932 | 20/06/2018 |
| P1800 | OTHER OBLITERATION OF VAGINA | Added: P2932 | 20/06/2018 |
| P2230 | POSTERIOR COLPORRHAPHY | Added: P2932 | 20/06/2018 |
| P2730 | COLPOSCOPY (+/- BIOPSY, POLYPECTOMY OR VULVOSCOPY) | Added: P2932 | 20/06/2018 |
| Q1800 | HYSTEROSCOPY (INCLUDING BIOPSY, DILATATION, CURETTAGE AND RESECTION POLYP(S) +/- MIRENA COIL INSERTION) | Added: P2932 | 20/06/2018 |
| Q1802 | HYSTEROSCOPY WITH RESECTION OF FIBROIDS +/- INSERTION OF MIRENA COIL | Added: P2932 | 20/06/2018 |
| S1500 | BIOPSY OF SKIN OR SUBCUTANEOUS TISSUE | Added: P2932 | 20/06/2018 |
| Q1281 | REMOVAL AND/OR REPLACEMENT OF AN EMBEDDED / MIGRATED MIRENA COIL (AS SOLE PROCEDURE) | Added: Q0920 ; Q1800 ; XR110 | 20/06/2018 |
| Q0920 | MYOMECTOMY (INCLUDING LAPAROSCOPICALLY) +/- URETEROLYSIS | Added: Q1281 | 20/06/2018 |
| Q1800 | HYSTEROSCOPY (INCLUDING BIOPSY, DILATATION, CURETTAGE AND RESECTION POLYP(S) +/- MIRENA COIL INSERTION) | Added: Q1281 | 20/06/2018 |
| XR110 | ULTRASOUND GUIDED BIOPSY(IES) | Added: Q1281 | 20/06/2018 |
| Q2230 | LAPAROSCOPIC OOPHORECTOMY AND SALPINGECTOMY, +/- BIOPSY EG. OMENTUM, PERITONEUM, LYMPH NODE (AS SOLE PROCEDURE) - BILATERAL | Added: H2002 ; M2530 ; M2580 ; M4510 ; P2380 ; Q0230 ; Q0751 ; Q1280 ; Q1700 ; Q1701 ; Q1800 ; Q1802 ; Q2020 ; Q3800 ; Q3900 ; Q5450 ; T4300 | 20/06/2018 |
| H2002 | DIAGNOSTIC COLONOSCOPY, INCLUDES FORCEPS BIOPSY OF COLON AND ILEUM | Added: Q2230 | 20/06/2018 |
| M2530 | URETEROLYSIS - UNILATERAL | Added: Q2230 | 20/06/2018 |
| M2580 | URETEROLYSIS - BILATERAL | Added: Q2230 | 20/06/2018 |

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| M4510 | DIAGNOSTIC ENDOSCOPIC EXAMINATION OF BLADDER (FLEXIBLE CYSTOSCOPY) INCLUDING ANY BIOPSY | Added: Q2230 | 20/06/2018 |
| P2380 | ANTERIOR (+/- POSTERIOR) COLPORRHAPHY WITH VAGINAL HYSTERECTOMY (INCLUDING PRIMARY REPAIR OF ENTEROCELE AND CYSTOSCOPY) | Added: Q2230 | 20/06/2018 |
| Q0230 | CAUTERISATION OF LESION OF CERVIX UTERI (+/- LOOP DIATHERMY, COLPOSCOPY OR POLYPECTOMY) | Added: Q2230 | 20/06/2018 |
| Q0751 | LAPAROSCOPIC SUBTOTAL HYSTERECTOMY (+/- OOPHORECTOMY) +/- URETEROLYSIS | Added: Q2230 | 20/06/2018 |
| Q1280 | INTRODUCTION OF A MIRENA COIL - NOT TO BE USED FOR CONTRACEPTIVE COIL | Added: Q2230 | 20/06/2018 |
| Q1700 | THERAPEUTIC HYSTEROSCOPIC OPERATIONS ON UTERUS (INCLUDING ENDOMETRIAL ABLATION EXCLUDING MICROWAVE OR RADIOFREQUENCY ABLATION) | Added: Q2230 | 20/06/2018 |
| Q1701 | LAPAROSCOPIC EXCISION OF ENDOMETRIOSIS, +/- URETEROLYSIS | Added: Q2230 | 20/06/2018 |
| Q1800 | HYSTEROSCOPY (INCLUDING BIOPSY, DILATATION, CURETTAGE AND RESECTION POLYP(S) +/- MIRENA COIL INSERTION) | Added: Q2230 | 20/06/2018 |
| Q1802 | HYSTEROSCOPY WITH RESECTION OF FIBROIDS +/- INSERTION OF MIRENA COIL | Added: Q2230 | 20/06/2018 |
| Q2020 | ENDOMETRIAL BIOPSY OR ASPIRATION | Added: Q2230 | 20/06/2018 |
| Q3800 | LAPAROSCOPY AND THERAPEUTIC PROCEDURES (INCLUDING LASER, DIATHERMY AND DESTRUCTION EG ENDOMETRIOSIS, ADHESIOLYSIS TUBAL&OVARIAN SURGERY +/- URETEROLYSIS | Added: Q2230 | 20/06/2018 |
| Q3900 | LAPAROSCOPY (INCLUDING E.G. PUNCTURE OF OVARIAN CYSTS, +/- BIOPSY, MINOR ENDOMETRIOSIS, +/- URETEROLYSIS) | Added: Q2230 | 20/06/2018 |
| Q5450 | LAPAROSCOPIC HYSTEROPEXY (INCLUDING SACROHYSTEROPEXY) +/- URETEROLYSIS | Added: Q2230 | 20/06/2018 |

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| T4300 | LAPAROSCOPY INCLUDING BIOPSY AND ADHESIOLYSIS | Added: Q2230 | 20/06/2018 |
| Q2231 | LAPAROSCOPIC OOPHORECTOMY AND SALPINGECTOMY, +/- BIOPSY EG. OMENTUM, PERITONEUM, LYMPH NODE (AS SOLE PROCEDURE) - UNILATERAL | Added: M2680 ; M4514 ; Q1700 ; Q1703 ; Q1800 ; T4130 | 20/06/2018 |
| M2680 | ENDOSCOPIC REMOVAL AND INSERTION OF PROSTHESIS INTO URETER (INCLUDING CYSTOSCOPY) | Added: Q2231 | 20/06/2018 |
| M4514 | ENDOSCOPIC EXAMINATION OF BLADDER (RIGID CYSTOSCOPY) INCLUDING ANY BIOPSY | Added: Q2231 | 20/06/2018 |
| Q1700 | THERAPEUTIC HYSTEROSCOPIC OPERATIONS ON UTERUS (INCLUDING ENDOMETRIAL ABLATION EXCLUDING MICROWAVE OR RADIOFREQUENCY ABLATION) | Added: Q2231 | 20/06/2018 |
| Q1703 | IMPEDANCE CONTROLLED BIPOLAR RADIOFREQUENCY ABLATION FOR MENORRHAGIA (INCLUDING HYSTEROSCOPY) | Added: Q2231 | 20/06/2018 |
| Q1800 | HYSTEROSCOPY (INCLUDING BIOPSY, DILATATION, CURETTAGE AND RESECTION POLYP(S) +/- MIRENA COIL INSERTION) | Added: Q2231 | 20/06/2018 |
| T4130 | FREEDING OF ADHESIONS OF PERITONEUM | Added: Q2231 | 20/06/2018 |
| Q2232 | OPEN OOPHORECTOMY AND SALPINGECTOMY,+/- BIOPSY EG. OMENTUM, PERITONEUM, LYMPH NODE (AS SOLE PROCEDURE) - UNILATERAL | Added: Q1800 | 20/06/2018 |
| Q1800 | HYSTEROSCOPY (INCLUDING BIOPSY, DILATATION, CURETTAGE AND RESECTION POLYP(S) +/- MIRENA COIL INSERTION) | Added: Q2232 | 20/06/2018 |
| Q2330 | SALPINGECTOMY (INCLUDING BILATERAL) (AS SOLE PROCEDURE) | Added: P2380 | 20/06/2018 |
| P2380 | ANTERIOR (+/- POSTERIOR) COLPORRHAPHY WITH VAGINAL HYSTERECTOMY (INCLUDING PRIMARY REPAIR OF ENTEROCELE AND CYSTOSCOPY) | Added: Q2330 | 20/06/2018 |
| Q4400 | OVARIAN CYSTECTOMY, +/- OMENTAL BIOPSY (AS SOLE PROCEDURE AND INCLUDING BILATERAL | Added: M4514 ; M5100 ; P2380 ; P2730 ; P3190 ; | 20/06/2018 |

