

List of Surgical Procedures

Effective from 17 October 2011

List of Surgical Procedures

Applies to Extensive Cover (HospitalCare, Hospital & SpecialistCare and SureCare), UltraCare (UltraCare Base, UltraCare 100, and UltraCare 400), SureCare Concessionary, SuperCare and Wellbeing policies.

This **List of Surgical Procedures** forms part of your Southern Cross health insurance policy. It should be read in conjunction with your policy document.

The **List of Surgical Procedures** sets out the surgical procedures and prostheses covered by your Extensive Cover, UltraCare, SureCare Concessionary, SureCare or Wellbeing policy, under the Surgical treatment section of the Coverage Tables. It also sets out those tests eligible for cover not already listed in your policy document.

The **List of Surgical Procedures** is made up of fourteen sections: general surgery, otolaryngology (ear, nose and throat), urology, gynaecology, ophthalmology, orthopaedic surgery, peripheral vascular surgery, oral and maxillofacial surgery, interventional radiology, cardiac surgery, neurosurgery, plastic surgery, prostheses and tests.

Your policy provides cover for the surgical procedures, prostheses and tests set out in the **List of Surgical Procedures**, subject to the policy limits outlined in the Coverage Tables of your policy document, and subject to the usual policy exclusions (including pre-existing conditions) and other terms and conditions set out in the policy document. Refer to the chart under "How does cover work under my policy" in your policy document for how your refund for eligible healthcare services will be calculated. If you are on a SureCare policy, excesses will apply.

If your healthcare service is performed by an Affiliated Provider, we will reimburse your Affiliated Provider directly the price for the procedure we have agreed with them and they will advise you what you are required to pay (if anything).

If you are intending to have surgery, please call us so that we can guide you through the **List of Surgical Procedures** and provide prior approval for your claim.

Procedures not listed

If a surgical procedure, prosthesis or test is not listed in the **List of Surgical Procedures** (or the Coverage Tables) it will not be covered unless Southern Cross decides, in its sole discretion, to offer cover.

Southern Cross reserves the right to change or update this **List of Surgical Procedures**.

SCHS Code	Description of Surgical Procedure
	SECTION 1: GENERAL SURGERY
	Breast
106	Simple Mastectomy and Sentinel Node Biopsy and Axillary Dissection - Unilateral
107	Simple Mastectomy and Sentinel Node Biopsy and Axillary Dissection - Bilateral
111	Breast Biopsy With Frozen Section
129	Open Breast Biopsy - Bilateral
130	Open Breast Biopsy
132	Breast Biopsy - Hook Wire
134	Core biopsy of breast
135	Excision Accessary Breast Tissue
140	Breast - Simple Mastectomy, Unilateral
143	Partial Mastectomy Bilateral
144	Partial Mastectomy and Sentinel Node Biopsy - Bilateral
145	Partial Mastectomy and Sentinel Node Biopsy and Axillary Dissection - Unilateral
146	Partial Mastectomy and Sentinel Node Biopsy and Axillary Dissection - Bilateral
147	Radical mastectomy - Unilateral
148	Radical mastectomy - Bilateral
150	Breast - Simple Mastectomy, Bilateral
154	Simple Mastectomy and Sentinal Node Biopsy - Unilateral
155	Simple Mastectomy and Sentinal Node Biopsy - Bilateral
156	Skin Sparing Mastectomy - Unilateral
157	Skin Sparing Mastectomy - Bilateral
160	Breast, Male - Unilateral Mastectomy
161	Skin Sparing Mastectomy and Sentinel Node Biopsy - Unilateral
162	Skin Sparing Mastectomy and Sentinel Node Biopsy - Bilateral
163	Skin Sparing Mastectomy and Sentinel Node Biopsy and Axillary Dissection - Unilateral
164	Skin Sparing Mastectomy and Sentinel Node Biopsy and Axillary Dissection - Bilateral
167	Sentinel Node Imaging
170	Breast, Male - Bilateral Mastectomy
175	Sentinel Node Biopsy
176	Partial Mastectomy With Sentinel Node Biopsy - Unilateral
177	Partial Mastectomy - Unilateral
178	Correction Of Nipple Inversion - Unilateral
179	Correction Of Nipple Inversion - Bilateral
	Reconstruction Post Mastectomy
109	Breast Reconstruction - Latissimus Dorsi Muscle Transposition Autogenous - Bilateral
168	Breast Reconstruction - Transfer Tram Pedicled - Bilateral

SCHS Code	Description of Surgical Procedure
169	Breast Reconstruction - Transfer Tram - Microsurgical - Bilateral
187	Breast Reconstruction - Transfer Tram Microsurgical
188	Breast Reconstruction - Transfer Tram Pedicled
189	Breast Reconstruction - Delay Procedure (prelim Tram Flap procedure)
192	Breast Reconstruction- Insertion of Tissue expander or implant - Unilateral
193	Breast Reconstruction- Insertion of Tissue expander or implant - Bilateral
194	Breast Reconstruction- Removal of tissue expander and replacement with implant, size and adjust - Unilateral
195	Breast Reconstruction- Removal of tissue expander and replacement with implant, size and adjust - Bilateral
200	Breast Reconstruction - Latissimus Dorsi Muscle Transposition, Autogenous or with expander or Implant - Unilateral
202	Breast Reconstruction- Removal of tissue expander and replacement with implant, + Nipple reconstruction - Unilateral
203	Breast Reconstruction- Removal of tissue expander and replacement with implant, + Nipple reconstruction - Bilateral
204	Nipple reconstruction post mastectomy (separate procedure) Unilateral
206	Nipple Areolar Tattoo
207	Nipple Areola Reconstruction with full thickness graft
208	Breast Microdochotomy
209	Nipple reconstruction post mastectomy (separate procedure) Bilateral
310	Axillary Node Dissection
	Gastrointestinal
31	Anal Sphincterotomy
40	Simple Repair Of Anal Fistula
45	Insertion of Seton Tube
50	Complicated Repair Of Anal Fistula
60	Anal Dilatation
90	Abdominal Paracentesis Or Pleural Tap
440	Haemorrhoids - External
445	Infrared Coagulation of Haemorrhoids
451	Haemorrhoidectomy Including Sigmoidoscopy
452	Stapled Haemorrhoidectomy
453	Haemorrhoidal Artery Ligation (HAL)
460	Injection Of Haemorrhoids
461	Injection Of Haemorrhoids And Sigmoidoscopy
470	Banding Of Haemorrhoids
471	Excision Of Anal Skin Tag
620	Pilonidal Abscess, Including Drainage

SCHS Code	Description of Surgical Procedure
631	Excision Of Pilonidal Sinus
650	Sigmoidoscopy Including Consultation
660	Sigmoidoscopy With Biopsy
661	Sigmoidoscopy And Anal Fistula
940	Freeing Of Minor Abdominal Adhesions
945	Laparoscopic Freeing Of Minor Abdominal Adhesions
950	Freeing Of Major Abdominal Adhesions
955	Laparoscopic Freeing Of Major Abdominal Adhesions
969	Botulinum toxin injection for anal fissure (rooms only)
971	Appendectomy
972	Laparoscopic reversal of Hartmann's procedure
973	Reversal of Hartmann's procedure
974	Laparoscopic Appendectomy
978	Sphincteroplasty
979	Rectosigmoidectomy With Formation Of Stoma
982	Right Hemicolectomy - With Formation Of Stoma
983	Left Hemicolectomy - With Formation Of Stoma
984	Laparoscopic Hemicolectomy - With Formation Of Stoma
985	Left Hemicolectomy - With Anastomosis
986	Right Hemicolectomy - With Anastomosis
987	Laparoscopic Hemicolectomy - With Anastomosis
988	Botulinum toxin injection for anal fissure (with another procedure)
991	Sigmoidcolectomy With Anastomosis
992	Sigmoidcolectomy With Formation of Stoma
995	Colectomy - Total With Ileo-Rectal Anastomosis
996	Laparoscopic Colectomy - Total With Ileo-Rectal Anastomosis
1010	Colostomy - Formation
1011	Colostomy - Closure
1012	Revision Colostomy
1013	Ileostomy Formation
1014	Ileostomy Closure
1015	Ileostomy Revision
1016	Insertion of gastrostomy
1020	Colotomy - For Polyp Or Wedge Resection Of Colon For Polyp
1030	Cholecystectomy
1040	Cholecystectomy With Operative Cholangiogram
1042	Laparoscopic Cholecystectomy
1044	Laparoscopic Cholecystectomy With Operative Cholangiogram
1045	Laparoscopic Cholecystectomy Converted To Open With Operative Cholangiogram

