



Southern Cross
Health Society

Schedule of surgical maximums

Effective from October 2010

Schedule of Surgical Maximums

This **Schedule of Surgical Maximums** forms part of your Southern Cross Health Society policy. It should be read in conjunction with your policy document.

The **Schedule of Surgical Maximums** sets out the policy limits for surgeon and anaesthetist costs for procedures not specifically listed in the Surgical Treatment section of the Coverage Tables of the KiwiCare (including KiwiCare Budget) or RegularCare (including RegularCare Budget) policy document and the eligible cardiac and diagnostic tests which are not specifically listed in the Tests section of the Coverage Tables of the KiwiCare (including KiwiCare Budget) or RegularCare (including RegularCare Budget) policy document, subject to the usual policy exclusions (including pre-existing conditions and other terms and conditions set out in the policy). Refer to the chart under 'How does my 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 Budget plan, excesses will apply.

The **Schedule of Surgical Maximums** is made up of 14 sections: general surgery, otolaryngology (ear nose and throat), urology, gynaecology, ophthalmology, orthopaedic surgery, peripheral vascular surgery, plastics, oral and maxillofacial surgery, cardiac surgery, interventional radiology, neurosurgery, prostheses and tests.

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

Surgeon and Anaesthetist Maximums

Under the KiwiCare (including the KiwiCare Budget) or RegularCare (including RegularCare Budget) plans your refund for surgeon and anaesthetist costs will be your actual costs up to the policy limit in the **Schedule of Surgical Maximums** for the particular surgical procedure.

Your refund for prosthesis will be 80% of actual costs up to the policy limit stated in the **Schedule of Surgical Maximums** for KiwiCare (including the KiwiCare Budget) and RegularCare (including RegularCare Budget) plans..

Your refund for eligible cardiac and diagnostic tests will be 80% of actual costs up to the policy limit stated in the Tests section of the Coverage Tables of the KiwiCare (including the KiwiCare Budget) and RegularCare (including RegularCare Budget) plans.

The policy limits laid out in the **Schedule of Surgical Maximums** are set at a level that reflects the premium charged for the corresponding plan. They do not provide a total refund of the costs of your healthcare, nor are they set at a level to ensure that you receive a particular percentage refund of costs. In some cases your refund may be substantially less than your actual costs.

If the surgeon and anaesthetist costs are below the policy limits in the **Schedule of Surgical Maximums** for that procedure, you will receive a full reimbursement of your actual costs (less any excess if one applies to your plan). If the cost of your treatment is above the policy limits you will need to pay the difference.

For example, if you are on a RegularCare plan and need treatment for an inguinal hernia, the maximum payable under your plan for the surgeon's fee is \$1,047. If your surgeon charges a fee of \$1,150 you will receive a refund of \$1,047 from Southern Cross and be required to pay the remaining \$103 from your own funds. For the same procedure, the anaesthetist's fee refund maximum is \$442. If your anaesthetist charges you only \$400, you will receive a full reimbursement of \$400.

Median of Fees

To give you an idea of the fee you may be charged by a surgeon or anaesthetist, we have included a median value for the majority of the procedures that Southern Cross members claimed for between 01 July 2008 and 30 June 2009. These median values are not influenced by either low or high extremes.

In some cases, we don't have enough information from the claims made by our members in this period to provide a fair indication of likely costs. We have therefore left the field blank in the table.

Please be aware that the median value is not determinative of the cost of your treatment and the cost of your treatment may be above or below the median value and the policy limit set out in the **Schedule of Surgical Maximums**. We therefore recommend discussing costs with your health services provider prior to treatment, so you can work out any shortfall you will need to pay.

Multiple Procedures

When you have two or more surgical procedures simultaneously, sequentially or under the same anaesthetic we will reimburse you for up to 100% of the policy limits for your surgeon and anaesthetist fees on the main procedure, and reimburse you for up to 50% of the policy limits for your surgeon and anaesthetist fees on the secondary procedure.

Non-Listed Procedures

If a surgical procedure is not listed in the **Schedule of Surgical Maximums** (or in the Coverage Table) it will not be covered under your plan unless otherwise advised, and at the sole discretion of Southern Cross. In these circumstances there is no guarantee of a refund. If Southern Cross decides to grant an ex-gratia refund, it is likely to be significantly less than your actual costs.

Southern Cross reserves the right to change or update this Schedule of Surgical Maximums from time to time.

