



Southern Cross
Health Society

Schedule of surgical maximums

Effective from May 2009

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 \$1,024. If your surgeon charges a fee of \$1,150 you will receive a refund of \$1,024 from Southern Cross and be required to pay the remaining \$126 from your own funds. For the same procedure, the anaesthetist's fee refund maximum is \$408. 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 January 2007 and 31 December 2007. 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 by Southern Cross at the sole discretion of our Chief Medical Officer. In these circumstances there is no guarantee of a refund. If our Chief Medical Officer 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 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
SECTION 1: GENERAL SURGERY					
	Breast				
111	Breast Biopsy With Frozen Section		814		211
129	Open Breast Biopsy - Bilateral		1223		286
130	Open Breast Biopsy	895	814	410	352
132	Breast Biopsy - Hook Wire	1200	814	498	414
134	Core biopsy of breast	335	427		
135	Excision Accessary Breast Tissue	950	814	444	361
140	Breast - Simple Mastectomy, Unilateral	1700	1540	591	480
150	Breast - Simple Mastectomy, Bilateral		2310		871
160	Breast, Male - Unilateral Mastectomy (related to Breast cancer)		906		409
170	Breast, Male - Bilateral Mastectomy (related to Breast cancer)		1360		568
175	Sentinel Node Biopsy	700	906	468	436
176	Partial Mastectomy With Sentinel Node Biopsy	2250	2358	594	660
177	Partial Mastectomy	1200	1267	502	444
178	Correction Of Nipple Inversion - Unilateral		726		343
179	Correction Of Nipple Inversion - Bilateral		1087		515
180	Wide Local Excision With Axillary Dissection, Breast - Unilateral	2153	1993	619	585
182	Extended Simple Mastectomy With Axillary Dissection - Unilateral	2800	2358	774	656
185	Wide Local Excision With Axillary Dissection, Breasts - Bilateral		2992		836
186	Extended Simple Mastectomy With Axillary Dissection - Bilateral		3533		915
187	Breast Reconstruction - Transfer Tram Microsurgical (following eligible mastectomy)		6120		1835
188	Breast Reconstruction - Transfer Tram Pedicled (following eligible mastectomy)		5100		1522
189	Breast Reconstruction - Delay Procedure (prelim Tram Flap procedure) (following eligible mastectomy)	2141	1496	503	427
192	Breast Reconstruction- Insertion of Tissue expander or implant - Unilateral (following eligible mastectomy)		1760		427
193	Breast Reconstruction- Insertion of Tissue expander or implant - Bilateral (following eligible mastectomy)		2640		634
194	Breast Reconstruction- Removal of tissue expander and replacement with implant, size and adjust - Unilateral (following eligible mastectomy)	1650	1584	486	383
195	Breast Reconstruction- Removal of tissue		2376		572

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
	expander and replacement with implant, size and adjust - Bilateral (following eligible mastectomy)				
200	Breast Reconstruction - Latissimus Dorsi Muscle Transposition, Autogenous or with expander or Implant - Unilateral (following eligible mastectomy)	7950	4532	1941	1360
202	Breast Reconstruction- Removal of tissue expander and replacement with implant, + Nipple reconstruction - Unilateral (following eligible mastectomy)	2628	1976	690	590
203	Breast Reconstruction- Removal of tissue expander and replacement with implant, + Nipple reconstruction - Bilateral (following eligible mastectomy)		2966		889
204	Nipple reconstruction post mastectomy (separate procedure) Unilateral (following eligible mastectomy)	1523	990	473	299
206	Nipple Areolar Tattoo (following eligible mastectomy)		590		0
207	Nipple Areola Reconstruction with full thickness graft (following eligible mastectomy)		1135		339
208	Breast Microdochotomy	1075	871	495	414
209	Nipple reconstruction post mastectomy (separate procedure) Bilateral (following eligible mastectomy)		1483		444
310	Axillary Node Dissection	1500	1360	601	497
	Gastrointestinal				
31	Anal Sphincterotomy		528		304
40	Simple Repair Of Anal Fistula	600	536	351	320
50	Complicated Repair Of Anal Fistula	900	704	484	400
60	Anal Dilatation	350	296	253	216
90	Abdominal Paracentesis Or Pleural Tap		440		0
440	Haemorrhoids - External	495	656	394	328
445	Infrared Coagulation of Haemorrhoids		352		0
451	Haemorrhoidectomy Including Sigmoidoscopy	1125	960	476	408
460	Injection Of Haemorrhoids		136		0
461	Injection Of Haemorrhoids And Sigmoidoscopy		264		0
470	Banding Of Haemorrhoids	205	192	270	208
471	Excision Of Anal Skin Tag	295	176	391	296
620	Pilonidal Abscess, Including Drainage	450	632	480	424
631	Excision Of Pilonidal Sinus	1065	880	500	432
650	Sigmoidoscopy Including Consultation	185	272	260	320
660	Sigmoidoscopy With Biopsy	280	272	309	320
661	Sigmoidoscopy And Anal Fistula	750	684	428	352