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| | | Q0230 ; Q0740 ; Q0920 ; Q1700 ; Q1701 ; Q1703 ; Q1800 ; Q1802 ; Q3900 | |
| M4514 | ENDOSCOPIC EXAMINATION OF BLADDER (RIGID CYSTOSCOPY) INCLUDING ANY BIOPSY | Added: Q4400 | 20/06/2018 |
| M5100 | COMBINED ABDOMINAL AND VAGINAL OPERATIONS TO SUPPORT OUTLET OF FEMALE BLADDER (INCLUDING SLING PROCEDURES) (INCLUDING CYSTOSCOPY) | Added: Q4400 | 20/06/2018 |
| P2380 | ANTERIOR (+/- POSTERIOR) COLPORRHAPHY WITH VAGINAL HYSTERECTOMY (INCLUDING PRIMARY REPAIR OF ENTEROCELE AND CYSTOSCOPY) | Added: Q4400 | 20/06/2018 |
| P2730 | COLPOSCOPY (+/- BIOPSY, POLYPECTOMY OR VULVOSCOPY) | Added: Q4400 | 20/06/2018 |
| Q0230 | CAUTERISATION OF LESION OF CERVIX UTERI (+/- LOOP DIATHERMY, COLPOSCOPY OR POLYPECTOMY) | Added: Q4400 | 20/06/2018 |
| Q0740 | TOTAL ABDOMINAL HYSTERECTOMY (+/- OOPHORECTOMY) +/- URETEROLYSIS | Added: Q4400 | 20/06/2018 |
| Q0920 | MYOMECTOMY (INCLUDING LAPAROSCOPICALLY) +/- URETEROLYSIS | Added: Q4400 | 20/06/2018 |
| Q1700 | THERAPEUTIC HYSTEROSCOPIC OPERATIONS ON UTERUS (INCLUDING ENDOMETRIAL ABLATION EXCLUDING MICROWAVE OR RADIOFREQUENCY ABLATION) | Added: Q4400 | 20/06/2018 |
| Q1701 | LAPAROSCOPIC EXCISION OF ENDOMETRIOSIS, +/- URETEROLYSIS | Added: Q4400 | 20/06/2018 |
| Q1703 | IMPEDANCE CONTROLLED BIPOLAR RADIOFREQUENCY ABLATION FOR MENORRHAGIA (INCLUDING HYSTEROSCOPY) | Added: Q4400 | 20/06/2018 |
| Q1800 | HYSTEROSCOPY (INCLUDING BIOPSY, DILATATION, CURETTAGE AND RESECTION POLYP(S) +/- MIRENA COIL INSERTION) | Added: Q4400 | 20/06/2018 |
| Q1802 | HYSTEROSCOPY WITH RESECTION OF FIBROIDS +/- INSERTION OF MIRENA COIL | Added: Q4400 | 20/06/2018 |

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| Q3900 | LAPAROSCOPY (INCLUDING E.G. PUNCTURE OF OVARIAN CYSTS, +/- BIOPSY, MINOR ENDOMETRIOSIS, +/- URETEROLYSIS) | Added: Q4400 | 20/06/2018 |
| T3600 | WEDGE EXCISION OR REMOVAL OF OMENTUM (AS SOLE PROCEDURE) | Added: H0700 ; Q0740 ; T8580 | 20/06/2018 |
| H0700 | RIGHT HEMICOLECTOMY | Added: T3600 | 20/06/2018 |
| Q0740 | TOTAL ABDOMINAL HYSTERECTOMY (+/- OOPHORECTOMY) +/- URETEROLYSIS | Added: T3600 | 20/06/2018 |
| T8580 | BLOCK DISSECTION OF PELVIC LYMPH NODES (AS SOLE PROCEDURE) | Added: T3600 | 20/06/2018 |
| T6450 | TENODESIS OF BICEPS TENDON (AS SOLE PROCEDURE) | Added: T7915 ; T7982 ; T7990 ; W7713 ; W7714 ; W7872 ; W8193 ; W8194 | 20/06/2018 |
| T7915 | ARTHROSCOPIC ROTATOR CUFF REPAIR GREATER THAN 2CM | Added: T6450 | 20/06/2018 |
| T7982 | ARTHROSCOPIC SUB ACROMIAL DECOMPRESSION AND ROTATOR CUFF REPAIR (INCLUDING ARTHROSCOPIC PROCEDURES IN GLENOHUMERAL JOINT) | Added: T6450 | 20/06/2018 |
| T7990 | REVISION OF OPEN OR ARTHROSCOPIC ROTATOR CUFF REPAIR +/- DECOMPRESSION | Added: T6450 | 20/06/2018 |
| W7713 | PRIMARY STABILISATION OF MULTI-DIRECTIONAL INSTABILITY OF SHOULDER JOINT +/- TENDON REPAIR | Added: T6450 | 20/06/2018 |
| W7714 | PRIMARY OPEN OR ARTHROSCOPIC SHOULDER STABILISATION PROCEDURE (INCLUDING LABRAL/SLAP/TENDON REPAIR) | Added: T6450 | 20/06/2018 |
| W7872 | ARTHROSCOPIC ARTHROLYSIS OF SHOULDER CONTRACTURE +/- MANIPULATION/INJECTION | Added: T6450 | 20/06/2018 |
| W8193 | ARTHROSCOPIC SUBACROMIAL DECOMPRESSION | Added: T6450 | 20/06/2018 |
| W8194 | ARTHROSCOPIC SUB-ACROMIAL DECOMPRESSION AND EXCISION OF DISTAL CLAVICLE (INCLUDING ARTHROSCOPIC PROCEDURES IN GLENOHUMERAL JOINT) | Added: T6450 | 20/06/2018 |
| X2280 | MANIPULATION OF HIP AND CASTING (AS SOLE PROCEDURE) | Added: W9030 | 20/06/2018 |
| W9030 | INJECTIONS(S) +/- ASPIRATION, INTO | Added: X2280 | 20/06/2018 |

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| | JOINT, CYST, BURSA OR SOFT TISSUE, WITH IMAGE GUIDANCE | | |
| W9240 | EXAMINATION/ MANIPULATION OF JOINT UNDER GENERAL ANAESTHETIC +/- INJECTION +/- ARTHROGRAM (AS SOLE PROCEDURE) | Added: A5211 ; T6910 ; T7440 ; V2540 ; W0464 ; W1800 ; W3032 ; W6523 ; W7400 ; W7486 ; W8150 ; W9030 ; W9031 ; W9035 ; W9040 | 20/06/2018 |
| A5211 | EPIDURAL INJECTION (CAUDAL) | Added: W9240 | 20/06/2018 |
| T6910 | TENOLYSIS, OF EXTENSOR, NOT OTHERWISE SPECIFIED | Added: W9240 | 20/06/2018 |
| T7440 | INJECTION INTO CORD FOR DUPUYTREN'S CONTRACTURE (INCLUDING POST INJECTION FINGER EXTENSION) | Added: W9240 | 20/06/2018 |
| V2540 | POSTERIOR EXCISION OF DISC PROLAPSE (INCLUDING MICRODISCECTOMY +/- DECOMPRESSION) - LUMBAR REGION (1 OR 2 LEVELS) | Added: W9240 | 20/06/2018 |
| W0464 | COMPLEX PROCEDURE TO MID FOOT AND HIND FOOT WITH AUTOGENOUS GRAFT (INCLUDING OSTEOTOMY, FUSION +/- TENDON TRANSFERS, FIXATION) | Added: W9240 | 20/06/2018 |
| W1800 | DRAINAGE/DEBRIDEMENT OF BONE(S), (INCLUDING SEQUESTECTOMY FOR OSTEOMYLITIS) | Added: W9240 | 20/06/2018 |
| W3032 | REMOVAL OF FIXATOR/FRAME/PINS/WIRES AND CHANGE OF PLASTER | Added: W9240 | 20/06/2018 |
| W6523 | PRIMARY OPEN REDUCTION OF DISLOCATION OF LARGE JOINT | Added: W9240 | 20/06/2018 |
| W7400 | RECONSTRUCTION OF ONE OR TWO LIGAMENTS NOT ELSEWHERE SPECIFIED | Added: W9240 | 20/06/2018 |
| W7486 | CARPO-METACARPAL JOINT LIGAMENT RECONSTRUCTION | Added: W9240 | 20/06/2018 |
| W8150 | ARTHROTOMY OF LARGE JOINT (INCLUDING REMOVAL OF LOOSE BODY FROM JOINT) | Added: W9240 | 20/06/2018 |
| W9030 | INJECTIONS(S) +/- ASPIRATION, INTO JOINT, CYST, BURSA OR SOFT TISSUE, WITH IMAGE GUIDANCE | Added: W9240 | 20/06/2018 |
| W9031 | THREE OR MORE INJECTIONS, +/- | Added: W9240 | 20/06/2018 |