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|-----------------------------------|---|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| SECTION 1: GENERAL SURGERY | | | | | |
| | | | | | |
| | Breast | | | | |
| 111 | Breast Biopsy With Frozen Section | | 832 | | 216 |
| 129 | Open Breast Biopsy - Bilateral | | 1472 | | 292 |
| 130 | Open Breast Biopsy | 1000 | 832 | 473 | 360 |
| 132 | Breast Biopsy - Hook Wire | 1325 | 1084 | 600 | 423 |
| 134 | Core biopsy of breast | 368 | 436 | | |
| 135 | Excision Accessary Breast Tissue | 1000 | 832 | 608 | 369 |
| 140 | Breast - Simple Mastectomy, Unilateral | 2025 | 1574 | 737 | 490 |
| 150 | Breast - Simple Mastectomy, Bilateral | | 2361 | | 891 |
| 160 | Breast, Male - Unilateral Mastectomy (related to Breast cancer) | | 927 | | 418 |
| 170 | Breast, Male - Bilateral Mastectomy (related to Breast cancer) | | 1390 | | 580 |
| 175 | Sentinel Node Biopsy | 720 | 927 | 468 | 445 |
| 176 | Partial Mastectomy With Sentinel Node Biopsy | 2250 | 2411 | 594 | 675 |
| 177 | Partial Mastectomy | 1403 | 1295 | 533 | 454 |
| 178 | Correction Of Nipple Inversion - Unilateral | | 742 | | 351 |
| 179 | Correction Of Nipple Inversion - Bilateral | | 1111 | | 526 |
| 180 | Wide Local Excision With Axillary Dissection, Breast - Unilateral | 2425 | 2037 | 769 | 598 |
| 182 | Extended Simple Mastectomy With Axillary Dissection - Unilateral | 3200 | 2411 | 904 | 670 |
| 185 | Wide Local Excision With Axillary Dissection, Breasts - Bilateral | | 3058 | | 855 |
| 186 | Extended Simple Mastectomy With Axillary Dissection - Bilateral | | 3612 | | 936 |
| 187 | Breast Reconstruction - Transfer Tram Microsurgical (must be completed within 2 years of initial reconstruction following eligible mastectomy) | | 6256 | | 1876 |
| 188 | Breast Reconstruction - Transfer Tram Pedicled (must be completed within 2 years of initial reconstruction following eligible mastectomy) | | 5213 | | 1556 |
| 189 | Breast Reconstruction - Delay Procedure (prelim Tram Flap procedure) (must be completed within 2 years of initial reconstruction following eligible mastectomy) | 1840 | 1529 | 495 | 436 |
| 192 | Breast Reconstruction- Insertion of Tissue expander or implant - Unilateral (must be completed within 2 years of initial reconstruction following eligible mastectomy) | | 1799 | | 436 |
| 193 | Breast Reconstruction- Insertion of Tissue expander or implant - Bilateral (must be | | 2699 | | 648 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|--|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| | completed within 2 years of initial reconstruction following eligible mastectomy) | | | | |
| 194 | Breast Reconstruction- Removal of tissue expander and replacement with implant, size and adjust - Unilateral (must be completed within 2 years of initial reconstruction following eligible mastectomy) | 2550 | 1619 | 776 | 391 |
| 195 | Breast Reconstruction- Removal of tissue expander and replacement with implant, size and adjust - Bilateral (must be completed within 2 years of initial reconstruction following eligible mastectomy) | | 2429 | | 585 |
| 200 | Breast Reconstruction - Latissimus Dorsi Muscle Transposition, Autogenous or with expander or Implant - Unilateral (must be completed within 2 years of initial reconstruction following eligible mastectomy) | 7950 | 4633 | 1941 | 1390 |
| 202 | Breast Reconstruction- Removal of tissue expander and replacement with implant, + Nipple reconstruction - Unilateral (must be completed within 2 years of initial reconstruction following eligible mastectomy) | 2628 | 2019 | 690 | 603 |
| 203 | Breast Reconstruction- Removal of tissue expander and replacement with implant, + Nipple reconstruction - Bilateral (must be completed within 2 years of initial reconstruction following eligible mastectomy) | | 3031 | | 909 |
| 204 | Nipple reconstruction post mastectomy (separate procedure) Unilateral (must be completed within 2 years of initial reconstruction following eligible mastectomy) | 830 | 1012 | 473 | 306 |
| 206 | Nipple Areolar Tattoo (must be completed within 2 years of initial reconstruction following eligible mastectomy) | | 603 | | 0 |
| 207 | Nipple Areola Reconstruction with full thickness graft (must be completed within 2 years of initial reconstruction following eligible mastectomy) | | 1160 | | 346 |
| 208 | Breast Microdochotomy | 1223 | 891 | 504 | 423 |
| 209 | Nipple reconstruction post mastectomy (separate procedure) Bilateral (must be completed within 2 years of initial reconstruction following eligible mastectomy) | | 1516 | | 454 |
| 310 | Axillary Node Dissection | 1660 | 1390 | 600 | 508 |
| | | | | | |
| | Gastrointestinal | | | | |
| 31 | Anal Sphincterotomy | | 540 | | 311 |
| 40 | Simple Repair Of Anal Fistula | 716 | 585 | 436 | 327 |
| 50 | Complicated Repair Of Anal Fistula | 1000 | 818 | 524 | 409 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|--|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 60 | Anal Dilatation | 350 | 303 | 253 | 221 |
| 90 | Abdominal Paracentesis Or Pleural Tap | | 450 | | 0 |
| 440 | Haemorrhoids - External | 800 | 671 | 496 | 406 |
| 445 | Infrared Coagulation of Haemorrhoids | | 360 | | 0 |
| 451 | Haemorrhoidectomy Including Sigmoidoscopy | 1370 | 1120 | 547 | 448 |
| 460 | Injection Of Haemorrhoids | | 139 | | 0 |
| 461 | Injection Of Haemorrhoids And Sigmoidoscopy | | 270 | | 0 |
| 470 | Banding Of Haemorrhoids | 200 | 196 | 270 | 213 |
| 471 | Excision Of Anal Skin Tag | 300 | 245 | 433 | 303 |
| 620 | Pilonidal Abscess, Including Drainage | 450 | 646 | 480 | 433 |
| 631 | Excision Of Pilonidal Sinus | 1200 | 900 | 601 | 442 |
| 650 | Sigmoidoscopy Including Consultation | 200 | 278 | 260 | 327 |
| 660 | Sigmoidoscopy With Biopsy | 340 | 278 | 329 | 327 |
| 661 | Sigmoidoscopy And Anal Fistula | 750 | 699 | 428 | 360 |
| 940 | Freeing Of Minor Abdominal Adhesions | | 1071 | | 335 |
| 945 | Laparoscopic Freeing Of Minor Abdominal Adhesions | 1500 | 1227 | 550 | 458 |
| 950 | Freeing Of Major Abdominal Adhesions | | 1472 | | 458 |
| 955 | Laparoscopic Freeing Of Major Abdominal Adhesions | 2500 | 1652 | 720 | 544 |
| 969 | Botulinum toxin type 4 injection for anal fissure (rooms only) | | 605 | | 0 |
| 971 | Appendicectomy | | 1096 | | 482 |
| 974 | Laparoscopic Appendicectomy | 1800 | 1415 | 740 | 581 |
| 976 | Anal Or Perineal Graciloplasty | | 1341 | | 581 |
| 978 | Sphincteroplasty | | 1161 | | 703 |
| 979 | Rectosigmoidectomy With Formation Of Stoma | | 2641 | | 1039 |
| 982 | Right Hemicolectomy - With Formation Of Stoma | | 2674 | | 1153 |
| 983 | Left Hemicolectomy - With Formation Of Stoma | | 2674 | | 1153 |
| 984 | Laparoscopic Hemicolectomy - With Formation Of Stoma | | 3124 | | 1276 |
| 985 | Left Hemicolectomy - With Anastomosis | 2525 | 2674 | 932 | 998 |
| 986 | Right Hemicolectomy - With Anastomosis | 3425 | 2674 | 1178 | 998 |
| 987 | Laparoscopic Hemicolectomy - With Anastomosis | 3843 | 3148 | 1283 | 1096 |
| 991 | Sigmoidcolectomy With Anastomosis | 3000 | 2674 | 1065 | 940 |
| 992 | Sigmoidcolectomy With Formation of Stoma | | 2674 | | 908 |
| 995 | Colectomy - Total With Ileo-Rectal Anastomosis | 3500 | 2862 | 1093 | 1112 |
| 996 | Laparoscopic Colectomy - Total With Ileo-Rectal Anastomosis | | 3124 | | 1218 |
| 1010 | Colostomy - Formation | | 1071 | | 605 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|--|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 1011 | Colostomy - Closure | 1700 | 1382 | 800 | 654 |
| 1012 | Revision Colostomy | | 1349 | | 532 |
| 1013 | Ileostomy Formation | | 1071 | | 654 |
| 1014 | Ileostomy Closure | 1700 | 1611 | 783 | 589 |
| 1015 | Ileostomy Revision | | 818 | | 474 |
| 1020 | Colotomy - For Polyp Or Wedge Resection Of Colon For Polyp | | 891 | | 433 |
| 1030 | Cholecystectomy | | 1783 | | 552 |
| 1040 | Cholecystectomy With Operative Cholangiogram | | 2053 | | 597 |
| 1042 | Laparoscopic Cholecystectomy | 2450 | 2020 | 740 | 589 |
| 1044 | Laparoscopic Cholecystectomy With Operative Cholangiogram | 2485 | 2044 | 716 | 605 |
| 1045 | Laparoscopic Cholecystectomy Converted To Open With Operative Cholangiogram | 2500 | 2192 | 984 | 801 |
| 1046 | Laparoscopic Cholecystectomy And Nissen Repair or Wrap | | 3067 | | 900 |
| 1047 | Laparoscopic Cholecystectomy Converted To Open | 2393 | 2151 | 762 | 654 |
| 1050 | Cholecystectomy And Choledochotomy Including Any Choledochoscopy | | 1513 | | 499 |
| 1084 | Insertion of peritoneal shunt | | 3345 | | 981 |
| 1085 | Insertion Of Oesophageal Stent | | 450 | | 319 |
| 1110 | Gastrectomy - Partial | | 2290 | | 859 |
| 1120 | Gastrectomy - Total (Abdominal, Thoracic, Or Combined Approach) | | 2772 | | 1030 |
| 1125 | Total Gastrectomy And Oesophagectomy By Abdominal Transthoracic Mobilisation | | 4449 | | 2380 |
| 1152 | E.R.C.P. | 1262 | 981 | 527 | 499 |
| 1155 | E.R.C.P. And Sphincterotomy Or Stenting | 1200 | 981 | 420 | 532 |
| 1159 | Toupet Fundoplication - Adult - Open | | 1341 | | 589 |
| 1160 | Hiatus Hernia Repair | | 2519 | | 711 |
| 1161 | Toupet Fundoplication - Adult - Laparoscopic | 3015 | 2412 | 904 | 720 |
| 1164 | Oesophageal Manometry Test | | 466 | | 0 |
| 1165 | Toupet Fundoplication - Paediatric | | 1341 | | 589 |
| 1166 | Oesophageal 24Ph Monitoring | | 540 | | 0 |
| 1167 | Non-endoscopic Dilatation Of Oesophagus | | 319 | | 131 |
| 1168 | Anorectal Physiology Study | | 360 | | 0 |
| 1169 | Gastric Emptying study | | 450 | | 0 |
| 1170 | Laparoscopic Hiatus Hernia Repair | 3148 | 2322 | 981 | 761 |
| 1174 | Needle Biopsy Of Liver (separate procedure) | | 556 | | 229 |
| 1180 | Laparotomy | 1500 | 1341 | 831 | 564 |
| 1181 | Laparotomy Including Appendicectomy | | 1390 | | 605 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|--|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 1182 | Repair Of Sphincter Of Oddi | | 1783 | | 499 |
| 1183 | Repair Of Pancreatic Duct Sphincter | | 1783 | | 499 |
| 1184 | Choledocho-jejunostomy or choledoco-duodenostomy | | 2674 | | 752 |
| 1185 | Small Bowel Resection | | 1799 | | 859 |
| 1186 | Laparoscopic Small Bowel Resection | | 2339 | | 940 |
| 1188 | Biopsy of Liver open, incidental | | 180 | | 0 |
| 1189 | Biopsy of Liver - With Ultrasound Guidance (Separate procedure) | | 671 | | 229 |
| 1191 | Hepatic Cryotherapy | | 2494 | | 630 |
| 1192 | Liver Lobectomy (Right Or Left) | | 5005 | | 2494 |
| 1193 | Hepatectomy | | 5005 | | 2502 |
| 1194 | Radio frequency ablation of the liver | | 2224 | | 630 |
| 1220 | Oesophagectomy - One Stage | | 1783 | | 597 |
| 1221 | Oesophagectomy By Abdominal And Transthoracic Mobilisation, With Thoracic Oesophagogastric Anastomosis | | 1783 | | 597 |
| 1230 | Oesophagus - Hellers Operation | | 2134 | | 916 |
| 1240 | Pancreas - Total Excision Of, Or Pancreatico-Duodenectomy | | 3386 | | 2216 |
| 1241 | Excision Of Pancreatic Tumour | | 2224 | | 891 |
| 1242 | Whipples Procedure | | 4187 | | 2600 |
| 1248 | Transanal Excision Of Rectal Tumour | 1000 | 1030 | 593 | 495 |
| 1249 | Transanal Endoscopic Microsurgery (TEM) | | 2592 | | 949 |
| 1250 | Resection Of Rectum - Abdominoperineal | | 3116 | | 867 |
| 1260 | Anterior Resection Of Rectum - Low With Coloanal Anastomosis | 3000 | 2674 | 1136 | 1014 |
| 1261 | Anterior Resection Of Rectum - Ultra Low With Coloanal Anastomosis | | 3459 | | 989 |
| 1262 | Anterior Resection Of Rectum - Low With Extraperitoneal Anastomosis | | 2870 | | 1112 |
| 1263 | Anterior Resection Of Rectum - High With Intraperitoneal Anastomosis | | 2911 | | 1088 |
| 1264 | Laparoscopic Anterior Resection Of Rectum - Low With Coloanal Anastomosis | 4250 | 2756 | 1688 | 1088 |
| 1265 | Laparoscopic Anterior Resection Of Rectum - Ultra Low With Coloanal Anastomosis | | 3647 | | 1018 |
| 1266 | Laparoscopic Anterior Resection Of Rectum - Low With Extraperitoneal Anastomosis | | 2964 | | 1153 |
| 1267 | Laparoscopic Anterior Resection Of Rectum - High With Intraperitoneal Anastomosis | | 3026 | 1912 | 994 |
| 1270 | Prolapse Of Rectum - Abdominal Rectopexy | 1700 | 1513 | 775 | 597 |
| 1271 | Prolapse Of Rectum - Excision Of Rectal Mucosa (Including Sigmoidoscopy) | | 891 | | 474 |
| 1272 | Implantation Of Inflatable Sphincter -Anal | | 1783 | | 491 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|--|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 1274 | Formalin Treatment for Radiation Proctitis | | 541 | | 270 |
| 1275 | Dynamic Graciloplasty | | 1783 | | 720 |
| 1280 | Prolapse Of Rectum - Laparoscopic Rectopexy | | 1676 | | 662 |
| 1290 | Splenectomy | | 1783 | | 597 |
| 1291 | Laparoscopic Splenectomy | | 1783 | | 597 |
| 1175 | Highly Selected Vagotomy | | 1000 | | 392 |
| 45 | Insertion of Seton Tube | | 548 | | 327 |
| 1016 | Insertion of gastrostomy | | 674 | | 536 |
| 1187 | Laparoscopic Liver Biopsy | | 838 | | 458 |
| 972 | Laparoscopic reversal of Hartmann's procedure | | 2862 | | 940 |
| 973 | Reversal of Hartmann's procedure | | 2944 | | 900 |
| | | | | | |
| | 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 Removal Of Polyps | | | | |
| | Gastroscopy And Colonoscopy | | | | |
| | Gastroscopy (With Or Without Biopsy) | | | | |
| | Gastroscopy and Colonoscopy With Removal Of Polyps | | | | |
| | Gastroscopy And Colonoscopy with biopsy | | | | |
| | Oesophagael Dilation With Gastroscopy | | | | |
| | Wireless Capsule Endoscopy | | | | |
| | Endoscopic Mucosal Resection | | | | |
| | Argon Plasma Coagulation | | | | |
| | | | | | |
| | Head and Neck | | | | |
| 210 | Branchial Fistula | | 1124 | | 491 |
| 305 | Sublingual gland excision | | 1227 | | 646 |
| 306 | Simple Lymph Node Dissection of Neck | 950 | 1071 | 520 | 425 |
| 320 | Glands - Supra Hyoid Dissection Of Neck (Selective - Supra hyoid) | | 1104 | | 491 |
| 584 | Radical Neck Dissection | | 2134 | | 1104 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|---|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 585 | Superficial Parotidectomy | 2650 | 2028 | 1072 | 793 |
| 590 | Total Parotidectomy (Including Superficial) | | 2053 | | 801 |
| 591 | Partial parotidectomy | 2300 | 1570 | 955 | 859 |
| 592 | Subtotal parotidectomy | | 2134 | | 1284 |
| 593 | Radical parotidectomy | | 2134 | | 1284 |
| 600 | Parathyroidectomy | 3000 | 2453 | 837 | 685 |
| 720 | Excision Of Sub-Mandibular Gland | 1800 | 1472 | 716 | 523 |
| 740 | Excision Of Thyroglossal Cyst Or Fistula | 1800 | 1402 | 731 | 507 |
| 745 | Thyroplasty | | 1439 | | 597 |
| 781 | Total Thyroid Lobectomy | 2250 | 1783 | 844 | 728 |
| 785 | Total (Or Sub-Total) Thyroidectomy | 2863 | 2341 | 980 | 801 |
| 791 | Thyroidectomy Including Para-Thyroid Transplant | 3300 | 2699 | 951 | 778 |
| 800 | Tongue - Partial Removal, Hemi-Glossectomy | | 1341 | | 450 |
| 801 | Biopsy Of Tongue | 450 | 409 | 456 | 286 |
| 9600 | Salivary Gland - Intra Oral Removal Duct Calculus | 650 | 720 | 409 | 384 |
| | | | | | |
| | Lymph Nodes | | | | |
| 306 | Nodal excision | 925 | 1071 | 465 | 409 |
| 584 | Radical Neck Dissection | | 2134 | | 1104 |
| 586 | Selective neck dissection I-IV | | 2494 | | 1071 |
| 587 | Modified radical neck dissection | | 2494 | | 1071 |
| 588 | Extended radical neck dissection | | 2494 | | 1071 |
| | | | | | |
| | Hernia | | | | |
| 330 | Repair Of Umbilical Hernia - Under 10 Years | 950 | 777 | 360 | 294 |
| 340 | Repair Of Minor Umbilical Hernia - Adult | 1100 | 900 | 495 | 405 |
| 350 | Repair Of Major Umbilical Hernia - Adult | 1500 | 1227 | 572 | 468 |
| 355 | Repair Of Epigastric Hernia | 1350 | 1104 | 569 | 465 |
| 361 | Repair Of Incisional Hernia | 1800 | 1472 | 702 | 574 |
| 370 | Repair Of Complicated Incisional Hernia | 2230 | 1885 | 860 | 703 |
| 381 | Unilateral Hernia - Femoral Repair | 1125 | 1071 | 456 | 605 |
| 382 | Unilateral Hernia - Inguinal Repair | 1400 | 1047 | 540 | 442 |
| 383 | Spigelian Hernia | | 1071 | | 535 |
| 385 | Unilateral Laparoscopic Hernia - Inguinal Repair | 1600 | 1227 | 628 | 482 |
| 386 | Unilateral Laparoscopic Hernia - Femoral Repair | | 1071 | | 482 |
| 387 | Repair Of Laparoscopic Incisional Hernia | | 1202 | | 556 |
| 390 | Bilateral Hernia - Inguinal Repair | 2200 | 1570 | 692 | 626 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|--|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 391 | Bilateral Hernia - Femoral Repair | | 1607 | | 908 |
| 395 | Bilateral Laparoscopic Hernia - Inguinal | 2200 | 1840 | 719 | 724 |
| 396 | Bilateral Laparoscopic Hernia - Femoral | | 1607 | | 724 |
| 411 | Inguinal Herniotomy - Under 3 Years | 950 | 801 | 329 | 343 |
| 420 | Bilateral Inguinal Herniotomies - Under 3 Years | | 1202 | | 515 |
| 430 | Hernia - Under 3 Years - Strangulated | | 949 | | 384 |
| | | | | | |
| | Skin and Superficial Structures (**Maximum relates to total procedure price) | | | | |
| 10 | Abscess - Small, Or Cellulitis Requiring Incision And Drainage With Local Anaesthetic | | 147 | | 237 |
| 20 | Abscess - Large, Or Extensive Cellulitis Requiring Incision Or Drainage | | 352 | | 352 |
| 100 | Aspiration Of Cyst / Needle Biopsy (Breast) | | 147 | | 0 |
| 101 | Fine Needle Aspiration | | 204 | | 0 |
| 238 | Biopsy Of Skin And Subcutaneous Tissue | 155 | 147 | 62 | 319 |
| 239 | Cryosurgery | | 180 | | 0 |
| 242 | Electrosurgery, Hyfrecation | 170 | 144 | 300 | 144 |
| 280 | Removal of Foreign Body (simple) | 360 | 458 | 304 | 286 |
| 292 | Excision Of Ganglion – Other | 800 | 630 | 446 | 319 |
| 293 | Excision Of Ganglion - Wrist / Hand | 800 | 581 | 433 | 319 |
| 500 | Aspiration Of Small Haematoma | | 139 | | 0 |
| 520 | Drainage Of Haematoma | 450 | 482 | 450 | 286 |
| 6701 | <2.5cm Skin Lesion Excision with Direct Closure on Trunk/Extremities (under local anaesthetic) | | 368** | | |
| 6702 | 2.5-7.5cm Skin Lesion Excision with Direct Closure on Trunk/Extremities (under local anaesthetic) | | 482** | | |
| 6703 | 7.5-12.5cm Skin Lesion Excision with Direct Closure on Trunk/Extremities (under local anaesthetic) | | 556** | | |
| 6704 | 12.5-20cm Skin Lesion Excision with Direct Closure on Trunk/Extremities (under local anaesthetic) | | 630** | | |
| 6705 | 20-30cm Skin Lesion Excision with Direct Closure on Trunk/Extremities (under local anaesthetic) | | 703** | | |
| 6706 | 31+cm Skin Lesion Excision with Direct Closure on Trunk/Extremities (under local anaesthetic) | | 810** | | |
| 6707 | 2.5-7.5cm Skin Lesion Excision with Flap Closure on Trunk/Extremities (under local anaesthetic) | | 679** | | |
| 6708 | 7.5-12.5cm Skin Lesion Excision with Flap Closure on Trunk/Extremities (under local anaesthetic) | | 924** | | |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|---|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 6709 | 12.5-20cm Skin Lesion Excision with Flap Closure on Trunk/Extremities (under local anaesthetic) | | 1104** | | |
| 6710 | 20-30cm Skin Lesion Excision with Flap Closure on Trunk/Extremities (under local anaesthetic) | | 1251** | | |
| 6711 | 31+cm Skin Lesion Excision with Flap Closure on Trunk/Extremities (under local anaesthetic) | | 1366** | | |
| 6712 | <2.5cm Skin Lesion Excision with Graft Closure on Trunk/Extremities (under local anaesthetic) | | 1030** | | |
| 6713 | 2.5-7.5cm Skin Lesion Excision with Graft Closure on Trunk/Extremities (under local anaesthetic) | | 1178** | | |
| 6714 | 7.5-12.5cm Skin Lesion Excision with Graft Closure on Trunk/Extremities (under local anaesthetic) | | 1398** | | |
| 6715 | 12.5-20cm Skin Lesion Excision with Graft Closure on Trunk/Extremities (under local anaesthetic) | | 1586** | | |
| 6716 | 20-30cm Skin Lesion Excision with Graft Closure on Trunk/Extremities (under local anaesthetic) | | 1840** | | |
| 6717 | 31+cm Skin Lesion Excision with Graft Closure on Trunk/Extremities (under local anaesthetic) | | 2134** | | |
| 6718 | <2.5cm Skin Lesion Excision with Direct Closure on Face (under local anaesthetic) | | 460** | | |
| 6719 | 2.5-5cm Skin Lesion Excision with Direct Closure on Face (under local anaesthetic) | | 515** | | |
| 6720 | 5-7.5cm Skin Lesion Excision with Direct Closure on Face (under local anaesthetic) | | 607** | | |
| 6721 | 7.5-12.5cm Skin Lesion Excision with Direct Closure on Face (under local anaesthetic) | | 721** | | |
| 6722 | 12.5-20cm Skin Lesion Excision with Direct Closure on Face (under local anaesthetic) | | 905** | | |
| 6723 | 21+cm Skin Lesion Excision with Direct Closure on Face (under local anaesthetic) | | 1075** | | |
| 6724 | <2.5cm Skin Lesion Excision with Flap Closure on Face (under local anaesthetic) | | 1012** | | |
| 6725 | 2.5-5cm Skin Lesion Excision with Flap Closure on Face (under local anaesthetic) | | 1148** | | |
| 6726 | 5-7.5cm Skin Lesion Excision with Flap Closure on Face (under local anaesthetic) | | 1417** | | |
| 6727 | 7.5-12.5cm Skin Lesion Excision with Flap Closure on Face (under local anaesthetic) | | 1826** | | |
| 6728 | 12.5-20cm Skin Lesion Excision with Flap Closure on Face (under local anaesthetic) | | 2657** | | |
| 6729 | 21+cm Skin Lesion Excision with Flap Closure on Face (under local anaesthetic) | | 3139** | | |
| 6730 | <2.5cm Skin Lesion Excision with Graft Closure on Face (under local anaesthetic) | | 1192** | | |
| 6731 | 2.5-5cm Skin Lesion Excision with Graft Closure on Face (under local anaesthetic) | | 1354** | | |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|---|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 6732 | 5-7.5cm Skin Lesion Excision with Graft Closure on Face (under local anaesthetic) | | 1674** | | |
| 6733 | 7.5-12.5cm Skin Lesion Excision with Graft Closure on Face (under local anaesthetic) | | 2175** | | |
| 6734 | 12.5-20cm Skin Lesion Excision with Graft Closure on Face (under local anaesthetic) | | 2657** | | |
| 6735 | 21+cm Skin Lesion Excision with Graft Closure on Face (under local anaesthetic) | | 3139** | | |
| 6736 | <2.5cm Skin Lesion Excision with Direct Closure on Trunk/Extremities (under general anaesthetic or in an approved facility) | | 256 | | 290 |
| 6737 | 2.5-7.5cm Skin Lesion Excision with Direct Closure on Trunk/Extremities (under general anaesthetic or in an approved facility) | | 409 | | 341 |
| 6738 | 7.5-12.5cm Skin Lesion Excision with Direct Closure on Trunk/Extremities (under general anaesthetic or in an approved facility) | | 460 | | 358 |
| 6739 | 12.5-20cm Skin Lesion Excision with Direct Closure on Trunk/Extremities (under general anaesthetic or in an approved facility) | | 630 | | 414 |
| 6740 | 20-30cm Skin Lesion Excision with Direct Closure on Trunk/Extremities (under general anaesthetic or in an approved facility) | | 703 | | 439 |
| 6741 | 31+cm Skin Lesion Excision with Direct Closure on Trunk/Extremities (under general anaesthetic or in an approved facility) | | 810 | | 474 |
| 6742 | 2.5-7.5cm Skin Lesion Excision with Flap Closure on Trunk/Extremities (under general anaesthetic or in an approved facility) | | 679 | | 431 |
| 6743 | 7.5-12.5cm Skin Lesion Excision with Flap Closure on Trunk/Extremities (under general anaesthetic or in an approved facility) | | 924 | | 512 |
| 6744 | 12.5-20cm Skin Lesion Excision with Flap Closure on Trunk/Extremities (under general anaesthetic or in an approved facility) | | 1104 | | 572 |
| 6745 | 20-30cm Skin Lesion Excision with Flap Closure on Trunk/Extremities (under general anaesthetic or in an approved facility) | | 1251 | | 621 |
| 6746 | 31+cm Skin Lesion Excision with Flap Closure on Trunk/Extremities (under general anaesthetic or in an approved facility) | | 1366 | | 660 |
| 6747 | <2.5cm Skin Lesion Excision with Graft Closure on Trunk/Extremities (under general anaesthetic or in an approved facility) | | 716 | | 443 |
| 6748 | 2.5-7.5cm Skin Lesion Excision with Graft Closure on Trunk/Extremities (under general anaesthetic or in an approved facility) | | 1178 | | 597 |
| 6749 | 7.5-12.5cm Skin Lesion Excision with Graft Closure on Trunk/Extremities (under general anaesthetic or in an approved facility) | | 1398 | | 671 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|---|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 6750 | 12.5-20cm Skin Lesion Excision with Graft Closure on Trunk/Extremities (under general anaesthetic or in an approved facility) | | 1586 | | 733 |
| 6751 | 20-30cm Skin Lesion Excision with Graft Closure on Trunk/Extremities (under general anaesthetic or in an approved facility) | | 1840 | | 818 |
| 6752 | 31+cm Skin Lesion Excision with Graft Closure on Trunk/Extremities (under general anaesthetic or in an approved facility) | | 2134 | | 916 |
| 6753 | <2.5cm Skin Lesion Excision with Direct Closure on Face (under general anaesthetic or in an approved facility) | | 460 | | 358 |
| 6754 | 2.5-5cm Skin Lesion Excision with Direct Closure on Face (under general anaesthetic or in an approved facility) | | 515 | | 376 |
| 6755 | 5-7.5cm Skin Lesion Excision with Direct Closure on Face (under general anaesthetic or in an approved facility) | | 607 | | 407 |
| 6756 | 7.5-12.5cm Skin Lesion Excision with Direct Closure on Face (under general anaesthetic or in an approved facility) | | 721 | | 445 |
| 6757 | 12.5-20cm Skin Lesion Excision with Direct Closure on Face (under general anaesthetic or in an approved facility) | | 905 | | 506 |
| 6758 | 21+cm Skin Lesion Excision with Direct Closure on Face (under general anaesthetic or in an approved facility) | | 1075 | | 563 |
| 6759 | <2.5cm Skin Lesion Excision with Flap Closure on Face (under general anaesthetic or in an approved facility) | | 1012 | | 542 |
| 6760 | 2.5-5cm Skin Lesion Excision with Flap Closure on Face (under general anaesthetic or in an approved facility) | | 1148 | | 587 |
| 6761 | 5-7.5cm Skin Lesion Excision with Flap Closure on Face (under general anaesthetic or in an approved facility) | | 1417 | | 677 |
| 6762 | 7.5-12.5cm Skin Lesion Excision with Flap Closure on Face (under general anaesthetic or in an approved facility) | | 1836 | | 817 |
| 6763 | 12.5-20cm Skin Lesion Excision with Flap Closure on Face (under general anaesthetic or in an approved facility) | | 2657 | | 1090 |
| 6764 | 21+cm Skin Lesion Excision with Flap Closure on Face (under general anaesthetic or in an approved facility) | | 3139 | | 1251 |
| 6765 | <2.5cm Skin Lesion Excision with Graft Closure on Face (under general anaesthetic or in an approved facility) | | 1192 | | 602 |
| 6766 | 2.5-5cm Skin Lesion Excision with Graft Closure on Face (under general anaesthetic or in an approved facility) | | 1354 | | 656 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|--|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 6767 | 5-7.5cm Skin Lesion Excision with Graft Closure on Face (under general anaesthetic or in an approved facility) | | 1674 | | 763 |
| 6768 | 7.5-12.5cm Skin Lesion Excision with Graft Closure on Face (under general anaesthetic or in an approved facility) | | 2175 | | 929 |
| 6769 | 12.5-20cm Skin Lesion Excision with Graft Closure on Face (under general anaesthetic or in an approved facility) | | 2657 | | 1090 |
| 6770 | 21+cm Skin Lesion Excision with Graft Closure on Face (under general anaesthetic or in an approved facility) | | 3139 | | 1251 |
| 25 | Debridement of infected wound area & closure | | 446 | | 353 |
| 26 | Debridement of infected wound/ fistula/sinus | | 372 | | 328 |
| 6650 | MoHs surgery 1 specimen (excision and microscopy) | | 450 | | 303 |
| 6651 | MoHs surgery 2 specimens (excision and microscopy) | | 720 | | 482 |
| 6652 | MoHs surgery 3+ specimens (excision and microscopy) | | 981 | | 662 |
| | | | | | |
| | 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 | | | | |
| | Sclerotherapy | | | | |
| | Unilateral Varicose Veins, Minor Resection | | | | |
| | Bilateral Varicose Veins, Minor Resection | | | | |
| | Unilateral Varicose Veins, Major Resection | | | | |
| | Bilateral Varicose Veins, Major Resection | | | | |
| | Unilateral Varicose Veins , Strip And Local Excision And Operation For Perforators | | | | |
| | Bilateral Varicose Veins , Strip And Local Excision And Operation For Perforators | | | | |
| | Unilateral Varicose Veins - Incompetent Perforators | | | | |
| | Bilateral Varicose Veins - Incompetent Perforators | | | | |
| | Unilateral Varicose Veins - Short Saphenous | | | | |
| | Endoscopic Ligation Of Perforating Veins | | | | |
| | Bilateral Varicose Veins - Short Saphenous | | | | |
| | Sclerotherapy | | | | |
| | | | | | |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|---|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| | Lung/chest | | | | |
| 1200 | Lung, Lobectomy | | 3116 | | 1431 |
| 1201 | Lung Biopsy - Percutaneous | | 826 | | 433 |
| 1202 | Lung Biopsy - Open | | 1341 | | 859 |
| 1203 | Lung Exploration | | 2322 | | 801 |
| 1204 | Lung Biopsy - Bronchoscopic | | 597 | | 433 |
| 1205 | Lung Biopsy - Bronchoscopic - Fibreoptic | | 581 | | 270 |
| 1206 | Chest Biopsy, Thoracotomy | | 3026 | | 1464 |
| 1207 | Mediastinoscopy | | 891 | | 646 |
| 1208 | Thorascopic Pleurodesis Stapling Bullae | | 1603 | | 687 |
| 1209 | Excision Thymoma With Sternotomy | | 891 | | 646 |
| 1212 | Chest Biopsy, Needle | | 829 | | 433 |
| 1219 | Transcervical Thymectomy | | 2320 | | 920 |
| | | | | | |
| | Miscellaneous | | | | |
| 1301 | Insertion Of Port-A-Cath | 1900 | 1554 | 540 | 442 |
| 1302 | Central Vein Catheterisation | | 319 | | 0 |
| 1303 | Percutaneous Central Vein Catheterisation | | 270 | | 0 |
| 1304 | Removal Of Port-A-Cath | 752 | 533 | 433 | 294 |