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
681	Examination Of Colon Up To Splenic Fixture (Short Colonoscopy With Biospy)	226	288	341	240
690	Colonoscopy	537	440	281	240
691	Screening Colonoscopy	550	440	293	240
700	Colonoscopy With Biopsy	580	480	338	264
710	Colonoscopy With Removal Of Polyps	646	552	338	264
940	Freeing Of Minor Abdominal Adhesions		1048		328
945	Laparoscopic Freeing Of Minor Abdominal Adhesions	1300	1200	557	448
950	Freeing Of Major Abdominal Adhesions		1440		448
955	Laparoscopic Freeing Of Major Abdominal Adhesions	2000	1616	603	532
969	Botulinum toxin type 4 injection for anal fissure (rooms only)		592		0
971	Appendicectomy		1072		472
974	Laparoscopic Appendicectomy	1600	1384	639	568
976	Anal Or Perineal Graciloplasty		1312		568
978	Sphincteroplasty		1136		688
979	Rectosigmoidectomy With Formation Of Stoma		2584		1016
982	Right Hemicolectomy - With Formation Of Stoma		2616		1128
983	Left Hemicolectomy - With Formation Of Stoma		2616		1128
984	Laparoscopic Hemicolectomy - With Formation Of Stoma		3056		1248
985	Left Hemicolectomy - With Anastomosis	2525	2616	932	976
986	Right Hemicolectomy - With Anastomosis	2980	2616	1013	976
987	Laparoscopic Hemicolectomy - With Anastomosis	3500	3080	1026	1072
991	Sigmoidcolectomy With Anastomosis	3000	2616	1065	920
992	Sigmoidcolectomy With Formation of Stoma		2616		888
995	Colectomy - Total With Ileo-Rectal Anastomosis	3500	2800	1093	1088
996	Laparoscopic Colectomy - Total With Ileo-Rectal Anastomosis		3056		1192
1010	Colostomy - Formation		1048		592
1011	Colostomy - Closure	1700	1352	800	640
1012	Revision Colostomy		1320		520
1013	Ileostomy Formation		1048		640
1014	Ileostomy Closure	1550	1576	679	576
1015	Ileostomy Revision		800		464
1020	Colotomy - For Polyp Or Wedge Resection Of Colon For Polyp		872		424
1030	Cholecystectomy		1744		540
1040	Cholecystectomy With Operative Cholangiogram		2008		584
1042	Laparoscopic Cholecystectomy	2450	1976	675	576

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
1044	Laparoscopic Cholecystectomy With Operative Cholangiogram	2485	2000	716	592
1045	Laparoscopic Cholecystectomy Converted To Open With Operative Cholangiogram	2500	2144	984	784
1046	Laparoscopic Cholecystectomy And Nissen Repair or Wrap		3000		880
1047	Laparoscopic Cholecystectomy Converted To Open	2393	2104	762	640
1050	Cholecystectomy And Choledochotomy Including Any Choledochoscopy		1480		488
1084	Insertion of peritoneal shunt		3272		960
1085	Insertion Of Oesophageal Stent		440		312
1110	Gastrectomy - Partial		2240		840
1120	Gastrectomy - Total (Abdominal, Thoracic, Or Combined Approach)		2712		1008
1125	Total Gastrectomy And Oesophagectomy By Abdominal Transthoracic Mobilisation		4352		2328
1148	Gastroscopy And Colonoscopy with biopsy	815	784	394	360
1152	E.R.C.P.	1100	960	527	488
1153	Gastroscopy And Colonoscopy	775	744	338	288
1154	Gastroscopy (With Or Without Biopsy)	342	312	281	240
1155	E.R.C.P. And Sphincterotomy Or Stenting	1200	960	420	520
1156	Gastroscopy and Colonoscopy With Removal Of Polyps	855	784	405	384
1159	Toupet Fundoplication - Adult - Open		1312		576
1160	Hiatus Hernia Repair		2464		696
1161	Toupet Fundoplication - Adult - Laparoscopic	2800	2360	848	704
1163	Oesophageal Dilation With Gastroscopy	450	360	434	344
1164	Oesophageal Manometry Test		456		0
1165	Toupet Fundoplication - Paediatric		1312		576
1166	Oesophageal 24Ph Monitoring		528		0
1167	Non-endoscopic Dilation Of Oesophagus		312		128
1168	Anorectal Physiology Study		352		0
1169	Gastric Emptying study		440		0
1170	Laparoscopic Hiatus Hernia Repair	3000	2272	908	744
1174	Needle Biopsy Of Liver (separate procedure)		544		224
1180	Laparotomy	1500	1312	675	552
1181	Laparotomy Including Appendicectomy		1360		592
1182	Repair Of Sphincter Of Oddi		1744		488
1183	Repair Of Pancreatic Duct Sphincter		1744		488
1184	Choledocho-jejunostomy or choledoco-duodenostomy		2616		736
1185	Small Bowel Resection		1760		840

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		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
1186	Laparoscopic Small Bowel Resection		2288		920
1188	Biopsy of Liver open, incidental		176		0
1189	Biopsy of Liver - With Ultrasound Guidance (Separate procedure)		656		224
1191	Hepatic Cryotherapy		2440		616
1192	Liver Lobectomy (Right Or Left)		4896		2440
1193	Hepatectomy		4896		2448
1194	Radio frequency ablation of the liver		2176		616
1220	Oesophagectomy - One Stage		1744		584
1221	Oesophagectomy By Abdominal And Transthoracic Mobilisation, With Thoracic Oesophagogastric Anastomosis		1744		584
1230	Oesophagus - Hellers Operation		2088		896
1240	Pancreas - Total Excision Of, Or Pancreatico-Duodenectomy		3312		2168
1241	Excision Of Pancreatic Tumour		2176		872
1242	Whipples Procedure		4096		2544
1248	Transanal Excision Of Rectal Tumour	1200	1008	538	484
1249	Transanal Endoscopic Microsurgery (TEM)		2536		928
1250	Resection Of Rectum - Abdominoperineal		3048		848
1260	Anterior Resection Of Rectum - Low With Coloanal Anastomosis	3000	2616	1136	992
1261	Anterior Resection Of Rectum - Ultra Low With Coloanal Anastomosis		3384		968
1262	Anterior Resection Of Rectum - Low With Extraperitoneal Anastomosis		2808		1088
1263	Anterior Resection Of Rectum - High With Intraperitoneal Anastomosis		2848		1064
1264	Laparoscopic Anterior Resection Of Rectum - Low With Coloanal Anastomosis	3806	2696	1363	1064
1265	Laparoscopic Anterior Resection Of Rectum - Ultra Low With Coloanal Anastomosis		3568		996
1266	Laparoscopic Anterior Resection Of Rectum - Low With Extraperitoneal Anastomosis		2900		1128
1267	Laparoscopic Anterior Resection Of Rectum - High With Intraperitoneal Anastomosis		2960		972
1270	Prolapse Of Rectum - Abdominal Rectopexy	1373	1480	702	584
1271	Prolapse Of Rectum - Excision Of Rectal Mucosa (Including Sigmoidoscopy)		872		464
1272	Implantation Of Inflatable Sphincter -Anal		1744		480
1274	Formalin Treatment for Radiation Proctitis		528		264
1275	Dynamic Graciloplasty		1744		704
1280	Prolapse Of Rectum - Laparoscopic Rectopexy		1640		648
1290	Splenectomy		1744		584