SCHS Code	Description of Surgical Procedure
1046	Laparoscopic Cholecystectomy And Nissen Repair or Wrap
1047	Laparoscopic Cholecystectomy Converted To Open
1050	Cholecystectomy And Choledochotomy Including Any Choledochoscopy
1085	Insertion Of Oesophageal Stent
1110	Gastrectomy - Partial
1120	Gastrectomy - Total (Abdominal, Thoracic, Or Combined Approach)
1125	Total Gastrectomy And Oesophagectomy By Abdominal Transthoracic Mobilisation
1152	E.R.C.P.
1155	E.R.C.P. And Sphincterotomy Or Stenting
1159	Toupet Fundoplication - Adult - Open
1160	Hiatus Hernia Repair
1161	Toupet Fundoplication - Adult - Laparoscopic
1164	Oesophageal Manometry Test
1165	Toupet Fundoplication - Paediatric
1166	Oesophageal 24Ph Monitoring
1167	Non-endoscopic Dilation Of Oesophagus
1168	Anorectal Physiology Study
1169	Gastric Emptying study
1170	Laparoscopic Hiatus Hernia Repair
1174	Needle Biopsy Of Liver (separate procedure)
1180	Laparotomy
1181	Laparotomy Including Appendicectomy
1182	Repair Of Sphincter Of Oddi
1183	Repair Of Pancreatic Duct Sphincter
1184	Choledocho-jejunostomy or choledoco-duodenostomy
1185	Small Bowel Resection
1186	Laparoscopic Small Bowel Resection
1187	Laparoscopic Liver Biopsy
1188	Biopsy of Liver open, incidental
1189	Biopsy of Liver - With Ultrasound Guidance (Separate procedure)
1191	Hepatic Cryotherapy
1192	Liver Lobectomy (Right Or Left)
1193	Hepatectomy
1194	Radio frequency ablation of the liver
1220	Oesophagectomy - One Stage
1221	Oesophagectomy By Abdominal And Transthoracic Mobilisation, With Thoracic Oesophagogastric Anastomosis - Ivor Lewis
1230	Oesophagus - Hellers Operation
1240	Pancreas - Total Excision Of, Or Pancreatico-Duodenectomy
1241	Excision Of Pancreatic Tumour
1242	Whipples Procedure

SCHS Code	Description of Surgical Procedure
1248	Transanal Excision Of Rectal Tumour
1249	Transanal Endoscopic Microsurgery (TEM)
1250	Resection Of Rectum - Abdominoperineal
1260	Anterior Resection Of Rectum - Low With Coloanal Anastomosis
1261	Anterior Resection Of Rectum - Ultra Low With Coloanal Anastomosis
1262	Anterior Resection Of Rectum - Low With Extraperitoneal Anastomosis
1263	Anterior Resection Of Rectum - High With Intraperitoneal Anastomosis
1264	Laparoscopic Anterior Resection Of Rectum - Low With Coloanal Anastomosis
1265	Laparoscopic Anterior Resection Of Rectum - Ultra Low With Coloanal Anastomosis
1266	Laparoscopic Anterior Resection Of Rectum - Low With Extraperitoneal Anastomosis
1267	Laparoscopic Anterior Resection Of Rectum - High With Intraperitoneal Anastomosis
1270	Prolapse Of Rectum - Abdominal Rectopexy
1271	Prolapse Of Rectum - Excision Of Rectal Mucosa (Including Sigmoidoscopy)
1275	Dynamic Graciloplasty
1280	Prolapse Of Rectum - Laparoscopic Rectopexy
1290	Splenectomy
1291	Laparoscopic Splenectomy
	Affiliated Provider only procedures
	The following procedures are only covered when performed by an Affiliated Provider (Policy limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.)
	Examination of Colon up to Splenic Fixture (Short Colonoscopy with Biopsy)
	Colonoscopy
	Screening Colonoscopy
	Colonoscopy with biopsy
	Colonoscopy with Biopsy and Dilatation
	Colonoscopy With Removal of Polyps
	Gastroscopy and Colonoscopy
	Gastroscopy (with or without biopsy)
	Gastroscopy and Colonoscopy with Removal of Polyps
	Gastroscopy and Colonoscopy with biopsy
	Oesophageal Dilatation with Gastroscopy
	Wireless Capsule Endoscopy
	Endoscopic Mucosal Resection
	Endoscopic Argon Plasma Coagulation
	BRAVO Ph Monitoring System

SCHS Code	Description of Surgical Procedure
	Head and Neck
210	Branchial Fistula
305	Sublingual gland excision
306	Simple Lymph Node Dissection of Neck
320	Glands - Supra Hyoid Dissection Of Neck (Selective - Supra hyoid)
584	Radical Neck Dissection
585	Superficial Parotidectomy
590	Total Parotidectomy (Including Superficial)
591	Partial parotidectomy
592	Subtotal parotidectomy
593	Radical parotidectomy
600	Parathyroidectomy
720	Excision Of Sub-Mandibular Gland
740	Excision Of Thyroglossal Cyst Or Fistula
745	Thyroplasty
781	Total Thyroid Lobectomy
785	Total (Or Sub-Total) Thyroidectomy
791	Thyroidectomy Including Para-Thyroid Transplant
800	Tongue - Partial Removal, Hemi-Glossectomy
801	Biopsy Of Tongue
9600	Salivary Gland - Intra Oral Removal Duct Calculus
	Lymph Nodes
306	Simple Lymph Node Dissection of Neck
584	Radical Neck Dissection
586	Selective neck dissection I-IV
587	Modified radical neck dissection
588	Extended radical neck dissection
	Hernia
330	Repair Of Umbilical Hernia - Under 10 Years
340	Repair Of Minor Umbilical Hernia - Adult
350	Repair Of Major Umbilical Hernia - Adult
355	Repair Of Epigastric Hernia
361	Repair Of Incisional Hernia
370	Repair Of Complicated Incisional Hernia
381	Unilateral Hernia - Femoral Repair
382	Unilateral Hernia - Inguinal Repair

SCHS Code	Description of Surgical Procedure
383	Spigelian Hernia
385	Unilateral Laparoscopic Hernia - Inguinal Repair
386	Unilateral Laparoscopic Hernia - Femoral Repair
387	Repair Of Laparoscopic Incisional Hernia
390	Bilateral Hernia - Inguinal Repair
391	Bilateral Hernia - Femoral Repair
395	Bilateral Laparoscopic Hernia - Inguinal
396	Bilateral Laparoscopic Hernia - Femoral
411	Inguinal Herniotomy - Under 3 Years
420	Bilateral Inguinal Herniotomies - Under 3 Years
430	Hernia - Under 3 Years - Strangulated
	Skin and Superficial Structures
10	Abscess - Small, Or Cellulitis Requiring Incision And Drainage With Local Anaesthetic
20	Abscess - Large, Or Extensive Cellulitis Requiring Incision Or Drainage
25	Debridement of infected wound area & closure
26	Debridement of infected wound/fistula/sinus
100	Aspiration Of Cyst / Needle Biopsy (Breast)
101	Fine Needle Aspiration
280	Removal of Foreign Body (simple)
292	Excision Of Ganglion - Other
293	Excision Of Ganglion - Wrist / Hand
500	Aspiration Of Small Haematoma
520	Drainage Of Haematoma
6736	<2.5cm Skin Lesion Excision with Direct Closure on Trunk/Extremities Under GA
6737	2.5-7.5cm Skin Lesion Excision with Direct Closure on Trunk/Extremities Under GA
6738	7.5-12.5cm Skin Lesion Excision with Direct Closure on Trunk/Extremities Under GA
6739	12.5-20cm Skin Lesion Excision with Direct Closure on Trunk/Extremities Under GA
6740	20-30cm Skin Lesion Excision with Direct Closure on Trunk/Extremities Under GA
6741	31+cm Skin Lesion Excision with Direct Closure on Trunk/Extremities Under GA
6742	2.5-7.5cm Skin Lesion Excision with Flap Closure on Trunk/Extremities Under GA
6743	7.5-12.5cm Skin Lesion Excision with Flap Closure on Trunk/Extremities Under GA
6744	12.5-20cm Skin Lesion Excision with Flap Closure on Trunk/Extremities Under GA
6745	20-30cm Skin Lesion Excision with Flap Closure on Trunk/Extremities Under GA
6746	31+cm Skin Lesion Excision with Flap Closure on Trunk/Extremities Under GA
6747	<2.5cm Skin Lesion Excision with Graft Closure on Trunk/Extremities Under GA
6748	2.5-7.5cm Skin Lesion Excision with Graft Closure on Trunk/Extremities Under GA
6749	7.5-12.5cm Skin Lesion Excision with Graft Closure on Trunk/Extremities Under GA

SCHS Code	Description of Surgical Procedure
6750	12.5-20cm Skin Lesion Excision with Graft Closure on Trunk/Extremities Under GA
6751	20-30cm Skin Lesion Excision with Graft Closure on Trunk/Extremities Under GA
6752	31+cm Skin Lesion Excision with Graft Closure on Trunk/Extremities Under GA
6753	<2.5cm Skin Lesion Excision with Direct Closure on Face Under GA
6754	2.5-5cm Skin Lesion Excision with Direct Closure on Face Under GA
6755	5-7.5cm Skin Lesion Excision with Direct Closure on Face Under GA
6756	7.5-12.5cm Skin Lesion Excision with Direct Closure on Face Under GA
6757	12.5-20cm Skin Lesion Excision with Direct Closure on Face Under GA
6758	21+cm Skin Lesion Excision with Direct Closure on Face Under GA
6759	<2.5cm Skin Lesion Excision with Flap Closure on Face Under GA
6760	2.5-5cm Skin Lesion Excision with Flap Closure on Face Under GA
6761	5-7.5cm Skin Lesion Excision with Flap Closure on Face Under GA
6762	7.5-12.5cm Skin Lesion Excision with Flap Closure on Face Under GA
6763	12.5-20cm Skin Lesion Excision with Flap Closure on Face Under GA
6764	21+cm Skin Lesion Excision with Flap Closure on Face Under GA
6765	<2.5cm Skin Lesion Excision with Graft Closure on Face Under GA
6766	2.5-5cm Skin Lesion Excision with Graft Closure on Face Under GA
6767	5-7.5cm Skin Lesion Excision with Graft Closure on Face Under GA
6768	7.5-12.5cm Skin Lesion Excision with Graft Closure on Face Under GA
6769	12.5-20cm Skin Lesion Excision with Graft Closure on Face Under GA
6770	21+cm Skin Lesion Excision with Graft Closure on Face Under GA
	Affiliated Provider only procedures
	The following procedures are only covered when performed by an Affiliated Provider (Policy limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.)
	Varicose Veins
	Endo Venous Laser Ablation of Varicose Veins
	Endo Venous Radio Frequency Ablation of Varicose Veins
	Ultrasound Guided Sclerotherapy - Varicose Veins
	Varicose Veins Surgery
	Mohs Surgery
	Mohs Micrographic Surgery and associated surgical closure
	Lung/chest
1200	Lung, Lobectomy
1201	Lung Biopsy - Percutaneous