| | | | | | |
| | | | | | |
| | SECTION 2: OTOLARYNGOLOGY | | | | |
| | | | | | |
| | Throat | | | | |
| 800 | Hemiglossectomy | | 1341 | | 450 |
| 802 | Partial glossectomy per-oral | | 1071 | | 433 |
| 803 | Partial glossectomy drop through | | 1783 | | 859 |
| 804 | Subtotal glossectomy | | 2494 | | 1145 |
| 805 | Total glossectomy | | 3565 | | 1284 |
| 1701 | Tonsillectomy Alone - Adult | 750 | 572 | 406 | 319 |
| 1706 | Tonsillectomy And Adenoidectomy - Child | 680 | 572 | 329 | 286 |
| 1707 | Tonsillectomy And Adenoidectomy (adult) | 850 | 695 | 405 | 319 |
| 1710 | Tonsillectomy Alone - Child | 700 | 564 | 364 | 286 |
| 1711 | Tonsillectomy, Grommets With Cautery Of Turbinates | | 613 | | 286 |
| 1712 | Tonsillectomy, Grommets (Bilat) With Cautery Of Turbinates - Child | | 605 | | 286 |
| 1713 | Tonsillectomy, Grommets (Unilat) With Cautery Of Turbinates - Child | | 581 | | 286 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|--|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 1714 | Adenotonsillectomy, Grommets (Bilat) With Cautery Of Turbinates - Child | | 703 | | 311 |
| 1715 | Adenotonsillectomy, Grommets (Unilat) With Cautery Of Turbinates - Child | | 679 | | 286 |
| 1717 | Tonsillectomy With Grommet Insertion - Unilateral - Child | | 589 | | 286 |
| 1718 | Tonsillectomy With Grommet Insertion - Bilateral - Child | 770 | 654 | 327 | 294 |
| 1719 | Adenotonsillectomy With Grommet Insertion - Unilateral - Child | 745 | 654 | 348 | 286 |
| 1720 | Adenotonsillectomy With Grommet Insertion - Bilateral - Child | 800 | 695 | 329 | 286 |
| 1721 | Tonsillectomy With Septoplasty | | 1349 | | 458 |
| 1722 | Partial pharyngectomy | | 2134 | | 458 |
| 1723 | Tonsillectomy, Adenoidectomy, Grommets With Antral Lavage | | 662 | | 442 |
| 1724 | Adenotonsillectomy, Grommets (Bilat) With Antral Lavage – Child | | 720 | | 442 |
| 1725 | Tonsillectomy With Antral Lavage - Adult | | 711 | | 343 |
| 1726 | Tonsillectomy With Antral Lavage - Child | | 630 | | 294 |
| 1727 | Tonsillectomy With Cautery Of Turbinates - Adult | | 662 | | 343 |
| 1728 | Tonsillectomy With Cautery Of Turbinates - Child | | 597 | | 319 |
| 1729 | Adenotonsillectomy, Grommets (Unilat) With Antral Lavage – Child | | 687 | | 303 |
| 1730 | Adenoidectomy | 500 | 409 | 340 | 286 |
| 1735 | Adenoidectomy And Cautery Of Turbinates | 590 | 507 | 341 | 286 |
| 1741 | Adenoidectomy With Bilateral Grommet Insertion | 575 | 474 | 273 | 286 |
| 1744 | Fixation mandibular reconstruction plate | | 720 | | 433 |
| 1745 | Segmental mandibulectomy | | 1783 | | 646 |
| 1746 | Marginal mandibulectomy | | 2134 | | 646 |
| 1747 | Hemi-mandibulectomy | | 2134 | | 859 |
| 1748 | Condylectomy | | 1431 | | 859 |
| 1749 | Coronoidectomy | | 1431 | | 859 |
| 1750 | Uvulopalatopharyngoplasty (Uppp) | 1800 | 1472 | 529 | 442 |
| 1755 | Uvulopalatopharyngoplasty & Septoplasty | | 1783 | | 581 |
| 1756 | Uvulopalatopharyngoplasty, Septoplasty And Reduction Of Turbinates | | 1963 | | 654 |
| 1757 | Tracheostomy | | 720 | | 433 |
| 1758 | Floor of mouth excision | | 1071 | | 646 |
| | | | | | |
| | Hypopharynx and Larynx | | | | |
| 1760 | Pharyngoscopy | | 360 | | 245 |
| 1770 | Pharyngoscopy With Biopsy | | 581 | | 352 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|---|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 1775 | Excision of Malignant Tumour of Upper Aerodigestive Tract | | 1251 | | 540 |
| 1780 | Removal Of Pharyngeal Pouch | | 1071 | | 450 |
| 1781 | Excision and stapling Hypopharyngeal Diverticulum, Cricopharyngeal Myotomy | | 1529 | | 556 |
| 1790 | Laryngoscopy - With Or Without Biopsy | | 139 | | 384 |
| 1800 | Micro-Laryngoscopy With Or Without Biopsy | 850 | 654 | 540 | 421 |
| 1805 | Partial laryngectomy | | 2134 | | 1284 |
| 1806 | Total laryngectomy | | 3565 | | 2134 |
| 1785 | Dohlman's procedure | | 1734 | | 681 |
| | | | | | |
| | Trachea, Bronchi and Oesophagus | | | | |
| 1830 | Bronchoscopy - Fibreoptic | | 409 | | 335 |
| 1840 | Bronchoscopy With Removal Of Foreign Body | | 482 | | 229 |
| 1860 | Oesophagoscopy | | 442 | | 196 |
| 1861 | Oesophagoscopy - With Biopsy | | 556 | | 221 |
| 1870 | Pan-Endoscopy - Including Laryngoscopy, Pharyngoscopy, Oesophagoscopy & E.U.A Nasopharynx | 800 | 671 | 485 | 384 |
| 1875 | Tracheal resection | | 2134 | | 1284 |
| | | | | | |
| | Ears | | | | |
| 2010 | Pinnectomy | | 1431 | | 859 |
| 2015 | Lateral temporal bone resection | | 2134 | | 1284 |
| 2020 | Foreign Body Ear - Surgical Removal | | 204 | | 204 |
| 2030 | Removal Solitary Osteoma Ear Canal | | 671 | | 360 |
| 2040 | Removal Of Multiple Exostoses - Ear Canal | 2331 | 1906 | 904 | 703 |
| 2050 | Meatoplasty | | 671 | | 343 |
| 2060 | Myringotomy | 203 | 196 | 180 | 172 |
| 2070 | Unilateral Grommet Insertion (Including Myringotomy) | 290 | 245 | 256 | 210 |
| 2082 | Bilateral Grommet Insertion (Including Myringotomy) | 450 | 343 | 218 | 294 |
| 2085 | Removal Of Grommets | 300 | 278 | 256 | 210 |
| 2090 | Tympanotomy - Unilateral | | 1194 | | 433 |
| 2100 | Tympanotomy - Plus Division Of Nerves Or Adhesions | | 1194 | | 433 |
| 2110 | Tympanotomy Plus Ossiculoplasty | 2227 | 1799 | 652 | 466 |
| 2120 | Myringoplasty - Transcanal | 1725 | 1357 | 557 | 450 |
| 2130 | Tympanoplasty (Myringoplasty Postaural Or Endaural) | 2000 | 1562 | 688 | 523 |
| 2140 | Tympanoplasty plus Ossiculoplasty | | 1881 | | 613 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|--|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 2150 | Stapedectomy | 2500 | 1914 | 644 | 526 |
| 2180 | Tympanotomy Plus Repair Of Perilymph Fistula | | 1423 | | 433 |
| 2190 | Endolymphatic Sac, Decompression (With Or Without Shunt Insertion) | | 1603 | | 409 |
| 2210 | Cortical Mastoidectomy Or Atticotomy | | 1341 | | 491 |
| 2220 | Cortical Mastoidectomy Or Atticotomy Plus Myringoplasty | | 2053 | | 842 |
| 2230 | Atticotomy Plus Tympanoplasty | | 1783 | | 523 |
| 2231 | Cortical Mastoidectomy Plus Tympanoplasty | | 2053 | | 491 |
| 2240 | Modified Radical Mastoidectomy Or Mastoidectomy With Posterior Tympanotomy (Cat) | 2500 | 2167 | 825 | 801 |
| 2260 | Modified Radical Mastoidectomy Or Cat Plus Tympanoplasty | 3228 | 2617 | 1010 | 818 |
| 2261 | Cochlear Implant Surgery (Excluding The Cost Of The Appliance) | | 3345 | | 916 |
| | | | | | |
| | Nose & Paranasal Sinuses | | | | |
| 1880 | Bilateral Antral Lavage | 350 | 204 | 301 | 245 |
| 1920 | Nasal Polyp Or Polypi - Unilateral | 320 | 450 | 351 | 360 |
| 1930 | Nasal Polyp Or Polypi - Bilateral | | 671 | | 474 |
| 1940 | Transnasal Ethmoidectomy | | 409 | | 270 |
| 1945 | Endoscopic Maxillary Antrostomy - uniltareal | | 360 | | 229 |
| 1946 | Endoscopic Maxillary Antrostomy - bilateral | | 540 | | 335 |
| 1950 | Radical Antrostomy (Caldwell Luc) | | 671 | | 393 |
| 1960 | Radical Antrostomy - With Trans-Antral Ethmoidectomy (Jansen Horgan) | | 801 | | 303 |
| 1968 | Endoscopic Powered Turbinoplasty | | 540 | 428 | 335 |
| 1969 | Sinoscopy | | 540 | | 335 |
| 1970 | Endoscopic Sinus Surgery | 1285 | 1308 | 537 | 458 |
| 1972 | Endoscopic Sinus Surgery - Bilateral | 2500 | 2044 | 681 | 556 |
| 1976 | Endoscopic Sinus Surgery - Bilateral And Septoplasty | 2600 | 2290 | 709 | 605 |
| 1980 | Endoscopic Modified Lothrop | | 2674 | | 1014 |
| 1990 | External Fronto-Ethmoidectomy | | 1071 | | 458 |
| 2000 | Radical Fronto-Ethmoidectomy | | 1431 | | 401 |
| 2270 | Reduction Of Nasal Fracture | | 254 | | 204 |
| 2280 | Foreign Body In Nose - Removal Of, Other Than Simple Probing | | 229 | | 131 |
| 2290 | Cautery Of Septum Or Turbinates | | 180 | | 0 |
| 2300 | Cautery Of Turbinates With Outfracture | 460 | 368 | 354 | 278 |
| 2310 | Trimming Of Turbinates - Total - Bilateral | 800 | 654 | 414 | 327 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|--|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 2320 | Septoplasty | 1400 | 1145 | 495 | 417 |
| 2321 | Crural J flap (bilateral) | | 1071 | | 417 |
| 2330 | Septoplasty With Cautery Or Diathermy Of Turbinates, With Or Without Outfracture | 1515 | 1239 | 495 | 413 |
| 2336 | Conchal Cartilage Graft | | 450 | | 180 |
| 2337 | Septoplasty With Trimming Of Turbinates | 1600 | 1317 | 495 | 425 |
| 2340 | Septo-Rhinoplasty | 2688 | 2511 | 729 | 687 |
| 2350 | External Septo Rhinoplasty | 3700 | 2944 | 1097 | 818 |
| 2355 | Rhinectomy | | 1431 | | 859 |
| 2360 | Excision maxillary tuberosity | | 720 | | 433 |
| 2361 | Posterior maxillectomy | | 1431 | | 859 |
| 2362 | Medial maxillectomy | | 2134 | | 859 |
| 2363 | Subtotal maxillectomy | | 2134 | | 1284 |
| 2364 | Total maxillectomy | | 3565 | | 2134 |
| 2365 | Extended total maxillectomy | | 5340 | | 2568 |
| 2370 | Orbital exenteration | | 1431 | | 859 |
| 2371 | External ethmoidectomy | | 1431 | | 859 |
| 2375 | Inferior craniofacial resection | | 3565 | | 2568 |
| 2380 | Nasendoscopy | 80 | 98 | 293 | 249 |
| 2390 | Examination Of Nasopharynx And Biopsy | | 358 | | 294 |
| | | | | | |
| | | | | | |
| | SECTION 3: UROLOGY | | | | |
| | | | | | |
| | Kidney | | | | |
| 2554 | Biopsy of Kidney - Ultrasound Guided | | 613 | | 0 |
| 2555 | Closed Biopsy of Kidney | | 450 | | 0 |
| 2560 | Nephrectomy - Simple | | 2780 | | 1145 |
| 2570 | Nephrectomy - Partial | | 3148 | | 1817 |
| 2580 | Nephrectomy - Radical | 3450 | 3159 | 1215 | 1817 |
| 2581 | Open/Laparoscopic Adrenalectomy | | 3116 | | 973 |
| 2585 | Laparoscopic nephrectomy | 4000 | 2134 | 1503 | 916 |
| 2586 | Laparoscopic partial nephrectomy | | 2183 | | 940 |
| 2590 | Nephroureterectomy | | 1513 | | 630 |
| 2610 | Pyelolithotomy | | 1120 | | 450 |
| 2620 | Nephrolithotomy - Major More Than 120 Minutes | | 2183 | | 924 |
| 2630 | Nephrostomy - Open | | 384 | | 196 |
| 2640 | Nephrostomy - Percutaneous | | 1202 | | 540 |
| 2641 | Nephrostomy Tract Establishment By Urologist | | 450 | | 147 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|--|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 2642 | Percutaneous Nephroscopy and Lithotomy Less Than 90 Minutes | | 1341 | | 597 |
| 2644 | Percutaneous Nephroscopy and Lithotomy - More Than 90 Minutes | | 1963 | | 711 |
| 2650 | Pyeloplasty | | 1734 | | 908 |
| 2652 | Laparoscopic Pyeloplasty | | 1881 | | 981 |
| 2662 | Endopyelotomy - Retrograde | | 1039 | | 409 |
| 2664 | Endopyelotomy - Antegrade | | 1161 | | 450 |
| 2680 | Percutaneous Pyelolithotomy | | 769 | | 474 |
| 2685 | Extracorporeal Shockwave Lithotripsy | 1300 | 1063 | 648 | 529 |
| | | | | | |
| | 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.) | | | | |
| | Laparoscopic renal cryotherapy | | | | |
| | | | | | |
| | Ureter | | | | |
| 2682 | Insertion Of Double J Stent | | 409 | | 164 |
| 2690 | Ureteroscopy With Minor Additional Procedure | 1081 | 940 | 590 | 384 |
| 2692 | Ureteroscopy With Major Additional Procedure | 1700 | 1202 | 630 | 499 |
| 2700 | Reimplantation Ureter - Unilateral | | 1071 | | 425 |
| 2710 | Reimplantation Ureter - Bilateral | | 1603 | | 540 |
| 2720 | Ureterolithotomy | | 1292 | | 491 |
| 2770 | Ureterolysis | | 769 | | 409 |
| 2780 | Reduction Ureteroplasty And Reimplant - 1 st Stage | | 801 | | 409 |
| 2790 | Reduction Ureteroplasty And Reimplant - 2 nd Stage | | 965 | | 425 |
| | | | | | |
| | Bladder | | | | |
| 2442 | Colposuspension - Open | | 1071 | | 409 |
| 2444 | Needle Colposuspension, Endoscopic Bladder Neck Suspension Or Similar | | 761 | | 384 |
| 2850 | Cystoscopy and urethroscopy | 460 | 376 | 360 | 294 |
| 2851 | Cystoscopy - With Biopsy, Ureteric Catheterization, Urethral Dilatation, Removal Stent, Or Other Minor Procedure | 549 | 449 | 419 | 342 |
| 2852 | Flexible Cystourethroscopy Under Local Anaesthetic | 400 | 327 | 360 | 245 |
| 2853 | Flexible Cystourethroscopy Under Local | 410 | 360 | 385 | 315 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|---|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| | Anaesthetic - With Biopsy, Ureteric Catheterization, Urethral Dilatation, Removal Stent, Or Other Minor Procedure | | | | |
| 2854 | Cystoscopy and Transrectal Ultrasound and Biopsy (TRUS) | 750 | 638 | 394 | 322 |
| 2855 | Cystourethroscopy - With Bladder Neck Incision Or Major Visual Urethrotomy | 980 | 801 | 457 | 352 |
| 2856 | Retrograde pyelogram | | 303 | | 180 |
| 2900 | Transurethral Resection Bladder Tumour -Minor <30Min | 874 | 715 | 405 | 352 |
| 2910 | Transurethral Resection Bladder Tumour -Major >30Min | 1100 | 900 | 513 | 401 |
| 2920 | Cystoscopy - Removal Ureteric Calculus Or Foreign Body | | 382 | | 172 |
| 2930 | Cystoscopic Destruction And Removal Bladder Calculus / Litholopaxy | | 630 | | 270 |
| 2940 | Incision Of Bladder Neck | 1020 | 581 | 481 | 286 |
| 2950 | Total Or Radical Cystectomy With Ileal Conduit Diversion | | 2903 | | 1848 |
| 2951 | Total Or Radical Cystectomy With Replacement Cystoplasty Ectopic With Continent Stoma | | 2903 | | 1137 |
| 2952 | Cystectomy Plus Bladder Reconstruction | | 2224 | | 981 |
| 2953 | Total Or Radical Cystectomy With Replacement Cystoplasty Orthotopic | | 2903 | | 1137 |
| 2960 | Bladder - Repair Of Rupture | | 581 | | 245 |
| 2970 | Bladder Tumours, Suprapubic Diathermy Of | | 343 | | 196 |
| 2981 | Cystoscopic Destruction And Removal Bladder Calculus - Minor Less Than 30 Minutes | | 319 | | 164 |
| 2982 | Cystoscopic Destruction And Removal Bladder Calculus - Major More Than 30 Minutes | | 891 | | 499 |
| 2983 | Laser Resection Of Bladder Tumour - Minor | | 343 | | 172 |
| 2984 | Laser Resection Of Bladder Tumour - Major | | 736 | | 491 |
| 2985 | Cystolithotomy | | 957 | | 262 |
| 2990 | Diverticulum Of Bladder, Excision Or Obliteration Of | | 801 | | 425 |
| 3030 | Cystoplasty | | 1202 | | 474 |
| 3322 | Laparoscopic Colposuspension | | 2200 | | 540 |
| 3670 | Ventro-Suspension | | 630 | | 294 |
| 3040 | Partial Cystectomy | | 1022 | | 401 |
| | | | | | |
| | Prostate | | | | |
| 315 | Inguinal Node Dissection | 1525 | 1652 | 653 | 556 |
| 2800 | Open Enucleation Prostate | | 1251 | | 450 |
| 2810 | Transurethral Resection Prostate | 2125 | 1595 | 695 | 568 |
| 2811 | TURP Including Cystoscopy | 2000 | 1644 | 698 | 570 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|--|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 2815 | Laser Resection Prostate including Cystoscopy | 2150 | 1595 | 945 | 728 |
| 2816 | Transurethral Needle Ablation Of Prostate | | 1251 | | 425 |
| 2825 | Perineal Prostatectomy | | 2993 | | 1145 |
| 2829 | Radical Retropubic Prostatectomy | 4155 | 3398 | 1500 | 1227 |
| 2830 | Radical Retropubic Prostatectomy -With Synchronous Node Dissection | 4620 | 3778 | 1794 | 1467 |
| 2832 | Pelvic Node Dissection | | 1513 | | 556 |
| 2833 | Laparoscopic Pelvic Node Dissection | | 1824 | | 613 |
| 2840 | Prostate - Needle Biopsy | 365 | 311 | 338 | 229 |
| | | | | | |
| | 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.) | | | | |
| | Laparoscopic Prostatectomy | | | | |
| | Laparoscopic Prostatectomy with Node Dissection | | | | |
| | Brachytherapy | | | | |
| | Prostate Cryotherapy | | | | |
| | | | | | |
| | Incontinence | | | | |
| 2420 | Pubo-Vaginal Sling Operation For Incontinence | 2000 | 1472 | 537 | 409 |
| 2425 | TVT Sling Revision | | 1227 | | 343 |
| 2440 | Implantation Artificial Urinary Sphincter | | 1513 | | 474 |
| 2446 | Male Sling operation | | 1431 | | 409 |
| | | | | | |
| | Urethra | | | | |
| 2400 | Caruncle - Cauterisation | | 270 | | 196 |
| 2430 | Incontinence - Peri-Urethral Injection | | 384 | | 164 |
| 2460 | Urethrectomy | | 801 | | 303 |
| 2470 | Urethroplasty - Stage 1 | | 1693 | | 671 |
| 2480 | Urethroplasty - Stage 2 | | 981 | | 433 |
| 2490 | Urethroplasty Including Stricture Repair, Urethral Diverticulum - Minor | | 720 | | 335 |
| 2491 | Urethroplasty Including Stricture Repair, Urethral Diverticulum Major | | 1341 | | 409 |
| 2500 | Urethroplasty - One Stage Trans Pubic | | 1071 | | 335 |
| 2510 | Urethroplasty - Revision For Recurrent Stricture | | 571 | | 278 |
| 2520 | Meatoplasty (Urethra) | | 384 | | 278 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|--|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 2530 | Urethral Calculus | | 409 | | 180 |
| 2540 | Urethrotomy - Internal | 787 | 736 | 473 | 343 |
| 2550 | Urethral Diverticulum | | 532 | | 327 |
| | | | | | |
| | Scrotum | | | | |
| 560 | Orchidectomy - High Ligation | 1200 | 891 | 506 | 433 |
| 571 | Orchidopexy - Unilateral | 1375 | 859 | 385 | 343 |
| 580 | Orchidopexy - Bilateral | 1150 | 1202 | 420 | 352 |
| 820 | Varicocele Repair- Inguinal | 900 | 801 | 375 | 368 |
| 825 | Varicocele Repair- Laparoscopic | | 801 | | 360 |
| 3073 | Excision of Epididymal Cyst Spermatocele, or Epididymectomy - Unilateral | 1050 | 801 | 480 | 388 |
| 3074 | Excision of Epididymal Cysts Spermatocele, or Epididymectomy – Bilateral | 900 | 1071 | 495 | 409 |
| 3075 | Hydrocele Repair - Unilateral | 1082 | 885 | 506 | 414 |
| 3076 | Hydrocele Repair - Bilateral | 1350 | 1075 | 495 | 452 |
| 3100 | Testicular Biopsy | | 270 | | 196 |
| 3111 | Undescended Testis - Laparoscopy For | | 801 | | 303 |
| 3115 | Bilateral Scrotal Orchidectomies | 1250 | 900 | 506 | 409 |
| 3120 | Radical Orchidectomy | 1060 | 981 | 486 | 409 |
| 3125 | Testicular Prosthesis Insertion | | 891 | | 319 |
| | | | | | |
| | Penis | | | | |
| 231 | Circumcision | 695 | 564 | 420 | 343 |
| 3077 | Dorsal Slit | 480 | 393 | 354 | 245 |
| 3079 | Penile Biopsy | | 360 | | 360 |
| 3080 | Penis - Amputation | | 540 | | 270 |
| 3090 | Penile Plication For Peyronies | 1650 | 1366 | 675 | 638 |
| 3140 | Penile Prosthesis - Semi Rigid | | 801 | | 581 |
| 3150 | Penile Prosthesis - Inflatable | | 1341 | | 360 |
| 3151 | Priapism - Aspiration And Irrigation | | 270 | | 139 |
| 3152 | Priapism - Winter's Procedure | | 409 | | 164 |
| 3153 | Priapism - Intrapenile Shunts | | 1022 | | 409 |
| 3154 | Priapism - Caverno-Femoral Shunt Or Similar | | 1456 | | 581 |
| | | | | | |
| | Clinic Procedures | | | | |
| 2450 | Catheterisation | 150 | 139 | 398 | 360 |
| 2451 | Catheterisation - With Instillation Drugs | | 180 | | 139 |
| 2452 | Urethral Dilatation | | 164 | | 0 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|--|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 2881 | Cystoscopy With Urodynamic Assessment | | 826 | | 180 |
| 3078 | Diathermy Penile Warts Or Minor Genital Skin Lesion Excision | | 335 | | 0 |
| 3155 | Vasectomy (NB: Loyalty Benefit) | 450 | 408 | 390 | 296 |
| 3157 | Vasectomy (GP) (NB: Loyalty Benefit total fee) | | 408 | | 0 |
| 6405 | Transrectal Ultrasound And Biopsy of Prostate | | 515 | | 327 |
| | | | | | |
| | SECTION 4: GYNAECOLOGY | | | | |
| | | | | | |
| | Vulva | | | | |
| 3180 | Bartholins Cyst / Abscess Surgery | 800 | 654 | 433 | 354 |
| 3420 | Incision Of Hymen | | 229 | | 221 |
| 3421 | Separation Of Labial Fusion | | 393 | | 319 |
| 3480 | Fenton's Procedure | 900 | 613 | 504 | 358 |
| 3490 | Simple Excision Vulval Lesion - Unilateral (including excision varicocele) | 450 | 368 | 473 | 294 |
| 3491 | Simple Excision Vulval Lesion - Bilateral | | 654 | | 294 |
| 3500 | Vulva - Radical Excision Of, With Glands | | 2143 | | 589 |
| 3510 | Simple Vulvectomy | | 859 | | 368 |
| 3520 | Warts - Vulval, Cauterisation Or Laser | 338 | 658 | 365 | 303 |
| 3529 | Vulval Biopsy - Office | | 180 | | 0 |
| 3530 | Multiple Vulval Biopsy | 500 | 409 | 319 | 294 |
| | | | | | |
| | Vagina | | | | |
| 3261 | Revision of Episiotomy Scar (not cosmetic) | | 801 | | 384 |
| 3270 | Anterior Colporrhaphy | 1275 | 981 | 534 | 433 |
| 3275 | Anterior Colporrhaphy with Mesh Repair | 2800 | 1472 | 619 | 466 |
| 3276 | Minor Revision Mesh Repair | | 458 | | 286 |
| 3280 | Colporrhaphy - Anterior And Amputation Of Cervix | | 850 | | 409 |
| 3290 | Anterior And Posterior Colporrhaphy | 1850 | 1382 | 653 | 507 |
| 3300 | Posterior Colporrhaphy | 1275 | 1043 | 558 | 425 |
| 3305 | Posterior Colporrhaphy with Mesh Repair | 2800 | 1210 | 658 | 491 |
| 3310 | Posterior Colporrhaphy And Enterocele | | 981 | | 482 |
| 3311 | Repair of enterocele, vaginal approach (separate procedure) | | 891 | | 409 |
| 3315 | Vault Repair, i.e. Sacrospinous Fixation | | 1071 | | 401 |
| 3325 | Open Sacrocolpopexy, Levatoroplasty | 2600 | 2126 | 709 | 581 |
| 3410 | Examination Under Anaesthetic | 370 | 286 | 366 | 294 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|--|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 3460 | Recto-Vaginal Fistula - Repair Of | | 761 | | 270 |
| 3470 | Vesico-Vaginal Fistula - Repair Of | | 891 | | 335 |
| 3485 | Excision Of Vaginal Lesion | 750 | 634 | 410 | 311 |
| 3595 | Laparoscopic Pelvic Floor Repair | | 2183 | | 646 |
| 3596 | Vaginal reconstruction disease related | | 1366 | | 401 |
| 3285 | Vaginoplasty | | 1292 | | 376 |
| | | | | | |
| | Cervix | | | | |
| 3220 | Cervix - Amputation Or Reconstruction | | 352 | | 270 |
| 3230 | Cervix - Biopsy Under Anaesthetic | | 180 | | 131 |
| 3240 | Cryotherapy of cervix | | 180 | | 0 |
| 3250 | Cervix Cauterisation Of - With Anaesthesia | | 303 | | 278 |
| 3330 | Colposcopy With Biopsy | 205 | 180 | 383 | 319 |
| 3375 | Cervical Polypectomy | 110 | 376 | 371 | 155 |
| 3405 | Lletz Loop | 750 | 613 | 354 | 278 |
| 3406 | Laser Cone Biopsy and or ablation | | 720 | | 384 |
| 3407 | Laser Ablation | 700 | 621 | 392 | 221 |
| 3408 | Cone Biopsy | 713 | 540 | 433 | 270 |
| | | | | | |
| | Uterus | | | | |
| 3170 | Abscess - Pelvic, Drainage Of, Via Fornices | | 671 | | 164 |
| 3340 | D & C With Reuben's Test | | 540 | | 139 |
| 3350 | D & C With Biopsy Of Cervix | | 540 | | 245 |
| 3360 | D&C With Cone Biopsy Of Cervix | 1000 | 761 | 394 | 294 |
| 3370 | D&C With Removal Of Polyp - Uterus | | 540 | | 303 |
| 3371 | D&C With Removal Of Polyp - Cervix | 788 | 540 | 333 | 303 |
| 3380 | D&C After Miscarriage | 650 | 532 | 405 | 303 |
| 3390 | Endometrial Biopsy (Pipelle) | | 147 | | 0 |
| 3455 | Laparoscopic Uterine Nerve Ablation | | 1341 | | 442 |
| 3540 | Hysteroscopy D&C | 800 | 654 | 392 | 321 |
| 3542 | Hysteroscopy And Removal Of Submucous Fibroid With D&C | 1800 | 1063 | 558 | 456 |
| 3543 | Hysteroscopy And Removal Of Endometrial Polyp With D&C | 950 | 777 | 394 | 322 |
| 3544 | Insert Intra-Uterine Device | 350 | 266 | 276 | 237 |
| 3545 | Uterine Ablation therapy | | 891 | | 482 |
| 3560 | Pelvic Glands - Radical Dissection Of | | 891 | | 532 |
| 3570 | Abdominal Hysterectomy | 2350 | 1922 | 836 | 683 |
| 3571 | Abdominal Hysterectomy With BSO | 2500 | 2044 | 871 | 712 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|--|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 3575 | Endometrial Resection / Ablation | 2000 | 1517 | 450 | 376 |
| 3576 | Hysteroscopy and Radiofrequency endometrial ablation | | 981 | | 356 |
| 3577 | Hysteroscopy and Microwave endometrial ablation | 1765 | 1607 | 473 | 417 |
| 3580 | Hysterectomy - Total And Marshall Marchetti Procedure | | 2053 | | 564 |
| 3585 | Total Abdominal Hysterectomy & Bilateral Salpingo-Oophorectomy & Omentectomy +/- Nodes | 3500 | 2862 | 920 | 830 |
| 3590 | Vaginal Hysterectomy With Pelvic Repair | 2264 | 1851 | 850 | 695 |
| 3600 | Vaginal Hysterectomy | 2045 | 1672 | 743 | 607 |
| 3610 | Wertheims Hysterectomy | | 3197 | | 761 |
| 3613 | Subtotal lap hysterectomy | | 1905 | | 605 |
| 3614 | Laparoscopically Assisted Vaginal Hysterectomy | 3500 | 2453 | 878 | 777 |
| 3615 | Laparoscopically Assisted Vaginal Hysterectomy With BSO | 3550 | 2862 | 972 | 793 |
| 3616 | Laparoscopically assisted Vaginal Hysterectomy With Division Of Adhesions | 3256 | 2674 | 783 | 818 |
| 3630 | Abdominal Myomectomy | | 1251 | | 560 |
| 3632 | Laparoscopic Myomectomy | | 1513 | | 916 |
| | | | | | |
| | Fallopian tubes - Ovaries | | | | |
| 3160 | Laparoscopic Sterilisation (NB Loyalty Benefit) | 1200 | 973 | 482 | 360 |
| 3162 | Essure - Sterilisation (NB Loyalty Benefit) | | 834 | | 335 |
| 3440 | Diagnostic Laparoscopy | 1400 | 1145 | 540 | 405 |
| 3445 | Laparoscopy With Dye Study | 1135 | 989 | 525 | 511 |
| 3450 | Laparoscopy With D & C | | 981 | | 417 |
| 3451 | Laparoscopy with Hysteroscopy and D&C and Dye Study | | 1472 | | 442 |
| 3550 | Ectopic Pregnancy - Removal Of | | 671 | | 286 |
| 3552 | Laparoscopic Removal Of Ectopic Pregnancy | | 891 | | 474 |
| 3554 | Laparoscopy with Hysteroscopy and D&C | 1500 | 1227 | 563 | 466 |
| 3650 | Open Oophorectomy - Unilateral | | 981 | | 450 |
| 3651 | Open Oophorectomy - Bilateral | | 1472 | | 589 |
| 3652 | Laparoscopic Oophorectomy - Unilateral | 1850 | 1987 | 681 | 532 |
| 3653 | Laparoscopic Oophorectomy - Bilateral | 2400 | 2085 | 681 | 634 |
| 3654 | Unilateral Oophorectomy With Bilateral Salpingectomy | | 1194 | | 491 |
| 3655 | Laparoscopic Unilateral Oophorectomy With Bilateral Salpingectomy | | 1554 | | 671 |
| 3660 | Open Ovarian Cystectomy - Unilateral | | 1071 | | 425 |
| 3661 | Open Ovarian Cystectomy - Bilateral | | 1603 | | 532 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|---|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 3662 | Laparoscopic Ovarian Cystectomy - Unilateral | 1900 | 1472 | 675 | 560 |
| 3663 | Laparoscopic Ovarian Cystectomy - Bilateral | | 2004 | | 572 |
| 3665 | P.C.O.S. Laparoscopic Drilling Of Ovaries | | 891 | | 433 |
| 3666 | Laparoscopic Division Of Adhesions To Ovaries | | 891 | | 425 |
| 3667 | Microsurgery and Reanastomosis of Tubes and Ovaries | | 1783 | | 671 |
| 3689 | Biopsy Of Ovary | | 891 | | 343 |
| 3690 | Open Salpingectomy | | 826 | | 409 |
| 3691 | Laparotomy | | 891 | | 409 |
| 3692 | Laparoscopic Salpingectomy unilateral | | 1030 | | 491 |
| 3700 | Open Salpingo-Oophorectomy unilateral | | 1161 | | 491 |
| 3701 | Open Salpingo-Oophorectomy bilateral | | 1742 | | 564 |
| 3702 | Laparoscopic Salpingo-Oophorectomy Unilateral | 2000 | 1775 | 681 | 585 |
| 3703 | Laparoscopic Salpingo-Oophorectomy, Bilateral | 2200 | 2290 | 844 | 761 |
| 3710 | Salpingo Or Salpingolysis | | 801 | | 343 |
| 3712 | Salpingostomy - Laparoscopic | | 1202 | | 482 |
| 3720 | Tubal Anastomosis (Unilateral Or Bilateral, Not After Tubal Ligation) | | 1603 | | 646 |
| 3730 | Laparoscopic Diathermy To Endometriosis | 1150 | 891 | 429 | 384 |
| 3731 | Laparoscopic Endometriosis Surgery - Mild | 2000 | 1472 | 575 | 474 |
| 3732 | Laparoscopic Endometriosis Surgery - Moderate | 2800 | 2069 | 743 | 605 |
| 3733 | Laparoscopic Endometriosis Surgery - Severe | 3431 | 2658 | 828 | 732 |
| 3734 | Endometriosis Surgery - Severe (Laparotomy) | | 2923 | | 1063 |
| | | | | | |
| | | | | | |
| | SECTION 5: OPHTHALMOLOGY | | | | |
| | | | | | |
| | Lids and Adnexa | | | | |
| 251 | Xanthelasma | | 335 | | 180 |
| 3825 | Removal Of Tarsal Cyst | 280 | 229 | 304 | 262 |
| 3830 | Entropion / Ectropion – Repair Unilateral | 700 | 572 | 437 | 327 |
| 3831 | Entropion / Ectropion - Repair – Bilateral | 1050 | 859 | 594 | 482 |
| 3835 | Correction Of Ptosis – Unilateral | 1298 | 1227 | 473 | 360 |
| 3837 | Correction Of Ptosis - Bilateral | 2310 | 1840 | 614 | 540 |
| 3840 | Lacrimal Duct - Probing Of Unilateral | 130 | 147 | 278 | 213 |
| 3841 | Lacrimal Duct - Probing Of - Bilateral | 250 | 221 | 240 | 327 |
| 3842 | Lacrimal Intubation - Unilateral | 350 | 450 | 364 | 270 |
| 3845 | Dacryocystorhinostomy | 2400 | 1963 | 621 | 458 |
| 3850 | Minor Eyelid Surgery | 250 | 180 | 341 | 262 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|--|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 3855 | Intermediate Eyelid Surgery | 600 | 491 | 354 | 318 |
| 3860 | Major Eyelid Surgery | 1225 | 1178 | 428 | 417 |
| 3861 | Blepharoplasty for dermatochalasis Bilateral | | 981 | | 0 |
| 3862 | Blepharoplasty for dermatochalasis Unilateral | | 630 | | 0 |
| 3870 | Autogenous Grafts - Major | | 761 | | 262 |
| 3871 | Autogenous Grafts - Minor | | 319 | | 262 |
| | | | | | |
| | Strabismus Surgery | | | | |
| 3880 | Extraocular Muscles - Strabismus - One Or Two Muscles | 1455 | 1190 | 511 | 368 |
| 3882 | Strabismus - One Or Two Muscles - Reoperation | 1200 | 891 | 443 | 401 |
| 3893 | Extraocular Muscles - Strabismus - Three Or More Muscles | | 1120 | | 368 |
| 3894 | Strabismus - Three Or More Muscles - Reoperation | | 1251 | | 417 |
| 3895 | Extraocular muscles -strabismus and placement Of Adjustable Suture During Strabismus Surgery (Including Post-Operative Adjustments) | | 981 | | 360 |
| | | | | | |
| | Extraocular Operations on Globe | | | | |
| 3920 | Excision Of Pterygium - Unilateral | 769 | 629 | 420 | 303 |
| 3921 | Excision Of Pterygium - Bilateral | | 951 | | 454 |
| 3930 | Excision Of Pterygium And Conjunctival Graft | 1058 | 865 | 394 | 425 |
| 3940 | Excision Of Pinguacula | | 360 | | 0 |
| | | | | | |
| | Cataract | | | | |
| 3950 | Lens Extraction | | 1284 | | 303 |
| 3960 | Secondary Iol Implant (Monofocal only) | | 1071 | | 294 |
| 3965 | Iol Implant With Anterior Vitrectomy (Monofocal only) | | 1333 | | 458 |
| 3970 | Yag Laser Capsulotomy | | 262 | | 0 |
| 3971 | Yag Laser Capsulotomy - Bilateral | | 491 | | 0 |
| | | | | | |
| | 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.) | | | | |
| | Extracapsular Cataract Extraction With Insertion Of Artificial Lens (Monofocal only) | | | | |
| | Phacoemulsification Cataract Extraction With Insertion Of Artificial Lens (Monofocal only) | | | | |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|--|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| | Phacoemulsification Cataract Extraction With Insertion Of Artificial Lens (Monofocal only) (Includes Axial Length Ultrasonography) | | | | |