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare Maximum \$	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare Maximum \$
1291	Laparoscopic Splenectomy		1744		584
1175	Highly Selected Vagotomy		1000		392
45	Insertion of Seton Tube		536		320
1016	Insertion of gastrostomy		659		524
1187	Laparoscopic Liver Biopsy		820		448
972	Laparoscopic reversal of Hartmann's procedure		2800		920
973	Reversal of Hartmann's procedure		2880		880
	Head and Neck				
210	Branchial Fistula		1100		480
305	Sublingual gland excision		1200		632
306	Simple Lymph Node Dissection of Neck	925	1048	465	400
320	Glands - Supra Hyoid Dissection Of Neck (Selective - Supra hyoid)		1080		480
584	Radical Neck Dissection		2088		1080
585	Superficial Parotidectomy	2200	1984	775	776
590	Total Parotidectomy (Including Superficial)		2008		784
591	Partial parotidectomy	2300	1536	855	840
592	Subtotal parotidectomy		2088		1256
593	Radical parotidectomy		2088		1256
600	Parathyroidectomy	2500	1920	725	640
720	Excision Of Sub-Mandibular Gland	1775	1048	619	512
740	Excision Of Thyroglossal Cyst Or Fistula	1620	1372	608	496
745	Thyroplasty		1408		584
781	Total Thyroid Lobectomy	1930	1744	731	712
785	Total (Or Sub-Total) Thyroidectomy	2450	1744	843	712
791	Thyroidectomy Including Para-Thyroid Transplant	2900	2640	810	648
800	Tongue - Partial Removal, Hemi-Glossectomy		1312		440
801	Biopsy Of Tongue	450	400	456	280
9600	Salivary Gland - Intra Oral Removal Duct Calculus	682	704	409	376
	Lymph Nodes				
306	Nodal excision	925	1048	465	400
584	Radical Neck Dissection		2088		1080
586	Selective neck dissection I-IV		2440		1048
587	Modified radical neck dissection		2440		1048
588	Extended radical neck dissection		2440		1048
	Hernia				

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		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
330	Repair Of Umbilical Hernia - Under 10 Years	870	720	337	272
340	Repair Of Minor Umbilical Hernia - Adult	1020	880	438	392
350	Repair Of Major Umbilical Hernia - Adult	1200	992	506	432
355	Repair Of Epigastric Hernia	1095	960	473	408
361	Repair Of Incisional Hernia	1500	1176	608	544
370	Repair Of Complicated Incisional Hernia	2250	1844	702	596
381	Unilateral Hernia - Femoral Repair	1125	1048	456	592
382	Unilateral Hernia - Inguinal Repair	1155	1024	471	408
383	Spigelian Hernia		1048		400
385	Unilateral Laparoscopic Hernia - Inguinal Repair	1500	1200	557	472
386	Unilateral Laparoscopic Hernia - Femoral Repair		1048		472
387	Repair Of Laparoscopic Incisional Hernia		1176		544
390	Bilateral Hernia - Inguinal Repair	1914	1536	598	612
391	Bilateral Hernia - Femoral Repair		1572		888
395	Bilateral Laparoscopic Hernia - Inguinal	2000	1800	619	708
396	Bilateral Laparoscopic Hernia - Femoral		1572		708
411	Inguinal Herniotomy - Under 3 Years	950	784	329	336
420	Bilateral Inguinal Herniotomies - Under 3 Years		1176		504
430	Hernia - Under 3 Years - Strangulated		928		376
	Skin and Superficial Structures (**Maximum relates to total procedure price)				
10	Abscess - Small, Or Cellulitis Requiring Incision And Drainage With Local Anaesthetic		144		232
20	Abscess - Large, Or Extensive Cellulitis Requiring Incision Or Drainage		344		344
100	Aspiration Of Cyst / Needle Biopsy (Breast)		144		0
101	Fine Needle Aspiration		200		0
238	Biopsy Of Skin And Subcutaneous Tissue	135	144	62	312
239	Cryosurgery		176		0
242	Electrosurgery, Hyfrecation	150	144	300	144
280	Removal of Foreign Body (simple)	360	448	304	280
292	Excision Of Ganglion – Other	700	616	385	312
293	Excision Of Ganglion - Wrist / Hand	750	568	374	312
500	Aspiration Of Small Haematoma		136		0
520	Drainage Of Haematoma	480	472	450	280
6701	<2.5cm Skin Lesion Excision with Direct Closure on Trunk/Extremities (under local anaesthetic)		360**		
6702	2.5-7.5cm Skin Lesion Excision with Direct Closure on Trunk/Extremities (under local anaesthetic)		472**		
6703	7.5-12.5cm Skin Lesion Excision with Direct		544**		