SCHS Code	Description of Surgical Procedure
1202	Lung Biopsy - Open
1203	Lung Exploration
1204	Lung Biopsy - Bronchoscopic
1205	Lung Biopsy - Bronchoscopic - Fibreoptic
1206	Chest Biopsy, Thoracotomy
1207	Mediastinoscopy
1208	Thoroscopic Pleurodesis Stapling Bullae
1209	Excision Thymoma With Sternotomy
1212	Chest Biopsy, Needle
1213	Mediastinal Mass Biopsy
1214	Mediastinal Mass Excision
1215	Mediastinotomy/ Thorocscopy for staging
1216	Lung, Bi Lobectomy
1217	Lung, Sleeve Lobectomy
1218	Pneumonectomy
1219	Transcervical Thymectomy
1222	Lung Biopsy - Wedge Resection
	Miscellaneous
1301	Insertion Of Port-A-Cath
1302	Central Vein Catheterisation
1303	Percutaneous Central Vein Catheterisation
1304	Removal Of Port-A-Cath
	SECTION 2: OTOLARYNGOLOGY
	Throat
800	Tongue - Partial Removal, Hemi-Glossectomy
802	Partial glossectomy per-oral
803	Partial glossectomy drop through
804	Subtotal glossectomy
805	Total glossectomy
1701	Tonsillectomy Alone - Adult
1706	Tonsillectomy And Adenoidectomy - Child
1707	Tonsillectomy And Adenoidectomy (adult)
1710	Tonsillectomy Alone - Child
1711	Tonsillectomy, Grommets With Cautery Of Turbinates
1714	Adenotonsillectomy, Grommets (Bilat) With Cautery Of Turbinates - Child
1715	Adenotonsillectomy, Grommets (Unilat) With Cautery Of Turbinates - Child

SCHS Code	Description of Surgical Procedure
1717	Tonsillectomy With Grommet Insertion - Unilateral - Child
1718	Tonsillectomy With Grommet Insertion - Bilateral - Child
1719	Adenotonsillectomy With Grommet Insertion - Unilateral - Child
1720	Adenotonsillectomy With Grommet Insertion - Bilateral - Child
1721	Tonsillectomy With Septoplasty
1722	Partial pharyngectomy
1723	Tonsillectomy, Adenoidectomy, Grommets With Antral Lavage
1724	Adenotonsillectomy, Grommets (Bilat) With Antral Lavage - Child
1725	Tonsillectomy With Antral Lavage - Adult
1727	Tonsillectomy With Cautery Of Turbinates - Adult
1728	Tonsillectomy With Cautery Of Turbinates - Child
1730	Adenoidectomy
1735	Adenoidectomy And Cautery Of Turbinates
1741	Adenoidectomy With Bilateral Grommet Insertion
1744	Fixation mandibular reconstruction plate
1745	Segmental mandibulectomy
1746	Marginal mandibulectomy
1747	Hemi-mandibulectomy
1748	Condylectomy
1749	Coronoidectomy
1750	Uvulopalatopharyngoplasty (Uppp)
1755	Uvulopalatopharyngoplasty & Septoplasty
1756	Uvulopalatopharyngoplasty, Septoplasty And Reduction Of Turbinates
1757	Tracheostomy
1758	Floor of mouth excision
	Hypopharynx and Larynx
1760	Pharyngoscopy
1770	Pharyngoscopy With Biopsy
1775	Excision of Malignant Tumour of Upper Aerodigestive Tract
1780	Removal Of Pharyngeal Pouch
1781	Excision and stapling Hypopharyngeal Diverticulum, Cricopharyngeal Myotomy
1790	Laryngoscopy - With Or Without Biopsy
1800	Micro-Laryngoscopy With Or Without Biopsy (Theatre)
1801	Micro-Laryngoscopy With Or Without Biopsy (Rooms)
1802	Injection Laryngoplasty
1805	Partial laryngectomy
1806	Total laryngectomy
1785	Dohlman's procedure

SCHS Code	Description of Surgical Procedure
	Trachea, Bronchi and Oesophagus
1830	Bronchoscopy - Fibreoptic
1860	Oesophagoscopy
1861	Oesophagoscopy - With Biopsy
1870	Pan-Endoscopy - Including Laryngoscopy, Pharyngoscopy, Oesophagoscopy & E.U.A Nasopharynx
1875	Tracheal resection
	Ears
2015	Lateral temporal bone resection
2020	Foreign Body Ear - Surgical Removal
2030	Removal Solitary Osteoma Ear Canal
2040	Removal Of Multiple Exostoses - Ear Canal
2050	Meatoplasty
2060	Myringotomy
2070	Unilateral Grommet Insertion (Including Myringotomy)
2082	Bilateral Grommet Insertion (Including Myringotomy)
2085	Removal Of Grommets
2090	Tympanotomy - Unilateral
2100	Tympanotomy - Plus Division Of Nerves Or Adhesions
2110	Tympanotomy Plus Ossiculoplasty
2120	Myringoplasty - Transcanal
2130	Tympanoplasty (Myringoplasty Postaural Or Endaural)
2140	Tympanoplasty plus Ossiculoplasty
2150	Stapedectomy
2180	Tympanotomy Plus Repair Of Perilymph Fistula
2210	Cortical Mastoidectomy Or Atticotomy
2220	Cortical Mastoidectomy Or Atticotomy Plus Myringoplasty
2230	Atticotomy Plus Tympanoplasty
2231	Cortical Mastoidectomy Plus Tympanoplasty
2240	Modified Radical Mastoidectomy Or Mastoidectomy With Posterior Tympanotomy (Cat)
2260	Modified Radical Mastoidectomy Or Cat Plus Tympanoplasty
2261	Cochlear Implant Surgery (Excluding The Cost Of The Appliance)
	Nose & Paranasal Sinuses
1880	Bilateral Antral Lavage
1920	Nasal Polyp Or Polypi - Unilateral
1930	Nasal Polyp Or Polypi - Bilateral
1940	Transnasal Ethmoidectomy

SCHS Code	Description of Surgical Procedure
1945	Endoscopic Maxillary Antrostomy - Unilateral
1946	Endoscopic Maxillary Antrostomy - Bilateral
1950	Radical Antrostomy (Caldwell Luc)
1960	Radical Antrostomy - With Trans-Antral Ethmoidectomy (Jansen Horgan)
1968	Endoscopic Powered Turbinoplasty
1969	Sinoscopy
1970	Endoscopic Sinus Surgery
1972	Endoscopic Sinus Surgery - Bilateral
1976	Endoscopic Sinus Surgery - Bilateral And Septoplasty
1980	Endoscopic Modified Lothrop
1990	External Fronto-Ethmoidectomy
2000	Radical Fronto-Ethmoidectomy
2290	Cautery Of Septum Or Turbinates
2300	Cautery Of Turbinates With Outfracture
2310	Trimming Of Turbinates - Total - Bilateral
2320	Septoplasty
2321	Crural J flap (bilateral)
2330	Septoplasty With Cautery Or Diathermy Of Turbinates, With Or Without Outfracture
2336	Conchal Cartilage Graft
2337	Septoplasty With Trimming Of Turbinates
2340	Septo-Rhinoplasty
2350	External Septo Rhinoplasty
2355	Rhinectomy
2360	Excision maxillary tuberosity
2361	Posterior maxillectomy
2362	Medial maxillectomy
2363	Subtotal maxillectomy
2364	Total maxillectomy
2365	Extended total maxillectomy
2370	Orbital exenteration
2371	External ethmoidectomy
2375	Inferior craniofacial resection
2380	Nasendoscopy
2390	Examination Of Nasopharynx And Biopsy
	SECTION 3: UROLOGY
	Kidney
2554	Biopsy of Kidney - Ultrasound Guided

SCHS Code	Description of Surgical Procedure
2560	Nephrectomy - Simple
2570	Nephrectomy - Partial
2580	Nephrectomy - Radical
2581	Open/Laparoscopic Adrenalectomy
2585	Laparoscopic nephrectomy
2586	Laparoscopic partial nephrectomy
2590	Nephroureterectomy
2831	Laparoscopic Renal Cryotherapy
2610	Pyelolithotomy
2620	Nephrolithotomy - Major More Than 120 Minutes
2640	Nephrostomy - Percutaneous
2641	Nephrostomy Tract Establishment By Urologist
2642	Percutaneous Nephroscopy and Lithotomy Less Than 90 Minutes
2644	Percutaneous Nephroscopy and Lithotomy - More Than 90 Minutes
2650	Pyeloplasty
2662	Endopyelotomy - Retrograde
2664	Endopyelotomy - Antegrade
2680	Percutaneous Pyelolithotomy
2685	Extracorporeal Shockwave Lithotripsy
2652	Laparoscopic Pyeloplasty
	Affiliated Provider only procedures
	The following procedures are only covered when performed by an Affiliated Provider (Policy limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.)
	Renal
	Laparoscopic renal cryotherapy
	Ureter
2682	Insertion Of Double J Stent
2690	Ureteroscopy With Minor Additional Procedure
2692	Ureteroscopy With Major Additional Procedure
2700	Reimplantation Ureter - Unilateral
2710	Reimplantation Ureter - Bilateral
2720	Ureterolithotomy
2770	Ureterolysis
2780	Reduction Ureteroplasty And Reimplant - 1st Stage
2790	Reduction Ureteroplasty And Reimplant - 2nd Stage