| | Cataract Extraction And Iol With Anterior Vitrectomy (Monofocal only) | | | | |
| | Cataract Extraction With Iol With Trabeculectomy (Monofocal only) (Including First 5 Post-Op Visits) | | | | |
| | | | | | |
| | Glaucoma | | | | |
| 3805 | Bleb needling | | 319 | | 0 |
| 3975 | Trabeculectomy (Including First 5 Post-Op Visits) | 2275 | 1803 | 576 | 482 |
| 3980 | Trabeculectomy With Cytotoxic Agent (Including First 5 Post-Op Visits) | 2205 | 2024 | 486 | 499 |
| 3985 | Drainage (Glaucoma), Molteno Drain Or Similar Procedure | 2975 | 2208 | 702 | 552 |
| 3990 | Iridectomy Or Iridotomy | | 785 | | 360 |
| 4010 | Laser Iridotomy | 525 | 638 | | 0 |
| 4011 | Laser Iridotomy - Bilateral | 1040 | 793 | | 0 |
| 4015 | Laser Trabeculoplasty | 780 | 671 | | 0 |
| 4016 | Laser Trabeculoplasty - Bilateral | 2236 | 1829 | | 0 |
| | | | | | |
| | Corneal Surgery | | | | |
| 3801 | Anterior Stromal Puncture | | 409 | | 0 |
| 3910 | Cornea Or Sclera - Removal Of Foreign Body | | 229 | | 0 |
| 4020 | Keratectomy | | 720 | | 303 |
| 4030 | Penetrating Keratoplasty Or Similar | 3605 | 2494 | 767 | 605 |
| 4040 | Phototherapeutic Keratectomy - NB: On application to Southern Cross | | 1783 | | 425 |
| 4026 | Intrasonal corneal ring segment implantation for Kerataconus | | 1120 | | 0 |
| | | | | | |
| | 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 Cross Linking | | | | |
| | | | | | |
| | Vitreo-Retinal Surgery | | | | |
| 4043 | Intravitreal injection | 650 | 720 | 365 | 298 |
| 4045 | Repair Of Detached Retina - Cryotherapy Or Diathermy | | 1071 | | 343 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|--|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 4046 | Retinal Detachment Repair With Scleral Buckle | | 2053 | | 564 |
| 4054 | Vitrectomy | 2625 | 1251 | 587 | 589 |
| 4056 | Vitrectomy With Retinal Detachment Repair | 3938 | 3271 | 837 | 703 |
| 4057 | Vitrectomy With Macular Hole Surgery | | 3271 | | 703 |
| 4058 | Removal Of Silicone Oil | | 891 | | 327 |
| 4059 | Macula Hole Eye Surgery | | 720 | | 262 |
| 4060 | Complex Vitrectomy | | 1431 | | 589 |
| 4064 | Vitrectomy With Macular Epiretinal Membrane Peel | 3300 | 2699 | 563 | 646 |
| 4065 | Retinal Membrane Peeling | | 540 | | 262 |
| 4070 | Retinal Cryotherapy | 846 | 630 | 336 | 262 |
| 4075 | Photocoagulation Of Retina (Macular degeneration) | 900 | 850 | 361 | 278 |
| 4076 | Photocoagulation Of Retina - Bilateral | | 1251 | | 401 |
| 4080 | Pan Retinal Laser | 1236 | 1071 | 336 | 352 |
| 4082 | Transpupillary Thermotherapy (TTT) | | 3026 | | 0 |
| | | | | | |
| | Orbit | | | | |
| 4085 | Evisceration Of Globe | | 638 | | 425 |
| 4086 | Evisceration Of Globe - With Implant | | 671 | | 425 |
| 4090 | Enucleation Of Eye | | 1194 | | 294 |
| 4091 | Enucleation Of Eye With Implant | | 1824 | | 556 |
| 4100 | Orbitotomy | | 2674 | | 482 |
| | | | | | |
| | | | | | |
| | SECTION 6: ORTHOPAEDIC SURGERY | | | | |
| | | | | | |
| | Ankle/foot | | | | |
| 4250 | Repair Of Foot Tendon - Primary Suture (Flexor Or Extensor) | | 850 | | 335 |
| 4251 | Repair Of Foot Tendon - Secondary Suture (Flexor Or Extensor) | | 450 | | 278 |
| 4260 | Repair Ruptured Achilles Tendon - Open, Primary | 1050 | 891 | 540 | 401 |
| 4261 | Achilles Tendon Reconstruction (Tenotomy, Percutaneous, Achilles Tendon) | | 1071 | | 384 |
| 4270 | Repair Ruptured Achilles Tendon - Secondary | | 891 | | 442 |
| 4280 | Achilles - Elongation | | 433 | | 294 |
| 4290 | Incision Of Tendon Sheath | | 630 | | 286 |
| 4310 | Tendon Reconstruction - Ankle | | 1300 | | 474 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|---|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 4355 | Neurectomy Of Leg / Foot Not Elsewhere Classified | | 540 | | 294 |
| 4540 | Ingrown Toenail - Radical Excision / Wedge Resection - Unilateral | 575 | 409 | 394 | 294 |
| 4550 | Ingrown Toenail - Radical Excision / Wedge Resection - Bilateral | 975 | 613 | 467 | 442 |
| 4580 | Amputation Of Toe - MTP Joint | | 1382 | | 335 |
| 4581 | Amputation Of Toe - IP Joint | 595 | 487 | 391 | 245 |
| 5380 | Arthrotomy - Ankle | | 671 | | 286 |
| 5385 | Arthroscopy - Ankle | | 761 | | 278 |
| 5386 | Arthroscopy Ankle And Therapeutic Procedure | 1405 | 1030 | 624 | 474 |
| 5387 | Tarsal Tunnel Release | | 581 | | 458 |
| 5390 | Ankle Ligament Reconstruction | | 1603 | 535 | 679 |
| 5400 | Arthrodesis - Ankle | 2350 | 1873 | 850 | 779 |
| 5401 | Ankle Triple Arthodesis | | 1513 | 953 | 720 |
| 5402 | Subtalar Arthrodesis | | 1251 | | 548 |
| 5403 | Tarsometatarsal Arthrodesis | | 752 | | 409 |
| 5404 | Talo-Navicular Arthrodesis | | 891 | | 442 |
| 5410 | Hind Foot Correction | | 761 | | 360 |
| 5420 | Soft Tissue Correction Of Foot | | 605 | | 294 |
| 5430 | Bone Correction - Tarsectomy Triple | | 1071 | | 393 |
| 5431 | Complex midfoot correction | | 1676 | | 679 |
| 5440 | Hallux Valgus - Unilateral | 1150 | 891 | 495 | 401 |
| 5450 | Hallux Valgus - Bilateral | 1269 | 1337 | 619 | 601 |
| 5460 | Arthrodesis - Great Toe | 1200 | 981 | 495 | 457 |
| 5461 | Arthrodesis - Great Toe - Bilateral | | 1472 | | 617 |
| 5470 | Hallux Rigidus - Bilateral | 900 | 891 | 414 | 401 |
| 5480 | Hallux Rigidus With Silastic Implant - Single | | 1202 | | 401 |
| 5490 | Hallux Rigidus With Silastic Implant - Bilateral | | 1807 | | 482 |
| 5500 | Hammer Toe Repair | 800 | 646 | 441 | 360 |
| 5501 | Tenotomy - Toe | 630 | 401 | 371 | 303 |
| 5520 | Correction Of Hallux Valgus By Osteotomy - First Metatarsal, Unilateral | 1450 | 900 | 498 | 401 |
| 5522 | Osteotomy - Lesser Metatarsal | 1225 | 728 | 546 | 360 |
| 5530 | Correction Of Hallux Valgus By Osteotomy - First Metatarsal, Bilateral | 1850 | 1472 | 678 | 491 |
| 5535 | Ankle Replacement | 3500 | 2862 | 1337 | 1039 |
| 5465 | Hallux Rigidus – Unilateral | 1040 | 597 | 470 | 327 |
| | | | | | |
| | Elbow | | | | |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|--|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 4340 | Tendon Transfer - Hand | | 891 | | 417 |
| 4390 | Transposition Of Ulna Nerve | 1100 | 801 | 443 | 417 |
| 4391 | Open Neurolysis of peripheral nerve, not elsewhere classified | 1113 | 818 | 476 | 380 |
| 4392 | Cubital Tunnel Syndrome | | 818 | | 380 |
| 4500 | Epicondylitis Release (Epicondylitis Debridement) | 800 | 654 | 397 | 327 |
| 5030 | Elbow Replacement Arthroplasty | | 2053 | | 1014 |
| 5040 | Supracondylar Osteotomy | | 1071 | | 237 |
| 5050 | Arthrotomy & Removal Of Loose Bodies - Elbow | | 981 | | 450 |
| 5051 | Arthrotomy - Elbow | | 499 | | 270 |
| 5061 | Arthroscopy Elbow | | 654 | | 343 |
| 5062 | Arthroscopy Elbow With Procedure | | 981 | | 450 |
| 5063 | Release Of Elbow Contracture | | 1071 | | 425 |
| 6030 | Radial Head Excision | | 720 | | 343 |
| | | | | | |
| | General | | | | |
| 4255 | Decompression Fasciotomy (Compartment Syndrome) | | 891 | | 442 |
| 4257 | Decompression Fasciotomy (Compartment Syndrome) - Bilateral | 1800 | 1337 | 681 | 662 |
| 4380 | Nerve Graft | | 850 | | 286 |
| 4420 | Acute Osteomyelitis - Drainage Small Bone | | 319 | | 180 |
| 4430 | Acute Osteomyelitis - Drainage Large Bone | | 466 | | 204 |
| 4440 | Sub-Acute Or Chronic Osteomyelitis - Exploration | | 801 | | 417 |
| 4445 | Excision Bursa | 1000 | 736 | 481 | 360 |
| 4446 | Bone Graft - Any Area, Minor Or Small | | 433 | | 262 |
| 4450 | Excision Exostosis - Superficial | 800 | 540 | 433 | 319 |
| 4460 | Excision Of Exostosis - Deep Bone | 1025 | 801 | 486 | 360 |
| 4541 | Excision of nail and nail matrix, partial or complete - Unilateral | 420 | 409 | 280 | 237 |
| 4551 | Excision of nail and nail matrix, partial or complete - Bilateral | | 613 | | 356 |
| 4678 | Soft Tissue Injection | 64 | 65 | 234 | 65 |
| 4679 | Joint Injection (Unspecified) | 50 | 51 | 215 | 245 |
| 4465 | Removal of Sesamoid Bone | | 360 | | 164 |
| | | | | | |
| | Hip/Upper Leg | | | | |
| 5156 | Subcutaneous Tenotomy, Not Elsewhere Classified | | 532 | | 368 |
| 5157 | Neurectomy Of Leg Nerve | | 671 | | 360 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|---|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 5158 | Decompression Fasciotomy - Thigh / Knee | | 891 | | 433 |
| 5159 | Surgical Dislocation of Hip vs Hip Arthroscopy (Chondroplasty) | | 2592 | | 654 |
| 5160 | Arthroplasty Hemi Or Cup | | 1554 | | 654 |
| 5161 | Hip Arthroscopy | 3000 | 1227 | 810 | 499 |
| 5162 | Hip Arthroscopy With Therapeutic Procedure | | 1227 | | 572 |
| 5163 | Ganz Osteotomy | | 3116 | | 891 |
| 5165 | Bone Graft To Femur | | 1603 | | 515 |
| 5170 | Total Hip Replacement | 3300 | 2453 | 1238 | 1012 |
| 5171 | Total Hip Replacement - Bilateral | 5400 | 4293 | 1650 | 1685 |
| 5175 | Removal Of Hip Prosthesis For Infection (Without Revision) | | 981 | | 360 |
| 5180 | Revision Hip Replacement | 4000 | 3386 | 1600 | 1308 |
| 5190 | Osteotomy - Distal Femur | | 1963 | | 630 |
| 5620 | Hip - Closed Reduction | | 294 | | 164 |
| 6155 | Removal Of Intra Medullary Rod | | 442 | | 180 |
| 6160 | Femur - Slipped Epiphysis - Pinning | | 1341 | | 204 |
| 6165 | Femur Osteotomy | | 1423 | | 442 |
| 6166 | Open hip joint biopsy | | 613 | | 196 |
| | | | | | |
| | Knee | | | | |
| 4620 | Amputation - Above Or Below Knee | | 1071 | | 515 |
| 5220 | Arthrotomy For Loose Body Or Pinning | | 720 | | 433 |
| 5240 | Repair Collateral Ligament - Knee | | 801 | | 352 |
| 5250 | Synovectomy Of Knee | | 850 | | 409 |
| 5260 | Repair Cruciate Ligament - Knee arthroscopic or open | | 891 | | 474 |
| 5261 | Repair Of Patellar Tendon - Primary | | 630 | | 352 |
| 5262 | Repair Of Patellar Tendon - Secondary | | 850 | | 433 |
| 5263 | Patellar tendon transfer of the knee | | 801 | | 409 |
| 5284 | Arthroscopy Knee - Diagnostic - Bilateral | | 1349 | | 540 |
| 5285 | Arthroscopy Knee - Diagnostic | 1114 | 900 | 480 | 360 |
| 5286 | Arthroscopy Knee And Arthroscopic Procedure | 1250 | 1014 | 478 | 393 |
| 5287 | Arthroscopy And Meniscectomy - Bilateral | 1800 | 1411 | 464 | 519 |
| 5289 | Arthroscopy And Meniscectomy | 1200 | 940 | 473 | 360 |
| 5291 | Arthroscopic Chondroplasty Of Knee | 1200 | 891 | 410 | 335 |
| 5293 | Debridement Of Knee Joint | 1069 | 891 | 540 | 384 |
| 5294 | Chondroplasty of Knee | | 891 | | 335 |
| 5295 | Arthroscopic Anterior Cruciate Ligament Repair And / Or Reconstruction - Knee | | 1938 | | 605 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|--|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 5300 | Patellectomy | | 891 | | 401 |
| 5310 | Repair Recurrent Dislocating Patella | | 1202 | | 442 |
| 5330 | Knee - Osteotomy | | 1603 | | 515 |
| 5350 | Arthrodesis Of Knee | | 1071 | | 319 |
| 5360 | Partial Knee Replacement | 2900 | 2245 | 1148 | 1194 |
| 5365 | Partial Knee Replacement - Bilateral | | 3893 | | 1366 |
| 5370 | Total Knee Replacement | 3300 | 2453 | 1238 | 1194 |
| 5371 | Total Knee Replacement - Bilateral | 5500 | 5062 | 1700 | 1439 |
| 5375 | Revision Knee Replacement | 3750 | 3116 | 1620 | 1243 |
| | | | | | |
| | Lower leg | | | | |
| 4252 | Repair Flexor Tendon Leg - Secondary | | 548 | | 262 |
| 4253 | Repair Extensor Tendon Leg - Primary | | 368 | | 254 |
| 4254 | Repair Extensor Tendon Leg - Secondary | | 433 | | 262 |
| 4256 | Repair Flexor Tendon Leg - Primary | | 409 | | 262 |
| 4275 | Tendon Lengthening | | 630 | | 262 |
| 4300 | Tibialis Anterior Transfer | | 801 | | 278 |
| 5340 | Osteotomy - Proximal Tibia | 1685 | 1431 | 713 | 613 |
| | | | | | |
| | Nervous system | | | | |
| 4350 | Suture Of Nerve Requiring Extensive Mobilisation | | 343 | | 204 |
| 4360 | Primary Suture Nerves | | 630 | | 229 |
| 4361 | Suture Of Major Peripheral Nerves - Arm/Leg | | 1104 | | 303 |
| 4362 | Suture Of Digital Nerve - Hand / Foot | | 761 | | 237 |
| 4370 | Secondary Repair Of Nerve | | 720 | | 229 |
| 4410 | Excision of Neuroma | | 589 | | 409 |
| 4411 | Lateral Popliteal Nerve Decompression | | 540 | | 417 |
| 4412 | Excision Of Neuroma - Major Peripheral Nerves | | 1150 | | 552 |
| 4510 | Post Interosseous Nerve Release | | 564 | | 254 |
| 4666 | Intra-Spinal Injection | | 180 | | 180 |
| 4668 | Peripheral Nerve Block | | 98 | | 98 |
| 4670 | Epidural Injection Anaesthetic - Lumbar / Caudal | | 270 | | 196 |
| 4671 | Iv Guanethidine Block Or Similar | | 139 | | 139 |
| 4672 | Coeliac Plexus Block | | 360 | | 286 |
| 4674 | Nerve Root Injection (Trans-Foraminal) | 388 | 335 | 234 | 319 |
| 4675 | Stellate Ganglion Block | | 180 | | 180 |
| | | | | | |
| | | | | | |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|--|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| | Shoulder | | | | |
| 4330 | Biceps Tendon Release Or Tenodesis | | 671 | | 278 |
| 4960 | Removal Of Calcaneous Deposits Of Shoulder | | 850 | | 343 |
| 4970 | Acromioplasty/ Acromionectomy | 1700 | 1145 | 619 | 507 |
| 4972 | Rotator Cuff Repair With Acromioplasty | 2400 | 1963 | 788 | 658 |
| 4973 | Arthroscopy & Stabilisation Of Shoulder | | 1783 | | 540 |
| 4974 | Arthroscopy, Decompression & Partial Acromioplasty | 1700 | 1235 | 625 | 613 |
| 4975 | Rotator Cuff Repair - Simple | | 1963 | | 532 |
| 4976 | Shoulder Arthroscopy, Decompression And Rotator Cuff Repair | 2400 | 1963 | 795 | 630 |
| 4980 | Excision Outer End Of Clavicle | | 850 | | 417 |
| 4983 | Open Reduction Fracture of Clavicle | | 1472 | | 671 |
| 4985 | Arthroscopy- Shoulder, Diagnostic | | 801 | | 474 |
| 4986 | Arthroscopy Shoulder And Other Arthroscopic Procedure | 1500 | 1141 | 590 | 597 |
| 4990 | Arthrodesis Of Shoulder | | 1815 | | 711 |
| 5000 | Hemi Replacement Of Shoulder | 2300 | 2290 | 1164 | 1129 |
| 5010 | Total Replacement Of Shoulder | 3200 | 2470 | 1540 | 1255 |
| 5020 | Arthroplasty Excision | | 1186 | | 442 |
| 5550 | Acromio-Clavicular - Open Reduction And Repair - Chronic | | 630 | 502 | 237 |
| 5570 | Manipulation Of Shoulder Joint | | 229 | | 278 |
| 5590 | Repair Of Recurrent Dislocation | | 1341 | | 572 |
| | | | | | |
| | Spine | | | | |
| 4676 | Facet Joint Injection | | 286 | | 286 |
| 4677 | Intra-Discal Injection | | 319 | | 286 |
| 4680 | Discography 1 Level | | 360 | | 0 |
| 4690 | Discography 2 Or More Levels | | 540 | | 0 |
| 4700 | Anterior Cervical Fusion, 1 Level (Dowel Or Similar), Lumbar - Sacral Fusion | | 1783 | | 720 |
| 4701 | Occipital Cervical Fusion | | 2322 | | 957 |
| 4702 | Anterior Cervical Discectomy + Fusion (1 Level) Including Foramen Decompression | 4000 | 3721 | 1129 | 1030 |
| 4710 | Anterior Cervical Fusion, 2 Or More Levels | | 2674 | | 891 |
| 4711 | Anterior Cervical Discectomy + Fusion (2+ Level) Including Foramen Decompression | 4850 | 3271 | 1418 | 1145 |
| 4720 | Anterior Cervical Fusion With Internal Fixation | | 2960 | | 818 |
| 4730 | Posterior C1-C2 Fusion | | 2494 | | 1104 |
| 4731 | Posterior Fusion - C Spine (Excl C1-2) | | 2192 | | 630 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|--|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 4740 | Anterior Cervical Discectomy | | 2224 | | 998 |
| 4750 | Lumbar Discectomy 2 Or More Levels | | 2944 | | 957 |
| 4760 | Corporectomy With Fusion | | 3206 | | 1063 |
| 4770 | Cervical Rib Excision | | 1783 | | 442 |
| 4780 | Trans Thoracic Fusion 1 Level | | 2134 | | 801 |
| 4790 | Trans Thoracic Fusion 2 Or More Levels With Or Without Instrumentation | | 3116 | | 1055 |
| 4800 | Posterior Thoracic Fusion 1-2 Levels | | 1603 | | 630 |
| 4810 | Posterior Thoracic Fusion 3+ Levels With Instrumentation | | 3116 | | 1055 |
| 4820 | Lumbar Discectomy | 3000 | 2290 | 878 | 671 |
| 4821 | Anterior Lumbar Discectomy With Fusion 1 Level | | 2494 | | 891 |
| 4822 | Anterior Lumbar Discectomy With Fusion 2 Or More Levels | | 3565 | | 1325 |
| 4823 | Thoracic Discectomy | | 2053 | | 654 |
| 4825 | Anterior Endoscopic Spinal Fusion | | 2134 | | 671 |
| 4830 | Anterior Lumbar Decompression / Interbody Fusion 1 Level | | 2453 | | 801 |
| 4840 | Posterior / Posterolateral Fusion - Lumbar - Without Instrumentation, 2+ Level | | 3026 | | 1006 |
| 4850 | Anterior Lumbar Decompression / Interbody Fusion 2+ levels | 7000 | 4113 | 1728 | 1366 |
| 4860 | Posterior / Posterolateral Fusion - Lumbar - Without Instrumentation, 1 Level | | 2322 | | 654 |
| 4870 | Posterior / Posterolateral Fusion - Lumbar -With Instrumentation 1 Level | 4925 | 3565 | 1369 | 949 |
| 4880 | Posterior / Posterolateral Fusion - Lumbar - With Instrumentation 2+ Levels | 5000 | 4007 | 1387 | 1423 |
| 4890 | Posterior Interbody Fusion With Disc Implant | | 3116 | | 671 |
| 4900 | Corporectomy | | 3467 | | 1537 |
| 4910 | Vertebra Excision / Replacement | | 2674 | | 671 |
| 4920 | Spinal Stenosis Decompression - 1 Level | 3375 | 2760 | 1022 | 777 |
| 4925 | Spinal Stenosis Decompression - 2+ Level | 4000 | 3271 | 1188 | 1018 |
| 4930 | Decompression With Intertransverse Fusion | 3388 | 2829 | 995 | 1390 |
| 4940 | Decompression and Instrumented Fusion 1 level | 5000 | 4048 | 1445 | 1292 |
| 4950 | Coccygectomy | | 720 | | 360 |
| 6170 | Spine - Vertebral Bodies With Cord Involvement | | 1513 | | 450 |
| | | | | | |
| | Wrist/Hand | | | | |
| 4200 | Primary Repair Of Flexor Tendon - Hand | | 720 | | 360 |
| 4210 | Secondary Repair Flexor Tendon - Wrist / Forearm | | 891 | | 319 |
| 4211 | Secondary Repair Flexor Tendon - Hand | | 801 | | 270 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|---|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 4220 | Extensor Tendon Repair - Hand | | 720 | | 245 |
| 4221 | Extensor Tendon Repair - Finger | | 540 | | 229 |
| 4222 | Tenolysis Extensor Tendon - Hand / Finger | | 630 | | 262 |
| 4223 | Tenolysis Flexor Tendon - Finger / Palm | | 859 | | 360 |
| 4224 | Tenolysis Flexor Or Extensor Tendon - Wrist / Forearm | | 761 | | 270 |
| 4225 | Repair Of Mallet Finger | | 540 | | 286 |
| 4230 | Secondary Repair Extensor Tendon - Wrist / Forearm | | 728 | | 237 |
| 4239 | Tendon Transfer - Palm | | 613 | | 237 |
| 4240 | Tendon Transfer - Opponensplasty | | 720 | | 237 |
| 4241 | Tendon Transfer - Hand | | 801 | | 286 |
| 4242 | Open Tenotomy, Not Elsewhere Classified | | 442 | | 286 |
| 4243 | Tenotomy - Hand / Finger (e.g. For Trigger Finger) | 800 | 654 | 405 | 319 |
| 4244 | Synovectomy - MCP Joint | | 891 | | 368 |
| 4245 | Tenotomy - Hand / Finger - Bilateral | | 654 | | 360 |
| 4400 | Excision Of Neuroma - Cutaneous Nerve | 900 | 736 | 432 | 354 |
| 4470 | Minor Dupuytren's Contracture Release - Unilateral | 1200 | 900 | 540 | 442 |
| 4471 | Minor Dupuytren's Contracture Release - Bilateral | | 1341 | | 597 |
| 4480 | Major Dupuytren's Contracture Release - Unilateral | 2000 | 1431 | 710 | 581 |
| 4490 | Volkman's Contracture | | 1071 | | 319 |
| 4560 | Carpal Tunnel Release | 710 | 581 | 371 | 304 |
| 4564 | Endoscopic Release Of Carpal Tunnel | | 695 | | 229 |
| 4570 | Bilateral Carpal Tunnel | 1152 | 941 | 440 | 360 |
| 4582 | Amputation - Finger Or Thumb, Any Joint | | 491 | | 319 |
| 5070 | Arthrodesis - Wrist With Bone Graft | 1463 | 1431 | 557 | 630 |
| 5071 | Arthroscopy - Wrist | | 720 | | 311 |
| 5072 | Proximal Row Carpectomy removal of bones | | 1431 | | 630 |
| 5080 | Total Replacement - Wrist Joint | | 1881 | | 433 |
| 5090 | Replacement - Interphalangeal Joint | | 1071 | | 605 |
| 5100 | Replacement MCP Joint | | 638 | | 270 |
| 5110 | Replacement Of CMC Joint | | 1251 | | 556 |
| 5120 | Fusion - Thumb | | 720 | | 384 |
| 5121 | Fusion - MCP Joint | | 360 | | 213 |
| 5130 | Fusion - IP Joint | 1000 | 540 | 498 | 270 |
| 5131 | Fusion - IP Joint With Graft | | 540 | | 294 |
| 5140 | Fusion - CMC Joint To Thumb With Bone Graft | | 671 | | 368 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|---|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 5141 | Fusion - CMC Joint To Digits With Graft | | 491 | | 237 |
| 5150 | Replacement Arthroplasty In Thumb - Carpal Bones | 1680 | 1374 | 726 | 523 |
| 6010 | Bone Graft - Metacarpals Or Phalanx | | 736 | | 360 |
| | Other | | | | |
| 4660 | Manipulation Of Joint | 330 | 245 | 354 | 254 |
| 4665 | Neurofasciotomy | | 123 | | 0 |
| 5930 | Upper Limb - Above Elbow - Plaster | | 139 | | 0 |
| 5940 | Upper Limb - Below Elbow - Plaster | | 98 | | 0 |
| 5950 | Lower Limb - Above Knee - Plaster | | 204 | | 0 |
| 5960 | Lower Limb - Below Knee - Plaster | 200 | 180 | | 0 |
| 5965 | Debridement of Joint unspecified | | 360 | | 343 |
| 6175 | Removal Of Metal - Major | 1018 | 900 | 567 | 446 |
| 6176 | Excision bone tumour | | 801 | 506 | 474 |
| 6185 | Removal Of Metal - Minor | 600 | 450 | 421 | 303 |
| 4448 | Open Muscle Biopsy | | 393 | | 335 |
| | SECTION 7: PERIPHERAL VASCULAR SURGERY | | | | |
| 6200 | Aorto-Iliac Endarterectomy | | 3026 | | 981 |
| 6201 | Aorto-Iliac Bifurcation Graft (Occlusive Disease) | | 4669 | | 1088 |
| 6210 | Carotid Endarterectomy - Direct Closure | 4200 | 3116 | 1238 | 859 |
| 6211 | Carotid Endarterectomy - Patch Closure | 5000 | 3762 | 1366 | 1088 |
| 6220 | Carotid Subclavian Graft | | 2674 | | 801 |
| 6225 | Brachial Artery Bypass | | 3026 | | 761 |
| 6230 | Cervical Or Axillary Sympathectomy - Unilateral | | 3721 | | 605 |
| 6232 | Thoracoscopic Cervical Sympathectomy - Unilateral | | 1595 | | 409 |
| 6233 | Thoracoscopic Cervical Sympathectomy - Bilateral | 2788 | 2208 | 804 | 695 |
| 6240 | Cross-Over Graft (Fem - Fem) | | 1897 | | 671 |
| 6250 | Embolectomy / Catheter Thrombectomy - Unilateral | | 891 | | 532 |
| 6260 | Femoral Endarterectomy | 4200 | 2936 | 1294 | 744 |
| 6270 | Femoro-Popliteal Graft - Vein | 6000 | 3353 | 1685 | 989 |
| 6271 | Femoro-Popliteal Graft - Synthetic | 5475 | 3018 | 1500 | 908 |
| 6280 | Femoro-Tibial Graft - Vein | | 3557 | | 1047 |
| 6281 | Femoro-Tibial Graft - Synthetic | | 3525 | | 1022 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|--|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 6282 | Temporal Artery Biopsy | 685 | 560 | 371 | 360 |
| 6310 | Profundoplasty | | 1251 | | 387 |
| 6320 | Abdominal Aortic Aneurysm Replacement - Infraarenal - With Tube Graft | | 4907 | | 1652 |
| 6321 | Abdominal Aortic Aneurysm Replacement - Infraarenal - With Bifurcation Graft To Iliac Arteries | | 4506 | | 1325 |
| 6322 | Abdominal Aortic Aneurysm Replacement - Infraarenal - With Bifurcation Graft To Femoral Arteries | | 6011 | | 1472 |
| 6323 | Renal Artery Aneurysm Surgery | | 2944 | | 1210 |
| 6352 | Femoral Artery Suturing | | 875 | | 0 |
| 6324 | Abdominal Aortic Aneurysm – Infraarenal - Endoluminal, Stent-Graft Repair | | 4907 | | 1652 |
| 6215 | Carotid Sinus Denervation | | 3018 | | 908 |
| | | | | | |
| | | | | | |
| | SECTION 8: PLASTIC | | | | |
| | | | | | |
| 70 | Apocrinectomy - Bilateral | 1100 | 1636 | 495 | 409 |
| 6575 | Reconstruction following major head and neck surgery at Southern Cross discretion | | 3139 | | 1046 |
| 6578 | Reconstructions other than breast, skin, head/neck at Southern Cross discretion | | 3139 | | 1046 |
| 65 | Apocrinectomy – Unilateral | | 589 | | 245 |
| | | | | | |
| | | | | | |
| | SECTION 9: ORAL AND MAXILLOFACIAL | | | | |
| | | | | | |
| | Dental-aveolar surgery | | | | |
| 9010 | Apicectomy And Root/Fill Anterior Tooth X 1 | 922 | 754 | 389 | 360 |
| 9020 | Apicectomy And Root/Fill Anterior Tooth X 2 | 1350 | 867 | 450 | 384 |
| 9030 | Apicectomy And Root/Fill Posterior Tooth X 1 | 922 | 754 | 433 | 384 |
| 9040 | Apicectomy And Root/Fill Posterior Tooth X 2 | | 1030 | | 425 |
| 9050 | Exposure Of Unerupted Tooth X 1 - For Repositioning | 750 | 613 | 400 | 294 |
| 9051 | Exposure Of Unerupted Tooth X 1 - For Stimulation And Packing | 930 | 736 | 378 | 335 |
| 9060 | Exposure Of Unerupted Tooth X 2 - For Repositioning | | 777 | | 335 |
| 9061 | Exposure Of Unerupted Tooth X 2 - For Stimulation And Packing | | 1063 | | 335 |
| 9070 | Pericision (Fibrotomy) 1-2 Quadrant | | 180 | | 123 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|---|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 9080 | Pericision (Fibrotomy) 3 Quadrant | | 245 | | 123 |
| 9090 | Pericision (Fibrotomy) 4 Quadrant | | 319 | | 139 |
| 9101 | Frenectomy | 450 | 368 | 273 | 262 |
| 9105 | Removal Of Tooth Root From Sinus | 506 | 532 | 473 | 409 |
| 9110 | Removal Of Foreign Body From Antrum Via Alveolus | | 581 | | 254 |
| 9120 | Removal Of Foreign Body From Antrum Via Caldwell Luc | | 630 | | 254 |
| 9130 | Oro-Antral Fistula Closure - Buccal Sliding Flap | 600 | 474 | 457 | 335 |
| 9131 | Oro-Antral Fistula Closure - Buccal Fat Pad | | 621 | | 368 |
| | | | | | |
| | Maxillofacial trauma | | | | |
| 9180 | Removal Foreign Bodies | | 581 | | 237 |
| 9190 | Salivary Fistula - Duct Relocation/Repair | | 761 | | 343 |
| 9200 | Open Neurolysis Of Peripheral Nerve, Not Elsewhere Classified | | 572 | | 254 |
| 9210 | Nerve Suture | | 736 | | 294 |
| 9390 | Removal Plates/Screws/Wires (Oral Surg) | | 540 | | 335 |
| 9170 | Scar Revision | | 1431 | | 335 |
| | | | | | |
| | Pathology | | | | |
| 9480 | Bone Graft - Intraoral Site | | 810 | | 466 |
| 9481 | Bone Graft - Remote Site | | 1161 | | 540 |
| 9510 | Biopsy - Incisional (Oral Surg) | 435 | 335 | 456 | 254 |
| 9520 | Biopsy - Excisional (Oral Surg) | 455 | 376 | 405 | 335 |
| 9530 | Biopsy - Needle | | 57 | | 123 |
| 9540 | Cyst Enucleation - Periapical | 455 | 482 | 410 | 286 |
| 9550 | Cyst Enucleation - Dentigerous | | 981 | | 270 |
| 9560 | Cyst Enucleation - Large Intra Bony | 1000 | 818 | 511 | 352 |
| 9570 | Cyst - Soft Tissue - Excision | 460 | 352 | 420 | 319 |
| 9580 | Infection - Drain Abscess - Cellulitis Intra Oral | 500 | 482 | 339 | 360 |
| 9590 | Infection - Drain Abscess - Cellulitis Extra Oral | | 270 | | 352 |
| 9610 | Excision Ranula - Sub-Lingual Gland | | 711 | | 368 |
| 9620 | Tumour - Benign Localised | 690 | 409 | 453 | 229 |
| 9630 | Tumour - Benign Extensive Including Bone | | 900 | | 433 |
| 9640 | Tumour - Malignant - Local Excision | | 474 | | 368 |
| | | | | | |
| | Pre-Prosthetic surgery | | | | |
| 9650 | Removal Hyperplasia - Localised | | 131 | | 294 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|---|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 9660 | Removal Hyperplasia - Extensive | | 703 | | 695 |
| 9670 | Sulcoplasty | | 711 | | 245 |
| 9680 | Sulcoplasty - With Skin Graft | | 736 | | 270 |
| 9690 | Reconstruction Of Alveolar Ridge/Grafting | | 695 | | 376 |
| 9700 | Cheiloplasty | | 769 | | 409 |
| 9705 | Gingival Reconstruction | | 638 | | 254 |
| 9710 | Removal Torus | | 761 | | 409 |
| | | | | | |
| | Temporomandibular Joint | | | | |
| 9740 | Dislocation - Closed Reduction | | 450 | | 147 |
| 9750 | Internal Derangement - Conservative Management | | 319 | | 123 |
| 9760 | Internal Derangement - With Splint | | 360 | | 180 |
| 9770 | Arthroplasty - Meniscal Surgery | | 1423 | | 597 |
| 9780 | Arthroplasty - Condylar Surgery | | 1186 | | 621 |
| 9790 | Arthroscopy - Investigative | | 744 | | 327 |
| 9800 | Arthroscopy - With Surgery | | 1202 | | 352 |
| 9810 | Arthrocentesis | 1000 | 777 | 439 | 303 |
| | | | | | |
| | | | | | |
| | SECTION 10: CARDIAC | | | | |
| | | | | | |
| 1197 | Pericardiotomy | | 1987 | | 0 |
| 1198 | Pericardiocentesis | | 450 | | 0 |
| 1199 | Drainage of Pericardial Effusion | | 1341 | | 409 |
| 1500 | Coronary Artery Bypass, single vessel (using vein or artery) | | 4579 | | 2813 |
| 1501 | Coronary Artery Bypass, double vessel (using vein or artery) | | 4751 | | 2911 |
| 1502 | Coronary Artery Bypass, triple vessel (using vein or artery) | | 5013 | | 3083 |
| 1503 | Coronary Artery Bypass, quadruple vessel or more (using vein or artery) | | 5185 | | 3173 |
| 1505 | Valve Replacement | | 5340 | | 2829 |
| 1506 | Atrial Septal Defect (Open Closure) | | 5340 | | 2829 |
| 1507 | Valvuloplasty | | 4277 | | 2592 |
| 1520 | Pacemaker Surgery - Implantation (Excluding The Cost Of The Pacemaker) | 2200 | 1995 | 854 | 540 |
| 1521 | Removal Of Sternal Wire | | 1124 | | 613 |
| 1522 | Maze Arrhythmia Surgery | | 613 | | 0 |
| 1523 | Removal & Rewiring of Sternal Wire | | 1210 | | 630 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|--|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| | CARDIAC: Affiliated Provider only section. | | | | |
| | 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) | | | | |
| | Angioplasty DES | | | | |
| | Cardiac Imaging | | | | |
| | Cardiac OCT | | | | |
| | Intravascular Ultrasound of cardiac vessels (IVUS) | | | | |
| | CT Coronary Angiography (CTCA) | | | | |
| | Fractional Flow Reserve (FFR) | | | | |
| | | | | | |
| | | | | | |
| | SECTION 11: INTERVENTIONAL RADIOLOGY (**Maximum relates to total procedure price) | | | | |
| | | | | | |
| 6400 | Fine Needle Aspiration (Other Than Breast) Under Ultrasound | 320 | 450** | | 0 |
| 6401 | Ultrasound Breast Cyst Aspiration (Including Fine Needle) | 250 | 229** | | 0 |
| 6402 | Core Biopsy With Ultrasound | 475 | 417** | | 0 |
| 6403 | CT Guided Biopsy | 950 | 801** | | 0 |
| 6404 | CT Guided Drainage | | 801** | | 0 |
| 6406 | Trans Perineal Prostate Biopsy | 690 | 695 | 5126 | 419 |
| 6407 | Lumbar Chemical Sympathectomy | | 1251 | | 605 |
| 6408 | Chemical Sympathectomy | | 1251 | | 605 |
| 6409 | Intradiscal / Verteb. Inject | | 450** | | 0 |
| 6410 | Fluoroscopy (in conjunction with surgical procedure) | 408 | 333 | | 0 |
| 6411 | CT Guided Injections | 1000 | 1063 | | 0 |
| 6415 | Stereotactic Mammotome Breast Biopsy | 1000 | 1300** | | 0 |