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		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
	Closure on Trunk/Extremities (under local anaesthetic)				
6704	12.5-20cm Skin Lesion Excision with Direct Closure on Trunk/Extremities (under local anaesthetic)		616**		
6705	20-30cm Skin Lesion Excision with Direct Closure on Trunk/Extremities (under local anaesthetic)		688**		
6706	31+cm Skin Lesion Excision with Direct Closure on Trunk/Extremities (under local anaesthetic)		792**		
6707	2.5-7.5cm Skin Lesion Excision with Flap Closure on Trunk/Extremities (under local anaesthetic)		664**		
6708	7.5-12.5cm Skin Lesion Excision with Flap Closure on Trunk/Extremities (under local anaesthetic)		904**		
6709	12.5-20cm Skin Lesion Excision with Flap Closure on Trunk/Extremities (under local anaesthetic)		1080**		
6710	20-30cm Skin Lesion Excision with Flap Closure on Trunk/Extremities (under local anaesthetic)		1224**		
6711	31+cm Skin Lesion Excision with Flap Closure on Trunk/Extremities (under local anaesthetic)		1336**		
6712	<2.5cm Skin Lesion Excision with Graft Closure on Trunk/Extremities (under local anaesthetic)		1008**		
6713	2.5-7.5cm Skin Lesion Excision with Graft Closure on Trunk/Extremities (under local anaesthetic)		1152**		
6714	7.5-12.5cm Skin Lesion Excision with Graft Closure on Trunk/Extremities (under local anaesthetic)		1368**		
6715	12.5-20cm Skin Lesion Excision with Graft Closure on Trunk/Extremities (under local anaesthetic)		1552**		
6716	20-30cm Skin Lesion Excision with Graft Closure on Trunk/Extremities (under local anaesthetic)		1800**		
6717	31+cm Skin Lesion Excision with Graft Closure on Trunk/Extremities (under local anaesthetic)		2088**		
6718	<2.5cm Skin Lesion Excision with Direct Closure on Face (under local anaesthetic)		450**		
6719	2.5-5cm Skin Lesion Excision with Direct Closure on Face (under local anaesthetic)		504**		
6720	5-7.5cm Skin Lesion Excision with Direct Closure on Face (under local anaesthetic)		594**		
6721	7.5-12.5cm Skin Lesion Excision with Direct Closure on Face (under local anaesthetic)		706**		
6722	12.5-20cm Skin Lesion Excision with Direct Closure on Face (under local anaesthetic)		886**		
6723	21+cm Skin Lesion Excision with Direct Closure on Face (under local anaesthetic)		1051**		
6724	<2.5cm Skin Lesion Excision with Flap Closure on Face (under local anaesthetic)		990**		
6725	2.5-5cm Skin Lesion Excision with Flap Closure on Face (under local anaesthetic)		1123**		
6726	5-7.5cm Skin Lesion Excision with Flap Closure on Face (under local anaesthetic)		1386**		
6727	7.5-12.5cm Skin Lesion Excision with Flap Closure on Face (under local anaesthetic)		1796**		

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		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
6728	12.5-20cm Skin Lesion Excision with Flap Closure on Face (under local anaesthetic)		2599**		
6729	21+cm Skin Lesion Excision with Flap Closure on Face (under local anaesthetic)		3071**		
6730	<2.5cm Skin Lesion Excision with Graft Closure on Face (under local anaesthetic)		1166**		
6731	2.5-5cm Skin Lesion Excision with Graft Closure on Face (under local anaesthetic)		1325**		
6732	5-7.5cm Skin Lesion Excision with Graft Closure on Face (under local anaesthetic)		1638**		
6733	7.5-12.5cm Skin Lesion Excision with Graft Closure on Face (under local anaesthetic)		2128**		
6734	12.5-20cm Skin Lesion Excision with Graft Closure on Face (under local anaesthetic)		2599**		
6735	21+cm Skin Lesion Excision with Graft Closure on Face (under local anaesthetic)		3071**		
6736	<2.5cm Skin Lesion Excision with Direct Closure on Trunk/Extremities (under general anaesthetic or in an approved facility)		250		283
6737	2.5-7.5cm Skin Lesion Excision with Direct Closure on Trunk/Extremities (under general anaesthetic or in an approved facility)		400		333
6738	7.5-12.5cm Skin Lesion Excision with Direct Closure on Trunk/Extremities (under general anaesthetic or in an approved facility)		450		350
6739	12.5-20cm Skin Lesion Excision with Direct Closure on Trunk/Extremities (under general anaesthetic or in an approved facility)		616		405
6740	20-30cm Skin Lesion Excision with Direct Closure on Trunk/Extremities (under general anaesthetic or in an approved facility)		688		429
6741	31+cm Skin Lesion Excision with Direct Closure on Trunk/Extremities (under general anaesthetic or in an approved facility)		792		464
6742	2.5-7.5cm Skin Lesion Excision with Flap Closure on Trunk/Extremities (under general anaesthetic or in an approved facility)		664		421
6743	7.5-12.5cm Skin Lesion Excision with Flap Closure on Trunk/Extremities (under general anaesthetic or in an approved facility)		904		501
6744	12.5-20cm Skin Lesion Excision with Flap Closure on Trunk/Extremities (under general anaesthetic or in an approved facility)		1080		560
6745	20-30cm Skin Lesion Excision with Flap Closure on Trunk/Extremities (under general anaesthetic or in an approved facility)		1224		608
6746	31+cm Skin Lesion Excision with Flap Closure on Trunk/Extremities (under general anaesthetic or in an approved facility)		1336		645
6747	<2.5cm Skin Lesion Excision with Graft Closure on Trunk/Extremities (under general anaesthetic or in		700		433