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| | ASPIRATION, INTO JOINT(S), CYST, BURSA OR SOFT TISSUE, WITH IMAGE GUIDANCE | | |
| W9035 | INJECTION(S) +/- ASPIRATION, INTO TWO OR MORE JOINTS, CYSTS, BURSAE OR SOFT TISSUE, WITH IMAGE GUIDANCE | Added: W9240 | 20/06/2018 |
| W9040 | INJECTION(S) +/- ASPIRATION, INTO JOINT, CYST, BURSA OR SOFT TISSUE | Added: W9240 | 20/06/2018 |
| W9112 | MANIPULATION OF JOINT (INCLUDING INTRA-ARTICULAR INJECTION) FOR FROZEN SHOULDER (AS SOLE PROCEDURE) | Added: W1800 ; W2830 ; W9040 | 21/06/2018 |
| W1800 | DRAINAGE/DEBRIDEMENT OF BONE(S), (INCLUDING SEQUESTECTOMY FOR OSTEOMYLITIS) | Added: W9112 | 21/06/2018 |
| W2830 | REMOVAL OF INTERNAL FIXATION FROM BONE/JOINT, EXCLUDING K-WIRES | Added: W9112 | 21/06/2018 |
| W9040 | INJECTION(S) +/- ASPIRATION, INTO JOINT, CYST, BURSA OR SOFT TISSUE | Added: W9112 | 21/06/2018 |
| W8880 | ARTHROSCOPY OF ELBOW (AS SOLE PROCEDURE) | Added: A6510 ; T6800 ; W5600 ; W7430 | 21/06/2018 |
| A6510 | CARPAL TUNNEL RELEASE (OPEN) | Added: W8880 | 21/06/2018 |
| T6800 | DELAYED OR SECONDARY REPAIR OF TENDON (INCLUDING GRAFT, TRANSFER AND/OR PROSTHESIS) (NOT OTHERWISE SPECIFIED) | Added: W8880 | 21/06/2018 |
| W5600 | PRIMARY REPAIR OF RUPTURE OF ACROMIOCLAVICULAR OR STERNOCLAVICULAR JOINT +/- INTERNAL FIXATION | Added: W8880 | 21/06/2018 |
| W7430 | RECONSTRUCTION OF LATERAL COLLATERAL LIGAMENT COMPLEX | Added: W8880 | 21/06/2018 |
| W8840 | DIAGNOSTIC ARTHROSCOPIC EXAMINATION OF ANKLE (AS SOLE PROCEDURE, INCLUDING ANTERIOR SYNOVECTOMY TO GAIN VISION) | Added: W7530 | 21/06/2018 |
| W7530 | REPAIR OF LATERAL COLLATERAL LIGAMENT COMPLEX | Added: W8840 | 21/06/2018 |
| W8830 | DIAGNOSTIC ARTHROSCOPIC EXAMINATION OF WRIST JOINT, +/- BIOPSY (AS SOLE PROCEDURE) | Added: W0850 | 21/06/2018 |
| W0850 | PARTIAL EXCISION OF BONE (INCLUDING EXOSTOSES) | Added: W8830 | 21/06/2018 |

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| W8820 | DIAGNOSTIC ARTHROSCOPIC EXAMINATION OF SHOULDER JOINT, +/- BIOPSY (AS SOLE PROCEDURE) | Added: W7714 ; W7715 | 21/06/2018 |
| W7714 | PRIMARY OPEN OR ARTHROSCOPIC SHOULDER STABILISATION PROCEDURE (INCLUDING LABRAL/SLAP/TENDON REPAIR) | Added: W8820 | 21/06/2018 |
| W7715 | COROCOID BONE BLOCK TRANSFER FOR RECURRENT INSTABILITY OF SHOULDER (BRISTOW-LATARJET PROCEDURE) | Added: W8820 | 21/06/2018 |
| W8700 | DIAGNOSTIC ARTHROSCOPIC EXAMINATION OF JOINT, +/- BIOPSY (NOT OTHERWISE SPECIFIED) (AS SOLE PROCEDURE) | Added: T7910 ; W1660 ; W7715 | 21/06/2018 |
| T7910 | OPEN SUB ACROMIAL DECOMPRESSION AND ROTATOR CUFF REPAIR +/- EXCISION OF DISTAL CLAVICLE | Added: W8700 | 21/06/2018 |
| W1660 | TIBIAL OSTEOTOMY | Added: W8700 | 21/06/2018 |
| W7715 | COROCOID BONE BLOCK TRANSFER FOR RECURRENT INSTABILITY OF SHOULDER (BRISTOW-LATARJET PROCEDURE) | Added: W8700 | 21/06/2018 |
| W8630 | THERAPEUTIC ARTHROSCOPY OF ANKLE WITH EITHER SOFT TISSUE PROCEDURE OR BONY +/- JOINT SURFACE PROCEDURE (AS SOLE PROCEDURE) | Added: W1920 ; W6019 ; W7430 ; W7530 | 21/06/2018 |
| W1920 | PRIMARY OPEN REDUCTION OF LONG BONE WITH FIXATION | Added: W8630 | 21/06/2018 |
| W6019 | ANKLE SYNDESMOSIS RECONSTRUCTION | Added: W8630 | 21/06/2018 |
| W7430 | RECONSTRUCTION OF LATERAL COLLATERAL LIGAMENT COMPLEX | Added: W8630 | 21/06/2018 |
| W7530 | REPAIR OF LATERAL COLLATERAL LIGAMENT COMPLEX | Added: W8630 | 21/06/2018 |
| W8603 | THERAPEUTIC ARTHROSCOPY OF SHOULDER (AS SOLE PROCEDURE) | Added: W7714 ; W5600 ; W0700 | 21/06/2018 |
| W7714 | PRIMARY OPEN OR ARTHROSCOPIC SHOULDER STABILISATION PROCEDURE (INCLUDING LABRAL/SLAP/TENDON REPAIR) | Added: W8603 | 21/06/2018 |
| W5600 | PRIMARY REPAIR OF RUPTURE OF ACROMIOCLAVICULAR OR STERNOCLAVICULAR JOINT +/- INTERNAL FIXATION | Added: W8603 | 21/06/2018 |