SCHS Code	Description of Surgical Procedure
	Bladder
2442	Colposuspension - Open
2444	Needle Colposuspension, Endoscopic Bladder Neck Suspension Or Similar
2850	Cystoscopy and urethroscopy
2851	Cystoscopy - With Biopsy, Ureteric Catheterization, Urethral Dilatation, Removal Stent, Or Other Minor Procedure
2852	Flexible Cystourethroscopy Under Local Anaesthetic
2853	Flexible Cystourethroscopy Under Local Anaesthetic - With Biopsy, Ureteric Catheterization, Urethral Dilatation, Removal Stent, Or Other Minor Procedure
2854	Cystoscopy and Transrectal Ultrasound and Biopsy (TRUS)
2855	Cystourethroscopy - With Bladder Neck Incision Or Major Visual Urethrotomy
2856	Retrograde pyelogram
2900	Transurethral Resection Bladder Tumour -Minor <30Min
2910	Transurethral Resection Bladder Tumour -Major >30Min
2920	Cystoscopy - Removal Ureteric Calculus Or Foreign Body
2930	Cystoscopic Destruction And Removal Bladder Calculus / Litholopaxy
2940	Incision Of Bladder Neck
2950	Total Or Radical Cystectomy With Ileal Conduit Diversion
2952	Cystectomy Plus Bladder Reconstruction
2953	Total Or Radical Cystectomy With Replacement Cystoplasty Orthotopic
2954	Radical Cysto Prostatectomy
2960	Bladder - Repair Of Rupture
2970	Bladder Tumours, Suprapubic Diathermy Of
2981	Cystoscopic Destruction And Removal Bladder Calculus - Minor Less Than 30 Minutes
2982	Cystoscopic Destruction And Removal Bladder Calculus - Major More Than 30 Minutes
2983	Laser Resection Of Bladder Tumour - Minor
2984	Laser Resection Of Bladder Tumour - Major
2985	Cystolithotomy
2990	Diverticulum Of Bladder, Excision Or Obliteration Of
3030	Cystoplasty
3322	Laparoscopic Colposuspension
3670	Ventro-Suspension
3040	Partial Cystectomy
	Prostate
315	Inguinal Node Dissection
2800	Open Enucleation Prostate
2832	Pelvic Node Dissection
2833	Laparoscopic Pelvic Node Dissection
2840	Prostate - Needle Biopsy

SCHS Code	Description of Surgical Procedure
	Affiliated Provider only procedures
	The following procedures are only covered when performed by an Affiliated Provider (Policy limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.)
	Prostate
	Laparoscopic Prostatectomy
	Laparoscopic Prostatectomy with Node Dissection
	Radical Retropubic Prostatectomy
	Radical Retropubic Prostatectomy with Node Dissection
	Perineal Prostatectomy
	Prostate Brachytherapy
	Prostate Cryotherapy
	Transurethral Resection of Prostate (TURP)
	Laser Prostatectomy
	Incontinence
2420	Pubo-Vaginal Sling Operation For Incontinence
2425	TVT Sling Revision
2440	Implantation Artificial Urinary Sphincter
2446	Male Sling operation
	Urethra
2400	Caruncle - Cauterisation
2430	Incontinence - Peri-Urethral Injection
2460	Urethrectomy
2470	Urethroplasty - Stage 1
2480	Urethroplasty - Stage 2
2490	Urethroplasty Including Stricture Repair, Urethral Diverticulum - Minor
2491	Urethroplasty Including Stricture Repair, Urethral Diverticulum Major
2497	Urethroplasty and Buccal Graft
2500	Urethroplasty - One Stage Trans Pubic
2510	Urethroplasty - Revision For Recurrent Stricture
2520	Meatoplasty (Urethra)
2530	Urethral Calculus
2540	Urethrotomy - Internal
2550	Urethral Diverticulum
	Scrotum
560	Orchidectomy - High Ligation

SCHS Code	Description of Surgical Procedure
571	Orchidopexy - Unilateral
580	Orchidopexy - Bilateral
820	Varicocele Repair- Inguinal
825	Varicocele Repair- Laparoscopic
3073	Excision of Epididymal Cyst Spermatocele, or Epididymectomy - Unilateral
3074	Excision of Epididymal Cysts Spermatocele, or Epididymectomy - Bilateral
3075	Hydrocele Repair - Unilateral
3076	Hydrocele Repair - Bilateral
3100	Testicular Biopsy
3111	Undescended Testis - Laparoscopy For
3115	Bilateral Scrotal Orchidectomies
3120	Radical Orchidectomy
3125	Testicular Prosthesis Insertion
	Penis
231	Circumcision
3077	Dorsal Slit
3079	Penile Biopsy
3080	Penis - Amputation
3090	Penile Plication For Peyronies
3140	Penile Prosthesis - Semi Rigid
3150	Penile Prosthesis - Inflatable
	Clinic Procedures
2450	Catheterisation
2451	Catheterisation - With Instillation Drugs
2452	Urethral Dilatation
2881	Cystoscopy With Urodynamic Assessment
3078	Diathermy Penile Warts Or Minor Genital Skin Lesion Excision
3155	Vasectomy (NB: Loyalty Benefit)
3157	Vasectomy (GP) (NB: Loyalty Benefit)
6405	Transrectal Ultrasound And Biopsy of Prostate
	SECTION 4: GYNAECOLOGY
	Vulva
3180	Bartholins Cyst / Abscess Surgery
3420	Incision Of Hymen
3421	Separation Of Labial Fusion

SCHS Code	Description of Surgical Procedure
3480	Fenton's Procedure
3490	Simple Excision Vulval Lesion - Unilateral (including excision varicocele)
3491	Simple Excision Vulval Lesion - Bilateral
3500	Vulva - Radical Excision Of, With Glands
3510	Simple Vulvectomy
3520	Warts - Vulval, Cauterisation Or Laser
3529	Vulval Biopsy - Office
3530	Multiple Vulval Biopsy
	Vagina
3261	Revision of Episiotomy Scar (not cosmetic)
3270	Anterior Colporrhaphy
3275	Anterior Colporrhaphy with Mesh Repair
3276	Minor Revision Mesh Repair
3280	Colporrhaphy - Anterior And Amputation Of Cervix
3290	Anterior And Posterior Colporrhaphy
3300	Posterior Colporrhaphy
3305	Posterior Colporrhaphy with Mesh Repair
3310	Posterior Colporrhaphy And Enterocele
3311	Repair of enterocele, vaginal approach (separate procedure)
3315	Vault Repair, i.e. Sacrospinous Fixation
3325	Open Sacrocolpopexy, Levatoplasty
3410	Examination Under Anaesthetic
3460	Recto-Vaginal Fistula - Repair Of
3470	Vesico-Vaginal Fistula - Repair Of
3485	Excision Of Vaginal Lesion
3595	Laparoscopic Pelvic Floor Repair
3596	Vaginal reconstruction disease related
3285	Vaginoplasty
	Cervix
3220	Cervix - Amputation Or Reconstruction
3230	Cervix - Biopsy Under Anaesthetic
3240	Cryotherapy of cervix
3250	Cervix Cauterisation Of - With Anaesthesia
3330	Colposcopy With Biopsy
3375	Cervical Polypectomy
3405	Lletz Loop
3406	Laser Cone Biopsy and or ablation

SCHS Code	Description of Surgical Procedure
3407	Laser Ablation
3408	Cone Biopsy
	Uterus
3170	Abscess - Pelvic, Drainage Of, Via Fornices
3350	D & C With Biopsy Of Cervix
3360	D&C With Cone Biopsy Of Cervix
3370	D&C With Removal Of Polyp - Uterus
3371	D&C With Removal Of Polyp - Cervix
3380	D&C After Miscarriage
3390	Endometrial Biopsy (Pipelle)
3455	Laparoscopic Uterine Nerve Ablation
3540	Hysteroscopy D&C
3542	Hysteroscopy And Removal Of Submucous Fibroid With D&C
3543	Hysteroscopy And Removal Of Endometrial Polyp With D&C
3544	Insert Intra-Uterine Device
3545	Uterine Ablation therapy
3560	Pelvic Glands - Radical Dissection Of
3570	Abdominal Hysterectomy
3571	Abdominal Hysterectomy With BSO
3575	Endometrial Resection / Ablation
3576	Hysteroscopy and Radiofrequency endometrial ablation
3577	Hysteroscopy and Microwave endometrial ablation
3580	Hysterectomy - Total And Marshall Marchetti Procedure
3585	Total Abdominal Hysterectomy & Bilateral Salpingo-Oophorectomy & Omentectomy +/- Nodes
3590	Vaginal Hysterectomy With Pelvic Repair
3600	Vaginal Hysterectomy
3610	Radical Wertheim Hysterectomy with Bilateral Pelvic Lymph Node Dissection and With Extension of the Vagina
3613	Subtotal laparoscopic hysterectomy
3614	Laparoscopically Assisted Vaginal Hysterectomy
3615	Laparoscopically Assisted Vaginal Hysterectomy With BSO
3616	Laparoscopically assisted Vaginal Hysterectomy With Division Of Adhesions
3630	Abdominal Myomectomy
3632	Laparoscopic Myomectomy
3572	Abdominal Hysterectomy and Radical Excision Pelvic Lymph Nodes
3573	Total abdominal Hysterectomy & BSO & Omentectomy and radical dissection for debulking and with pelvic and paraaortic lymphadectomy
3602	Vaginal Hysterectomy and Anterior and Posterior Colporrhaphy
3603	Vaginal Hysterectomy and Anterior and Posterior Colporrhaphy and Vault Repair