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
	an approved facility)				
6748	2.5-7.5cm Skin Lesion Excision with Graft Closure on Trunk/Extremities (under general anaesthetic or in an approved facility)		1152		584
6749	7.5-12.5cm Skin Lesion Excision with Graft Closure on Trunk/Extremities (under general anaesthetic or in an approved facility)		1368		656
6750	12.5-20cm Skin Lesion Excision with Graft Closure on Trunk/Extremities (under general anaesthetic or in an approved facility)		1552		717
6751	20-30cm Skin Lesion Excision with Graft Closure on Trunk/Extremities (under general anaesthetic or in an approved facility)		1800		800
6752	31+cm Skin Lesion Excision with Graft Closure on Trunk/Extremities (under general anaesthetic or in an approved facility)		2088		896
6753	<2.5cm Skin Lesion Excision with Direct Closure on Face (under general anaesthetic or in an approved facility)		450		350
6754	2.5-5cm Skin Lesion Excision with Direct Closure on Face (under general anaesthetic or in an approved facility)		504		368
6755	5-7.5cm Skin Lesion Excision with Direct Closure on Face (under general anaesthetic or in an approved facility)		594		398
6756	7.5-12.5cm Skin Lesion Excision with Direct Closure on Face (under general anaesthetic or in an approved facility)		706		435
6757	12.5-20cm Skin Lesion Excision with Direct Closure on Face (under general anaesthetic or in an approved facility)		886		495
6758	21+cm Skin Lesion Excision with Direct Closure on Face (under general anaesthetic or in an approved facility)		1051		550
6759	<2.5cm Skin Lesion Excision with Flap Closure on Face (under general anaesthetic or in an approved facility)		990		530
6760	2.5-5cm Skin Lesion Excision with Flap Closure on Face (under general anaesthetic or in an approved facility)		1123		574
6761	5-7.5cm Skin Lesion Excision with Flap Closure on Face (under general anaesthetic or in an approved facility)		1386		662
6762	7.5-12.5cm Skin Lesion Excision with Flap Closure on Face (under general anaesthetic or in an approved facility)		1796		799
6763	12.5-20cm Skin Lesion Excision with Flap Closure on Face (under general anaesthetic or in an approved facility)		2599		1066
6764	21+cm Skin Lesion Excision with Flap Closure on Face (under general anaesthetic or in an		3071		1224

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
	approved facility)				
6765	<2.5cm Skin Lesion Excision with Graft Closure on Face (under general anaesthetic or in an approved facility)		1166		589
6766	2.5-5cm Skin Lesion Excision with Graft Closure on Face (under general anaesthetic or in an approved facility)		1325		642
6767	5-7.5cm Skin Lesion Excision with Graft Closure on Face (under general anaesthetic or in an approved facility)		1638		746
6768	7.5-12.5cm Skin Lesion Excision with Graft Closure on Face (under general anaesthetic or in an approved facility)		2128		909
6769	12.5-20cm Skin Lesion Excision with Graft Closure on Face (under general anaesthetic or in an approved facility)		2599		1066
6770	21+cm Skin Lesion Excision with Graft Closure on Face (under general anaesthetic or in an approved facility)		3071		1224
25	Debridement of infected wound area & closure		436		345
26	Debridement of infected wound/ fistula/sinus		364		321
6650	MoHs surgery 1 specimen (excision and microscopy)		440		296
6651	MoHs surgery 2 specimens (excision and microscopy)		704		472
6652	MoHs surgery 3+ specimens (excision and microscopy)		960		648
	Lung/chest				
1200	Lung, Lobectomy		3048		1400
1201	Lung Biopsy - Percutaneous		808		424
1202	Lung Biopsy - Open		1312		840
1203	Lung Exploration		2272		784
1204	Lung Biopsy - Bronchoscopic		584		424
1205	Lung Biopsy - Bronchoscopic - Fibreoptic		568		264
1206	Chest Biopsy, Thoracotomy		2960		1432
1207	Mediastinoscopy		872		632
1208	Thoroscopic Pleurodesis Stapling Bullae		1568		672
1209	Excision Thymoma With Sternotomy		872		632
1212	Chest Biopsy, Needle		808		424
	Miscellaneous				
1301	Insertion Of Port-A-Cath	1407	784	498	312

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare Maximum \$	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare Maximum \$
1302	Central Vein Catheterisation		312		0
1303	Percutaneous Central Vein Catheterisation		264		0
1304	Removal Of Port-A-Cath	627	352	433	216
	SECTION 2: OTOLARYNGOLOGY				
	Throat				
800	Hemiglossectomy		1312		440
802	Partial glossectomy per-oral		1048		424
803	Partial glossectomy drop through		1744		840
804	Subtotal glossectomy		2440		1120
805	Total glossectomy		3488		1256
1701	Tonsillectomy Alone - Adult	690	560	365	312
1706	Tonsillectomy And Adenoidectomy - Child	680	560	329	280
1707	Tonsillectomy And Adenoidectomy (adult)	700	568	402	312
1710	Tonsillectomy Alone - Child	653	552	324	280
1711	Tonsillectomy, Grommets With Cautery Of Turbinates		600		280
1712	Tonsillectomy, Grommets (Bilat) With Cautery Of Turbinates - Child		592		280
1713	Tonsillectomy, Grommets (Unilat) With Cautery Of Turbinates - Child		568		280
1714	Adenotonsillectomy, Grommets (Bilat) With Cautery Of Turbinates - Child		688		304
1715	Adenotonsillectomy, Grommets (Unilat) With Cautery Of Turbinates - Child		664		280
1717	Tonsillectomy With Grommet Insertion - Unilateral - Child		576		280
1718	Tonsillectomy With Grommet Insertion - Bilateral - Child	770	640	327	288
1719	Adenotonsillectomy With Grommet Insertion - Unilateral - Child	745	640	348	280
1720	Adenotonsillectomy With Grommet Insertion - Bilateral - Child	800	680	329	280
1721	Tonsillectomy With Septoplasty		1320		448
1722	Partial pharyngectomy		2088		448
1723	Tonsillectomy, Adenoidectomy, Grommets With Antral Lavage		648		432
1724	Adenotonsillectomy, Grommets (Bilat) With Antral Lavage – Child		704		432
1725	Tonsillectomy With Antral Lavage - Adult		696		336
1726	Tonsillectomy With Antral Lavage - Child		616		288
1727	Tonsillectomy With Cautery Of Turbinates - Adult		648		336