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| W0700 | EXCISION OF ECTOPIC BONE | Added: W8603 | 21/06/2018 |
| T6580 | TENDON GRAFT, OR TENDON TRANSFER (AS SOLE PROCEDURE, NOT OTHERWISE SPECIFIED) | Added: T6832 ; T7915 ; T7990 ; W5600 ; W7400 ; W7714 | 21/06/2018 |
| T6832 | SECOND STAGE RECONSTRUCTION OF FLEXOR OF HAND | Added: T6580 | 21/06/2018 |
| T7915 | ARTHROSCOPIC ROTATOR CUFF REPAIR GREATER THAN 2CM | Added: T6580 | 21/06/2018 |
| T7990 | REVISION OF OPEN OR ARTHROSCOPIC ROTATOR CUFF REPAIR +/- DECOMPRESSION | Added: T6580 | 21/06/2018 |
| W5600 | PRIMARY REPAIR OF RUPTURE OF ACROMIOCLAVICULAR OR STERNOCLAVICULAR JOINT +/- INTERNAL FIXATION | Added: T6580 | 21/06/2018 |
| W7400 | RECONSTRUCTION OF ONE OR TWO LIGAMENTS NOT ELSEWHERE SPECIFIED | Added: T6580 | 21/06/2018 |
| W7714 | PRIMARY OPEN OR ARTHROSCOPIC SHOULDER STABILISATION PROCEDURE (INCLUDING LABRAL/SLAP/TENDON REPAIR) | Added: T6580 | 21/06/2018 |
| T8580 | BLOCK DISSECTION OF PELVIC LYMPH NODES (AS SOLE PROCEDURE) | Added: N0680 ; Q0740 ; Q0880 ; T2000 ; T8550 | 21/06/2018 |
| N0680 | ORCHIDECTOMY AND EXCISION OF SPERMATIC CORD (+/- INSERTION OF PROSTHESIS) | Added: T8580 | 21/06/2018 |
| Q0740 | TOTAL ABDOMINAL HYSTERECTOMY (+/- OOPHORECTOMY) +/- URETEROLYSIS | Added: T8580 | 21/06/2018 |
| Q0880 | HYSTERECTOMY WITH EXCISION / BIOPSY AND/OR REMOVAL OF OMENTUM AND UTERINE ADNEXA FOR OVARIAN MALIGNANCY +/- URETEROLYSIS | Added: T8580 | 21/06/2018 |
| T2000 | PRIMARY REPAIR OF INGUINAL HERNIA | Added: T8580 | 21/06/2018 |
| T8550 | BLOCK DISSECTION OF INGUINAL LYMPH NODES | Added: T8580 | 21/06/2018 |
| V4142 | REMOVAL OF POSTERIOR SCOLIOSIS INSTRUMENTATION (AS SOLE PROCEDURE) | Added: S5710 | 21/06/2018 |
| S5710 | DEBRIDEMENT OF WOUND (AND SURGICAL TOILET) - UP TO 25CM2 IN AREA | Added: V4142 | 21/06/2018 |

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| W0632 | PROSTHETIC PATELLO-FEMORAL REPLACEMENT (AS SOLE PROCEDURE) | Added: W5200 ; W8500 ; W0850 | 21/06/2018 |
| W5200 | UNICOMPARTMENTAL KNEE REPLACEMENT | Added: W0632 | 21/06/2018 |
| W8500 | MULTIPLE ARTHROSCOPIC OPERATION ON KNEE (INCLUDING MENISCECTOMY, CHONDROPLASTY, DRILLING OR MICROFRACTURE) | Added: W0632 | 21/06/2018 |
| W0850 | PARTIAL EXCISION OF BONE (INCLUDING EXOSTOSES) | Added: W0632 | 21/06/2018 |
| W8602 | THERAPEUTIC ARTHROSCOPY OF WRIST JOINT (SOLE PROCEDURE) | Added: A6510 ; S5730 ; T5202 ; T6910 ; T7231 ; W0850 ; W2830 ; W3200 ; W5723 ; W6913 ; W7484 ; W7485 | 21/06/2018 |
| A6510 | CARPAL TUNNEL RELEASE (OPEN) | Added: W8602 | 21/06/2018 |
| S5730 | SURGICAL TOILET AND DEBRIDEMENT OF DEEP WOUND (INCLUDING TRAUMATIC OR POST-OPERATIVE AETIOLOGY) | Added: W8602 | 21/06/2018 |
| T5202 | DUPUYTREN'S FASCIECTOMY PALM ONLY | Added: W8602 | 21/06/2018 |
| T6910 | TENOLYSIS, OF EXTENSOR, NOT OTHERWISE SPECIFIED | Added: W8602 | 21/06/2018 |
| T7231 | OPEN RELEASE OF CONSTRICTION OF SHEATH OF TENDON (E.G. TRIGGER FINGER) | Added: W8602 | 21/06/2018 |
| W0850 | PARTIAL EXCISION OF BONE (INCLUDING EXOSTOSES) | Added: W8602 | 21/06/2018 |
| W2830 | REMOVAL OF INTERNAL FIXATION FROM BONE/JOINT, EXCLUDING K-WIRES | Added: W8602 | 21/06/2018 |
| W3200 | OPEN REDUCTION AND INTERNAL FIXATION OF CANCELLOUS BONE GRAFT SCAPHOID NON-UNION | Added: W8602 | 21/06/2018 |
| W5723 | EXCISION RECONSTRUCTION OF LARGE JOINT | Added: W8602 | 21/06/2018 |
| W6913 | TOTAL SYNOVECTOMY OF LARGE JOINT | Added: W8602 | 21/06/2018 |
| W7484 | RECONSTRUCTION OF THREE OR MORE LIGAMENTS NOT ELSEWHERE SPECIFIED | Added: W8602 | 21/06/2018 |
| W7485 | SMALL JOINT (EG INTERPHALANGEAL / METACARPO-PHALANGEAL) | Added: W8602 | 21/06/2018 |

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| | JOINT) LIGAMENT RECONTSTRUCTION | | |
| W0860 | METATARSO-PHALANGEAL CHEILECTOMY - UNILATERAL, AS SOLE PROCEDURE | Added: S0633 ; T5900 ; T8003 ; W0321 ; W0330 ; W0460 ; W0640 ; W0850 ; W1040 ; W1590 ; W2830 ; W4410 ; W5940 ; W8180 ; W8500 ; W8640 ; W9030 | 21/06/2018 |
| S0633 | EXCISION OF LESION OF SKIN OR SUBCUTANEOUS TISSUE - UP TO THREE, TRUNK AND LIMBS (EXCLUDING LIPOMA) | Added: W0860 | 21/06/2018 |
| T5900 | EXCISION OF GANGLION | Added: W0860 | 21/06/2018 |
| T8003 | MAJOR RELEASE OF MUSCLE FOR PAIN OR CONTRACTURE (EG QUADRICEPS) (INVOLVING LARGE JOINT) | Added: W0860 | 21/06/2018 |
| W0321 | OSTEOTOMY/IES (EG SCARF AND AKIN) FOR HALLUX VALGUS CORRECTION WITH OR WITHOUT INTERNAL FIXATION AND SOFT TISSUE CORRECTION | Added: W0860 | 21/06/2018 |
| W0330 | FUSION OF FIRST METATARSO-PHALANGEAL JOINT | Added: W0860 | 21/06/2018 |
| W0460 | COMPLEX PROCEDURE TO MID FOOT OR HIND FOOT WITHOUT AUTOGENOUS BONE GRAFT (OSTEOTOMY/FUSION +/- TENDON TRANSFERS) | Added: W0860 | 21/06/2018 |
| W0850 | PARTIAL EXCISION OF BONE (INCLUDING EXOSTOSES) | Added: W0860 | 21/06/2018 |
| W1040 | OSTEOTOMY OF SHORT BONE OF FOOT (EXCLUDING HALLUX VALGUS AND INCLUDING INTERNAL FIXATION) | Added: W0860 | 21/06/2018 |
| W1590 | CORRECTION OF RETRACTED / DISLOCATED METATARSO-PHALANGEAL JOINT (INCLUDING TENDON TRANSFER, DIVISION / REALIGNMENT OF BONE AND INTERNAL FIXATION) | Added: W0860 | 21/06/2018 |
| W2830 | REMOVAL OF INTERNAL FIXATION FROM BONE/JOINT, EXCLUDING K-WIRES | Added: W0860 | 21/06/2018 |
| W4410 | TOTAL PROSTHETIC REPLACEMENT OF ANKLE JOINT | Added: W0860 | 21/06/2018 |