SCHS Code	Description of Surgical Procedure
3604	Vaginal Hysterectomy and Anterior Colporrhaphy
3607	Vaginal Hysterectomy and Anterior Colporrhaphy and Vault Repair
3609	Vaginal Hysterectomy and Posterior Colporrhaphy
3611	Vaginal Hysterectomy and Repair of Entrocele
3617	Vaginal Hysterectomy and Vaginal Anterior Mesh Repair
	Fallopian tubes - Ovaries
3160	Laparoscopic Sterilisation (NB Loyalty Benefit)
3162	Essure - Sterilisation (NB Loyalty Benefit)
3164	Adiana - Sterilisation (NB Loyalty Benefit)
3440	Diagnostic Laparoscopy
3450	Laparoscopy With D & C
3550	Ectopic Pregnancy - Removal Of
3552	Laparoscopic Removal Of Ectopic Pregnancy
3554	Laparoscopy with Hysteroscopy and D&C
3574	Resection Ovarian/Tubal/Primary Retroperitoneal malignancy BSO and Omentectomy with Radical Dissection for debulking - intra abdominal or retroperitoneal tumours
3578	Excision open intra abdominal or retroperitoneal tumours or cysts 5cm or less
3579	Excision open intra abdominal or retroperitoneal tumours or cysts more than 5cm up to 10cm
3586	Excision open intra abdominal or retroperitoneal tumours or cysts - extensive greater than 10cm
3592	Omentectomy - stand alone procedure
3650	Open Oophorectomy - Unilateral
3651	Open Oophorectomy - Bilateral
3652	Laparoscopic Oophorectomy - Unilateral
3653	Laparoscopic Oophorectomy - Bilateral
3654	Unilateral Oophorectomy With Bilateral Salpingectomy
3655	Laparoscopic Unilateral Oophorectomy With Bilateral Salpingectomy
3660	Open Ovarian Cystectomy - Unilateral
3661	Open Ovarian Cystectomy - Bilateral
3662	Laparoscopic Ovarian Cystectomy - Unilateral
3663	Laparoscopic Ovarian Cystectomy - Bilateral
3665	P.C.O.S. Laparoscopic Drilling Of Ovaries
3666	Laparoscopic Division Of Adhesions To Ovaries
3689	Biopsy Of Ovary
3690	Open Salpingectomy
3691	Laparotomy
3692	Laparoscopic Salpingectomy unilateral
3700	Open Salpingo-Oophorectomy unilateral
3701	Open Salpingo-Oophorectomy bilateral

SCHS Code	Description of Surgical Procedure
3702	Laparoscopic Salpingo-Oophorectomy Unilateral
3703	Laparoscopic Salpingo-Oophorectomy, Bilateral
3710	Salpingo Or Salpingolysis
3712	Salpingostomy - Laparoscopic
3730	Laparoscopic Diathermy To Endometriosis
3731	Laparoscopic Endometriosis Surgery - Mild
3732	Laparoscopic Endometriosis Surgery - Moderate
3733	Laparoscopic Endometriosis Surgery - Severe
3734	Endometriosis Surgery - Severe (Laparotomy)
	SECTION 5: OPHTHALMOLOGY
	Lids and Adnexa
251	Xanthelasma
3825	Removal Of Tarsal Cyst
3830	Entropion / Ectropion - Repair Unilateral
3831	Entropion / Ectropion - Repair - Bilateral
3835	Correction Of Ptosis - Unilateral
3837	Correction Of Ptosis - Bilateral
3840	Lacrimal Duct - Probing Of
3841	Lacrimal Duct - Probing Of - Bilateral
3842	Lacrimal Intubation - Unilateral
3845	Dacryocystorhinostomy
3850	Minor Eyelid Surgery
3855	Intermediate Eyelid Surgery
3860	Major Eyelid Surgery
3861	Blepharoplasty for dermatochalasis Bilateral
3862	Blepharoplasty for dermatochalasis Unilateral
3870	Autogenous Grafts - Major
3871	Autogenous Grafts - Minor
	Strabismus Surgery
3880	Extraocular Muscles - Strabismus - One Or Two Muscles
3882	Strabismus - One Or Two Muscles - Reoperation
3893	Extraocular Muscles - Strabismus - Three Or More Muscles
3894	Strabismus - Three Or More Muscles - Reoperation
3895	Extraocular muscles -strabismus and placement Of Adjustable Suture During Strabismus Surgery (Including Post-Operative Adjustments)

SCHS Code	Description of Surgical Procedure
	Extraocular Operations on Globe
3920	Excision Of Pterygium - Unilateral
3921	Excision Of Pterygium - Bilateral
3930	Excision Of Pterygium And Conjunctival Graft
3940	Excision Of Pinguecula
	Cataract
3950	Lens Extraction
3960	Secondary IOL Implant (Monofocal only)
3965	IOL Implant With Anterior Vitrectomy (Monofocal only)
3970	Yag Laser Capsulotomy
3971	Yag Laser Capsulotomy - Bilateral
	Affiliated Provider only procedures
	The following procedures are only covered when performed by an Affiliated Provider (Policy limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.)
	Cataract
	Extracapsular Cataract Extraction with Insertion of Artificial Lens (Monofocal only)
	Phacoemulsification Cataract Extraction with Insertion of Artificial Lens (Monofocal only)
	Phacoemulsification Cataract Extraction with Insertion of Artificial Lens (Monofocal only) (includes Axial Length Ultrasonography)
	Cataract Extraction with Intra-Ocular Lens with Anterior Vitrectomy (Monofocal only)
	Cataract Extraction with Intra-Ocular Lens with Trabeculectomy (Monofocal only) (Including First 5 Post-Op Visits)
	Glaucoma
3805	Bleb needling
3915	Revision Trabeculectomy
3975	Trabeculectomy (Including First 5 Post-Op Visits)
3980	Trabeculectomy With Cytotoxic Agent (Including First 5 Post-Op Visits)
3985	Drainage (Glaucoma), Molteno Drain Or Similar Procedure
3990	Iridectomy Or Iridotomy
4010	Laser Iridotomy
4011	Laser Iridotomy - Bilateral
4012	Laser Iridoplasty
4013	Laser Iridoplasty - Bilateral
4015	Laser Trabeculoplasty
4016	Laser Trabeculoplasty - Bilateral

SCHS Code	Description of Surgical Procedure
	Corneal Surgery
3801	Anterior Stromal Puncture
3910	Cornea Or Sclera - Removal Of Foreign Body
4020	Keratectomy
4030	Penetrating Keratoplasty Or Similar
4032	Descemet's Stripping Endothelial Automated Keratoplasty
4040	Phototherapeutic Keratectomy - NB: On application to the Chief Medical Advisor
4026	Intrastromal corneal ring segment implantation for Kerataconus
	Affiliated Provider only procedures
	The following procedures are only covered when performed by an Affiliated Provider (Policy limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.)
	Corneal Surgery
	Corneal Cross Linking
	Vitreo-Retinal Surgery
4045	Repair Of Detached Retina - Cryotherapy Or Diathermy
4046	Retinal Detachment Repair With Scleral Buckle
4054	Vitrectomy
4056	Vitrectomy With Retinal Detachment Repair
4057	Vitrectomy With Macular Hole Surgery
4058	Removal Of Silicone Oil
4059	Macular Hole Eye Surgery
4060	Complex Vitrectomy
4064	Vitrectomy With Macular Epiretinal Membrane Peel
4065	Retinal Membrane Peeling
4070	Retinal Cryotherapy
4075	Photocoagulation Of Retina (Macular degeneration)
4076	Photocoagulation Of Retina - Bilateral
4080	Pan Retinal Laser
4082	Transpupillary Thermotherapy (TTT)
	Affiliated Provider only procedures
	The following procedures are only covered when performed by an Affiliated Provider (Policy limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.)
	Vitreo-Retinal Surgery
	Intravitreal Injections (as determined by the eligibility criteria) must be performed by an Affiliated Provider, if there is an Affiliated Provider within 100km of your home.