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
1728	Tonsillectomy With Cautery Of Turbinates - Child		584		312
1729	Adenotonsillectomy, Grommets (Unilat) With Antral Lavage – Child		672		296
1730	Adenoidectomy	440	352	302	280
1735	Adenoidectomy And Cautery Of Turbinates	590	496	341	280
1741	Adenoidectomy With Bilateral Grommet Insertion	575	464	273	280
1744	Fixation mandibular reconstruction plate		704		424
1745	Segmental mandibulectomy		1744		632
1746	Marginal mandibulectomy		2088		632
1747	Hemi-mandibulectomy		2088		840
1748	Condylectomy		1400		840
1749	Coronoidectomy		1400		840
1750	Uvulopalatopharyngoplasty (Uppp)	1800	1440	529	432
1755	Uvulopalatopharyngoplasty & Septoplasty		1744		568
1756	Uvulopalatopharyngoplasty, Septoplasty And Reduction Of Turbinates		1920		640
1757	Tracheostomy		704		424
1758	Floor of mouth excision		1048		632
	Hypopharynx and Larynx				
1760	Pharyngoscopy		352		240
1770	Pharyngoscopy With Biopsy		568		344
1775	Excision of Malignant Tumour of Upper Aerodigestive Tract		1224		528
1780	Removal Of Pharyngeal Pouch		1048		440
1781	Excision and stapling Hypopharyngeal Diverticulum, Cricopharyngeal Myotomy		1496		544
1790	Laryngoscopy - With Or Without Biopsy		136		376
1800	Micro-Laryngoscopy With Or Without Biopsy	790	640	495	412
1805	Partial laryngectomy		2088		1256
1806	Total laryngectomy		3488		2088
1785	Dohlman's procedure		1696		666
	Trachea, Bronchi and Oesophagus				
1830	Bronchoscopy - Fibreoptic		400		328
1840	Bronchoscopy With Removal Of Foreign Body		472		224
1860	Oesophagoscopy		432		192
1861	Oesophagoscopy - With Biopsy		544		216
1870	Pan-Endoscopy - Including Laryngoscopy, Pharyngoscopy, Oesophagoscopy & E.U.A Nasopharynx	800	656	485	376

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
1875	Tracheal resection		2088		1256
	Ears				
2010	Pinnectomy		1400		840
2015	Lateral temporal bone resection		2088		1256
2020	Foreign Body Ear - Surgical Removal		200		200
2030	Removal Solitary Osteoma Ear Canal		656		352
2040	Removal Of Multiple Exostoses - Ear Canal	2052	1616	756	688
2050	Meatoplasty		656		336
2060	Myringotomy	172	192	180	168
2070	Unilateral Grommet Insertion (Including Myringotomy)	250	240	200	192
2082	Bilateral Grommet Insertion (Including Myringotomy)	400	336	178	288
2085	Removal Of Grommets	300	272	200	192
2090	Tympanotomy - Unilateral		1168		424
2100	Tympanotomy - Plus Division Of Nerves Or Adhesions		1168		424
2110	Tympanotomy Plus Ossiculoplasty	2227	1760	652	456
2120	Myringoplasty - Transcanal	1710	1328	495	440
2130	Tympanoplasty (Myringoplasty Postaural Or Endaural)	1930	1528	578	512
2140	Tympanoplasty plus Ossiculoplasty		1840		600
2150	Stapedectomy	2300	1872	594	448
2180	Tympanotomy Plus Repair Of Perilymph Fistula		1392		424
2190	Endolymphatic Sac, Decompression (With Or Without Shunt Insertion)		1568		400
2210	Cortical Mastoidectomy Or Atticotomy		1312		480
2220	Cortical Mastoidectomy Or Atticotomy Plus Myringoplasty		2008		824
2230	Atticotomy Plus Tympanoplasty		1744		512
2231	Cortical Mastoidectomy Plus Tympanoplasty		2008		480
2240	Modified Radical Mastoidectomy Or Mastoidectomy With Posterior Tympanotomy (Cat)	2500	2120	825	784
2260	Modified Radical Mastoidectomy Or Cat Plus Tympanoplasty	3228	2560	1010	800
2261	Cochlear Implant Surgery (Excluding The Cost Of The Appliance)		3272		896
	Nose & Paranasal Sinuses				
1880	Bilateral Antral Lavage	250	200	301	240
1920	Nasal Polyp Or Polypi - Unilateral	320	440	351	352
1930	Nasal Polyp Or Polypi - Bilateral		656		464

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare Maximum \$	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare Maximum \$
1940	Transnasal Ethmoidectomy		400		264
1945	Endoscopic Maxillary Antrostomy		352		224
1946	Endoscopic Maxillary Antrostomy - bilateral		528		328
1950	Radical Antrostomy (Caldwell Luc)		656		384
1960	Radical Antrostomy - With Trans-Antral Ethmoidectomy (Jansen Horgan)		784		296
1968	Endoscopic Powered Turbinoplasty		528		328
1969	Sinoscopy		528		328
1970	Endoscopic Sinus Surgery	1285	1280	537	448
1972	Endoscopic Sinus Surgery - Bilateral	1998	1840	608	544
1976	Endoscopic Sinus Surgery - Bilateral And Septoplasty	2600	2240	709	592
1980	Endoscopic Modified Lothrop		2616		992
1990	External Fronto-Ethmoidectomy		1048		448
2000	Radical Fronto-Ethmoidectomy		1400		392
2270	Reduction Of Nasal Fracture		248		200
2280	Foreign Body In Nose - Removal Of, Other Than Simple Probing		224		128
2290	Cautery Of Septum Or Turbinates		176		0
2300	Cautery Of Turbinates With Outfracture	368	360	324	272
2310	Trimming Of Turbinates - Total - Bilateral	630	512	363	320
2320	Septoplasty	1220	1060	425	408
2321	Crural J flap (bilateral)		1048		408
2330	Septoplasty With Cautery Or Diathermy Of Turbinates, With Or Without Outfracture	1290	1104	450	404
2336	Conchal Cartilage Graft		440		176
2337	Septoplasty With Trimming Of Turbinates	1600	1288	495	416
2340	Septo-Rhinoplasty	2688	2456	729	672
2350	External Septo Rhinoplasty	3280	2880	945	800
2355	Rhinectomy		1400		840
2360	Excision maxillary tuberosity		704		424
2361	Posterior maxillectomy		1400		840
2362	Medial maxillectomy		2088		840
2363	Subtotal maxillectomy		2088		1256
2364	Total maxillectomy		3488		2088
2365	Extended total maxillectomy		5224		2512
2370	Orbital exenteration		1400		840
2371	External ethmoidectomy		1400		840
2375	Inferior craniofacial resection		3488		2512
2380	Nasendoscopy	60	96	293	244