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| W5940 | FUSION OF INTERPHALANGEAL JOINT(S) OF TOE (INCLUDING INTERNAL FIXATION) | Added: W0860 | 21/06/2018 |
| W8180 | ARTHROTOMY OF SMALL JOINT (INCLUDING REMOVAL OF LOOSE BODY FROM JOINT) | Added: W0860 | 21/06/2018 |
| W8500 | MULTIPLE ARTHROSCOPIC OPERATION ON KNEE (INCLUDING MENISCECTOMY, CHONDROPLASTY, DRILLING OR MICROFRACTURE) | Added: W0860 | 21/06/2018 |
| W8640 | COMPLEX THERAPEUTIC ARTHROSCOPY OF ANKLE, WITH MULTIPLE BONY, JOINT SURFACE AND SOFT TISSUE PROCEDURES | Added: W0860 | 21/06/2018 |
| W9030 | INJECTIONS(S) +/- ASPIRATION, INTO JOINT, CYST, BURSA OR SOFT TISSUE, WITH IMAGE GUIDANCE | Added: W0860 | 21/06/2018 |
| W0861 | METATARSO-PHALANGEAL CHEILECTOMY - BILATERAL, AS SOLE PROCEDURE | Added: W1040 ; W2830 ; W8180 | 21/06/2018 |
| W1040 | OSTEOTOMY OF SHORT BONE OF FOOT (EXCLUDING HALLUX VALGUS AND INCLUDING INTERNAL FIXATION) | Added: W0861 | 21/06/2018 |
| W2830 | REMOVAL OF INTERNAL FIXATION FROM BONE/JOINT, EXCLUDING K-WIRES | Added: W0861 | 21/06/2018 |
| W8180 | ARTHROTOMY OF SMALL JOINT (INCLUDING REMOVAL OF LOOSE BODY FROM JOINT) | Added: W0861 | 21/06/2018 |
| W0890 | EXCISION DISTAL CLAVICLE (AS SOLE PROCEDURE) | Added: S0632 ; T7982 ; W2830 ; W5630 ; W7872 | 21/06/2018 |
| S0632 | EXCISION OF LESION OF SKIN OR SUBCUTANEOUS TISSUE - UP TO THREE, HEAD AND NECK (EXCLUDING LIPOMA) | Added: W0890 | 21/06/2018 |
| T7982 | ARTHROSCOPIC SUB ACROMIAL DECOMPRESSION AND ROTATOR CUFF REPAIR (INCLUDING ARTHROSCOPIC PROCEDURES IN GLENOHUMERAL JOINT) | Added: W0890 | 21/06/2018 |
| W2830 | REMOVAL OF INTERNAL FIXATION FROM BONE/JOINT, EXCLUDING K-WIRES | Added: W0890 | 21/06/2018 |
| W5630 | SECONDARY REPAIR OF ACROMIOCLAVICULAR OR STERNOCLAVICULAR | Added: W0890 | 21/06/2018 |

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| | JOINT +/- INTERNAL FIXATION | | |
| W7872 | ARTHROSCOPIC ARTHROLYSIS OF SHOULDER CONTRACTURE +/- MANIPULATION/INJECTION | Added: W0890 | 21/06/2018 |
| W3100 | BONE GRAFT (AS SOLE PROCEDURE) | Added: V1930 ; W0300 ; W1660 ; W2380 ; W5050 ; W7470 | 21/06/2018 |
| V1930 | ALVEOLAR BONE GRAFT - UNILATERAL | Added: W3100 | 21/06/2018 |
| W0300 | MULTIPLE PROCEDURES ON FOREFOOT, DISTAL TO AND INCLUDING THE TARSOMETATARSAL JOINTS, WHICH INVOLVES AT LEAST TWO DISTINCT PROCEDURES NOT INTRINSIC TO EACH OTHER | Added: W3100 | 21/06/2018 |
| W1660 | TIBIAL OSTEOTOMY | Added: W3100 | 21/06/2018 |
| W2380 | LOCKED INTRAMEDULLARY NAILING OF FRACTURED LONG BONE | Added: W3100 | 21/06/2018 |
| W5050 | REVERSE POLARITY ARTHROPLASTY OF SHOULDER | Added: W3100 | 21/06/2018 |
| W7470 | REVISION OF ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION INCLUDING AUTOGRAFT/ALLOGRAFT | Added: W3100 | 21/06/2018 |
| W8600 | THERAPEUTIC ARTHROSCOPY OPERATION ON CAVITY OF JOINT (NOT OTHERWISE SPECIFIED) (AS SOLE PROCEDURE) | Added: T7982 ; W1590 ; W2830 ; W7492 ; W7530 ; W7580 | 21/06/2018 |
| T7982 | ARTHROSCOPIC SUB ACROMIAL DECOMPRESSION AND ROTATOR CUFF REPAIR (INCLUDING ARTHROSCOPIC PROCEDURES IN GLENOHUMERAL JOINT) | Added: W8600 | 21/06/2018 |
| W1590 | CORRECTION OF RETRACTED / DISLOCATED METATARSO-PHALANGEAL JOINT (INCLUDING TENDON TRANSFER, DIVISION/REALIGNMENT OF BONE AND INTERNAL FIXATION) | Added: W8600 | 21/06/2018 |
| W2830 | REMOVAL OF INTERNAL FIXATION FROM BONE/JOINT, EXCLUDING K-WIRES | Added: W8600 | 21/06/2018 |
| W7492 | OPEN/ARTHROSCOPIC LATERAL RELEASE | Added: W8600 | 21/06/2018 |
| W7530 | REPAIR OF LATERAL COLLATERAL LIGAMENT COMPLEX | Added: W8600 | 21/06/2018 |
| W7580 | OPEN SURGICAL STABILISATION OF PATELLA, INCLUDING SOFT | Added: W8600 | 21/06/2018 |

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| | TISSUE/TENDON TRANSFER OR RELEASE, +/- APPLICATION OF CAST - (ADULT) | | |
| W2620 | MANIPULATION UNDER ANAESTHESIA OF FRACTURED NOSE AS SOLE PROCEDURE | Added: E0360 ; E1432 ; E1480 ; V1082 | 21/06/2018 |
| E0360 | SEPTOPLASTY OF NOSE (INCLUDING ATTENTION TO TURBINATES) | Added: W2620 | 21/06/2018 |
| E1432 | FESS UNCINECTOMY, ETHMOIDECTOMY, ANTROSTOMY OR ANTRAL PUNCTURE INC POLYPECTOMY AND ATTENTION TO TURBINATES ETC | Added: W2620 | 21/06/2018 |
| E1480 | ENDOSCOPIC EXPLORATION FRONTAL SINUS BEYOND FRONTOETHMOID RECESS AND BILATERAL | Added: W2620 | 21/06/2018 |
| V1082 | PARTIAL MAXILLECTOMY FOR MALIGNANCY | Added: W2620 | 21/06/2018 |
| K5120 | INTRAVASCULAR ULTRASOUND OF CORONARY ARTERIES (AS SOLE PROCEDURE) | Added: K6010 | 21/06/2018 |
| K6010 | CARDIAC PACEMAKER SYSTEM INTRODUCED THROUGH VEIN (DUAL CHAMBER) | Added: K5120 | 21/06/2018 |
| W3622 | NEEDLE BIOPSY OF BONE AS SOLE PROCEDURE | Added: W2380 | 21/06/2018 |
| W2380 | LOCKED INTRAMEDULLARY NAILING OF FRACTURED LONG BONE | Added: W3622 | 21/06/2018 |
| W4900 | SHOULDER HEMIARTHROPLASTY (AS SOLE PROCEDURE) | Added: W2830 ; T7910 | 21/06/2018 |
| W2830 | OPEN ARTHROLYSIS OF ELBOW | Added: W4900 | 21/06/2018 |
| T7910 | OPEN SUB ACROMIAL DECOMPRESSION AND ROTATOR CUFF REPAIR +/- EXCISION OF DISTAL CLAVICLE | Added: W4900 | 21/06/2018 |
| W5550 | EXCISION OF RADIAL HEAD (AS SOLE PROCEDURE) | Added: W7850 ; T8050 | 21/06/2018 |
| W7850 | OPEN ARTHROLYSIS OF ELBOW | Added: W5550 | 21/06/2018 |
| T8050 | SURGICAL RELEASE OF HUMERAL EPICONDYLITIS (LATERAL OR MEDIAL) (EG TENNIS ELBOW) | Added: W5550 | 21/06/2018 |
| W7860 | ARTHROSCOPIC ARTHROLYSIS OF ELBOW (AS SOLE PROCEDURE) | Added: A6740 ; W2830 ; W6913 | 21/06/2018 |
| A6740 | CUBITAL TUNNEL RELEASE (ENDOSCOPIC) (WITHOUT | Added: W7860 | 21/06/2018 |