| SC Code | Description of Surgical Procedure | Surgeon Fees | | Anaesthetist Fees | |
|---------|---|-----------------------------------|------------------------|--|------------------------|
| | | Median of Surgeon Fees in 2008/09 | RegularCare / KiwiCare | Median of Anaesthetist Fees in 2008/09 | RegularCare / KiwiCare |
| | | | Maximum \$ | | Maximum \$ |
| 6420 | Brachytherapy grid guided prostate biopsy | | 1341 | | 711 |
| 3546 | Embolisation of Fibroid | | 1431 | | 867 |
| | | | | | |
| | | | | | |
| | SECTION 12: NEUROSURGERY | | | | |
| | | | | | |
| 1400 | Micro Vascular Decompression Trigeminal Nerve, Trigeminal Neuralgia | | 801 | | 425 |
| 1402 | Craniotomy and Excision of Tumour | | 5340 | | 2502 |
| 1403 | Acoustic Neuroma | | 5144 | | 2502 |
| 1404 | Translabrinthine Excision Of Tumour | | 8636 | | 2502 |
| 1405 | Craniectomy, Posterior Fossa Craniectomy | 8000 | 6828 | 2421 | 2486 |
| 1407 | Pituitary Adenoma | 9500 | 8112 | 1962 | 1631 |
| 1408 | Repair Of Encephalocele | | 2224 | | 662 |
| 1409 | Spinal Rhizolysis | | 2404 | | 883 |
| 1410 | Removal Of Spinal Intradural Lesion | | 3116 | | 711 |