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare Maximum \$	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare Maximum \$
2390	Examination Of Nasopharynx And Biopsy		350		288
	SECTION 3: UROLOGY				
	Kidney				
2554	Biopsy of Kidney - Ultrasound Guided		600		0
2555	Closed Biopsy of Kidney		440		0
2560	Nephrectomy - Simple		2456		528
2570	Nephrectomy - Partial		2176		968
2580	Nephrectomy - Radical	3450	2720	1215	1120
2581	Open/Laparoscopic Adrenalectomy		3048		952
2585	Laparoscopic nephrectomy	3500	2088	1346	896
2586	Laparoscopic partial nephrectomy		2136		920
2590	Nephroureterectomy		1480		616
2610	Pyelolithotomy		1096		440
2620	Nephrolithotomy - Major More Than 120 Minutes		2136		904
2630	Nephrostomy - Open		376		192
2640	Nephrostomy - Percutaneous		1176		528
2641	Nephrostomy Tract Establishment By Urologist		440		144
2642	Percutaneous Nephroscopy and Lithotomy Less Than 90 Minutes		1312		584
2644	Percutaneous Nephroscopy and Lithotomy - More Than 90 Minutes		1920		696
2650	Pyeloplasty		1696		888
2662	Endopyelotomy - Retrograde		1016		400
2664	Endopyelotomy - Antegrade		1136		440
2680	Percutaneous Pyelolithotomy		752		464
2652	Laparoscopic Pyeloplasty		1840		960
	Ureter				
2682	Insertion Of Double J Stent		400		160
2690	Ureteroscopy With Minor Additional Procedure	1124	920	495	376
2692	Ureteroscopy With Major Additional Procedure	1463	1176	625	488
2700	Reimplantation Ureter - Unilateral		1048		416
2710	Reimplantation Ureter - Bilateral		1568		528
2720	Ureterolithotomy		1264		480
2770	Ureterolysis		752		400
2780	Reduction Ureteroplasty And Reimplant - 1 st Stage		784		400

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
2790	Reduction Ureteroplasty And Reimplant - 2 nd Stage		944		416
	Bladder				
2442	Colposuspension - Open		1048		400
2444	Needle Colposuspension, Endoscopic Bladder Neck Suspension Or Similar		744		376
2850	Cystoscopy and urethroscopy	360	304	338	248
2851	Cystoscopy - With Biopsy, Ureteric Catheterization, Urethral Dilatation, Removal Stent, Or Other Minor Procedure	486	400	362	280
2852	Flexible Cystourethroscopy Under Local Anaesthetic	300	264	334	240
2853	Flexible Cystourethroscopy Under Local Anaesthetic - With Biopsy, Ureteric Catheterization, Urethral Dilatation, Removal Stent, Or Other Minor Procedure	350	352	365	280
2854	Cystoscopy and Transrectal Ultrasound and Biopsy (TRUS)	780	624	330	232
2855	Cystourethroscopy - With Bladder Neck Incision Or Major Visual Urethrotomy	855	680	394	344
2856	Retrograde pyelogram		296		176
2900	Transurethral Resection Bladder Tumour -Minor <30Min	550	560	410	344
2910	Transurethral Resection Bladder Tumour -Major >30Min	900	784	457	392
2920	Cystoscopy - Removal Ureteric Calculus Or Foreign Body		248		168
2930	Cystoscopic Destruction And Removal Bladder Calculus / Litholopaxy		616		264
2940	Incision Of Bladder Neck	850	568	465	280
2950	Total Or Radical Cystectomy With Ileal Conduit Diversion		2840		1808
2951	Total Or Radical Cystectomy With Replacement Cystoplasty Ectopic With Continent Stoma		2840		1112
2952	Cystectomy Plus Bladder Reconstruction		2176		960
2953	Total Or Radical Cystectomy With Replacement Cystoplasty Orthotopic		2840		1112
2960	Bladder - Repair Of Rupture		568		240
2970	Bladder Tumours, Suprapubic Diathermy Of		336		192
2981	Cystoscopic Destruction And Removal Bladder Calculus - Minor Less Than 30 Minutes		312		160
2982	Cystoscopic Destruction And Removal Bladder Calculus - Major More Than 30 Minutes		872		488
2983	Laser Resection Of Bladder Tumour - Minor		336		168
2984	Laser Resection Of Bladder Tumour - Major		720		480
2985	Cystolithotomy		936		256

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
2990	Diverticulum Of Bladder, Excision Or Obliteration Of		784		416
3030	Cystoplasty		1176		464
3322	Laparoscopic Colposuspension		2152		528
3670	Ventro-Suspension		616		288
3040	Partial Cystectomy		1000		392
	Prostate				
315	Inguinal Node Dissection	1800	1616	594	544
2800	Open Enucleation Prostate		1224		440
2810	Transurethral Resection Prostate	1840	1560	590	512
2811	TURP Including Cystoscopy	1950	1608	605	520
2815	Laser Resection Prostate including Cystoscopy	1980	1560	834	712
2816	Transurethral Needle Ablation Of Prostate		1224		416
2825	Perineal Prostatectomy		2928		1120
2829	Radical Retropubic Prostatectomy	3956	3008	1191	1120
2830	Radical Retropubic Prostatectomy -With Synchronous Node Dissection	4000	3488	1588	1368
2832	Pelvic Node Dissection		1480		544
2833	Laparoscopic Pelvic Node Dissection		1784		600
2840	Prostate - Needle Biopsy	400	304	338	224
	<u>Brachytherapy - NB: Only covered through an Affiliated Provider (Policy limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable to you.)</u>				
	Incontinence				
2420	Pubo-Vaginal Sling Operation For Incontinence	1800	1440	486	400
2425	TVT Sling Revision		1200		336
2440	Implantation Artificial Urinary Sphincter		1480		464
2446	Male Sling operation		1400		400
	Urethra				
2400	Caruncle - Cauterisation		264		192
2430	Incontinence - Peri-Urethral Injection		376		160
2460	Urethrectomy		784		296
2470	Urethroplasty - Stage 1		1656		656
2480	Urethroplasty - Stage 2		960		424
2490	Urethroplasty Including Stricture Repair, Urethral Diverticulum - Minor		704		328