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| | TRANSPOSITION) | | |
| W2830 | REMOVAL OF INTERNAL FIXATION FROM BONE/JOINT, EXCLUDING K-WIRES | Added: W7860 | 21/06/2018 |
| W6913 | TOTAL SYNOVECTOMY OF LARGE JOINT | Added: W7860 | 21/06/2018 |
| W8300 | THERAPEUTIC ARTHROSCOPY OPERATION ON ARTICULAR CARTILAGE (AS SOLE PROCEDURE) | Added: T6800 ; W0321 ; W1380 | 21/06/2018 |
| T6800 | DELAYED OR SECONDARY REPAIR OF TENDON (INCLUDING GRAFT, TRANSFER AND/OR PROSTHESIS) (NOT OTHERWISE SPECIFIED) | Added: W8300 | 21/06/2018 |
| W0321 | OSTEOTOMY/IES (EG SCARF AND AKIN) FOR HALLUX VALGUS CORRECTION WITH OR WITHOUT INTERNAL FIXATION AND SOFT TISSUE CORRECTION | Added: W8300 | 21/06/2018 |
| W1380 | ARTHROSCOPIC FEMORO-ACETABULAR SURGERY FOR HIP IMPINGEMENT SYNDROME | Added: W8300 | 21/06/2018 |
| W8380 | THERAPEUTIC ARTHROSCOPY OPERATION ON ARTICULAR CARTILAGE - BILATERAL (AS SOLE PROCEDURE) | Added: W5200 ; W0950 | 21/06/2018 |
| W5200 | UNICOMPARTMENTAL KNEE REPLACEMENT | Added: W8380 | 21/06/2018 |
| W0950 | RADICAL CLEARANCE OF SARCOMA OF TRUNK OR LIMBS, +/- AMPUTATION OR INSERTION OF PROSTHESIS | Added: W8380 | 21/06/2018 |

5. Fee Changes

| Code | Narrative | Notes | Effective Date |
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6. Billing Principles

| Previous Narrative | New Narrative | Effective Date |
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| <p>Introduction</p> <hr/> <p>This is the Schedule of procedures and fees for providers recognised by AXA PPP healthcare. It includes codes for procedures for which our policies provide benefit and is based on work undertaken by the Clinical Coding and Schedule Development group (CCSD). It also details billing principles which apply to invoices for private medical services provided to our members.</p> <p>Reimbursement status</p> <hr/> <p>In all instances specialists or clinical and complementary practitioners must work within their scope of practice and in line with their professional codes of conduct. Any new procedures that are not routinely undertaken within their routine practice must be considered and agreed by AXA PPP healthcare in advance and in conjunction with the clinical governance committees at the treating facility.</p> <p>This document sets out what AXA PPP healthcare would expect specialist and practitioners to charge for the services they provide to patients. We will pay eligible fees in full when a specialist or practitioner charges up to the level shown within this document for treatment that they have provided; no payments will be made for supervision of services provided by others. All services claimed for must be listed in the Schedule of Procedures and Fees. We have identified certain specialists and practitioners whose fees exceed this limit and these specialists' and practitioners' charges will always be limited to the level shown in the Schedule of Procedures and Fees for Fee Limited Specialists and any excess charge over this amount will not be</p> | <p>Introduction</p> <hr/> <p>This is the Schedule of procedures and fees for providers recognised by AXA PPP healthcare. It includes codes for procedures for which our policies provide benefit and is based on work undertaken by the Clinical Coding and Schedule Development group (CCSD). It also details billing principles which apply to invoices for private medical services provided to our members.</p> <p>Reimbursement status</p> <hr/> <p>In all instances specialists or clinical and complementary practitioners must work within their scope of practice and in line with their professional codes of conduct. Any new procedures that are not routinely undertaken within their routine practice must be considered and agreed by AXA PPP healthcare in advance and in conjunction with the clinical governance committees at the treating facility.</p> <p>This document sets out what AXA PPP healthcare would expect specialist and practitioners to charge for the services they provide to patients. We will pay eligible fees in full when a specialist or practitioner charges up to the level shown within this document for treatment that they have provided; no payments will be made for supervision of services provided by others. All services claimed for must be listed in the Schedule of Procedures and Fees. We have identified certain specialists and practitioners whose fees exceed this limit and these specialists' and practitioners' charges will always be limited to the level shown in the Schedule of Procedures and Fees for Fee Limited Specialists and any excess charge over this amount will not be</p> | <p>01/10/2018</p> |

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| <p>reimbursed.</p> <p>Billing principles</p> <hr/> <p>The main principles which all providers must adhere to as a condition of recognition are as follows:</p> <p>Procedure Code Query If the operator is uncertain how to code for a specific procedure then they can ask us to advise what code they should use. To determine what the appropriate representative code is we will require the following information, a copy of the clinic letter and/or a justification letter detailing what is planned to take place during the treatment so that we can identify the most appropriate code for the planned treatment, this can be sent to us by using the following link https://survey.axapphealthcare.co.uk/fee-query</p> <p>Procedure Fees The operator fee for a procedure includes all component parts of that procedure including preoperative assessment, the procedure itself and all routine aftercare including out-patient consultation for at least the first ten days.</p> <p>Injections We do not accept separate charges for giving sub-cutaneous, intramuscular or intravenous injections (or vaccinations where eligible) as on their own these are not deemed to be separate surgical procedures and any charge for giving injections is covered by the standard consultation charge.</p> <p>Coding Invoices must be coded using the industry standard CCSD codes as listed in this Schedule. The only item which should</p> | <p>reimbursed.</p> <p>Billing principles</p> <hr/> <p>The main principles which all providers must adhere to as a condition of recognition are as follows:</p> <p>Procedure Code Query If the operator is uncertain how to code for a specific procedure then they can ask us to advise what code they should use. To determine what the appropriate representative code is we will require the following information, a copy of the clinic letter and/or a justification letter detailing what is planned to take place during the treatment so that we can identify the most appropriate code for the planned treatment, this can be sent to us by using the following link https://survey.axapphealthcare.co.uk/fee-query</p> <p>Procedure Fees The operator fee for a procedure includes all component parts of that procedure including preoperative assessment, the procedure itself and all routine aftercare including out-patient consultation for at least the first ten days.</p> <p>Injections We do not accept separate charges for giving sub-cutaneous, intramuscular or intravenous injections (or vaccinations where eligible) as on their own these are not deemed to be separate surgical procedures and any charge for giving injections is covered by the standard consultation charge.</p> <p>Coding Invoices must be coded using the industry standard CCSD codes as listed in this Schedule. The only item which should</p> | |
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appear on an invoice is the (usually single) CCSD code for the procedure being performed. This code should only be used for the use set out in the standard description. If a code states 'as sole procedure' in its narrative it should not be performed in addition to another procedure. If any procedure is undertaken which is not coded, specialists should contact the specialist fees team with a detailed letter outlining what is being done and a breakdown of the proposed cost so that we can identify the most appropriate code to be used or the most appropriate level of reimbursement for the planned treatment, this can be sent to us by using the following link
<https://survey.axapphealthcare.co.uk/fee-query>

Unbundling

The component parts of single procedures or services must not be itemised out and billed as if they were separate or additional services. As a guide, there is no clinical intervention which should routinely need more than one code.