| SC Code | Description of Prostheses | Median of Prostheses Costs in 2008 | RegularCare / KiwiCare |
|---------|---|------------------------------------|------------------------|
| | | | Maximum \$ |
| | SECTION 13: PROSTHESES | | |
| | If you are on a RegularCare or KiwiCare plan, your refund for prostheses will be the lower of the maximum below or 80% of the actual cost. This maximum includes all handling fees. | | |
| | Additional Sundries | | |
| 0001185 | Prosthesis Bone Anchor. Includes Incontinence Sling Procedure hooks, Vesica Percutaneous Coposuspension kit, MYA hook | 848 | 981 |
| 0001230 | Endometrial Ablation Device | 1391 | 1431 |
| 0001235 | Wave length fibres for prostatectomy. Includes laser fee for Holium laser resection, transurethral resection vapour probe. | 1500 | 1472 |
| 0001245 | Bone Graft | 1083 | 5724 |
| 0001800 | Mirena Interuterine | 350 | 307 |
| 0001236 | Wave length fibres- Urological, Includes Incision of Ureteroceis laser fibre fee | 800 | 1472 |
| 0001238 | Coblation Wand | 405 | 327 |
| 0001082 | Maze Pen | 6009 | 4907 |
| | | | |
| | Prostheses | | |