SCHS Code	Description of Surgical Procedure
	Orbit
4085	Evisceration Of Globe
4086	Evisceration Of Globe - With Implant
4090	Enucleation Of Eye
4091	Enucleation Of Eye With Implant
4100	Orbitotomy
	SECTION 6: ORTHOPAEDIC SURGERY
	Ankle/foot
4250	Repair Of Foot Tendon - Primary Suture (Flexor Or Extensor)
4251	Repair Of Foot Tendon - Secondary Suture (Flexor Or Extensor)
4260	Repair Ruptured Achilles Tendon - Open, Primary
4261	Achilles Tendon Reconstruction (Tenotomy, Percutaneous, Achilles Tendon)
4270	Repair Ruptured Achilles Tendon - Secondary
4280	Achilles - Elongation
4290	Incision Of Tendon Sheath
4310	Tendon Reconstruction - Ankle
4355	Neurectomy Of Leg / Foot Not Elsewhere Classified
4540	Ingrown Toenail - Radical Excision / Wedge Resection - Unilateral
4550	Ingrown Toenail - Radical Excision / Wedge Resection - Bilateral
4580	Amputation Of Toe - MTP Joint
4581	Amputation Of Toe - IP Joint
5380	Arthrotomy - Ankle
5385	Arthroscopy - Ankle
5386	Arthroscopy Ankle And Therapeutic Procedure
5387	Tarsal Tunnel Release
5390	Ankle Ligament Reconstruction
5400	Arthrodesis - Ankle
5401	Ankle Triple Arthrodesis
5402	Subtalar Arthrodesis
5403	Tarsometatarsal Arthrodesis
5404	Talo-Navicular Arthrodesis
5410	Hind Foot Correction
5420	Soft Tissue Correction Of Foot
5430	Bone Correction - Tarsectomy Triple
5431	Complex midfoot correction
5440	Hallux Valgus - Unilateral
5450	Hallux Valgus - Bilateral

SCHS Code	Description of Surgical Procedure
5460	Arthrodesis - Great Toe
5461	Arthrodesis - Great Toe - Bilateral
5470	Hallux Rigidus - Bilateral
5480	Hallux Rigidus With Silastic Implant - Single
5490	Hallux Rigidus With Silastic Implant - Bilateral
5500	Hammer Toe Repair
5501	Tenotomy - Toe
5520	Correction Of Hallux Valgus By Osteotomy - First Metatarsal, Unilateral
5522	Osteotomy - Lesser Metatarsal
5530	Correction Of Hallux Valgus By Osteotomy - First Metatarsal, Bilateral
5535	Ankle Replacement
5465	Hallux Rigidus - Unilateral
	Elbow
4340	Tendon Transfer - Hand
4390	Transposition Of Ulna Nerve
4391	Open Neurolysis of peripheral nerve, not elsewhere classified
4392	Cubital Tunnel Syndrome
4500	Epicondylitis Release (Epicondylitis Debridement)
5030	Elbow Replacement Arthroplasty
5040	Supracondylar Osteotomy
5050	Arthrotomy & Removal Of Loose Bodies - Elbow
5051	Arthrotomy - Elbow
5061	Arthroscopy Elbow
5062	Arthroscopy Elbow With Procedure
5063	Release Of Elbow Contracture
6030	Radial Head Excision
	General
4255	Decompression Fasciotomy (Compartment Syndrome)
4257	Decompression Fasciotomy (Compartment Syndrome) - Bilateral
4380	Nerve Graft
4420	Acute Osteomyelitis - Drainage Small Bone
4430	Acute Osteomyelitis - Drainage Large Bone
4440	Sub-Acute Or Chronic Osteomyelitis - Exploration
4445	Excision Bursa
4446	Bone Graft - Any Area, Minor Or Small
4450	Excision Exostosis - Superficial
4460	Excision Of Exostosis - Deep Bone

SCHS Code	Description of Surgical Procedure
4541	Excision of nail and nail matrix, partial or complete - Unilateral
4551	Excision of nail and nail matrix, partial or complete - Bilateral
4678	Soft Tissue Injection
4679	Joint Injection (Unspecified)
4465	Removal of Sesamoid Bone
	Hip/Upper Leg
5156	Subcutaneous Tenotomy, Not Elsewhere Classified
5157	Neurectomy Of Leg Nerve
5158	Decompression Fasciotomy - Thigh / Knee
5159	Surgical Dislocation of Hip vs Hip Arthroscopy (Chondroplasty)
5161	Hip Arthroscopy
5162	Hip Arthroscopy With Therapeutic Procedure
5163	Ganz Osteotomy
5165	Bone Graft To Femur
5170	Total Hip Joint Replacement
5171	Total Hip Joint Replacement - Bilateral
5175	Removal Of Hip Prosthesis For Infection (Without Revision)
5180	Revision Hip Replacement - Femoral and acetabular
5181	Revision Hip Replacement - Acetabular Only
5183	Revision Hip Replacement - Femoral Only
5185	Hip Resurfacing
5187	Arthroplasty Hip - Hemi - Acetabulum (Cup)
5188	Arthroplasty Hip - Hemi - Femoral
5190	Osteotomy - Distal Femur
5620	Hip - Closed Reduction
6155	Removal Of Intra Medullary Rod
6160	Femur - Slipped Epiphysis - Pinning
6165	Femur Osteotomy
6166	Open hip joint biopsy
	Knee
4620	Amputation - Above Or Below Knee
5220	Arthrotomy For Loose Body Or Pinning
5240	Repair Collateral Ligament - Knee
5250	Synovectomy Of Knee
5260	Repair Cruciate Ligament - Knee arthroscopic or open
5261	Repair Of Patella Tendon - Primary
5262	Repair Of Patella Tendon - Secondary

SCHS Code	Description of Surgical Procedure
5263	Patella tendon transfer of the knee
5284	Arthroscopy Knee - Diagnostic - Bilateral
5285	Arthroscopy Knee - Diagnostic
5286	Arthroscopy Knee And Arthroscopic Procedure
5287	Arthroscopy And Meniscectomy - Bilateral
5289	Arthroscopy And Meniscectomy
5291	Arthroscopic Chondroplasty Of Knee
5293	Debridement Of Knee Joint
5295	Arthroscopic Anterior Cruciate Ligament Repair And / Or Reconstruction - Knee
5300	Patellectomy
5310	Repair Recurrent Dislocating Patella
5330	Knee - Osteotomy
5350	Arthrodesis Of Knee
5360	Partial Knee Replacement
5365	Partial Knee Replacement - Bilateral
5370	Total Knee Replacement
5371	Total Knee Replacement - Bilateral
5375	Revision Knee Replacement
	Lower leg
4252	Repair Flexor Tendon Leg - Secondary
4253	Repair Extensor Tendon Leg - Primary
4254	Repair Extensor Tendon Leg - Secondary
4256	Repair Flexor Tendon Leg - Primary
4275	Tendon Lengthening
4300	Tibialis Anterior Transfer
5340	Osteotomy - Proximal Tibia
	Nervous system
4350	Suture Of Nerve Requiring Extensive Mobilisation
4360	Primary Suture Nerves
4361	Suture Of Major Peripheral Nerves - Arm/Leg
4362	Suture Of Digital Nerve - Hand / Foot
4370	Secondary Repair Of Nerve
4410	Excision of Neuroma
4411	Lateral Popliteal Nerve Decompression
4412	Excision Of Neuroma - Major Peripheral Nerves
4510	Post Interosseous Nerve Release
4666	Intra-Spinal Injection

SCHS Code	Description of Surgical Procedure
4668	Peripheral Nerve Block
4670	Epidural Injection Anaesthetic - Lumbar / Caudal
4671	IV Guanethidine Block Or Similar
4672	Coeliac Plexus Block
4674	Nerve Root Injection (Trans-Foraminal)
4675	Stellate Ganglion Block
	Shoulder
4330	Biceps Tendon Release Or Tenodesis
4960	Removal Of Calcaneous Deposits Of Shoulder
4970	Acromioplasty/ Acromionectomy
4972	Rotator Cuff Repair With Acromioplasty
4973	Arthroscopy & Stabilisation Of Shoulder
4974	Arthroscopy, Decompression & Partial Acromioplasty
4975	Rotator Cuff Repair - Simple
4976	Shoulder Arthroscopy, Decompression And Rotator Cuff Repair
4980	Excision Outer End Of Clavicle
4983	Open Reduction Fracture of Clavicle
4985	Arthroscopy- Shoulder, Diagnostic
4986	Arthroscopy Shoulder And Other Arthroscopic Procedure
4990	Arthrodesis Of Shoulder
5000	Hemi Replacement Of Shoulder
5010	Total Replacement Of Shoulder
5020	Arthroplasty Excision
5550	Acromio-Clavicular - Open Reduction And Repair - Chronic
5570	Manipulation Of Shoulder Joint
5590	Repair Of Recurrent Dislocation
	Spine
4676	Facet Joint Injection
4677	Intra-Discal Injection
4680	Discography 1 Level
4690	Discography 2 Or More Levels
4700	Anterior Cervical Fusion, 1 Level (Dowel Or Similar), Lumbar - Sacral Fusion
4701	Occipital Cervical Fusion
4702	Anterior Cervical Discectomy + Fusion (1 Level) Including Foramen Decompression
4703	Total Disc Arthroplasty (Cervical) - (1 level only)
4710	Anterior Cervical Fusion, 2 Or More Levels
4711	Anterior Cervical Discectomy + Fusion (2+ Level) Including Foramen Decompression

SCHS Code	Description of Surgical Procedure
4720	Anterior Cervical Fusion With Internal Fixation
4730	Posterior C1-C2 Fusion
4731	Posterior Fusion - C Spine (Excl C1-2)
4740	Anterior Cervical Discectomy
4750	Lumbar Discectomy 2 Or More Levels
4760	Corpectomy With Fusion
4780	Trans Thoracic Fusion 1 Level
4790	Trans Thoracic Fusion 2 Or More Levels With Or Without Instrumentation
4800	Posterior Thoracic Fusion 1-2 Levels
4810	Posterior Thoracic Fusion 3+ Levels With Instrumentation
4820	Lumbar Discectomy
4821	Anterior Lumbar Discectomy With Fusion 1 Level
4822	Anterior Lumbar Discectomy With Fusion 2 Or More Levels
4823	Thoracic Discectomy
4825	Anterior Endoscopic Spinal Fusion
4830	Anterior Lumbar Decompression / Interbody Fusion 1 Level
4840	Posterior / Posterolateral Fusion - Lumbar -Without Instrumentation, 2+ Level
4850	Anterior Lumbar Decompression / Interbody Fusion 2+ levels
4860	Posterior / Posterolateral Fusion - Lumbar -Without Instrumentation, 1 Level
4870	Posterior / Posterolateral Fusion - Lumbar -With Instrumentation 1 Level
4880	Posterior / Posterolateral Fusion - Lumbar - With Instrumentation 2+ Levels
4900	Corpectomy
4910	Vertebra Excision / Replacement
4920	Spinal Stenosis Decompression - 1 Level
4925	Spinal Stenosis Decompression - 2+ Level
4930	Decompression With Intertransverse Fusion
4940	Decompression and Instrumented Fusion 1 level
4950	Coccygectomy
6170	Spine - Vertebral Bodies With Cord Involvement
	Wrist/Hand
4200	Primary Repair Of Flexor Tendon - Hand
4210	Secondary Repair Flexor Tendon - Wrist / Forearm
4211	Secondary Repair Flexor Tendon - Hand
4220	Extensor Tendon Repair - Hand
4221	Extensor Tendon Repair - Finger
4222	Tenolysis Extensor Tendon - Hand / Finger
4223	Tenolysis Flexor Tendon - Finger / Palm
4224	Tenolysis Flexor Or Extensor Tendon - Wrist / Forearm