We will not reimburse additional charges for component parts of single procedures and will withdraw recognition from providers who persistently unbundle charges. Unbundling includes:

- Charging for two procedures where one is part and parcel of the other or is so frequently performed that it is in effect part and parcel.
- Charging for in-patient care or ITU care where this is simply routine post-operative care.
- Charging for pre-operative assessment or post-operative analgesia including nerve blocks.
- Using procedure combinations whose primary purpose is to increase reimbursement. An example of this would be charging

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- Using procedure combinations whose primary purpose is to increase reimbursement. An example of this would be charging

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| <p>for wound infiltration with local anaesthesia.</p> <ul style="list-style-type: none"> • Charging for anaesthetic when anaesthetic services have also been provided by an anaesthetist. <p>Multiple procedures Different insurance companies have different rules about fees for multiple procedures. Where two procedures are performed at the same time we will pay full benefit for the highest rated procedure and 50% of the fee for the second highest rated procedure. Only in the most exceptional circumstances and on a case-by-case basis discussed prior to any treatment taking place will further procedures be considered for additional reimbursement. Please contact the specialist fees team via the following link & include copies of the Anaesthetist Charts & the Operation Notes for our review so that we can understand the additional complexities involved during the surgery that may indicate that a higher fee may be warranted: https://survey.axapphealthcare.co.uk/fee-query</p> <p>Multiple specialists Where two or more specialists operate on a member as a matter of preference, only a single fee is claimable.</p> <p>Where two specialists perform different procedures and where the second procedure cannot be performed by a single specialist, then the two specialists will be treated separately for the purposes of this fee schedule. An example would be a mastectomy followed by a DIEP flap. These requests must be preauthorised and will be considered on a case by case basis, a justification letter will be required that clearly explains the medical need for additional specialists to be present, the procedure codes, the estimated time in</p> | <p>for wound infiltration with local anaesthesia.</p> <ul style="list-style-type: none"> • Charging for anaesthetic when anaesthetic services have also been provided by an anaesthetist. <p>Multiple procedures Different insurance companies have different rules about fees for multiple procedures. Where two procedures are performed at the same time we will pay full benefit for the highest rated procedure and 50% of the fee for the second highest rated procedure. Only in the most exceptional circumstances and on a case-by-case basis discussed prior to any treatment taking place will further procedures be considered for additional reimbursement. Please contact the specialist fees team via the following link & include copies of the Anaesthetist Charts & the Operation Notes for our review so that we can understand the additional complexities involved during the surgery that may indicate that a higher fee may be warranted: https://survey.axapphealthcare.co.uk/fee-query</p> <p>Multiple specialists Where two or more specialists operate on a member as a matter of preference, only a single fee is claimable.</p> <p>Where two specialists perform different procedures and where the second procedure cannot be performed by a single specialist, then the two specialists will be treated separately for the purposes of this fee schedule. An example would be a mastectomy followed by a DIEP flap. These requests must be preauthorised and will be considered on a case by case basis, a justification letter will be required that clearly explains the medical need for additional specialists to be present, the procedure codes, the estimated time in</p> | |
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| <p>theatre and requested fees (for each specialist) so that we can determine the appropriate level of reimbursement required . Please contact the specialist fees team via the following link https://survey.axapphealthcare.co.uk/fee-query</p> <p>In any other circumstances where two specialists are required, this should be agreed in advance with the specialist fees team.</p> <p>Fees Outside Of Our Billing Principles Requests for additional fees for services that sit outside of our billing principles must be preauthorised & will be considered on a case by case basis. To review a request we will require a copy of the clinic letter sent back to the GP which relates to the specific treatment you are recommending and/or a justification letter detailing why this additional cost is warranted so that we can understand the clinical rationale for the recommended treatment and determine the appropriate level of reimbursement required. Please contact the specialist fees team via the following link https://survey.axapphealthcare.co.uk/fee-query</p> <p>Consultation charges A consultation means a face-to-face consultation only. Only a single consultation may be claimed on any one day, consultation fees are set regardless of time or complexity. We do not provide benefit for consultations using electronic communication for example by email, telephone or across the internet. Consultation fees are inclusive of any room charges or any other additional charges.</p> <p>In-patient care charges are claimable only by the physician in charge of the case and are for face to face visits and are not</p> | <p>theatre and requested fees (for each specialist) so that we can determine the appropriate level of reimbursement required . Please contact the specialist fees team via the following link https://survey.axapphealthcare.co.uk/fee-query</p> <p>In any other circumstances where two specialists are required, this should be agreed in advance with the specialist fees team.</p> <p>Fees Outside Of Our Billing Principles Requests for additional fees for services that sit outside of our billing principles must be preauthorised & will be considered on a case by case basis. To review a request we will require a copy of the clinic letter sent back to the GP which relates to the specific treatment you are recommending and/or a justification letter detailing why this additional cost is warranted so that we can understand the clinical rationale for the recommended treatment and determine the appropriate level of reimbursement required. Please contact the specialist fees team via the following link https://survey.axapphealthcare.co.uk/fee-query</p> <p>Consultation charges A consultation means a face-to-face consultation only. Only a single consultation may be claimed on any one day, consultation fees are set regardless of time or complexity. We do not provide benefit for consultations using electronic communication for example by email, telephone or across the internet. Consultation fees are inclusive of any room charges or any other additional charges.</p> <p>In-patient care charges are claimable only by the physician in charge of the case and are for face to face visits and are not</p> | |
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| <p>claimable for being on-call. Other specialists may claim benefit for specific consultations for specific problems only, but this should be pre-authorised. We consider out-patient follow-up within ten days of a surgical procedure to be an integral part of post-operative care and thus to be covered by the charge for the procedure and this would not be reimbursed as an extra service.</p> <p>During the course of a members treatment we may need to request medical information or a Medical Information Form may need to be completed to obtain relevant information about a claim. We try to ensure that only the minimum amount of information is requested in order to service the request. Any medical information or Medical Information Form submitted must be completed and/or signed by the controlling specialist. Please note that we do not expect any charge to be made for the provision of this information or the completion of the report.</p> <p>Anaesthetic fees The benefit for anaesthesia includes an amount for pre-operative assessment (whether on the ward or at a clinic), the anaesthetic itself including any lines or monitoring and post-operative care including analgesia, care in ITU or HDU, nerve blockage, neuroaxial blockade or epidural. None of these should be listed as extra. Operations should be coded using the single CCSD code which describes the operation performed plus all its component parts. Additional codes should only be used for genuine separate and additional procedures. There is no code for CVP lines as part of anaesthesia or ITU care and specifically the code L9110 should not be used.</p> <p>Anaesthesia by the operator There are many procedures which are</p> | <p>claimable for being on-call. Other specialists may claim benefit for specific consultations for specific problems only, but this should be pre-authorised. We consider out-patient follow-up within ten days of a surgical procedure to be an integral part of post-operative care and thus to be covered by the charge for the procedure and this would not be reimbursed as an extra service.</p> <p>During the course of a members treatment we may need to request medical information or a Medical Information Form may need to be completed to obtain relevant information about a claim. We try to ensure that only the minimum amount of information is requested in order to service the request. Any medical information or Medical Information Form submitted must be completed and/or signed by the controlling specialist. Please note that we do not expect any charge to be made for the provision of this information or the completion of the report.</p> <p>Anaesthetic fees The benefit for anaesthesia includes an amount for pre-operative assessment (whether on the ward or at a clinic), the anaesthetic itself including any lines or monitoring and post-operative care including analgesia, care in ITU or HDU, nerve blockage, neuroaxial blockade or epidural. None of these should be listed as extra. Operations should be coded using the single CCSD code which describes the operation performed plus all its component parts. Additional codes should only be used for genuine separate and additional procedures. There is no code for CVP lines as part of anaesthesia or ITU care and specifically the code L9110 should not be used.</p> <p>Anaesthesia by the operator All procedure prices within the schedule</p> | |
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commonly performed under local/topical anaesthesia by the operator such as investigations and simple procedures, including but not limited to those procedures listed in Chapter 1. E.g. removal of skin lesions. In these instances the published surgical benefit includes an amount for anaesthesia by the operator and no additional charges should be made for this service. For some procedures normally performed under general or regional anaesthesia an additional fee of up to £100 may be made for IV sedation by the main operator as long as no separate anaesthetic is billed. An example of this is a colonoscopy under IV sedation. This should be billed as code X3510 and an asterisk will show which codes this is allowed with. If you require any further advice please contact the Specialist Fees team via the following link <https://survey.axapphealthcare.co.uk/fee-query>

Intensive care

For patients in intensive care which is medically necessary and not for routine care post-surgery, a fee is payable as indicated in this Schedule. This covers consultation, monitoring and procedures such as CVP lines, arterial lines and dialysis, pulmonary artery catheters etc. Additional fees may be claimed for procedures with a CCSD code and can be claimed by the specialist in primary charge of the case. Other specialists may claim for necessary consultations for specific problems but not a daily fee.

Chemotherapy and radiotherapy

Charges for the administration and supervision of chemotherapy and radiotherapy should be made in accordance with the principles set out section 18 of this Schedule.