| SC Code | Description of Prostheses | Median of Prostheses Costs in 2008 | RegularCare / Kiwicare |
|---------|--|------------------------------------|------------------------|
| | | | Maximum \$ |
| 0001130 | Breast implants prostheses | 2000 | 2486 |
| 0001080 | Prosthesis Heart Valve | 5209 | 5315 |
| 0001085 | Prosthesis Ankle | 8446 | 7785 |
| 0001095 | Wrist prosthesis | 3166 | 4498 |
| 0001100 | Lens prosthesis (as part of Cataract Surgery) (Monofocal only) | 250 | 294 |
| 0001110 | Shoulder Prostheses | 6585 | 8178 |
| 0001120 | Prosthesis Elbow | 10744 | 9813 |
| 0001140 | Spine Prostheses, Single level | 5971 | 9813 |
| 0001141 | Spine Prostheses, Two levels | 11306 | 13084 |
| 0001142 | Spine Prostheses, Three or more levels | 21759 | 17173 |
| 0001150 | Other prostheses devices | 60 | 1227 |
| 0001195 | Prosthesis Lacrimal Tube | 149 | 245 |
| 0001205 | Prosthesis Arterial Graft | 675 | 2044 |
| 0001210 | Prosthesis Screws and Plates | 572 | 2044 |
| 0001220 | Prosthesis Tissue Expander | 1890 | 2093 |
| 0001225 | TVT tension free vaginal tape | 1406 | 1431 |
| 0001250 | Prosthesis Urological Stent | 388 | 491 |
| 0001255 | Prosthesis Hepatic Stent | 589 | 2453 |
| 0001275 | Post Mastectomy Tissue Expander | 2000 | 1652 |
| 0001280 | Prosthesis Hip Revision | 6982 | 9650 |
| 0001285 | Prosthesis Knee Revision | 7212 | 8178 |
| 0001290 | Prosthesis Hip Primary | 6378 | 6951 |
| 0001295 | Prosthesis Knee Primary | 6542 | 6951 |
| 0001650 | Endoluminal Stent | 16467 | 13902 |
| 0001655 | Oesophageal Stent | 3156 | 2699 |
| 0001108 | Intrasomal corneal ring segment - prostheses | | 1268 |