SCHS Code	Description of Surgical Procedure
4225	Repair Of Mallet Finger
4230	Secondary Repair Extensor Tendon - Wrist / Forearm
4239	Tendon Transfer - Palm
4240	Tendon Transfer - Opponensplasty
4241	Tendon Transfer - Hand
4242	Open Tenotomy, Not Elsewhere Classified
4243	Tenotomy - Hand / Finger (e.g. For Trigger Finger)
4244	Synovectomy - MCP Joint
4245	Tenotomy - Hand / Finger - Bilateral
4400	Excision Of Neuroma - Cutaneous Nerve
4470	Minor Dupuytrens Contracture Release - Unilateral
4471	Minor Dupuytrens Contracture Release - Bilateral
4480	Major Dupuytrens Contracture Release - Unilateral
4490	Volkman's Contracture
4560	Carpal Tunnel Release
4564	Endoscopic Release Of Carpal Tunnel
4570	Bilateral Carpal Tunnel
4582	Amputation - Finger Or Thumb, Any Joint
5070	Arthrodesis - Wrist With Bone Graft
5071	Arthroscopy - Wrist
5072	Proximal Row Carpectomy removal of bones
5080	Total Replacement - Wrist Joint
5090	Replacement - Interphalangeal Joint
5100	Replacement MCP Joint
5110	Replacement Of CMC Joint
5120	Fusion - Thumb
5121	Fusion - MCP Joint
5130	Fusion - IP Joint
5131	Fusion - IP Joint With Graft
5140	Fusion - CMC Joint To Thumb With Bone Graft
5141	Fusion - CMC Joint To Digits With Graft
5150	Replacement Arthroplasty In Thumb - Carpal Bones
6010	Bone Graft - Metacarpals Or Phalanx
	Other
4660	Manipulation Of Joint
4665	Neurofasciotomy
5930	Upper Limb - Above Elbow - Plaster
5940	Upper Limb - Below Elbow - Plaster

SCHS Code	Description of Surgical Procedure
5950	Lower Limb - Above Knee - Plaster
5960	Lower Limb - Below Knee - Plaster
5965	Debridement of Joint unspecified
6175	Removal Of Metal - Major
6176	Excision bone tumour
6185	Removal Of Metal - Minor
4448	Open Muscle Biopsy
	SECTION 7: PERIPHERAL VASCULAR SURGERY
4770	Cervical Rib Excision
6200	Aorto-Iliac Endarterectomy
6201	Aorto-Iliac Bifurcation Graft (Occlusive Disease)
6211	Carotid Endarterectomy - Patch Closure
6215	Carotid Sinus Denervation
6220	Carotid Subclavian Graft
6225	Brachial Artery Bypass
6230	Transaxillary Sympathectomy - Unilateral
6232	Endoscopic Thoracic Sympathectomy (ETS) - Unilateral
6233	Endoscopic Thoracic Sympathectomy (ETS) - Bilateral
6240	Cross-Over Graft (Fem - Fem)
6250	Femoro Popliteal Embolectomy - Unilateral
6260	Femoral Endarterectomy with Patch Closure
6270	Femoral Distal Above Knee graft - vein
6271	Femoral Distal Above Knee graft - synthetic
6280	Femoral Distal Below Knee Graft - Vein
6281	Femoral Distal Below Knee Graft - Synthetic
6282	Temporal Artery Biopsy
6310	Common femoral Endarterectomy/Profundoplasty+/- femoral angioplasty
6320	Abdominal Aortic Aneurysm Replacement - Infrarenal - With Tube Graft
6321	Abdominal Aortic Aneurysm Replacement - Infrarenal - With Bifurcation Graft To Iliac Arteries
6322	Abdominal Aortic Aneurysm Replacement - Infrarenal - With Bifurcation Graft To Femoral Arteries
6323	Renal Visceral Artery Aneurysm Repair - Insitu
6352	Femoral Artery Suturing
6324	Abdominal Aortic Aneurysm - Infrarenal - Endoluminal Stent-Graft Repair
6325	Common Femoral Endarterectomy with Angioplasty+/- stenting of the Aorto-iliac segment or superficial femoral artery
6326	Abdominal Aortic Aneurysm - Infrarenal - Endoluminal Stent-Graft Repair (EVAR) with Bifurcation graft

SCHS Code	Description of Surgical Procedure
6328	Endoluminal Stent Graft Repair to femoral/iliac Artery
6329	Illio-Femoral Bypass Graft
	SECTION 8: PLASTIC
65	Apocrinectomy – Unilateral
70	Apocrinectomy - Bilateral
6575	Reconstruction following major head and neck surgery
6578	Reconstructions other than breast, skin, head/neck
	SECTION 9: ORAL AND MAXILLOFACIAL
	Removal of teeth
9001	Removal Of Tooth - Forceps
9003	Removal Of Two Or More Teeth - Surgical
9004	Full Dental Clearance
9005	Removal Of One Tooth - Surgical
9006	Upper Clearance
9007	Lower Clearance
9008	Third Molars - 2 Upper, 2 Lower
9009	Third Molars - 2 Lower
9011	Third Molars - 1 Upper, 1 Lower
9012	Third Molars - 2 Upper
9014	Third Molars - 2 Upper, 1 Lower
9015	Third Molar -2 Lower, 1 Upper
	Dental-alveolar surgery
9010	Apicectomy And Root/Fill Anterior Tooth X 1
9020	Apicectomy And Root/Fill Anterior Tooth X 2
9030	Apicectomy And Root/Fill Posterior Tooth X 1
9040	Apicectomy And Root/Fill Posterior Tooth X 2
9050	Exposure Of Unerupted Tooth X 1 - For Repositioning
9051	Exposure Of Unerupted Tooth X 1 - For Stimulation And Packing
9060	Exposure Of Unerupted Tooth X 2 - For Repositioning
9061	Exposure Of Unerupted Tooth X 2 - For Stimulation And Packing
9070	Pericision (Fibrotomy) 1-2 Quadrant
9080	Pericision (Fibrotomy) 3 Quadrant
9090	Pericision (Fibrotomy) 4 Quadrant
9101	Frenectomy

SCHS Code	Description of Surgical Procedure
9105	Removal Of Tooth Root From Sinus
9110	Removal Of Foreign Body From Antrum Via Alveolus
9120	Removal Of Foreign Body From Antrum Via Caldwell Luc
9130	Oro-Antral Fistula Closure - Buccal Sliding Flap
9131	Oro-Antral Fistula Closure - Buccal Fat Pad
	Maxillofacial trauma
9170	Scar Revision
9180	Removal Foreign Bodies
9190	Salivary Fistula - Duct Relocation/Repair
9200	Open Neurolysis Of Peripheral Nerve, Not Elsewhere Classified
9210	Nerve Suture
9390	Removal Plates/Screws/Wires (Oral Surg)
	Pathology
9480	Bone Graft - Intraoral Site
9481	Bone Graft - Remote Site
9510	Biopsy - Incisional (Oral Surg)
9520	Biopsy - Excisional (Oral Surg)
9530	Biopsy - Needle
9540	Cyst Enucleation - Periapical
9550	Cyst Enucleation - Dentigerous
9560	Cyst Enucleation - Large Intra Bony
9570	Cyst - Soft Tissue - Excision
9580	Infection - Drain Abscess - Cellulitis Intra Oral
9590	Infection - Drain Abscess - Cellulitis Extra Oral
9610	Excision Ranula - Sub-Lingual Gland
9620	Tumour - Benign Localised
9630	Tumour - Benign Extensive Including Bone
9640	Tumour - Malignant - Local Excision
	Pre-Prosthetic surgery
9650	Removal Hyperplasia - Localised
9660	Removal Hyperplasia - Extensive
9670	Sulcoplasty
9680	Sulcoplasty - With Skin Graft
9690	Reconstruction Of Alveolar Ridge/Grafting
9700	Cheiloplasty
9705	Gingival Reconstruction
9710	Removal Torus