All inclusive fee arrangements

Our contracts with hospitals listed in our

are all inclusive of any charges for local/topical anaesthesia and IV sedation by the main operator. We will not pay extra if a separate charge is received for local/topical anaesthesia or IV sedation by main operator or from a separate anaesthetist. If you require any further advice please contact the Specialist Fees team via the following link <https://survey.axapphealthcare.co.uk/fee-query/>

Intensive care

For patients in intensive care which is medically necessary and not for routine care post-surgery, a fee is payable as indicated in this Schedule. This covers consultation, monitoring and procedures such as CVP lines, arterial lines and dialysis, pulmonary artery catheters etc. Additional fees may be claimed for procedures with a CCSD code and can be claimed by the specialist in primary charge of the case. Other specialists may claim for necessary consultations for specific problems but not a daily fee.

Chemotherapy and radiotherapy

Charges for the administration and supervision of chemotherapy and radiotherapy should be made in accordance with the principles set out section 18 of this Schedule.

All inclusive fee arrangements

Our contracts with hospitals listed in our Network of Hospitals www.axapphealthcare.co.uk/specialists include some services where specialists' fees are included within the prices we have agreed with the hospitals, notably diagnostic radiology, pathology and in-patient therapies. In these circumstances specialists should negotiate appropriate remuneration for their services with the hospital. This arrangement provides clarity and reassurance for patients that all charges associated with such services are

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| <p>Network of Hospitals www.axapphealthcare.co.uk/specialists include some services where specialists' fees are included within the prices we have agreed with the hospitals, notably diagnostic radiology, pathology and in-patient therapies. In these circumstances specialists should negotiate appropriate remuneration for their services with the hospital. This arrangement provides clarity and reassurance for patients that all charges associated with such services are covered under our contract with the hospital.</p> <p>Radiology All diagnostic radiology must be billed through the hospital in accordance with contracted rates. Therapeutic interventional radiology can be billed in accordance with fees contained in this Schedule.</p> <p>Pathology All pathology charges must be billed through the hospital or clinic where the procedure took place. Where the specimen is taken in a consulting room owned and managed by a consultant specialist, we will accept invoices from any recognised pathology facility with which we have a fee agreement.</p> <p>Facility, Consumable and Equipment Charges Charges may be made for facilities provided there is a formal agreement in place between the facility and AXA PPP healthcare. Consumable items (including drug costs) and equipment charges should be invoiced to AXA under the agreement of the facility unless there has been a prior arrangement made directly with AXA PPP healthcare. No charges should be made for any item which is not subject to a formal agreement.</p> | <p>covered under our contract with the hospital.</p> <p>Radiology All diagnostic radiology must be billed through the hospital in accordance with contracted rates. Therapeutic interventional radiology can be billed in accordance with fees contained in this Schedule.</p> <p>Pathology All pathology charges must be billed through the hospital or clinic where the procedure took place. Where the specimen is taken in a consulting room owned and managed by a consultant specialist, we will accept invoices from any recognised pathology facility with which we have a fee agreement.</p> <p>Facility, Consumable and Equipment Charges Charges may be made for facilities provided there is a formal agreement in place between the facility and AXA PPP healthcare. Consumable items (including drug costs) and equipment charges should be invoiced to AXA under the agreement of the facility unless there has been a prior arrangement made directly with AXA PPP healthcare. No charges should be made for any item which is not subject to a formal agreement.</p> <p>Submission of Claims</p> <hr/> <p>In line with our members' policies, all eligible claims must be submitted within six months of treatment. Invoices for eligible treatment must be submitted electronically and full treatment details must be provided to avoid processing delays. Electronic billing must be submitted via Healthcode & the following link www.healthcode.co.uk/medical-billing/home</p> | |
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Submission of Claims

In line with our members' policies, all eligible claims must be submitted within six months of treatment. Invoices for eligible treatment must be submitted electronically and full treatment details must be provided to avoid processing delays. Electronic billing must be submitted via Healthcode & the following link

www.healthcode.co.uk/medical-billing/home

When you open this link you should select the option to "register for HC VEDA".

Payment

Payment will be made by monthly interval payment. This will be accompanied by a remittance advice which provides a breakdown of the total amount paid, the members it relates to and any shortfalls in payment made such as shortfalls due to a policy excess. A similar remittance advice is also sent to the member advising them of any liability including an invoice to show the amount of any shortfall and to whom this should be paid. To support this payment, the member will also be provided with the details of the specialist's invoice address that was either submitted on the application form or more recently on a change of address form. Specialists are advised to consider this if they have provided a home rather than a business address for this purpose.

Effective and appropriate medical treatment

We do not provide benefit for experimental or unproven procedures, including those using new technology or drugs, where safety and effectiveness have not been established or generally accepted. Please

When you open this link you should select the option to "register for HC VEDA".

Payment

Payment will be made by monthly interval payment. This will be accompanied by a remittance advice which provides a breakdown of the total amount paid, the members it relates to and any shortfalls in payment made such as shortfalls due to a policy excess. A similar remittance advice is also sent to the member advising them of any liability including an invoice to show the amount of any shortfall and to whom this should be paid. To support this payment, the member will also be provided with the details of the specialist's invoice address that was either submitted on the application form or more recently on a change of address form. Specialists are advised to consider this if they have provided a home rather than a business address for this purpose.

Effective and appropriate medical treatment

We do not provide benefit for experimental or unproven procedures, including those using new technology or drugs, where safety and effectiveness have not been established or generally accepted. Please contact the Medical Department at AXA PPP healthcare before undertaking treatment which might fall into this category. Under no circumstances should codes intended for existing procedures be used for new and as yet uncoded procedures. The narratives and codes are protected by copyright and may not be altered or used in any other way except as published in the Schedule of procedures and fees.

Fraud and misrepresentation

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Fraud and misrepresentation

The Fraud Act 2006 sets out the legal definition of fraud and creates offences of fraud by false misrepresentation, fraud by omission and fraud by abuse of position. A person who makes a false statement, omits material facts or misuses a position of trust with the intention of causing loss to a third party is guilty of fraud even if he or she does not personally gain and even if the deception fails. The law includes false statement made to any device capable of receiving information. Home Office guidance on the application of the Act states that it is intended to cover false statements made to insurance companies at underwriting.

Our business is conducted on the basis of good faith. We monitor claims using data mining software and routinely audit claims by reference to medical records. We will not tolerate fraud and misrepresentation and will cease doing business with any provider who provides false, misleading or selective information. We will also refer cases of fraud to the General Medical Council and to the police as appropriate. We consider the following examples constitute fraudulent billing:

- Exaggeration of the complexity of the procedure performed for example coding a diagnostic

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- Exaggeration of the complexity of the procedure performed for example coding a diagnostic procedure as if it were therapeutic.
- Misrepresentation of the medical history or the procedure performed.
- Omission of material facts.
- The use of jargon or technical information which whilst strictly correct is presented in a way likely to mislead a non-medically qualified claims assessor (an example would be a claim for laser insitu keratomileusis (LASIK) coded as keratoplasty).
- Unbundling.

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- Unbundling.

Audit

On occasion, we conduct audits of medical notes as part of our quality control procedures. Specialists and practitioners who are recognised by us for benefit purposes are required to provide this information on receipt of a consent form signed by the member authorising this disclosure.

Network policies

The majority of our members (over 90%) have chosen to purchase a network policy which requires them to receive treatment at one of the facilities listed in our Directory of Hospitals. Under the terms of our network arrangement, we settle hospital charges in full for eligible treatment at any of these listed hospitals, but only a small daily benefit is paid if treatment is undertaken at a facility which is not in our Directory. This arrangement does not, however, compromise access to care that is medically necessary. Should a patient need facilities or treatments, which are not available at a convenient hospital in our Directory of Hospitals, then we will cover the costs of eligible treatment in full at whichever

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To request an exemption, please complete a network exemption referral form which can be found at [www.axapphealthcare.co.uk/specialists/contact us/Network Exemption/PDF Hospital](http://www.axapphealthcare.co.uk/specialists/contact-us/Network-Exemption/PDF-Hospital) Exemption form and fax it to the number below. The Network team will review the clinical

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This letter is available in other formats

If you would like a Braille, large print or audio version, please contact us.