| SC Code | Description of Tests | RegularCare / Kiwicare |
|---------|--|---|
| | | Maximum \$ |
| | SECTION 14: TESTS | |
| | If you are on a RegularCare or KiwiCare plan, your refund for eligible cardiac or diagnostic tests will be the lower of the maximum below or 80% of the actual cost. | |
| | Cardiac Tests | \$1,000 per test (as set out below) up to \$3,000 per claims year |
| 1170000 | Resting ECG | |
| 1170800 | Ambulatory NIBP | |
| 1171200 | Exercise ECG | |

| SC Code | Description of Tests | RegularCare / Kiwicare |
|---------|--|---|
| | | Maximum \$ |
| 5528600 | Echocardiogram | |
| 5511200 | Stress Echocardiogram | |
| 5511800 | Dobutamine Stress Echo/Transoesophageal Echo | |
| 1170900 | Holter Monitoring | |
| | Diagnostic Tests | \$400 per test (as set out below) up to \$2,000 per claims year |
| 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 | |
| 0004075 | Retinal Photography | |
| 1121500 | Fluoroscein Angiography | |
| 5505500 | Axial Ultrasonography | |
| 1123500 | Corneal Topography | |
| 1120600 | Electroretinogram | |
| 1120601 | Electro-oculogram | |
| 9201500 | Visual Evoked Potential | |
| | Affiliated Provider only tests. | |
| | 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.) | |
| | Optical Coherence Tomography | |
| | Hiedelberg Retinal Tomography | |
| | Glaucoma Detection Scan | |