SCHS Code	Description of Surgical Procedure
	Temporomandibular Joint
9740	Dislocation - Closed Reduction
9750	Internal Derangement - Conservative Management
9760	Internal Derangement - With Splint
9770	Meniscectomy Temporomandibular Joint
9780	Condylectomy Temporomandibular Joint
9790	Arthroscopy - Investigative
9800	Arthroscopy - With Surgery
9810	Arthrocentesis
	SECTION 10: CARDIAC
1197	Pericardiotomy
1198	Pericardiocentesis
1199	Drainage of Pericardial Effusion
1500	Coronary Artery Bypass, single vessel (using vein or artery)
1501	Coronary Artery Bypass, double vessel (using vein or artery)
1502	Coronary Artery Bypass, triple vessel (using vein or artery)
1503	Coronary Artery Bypass, quadruple vessel or more (using vein or artery)
1506	Atrial Septal Defect (Open Closure)
1507	Valvuloplasty
1513	Aortic Valve Replacement
1514	Mitral Valve Replacement
1516	Pulmonary Valve Replacement
1517	Tricuspid Valve Replacement
1518	Balloon Valvuloplasty - Mitral
1519	Balloon Valvuloplasty - Aortic
1520	Pacemaker Surgery - Initial Implantation (Excluding The Cost Of The Pacemaker)
1521	Removal Of Sternal Wire
1522	Maze Arrhythmia Surgery
1523	Removal & Rewiring of Sternal Wire
1535	Maze Arrhythmia Surgery (Standalone procedure)
1536	Maze Procedure - Thoracoscopic (Limited)
1537	Maze Procedure - Thoracoscopic (Extensive)
1538	Bentall's Procedure (including Aortic Valve replacement)

SCHS Code	Description of Surgical Procedure
	CARDIAC : Affiliated Provider only procedures
	The following procedures are only covered when performed by an Affiliated Provider (Policy limits) will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.)
	Interventional Cardiology
	Percutaneous Atrial Septal Defect Closure
	Percutaneous Patent Foramen Ovale Closure
	EP Studies - Cardiac Electrophysiology
	Radio Frequency Ablation (RFA) (excludes Pulmonary Vein Isolation (PVI) Ablation for Atrial Fibrillation)
	Angioplasty DES
	Cardiac Imaging
	Cardiac Angiography with OCT
	Cardiac Angiography with Intravascular Ultrasound of cardiac vessels (IVUS)
	CT Coronary Angiography (CTCA)
	Cardiac Angiography with Fractional Flow Reserve (FFR)
	SECTION 11: INTERVENTIONAL RADIOLOGY
6400	Fine Needle Aspiration (Other Than Breast) Under Ultrasound
6401	Ultrasound Breast Cyst Aspiration (Including Fine Needle)
6402	Core Biopsy With Ultrasound
6403	CT Guided Biopsy
6404	CT Guided Drainage
6406	Trans Perineal Prostate Biopsy
6407	Lumbar Chemical Sympathectomy
6408	Chemical Sympathectomy
6409	Intradiscal / Verteb. Inject
6410	Fluoroscopy (in conjunction with surgical procedure)

SCHS Code	Description of Surgical Procedure
6411	CT Guided Injections
6415	Stereotactic Mammotome Breast Biopsy
6420	Brachytherapy grid guided prostate biopsy
6421	Embolisation of Renal Artery
6422	Embolisation of Varicocele
6423	MRI Breast Biopsy
3546	Embolisation of Fibroid
	SECTION 12: NEUROSURGERY
1400	Micro Vascular Decompression Trigeminal Nerve, Trigeminal Neuralgia
1402	Craniotomy and Excision of Tumour - Supratentorial (Except Meningioma)
1403	Acoustic Neuroma
1404	Translabrithine Excision Of Tumour
1405	Craniectomy - Posterior Fossa
1407	Endoscopic Transphenoidal Excision of Pituitary Adenoma
1408	Repair Of Encephalocele
1409	Spinal Rhizolysis
1410	Removal Of Spinal Intradural Lesion - Cervical
1411	Craniectomy - Posterior Fossa for microvascular decompression of cranial nerve
1412	Percutaneous balloon compression of trigeminal Nerve/Ganglion
1413	Craniotomy and Excision of Meningioma -Infratentorial
1414	Craniotomy and Excision of Meningioma -Supratentorial
1415	Craniotomy and Excision of Midline Base of Skull Tumour
1416	Craniotomy and Excision of Cerebellopontine Angle Tumour
1417	Burr Hole for Biopsy of Intracranial Lesion
1418	Burr Hole Stereotactic Biopsy for intracranial lesion
1419	Removal Of Spinal Intradural Lesion - Thoracic
1421	Removal Of Spinal Intradural Lesion - Lumbar
1422	Removal Of Spinal Intradural Lesion - Sacral

SCHS Code	Description of Surgical Procedure	Prosthesis limit
	SECTION 13: PROSTHESES	
	Additional Sundries	
0001185	Prosthesis Bone Achor. Includes Incontinence Sling Procedure hooks, Vesica Percutaneous Coposuspension kit, MYA hook	\$2,000
0001230	Endometrial Ablation Device	\$2,250
0001235	Wave length fibres for prostatectomy grant. Includes laser fee for Holium laser resection, transurethral resection vapour probe.	\$2,250
0001245	Bone Morphogenic Protein (BMP)	\$10,000
0001800	Mirena Interuterine	\$400
0001236	Wave length fibers- Urological, Includes Incision of Ureteroceis laser fibre fee	\$1,840
	Prostheses	
0001130	Breast implants protheses	\$3,300
0001080	Prosthesis Heart Valve	\$7,000
0001085	Prosthesis Ankle	\$10,000
0001095	Wrist prosthesis	\$8,500
0001100	Lens prosthesis (Monofocal only)	\$368
0001108	Intrastromal corneal ring segment - prostheses	\$1,600
0001107	Artificial Eye Implant	\$5,000
0001110	Shoulder Prostheses	\$13,500
0001120	Prosthesis Elbow	\$12,266
0001140	Spine Prostheses, Single level	\$14,250
0001141	Spine Prostheses, Two levels	\$19,000
0001142	Spine Prostheses, Three or more levels	\$24,500
0001150	Other prosth devices, includes Adjustable on squint surgery account, artificial sphincter, Contigen, Coral Implant, Heavy Liquid, Pelvicol.	\$1,533
0001195	Prosthesis Lacrimal Tube. Includes Crawford tubes.	\$1,000
0001205	Prosthesis Arterial Graft. Includes Gel soft grafts, hemashiel.	\$2,556
0001210	Prosthesis Screws and Plates. Includes Arthrex anchor, Arthrex corkscrew anchor, arthroscopic disposables	\$4,000
0001220	Prosthesis Tissue Expander	\$2,617
0001225	TVT tension free vaginal tape. Includes TVT sling. Surgisis graft	\$1,900
0001227	Male Sling Prosthesis	\$5,000
0001250	Prosthesis Urological Stent. Includes pigtail stents.	\$800
0001255	Prosthesis Hepatic Stent. Includes Bilary stent.	\$3,067
0001655	Prosthesis Oesophageal Stent. Includes urethral balloon dilator stent	\$3,500
0001265	Vocal Fold Implant	\$500
0001275	Post Mastectomy Tissue Expander	\$3,000
0001280	Prosthesis Hip Revision	\$14,500

SCHS Code	Description of Surgical Procedure	Prosthesis limit
0001285	Prosthesis Knee Revision	\$18,000
0001290	Prosthesis Hip Primary	\$10,050
0001295	Prosthesis Knee Primary	\$9,500
0001296	Prosthesis Knee Primary (Partial Replacement)	\$6,500
0001350	Penile prosthesis - Rigid	\$3,000
0001351	Penile prosthesis - Inflatable	\$17,000
0001352	Artificial Urinary sphinter	\$16,000
0001353	Cervical Disc	\$10,000
0001650	Endoluminal Stent	\$25,000
0001651	Peripheral Endoluminal Stent Graft	\$5,000
0001652	Alloderm	\$2,000
0001653	Duoderm	\$1,500
0001175	Prosthesis - Joint Replacement (Digits)	\$2,500
0001229	Gynaecological Mesh	\$2,500
	Specialised Equipment	
0001238	Coblation Wand	\$625
0001082	Maze Pen	\$6,133
0001505	Stealth Image Guidance	\$2,000
0001507	CUSA	\$1,500
	Donor Tissue - preparation charge	
0001900	Cornea - Intact Button	\$1,150
0001910	Cornea - pre-cut for DSAEK	\$1,725
0001920	Sclera - whole	\$173
0001930	Amniotic Membrane - piece	\$173
0001240	Bone Graft	\$1,000
	SECTION 14: TESTS	
	Cardiac Tests	
1170000	Resting ECG	
1170800	Ambulatory NIBP	
1171200	Exercise ECG	
5528600	Echocardiogram	
5511200	Stress Echocardiogram	
5511800	Dobutamine Stress Echo/Transoesophageal Echo	
1170900	Holter Monitoring	

SCHS Code	Description of Surgical Procedure
	Diagnostic Tests
4176400	Nasendoscopy (office based only)
4185500	Laryngoscopy (office based only)
0008011	Endometrial sampling
0001804	Simple Urinary Flow Study
1150000	Spirometry
0008012	Overnight Pulse Oximetry
1150600	Pulse Oximeter / Sonography
0008013	Laboratory Sleep Study
1220300	Sleep Study
0008014	Home Sleep Study
1150000	Spirometry - Flow Vol Loops
1150311	Lung Diffusion Study
1150312	Lung Function
1150307	Lung Func Test
9601800	Vascular lab testing
1101200	Electromyography/Nerve conduction study
1100000	Electroencephalography
1190000	Full Urodynamic Assessment
1122100	Automated visual field test
9202100	Retinal Photography
1121500	Fluorescein Angiography
5505500	Axial Ultrasonography
1123500	Corneal Topography
1120600	Electroretinogram
1120601	Electro-oculogram
9201500	Visual Evoked Potential
	Affiliated Provider only tests
	The following tests are only covered when performed by an Affiliated Provider (Policy limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.)
	Optical Coherence Tomography
	Glaucoma Detection Scan
	Hiedelberg Retinal Tomography