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
2491	Urethroplasty Including Stricture Repair, Urethral Diverticulum Major		1312		400
2500	Urethroplasty - One Stage Trans Pubic		1048		328
2510	Urethroplasty - Revision For Recurrent Stricture		568		272
2520	Meatoplasty (Urethra)		376		272
2530	Urethral Calculus		400		176
2540	Urethrotomy - Internal	900	720	420	336
2550	Urethral Diverticulum		520		320
	Scrotum				
560	Orchidectomy - High Ligation	1056	872	507	424
571	Orchidopexy - Unilateral	1150	840	392	336
580	Orchidopexy - Bilateral	1150	1176	420	344
820	Varicocele Repair- Inguinal	900	784	375	360
825	Varicocele Repair- Laparoscopic		784		352
3073	Excision of Epididymal Cyst Spermatocele, or Epididymectomy - Unilateral	982	784	457	380
3074	Excision of Epididymal Cysts Spermatocele, or Epididymectomy – Bilateral	900	1048	495	400
3075	Hydrocele Repair - Unilateral	966	744	439	368
3076	Hydrocele Repair - Bilateral	1350	1052	495	400
3100	Testicular Biopsy		264		192
3111	Undescended Testis - Laparoscopy For		784		296
3115	Bilateral Scrotal Orchidectomies	1100	880	450	400
3120	Radical Orchidectomy	1060	960	486	400
3125	Testicular Prosthesis Insertion		872		312
	Penis				
231	Circumcision	619	552	376	312
3077	Dorsal Slit	352	352	362	240
3079	Penile Biopsy		352		352
3080	Penis - Amputation		528		264
3090	Penile Plication For Peyronies	1650	1336	675	624
3140	Penile Prosthesis - Semi Rigid		784		568
3150	Penile Prosthesis - Inflatable		1312		352
3151	Priapism - Aspiration And Irrigation		264		136
3152	Priapism - Winter's Procedure		400		160
3153	Priapism - Intrapenile Shunts		1000		400
3154	Priapism - Caverno-Femoral Shunt Or Similar		1424		568

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare Maximum \$	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare Maximum \$
	Clinic Procedures				
2450	Catheterisation	100	136	398	352
2451	Catheterisation - With Instillation Drugs		176		136
2452	Urethral Dilatation		160		0
2881	Cystoscopy With Urodynamic Assessment		616		176
3078	Diathermy Penile Warts Or Minor Genital Skin Lesion Excision		328		0
3155	Vasectomy (NB: Loyalty Benefit)	428	408	356	296
3157	Vasectomy (GP) (NB: Loyalty Benefit total fee)		408		0
6405	Transrectal Ultrasound And Biopsy of Prostate		504		0
	SECTION 4: GYNAECOLOGY				
	Vulva				
3180	Bartholins Cyst / Abscess Surgery	700	528	371	288
3420	Incision Of Hymen		224		216
3421	Separation Of Labial Fusion		384		312
3480	Fenton's Procedure	955	600	445	350
3490	Simple Excision Vulval Lesion - Unilateral (including excision varicocele)	500	352	371	288
3491	Simple Excision Vulval Lesion - Bilateral		528		288
3500	Vulva - Radical Excision Of, With Glands		2096		576
3510	Simple Vulvectomy		840		360
3520	Warts - Vulval, Cauterisation Or Laser	338	644	365	296
3529	Vulval Biopsy - Office		176		0
3530	Multiple Vulval Biopsy	425	400	319	288
	Vagina				
3270	Anterior Colporrhaphy	1050	960	506	424
3275	Vaginal Anterior Mesh Repair	2500	1440	587	456
3276	Minor Revision Mesh Repair		448		280
3280	Colporrhaphy - Anterior And Amputation Of Cervix		832		400
3290	Anterior And Posterior Colporrhaphy	1600	1352	608	496
3300	Posterior Colporrhaphy	1000	804	460	416
3305	Vaginal Posterior Mesh Repair	1600	1184	619	480
3310	Posterior Colporrhaphy And Enterocoele		960		472
3311	Repair of enterocele, vaginal approach (separate procedure)		872		400

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
3315	Vault Repair, i.e. Sacrospinous Fixation		1048		392
3325	Open Sacrocolpopexy, Levatoplasty	2600	2080	709	568
3410	Examination Under Anaesthetic	334	280	313	288
3460	Recto-Vaginal Fistula - Repair Of		744		264
3470	Vesico-Vaginal Fistula - Repair Of		872		328
3485	Excision Of Vaginal Lesion	600	620	378	304
3595	Laparoscopic Pelvic Floor Repair		2136		632
3596	Vaginal reconstruction disease related		1336		392
3285	Vaginoplasty		1264		368
	Cervix				
3220	Cervix - Amputation Or Reconstruction		344		264
3230	Cervix - Biopsy Under Anaesthetic		176		128
3240	Cryotherapy of cervix		176		0
3250	Cervix Cauterisation Of - With Anaesthesia		296		272
3261	Revision of Episiotomy Scar (not cosmetic)		784		376
3330	Colposcopy With Biopsy	185	176	383	312
3375	Cervical Polypectomy	150	368	371	152
3405	LLETZ Loop	650	600	304	272
3406	Laser Cone Biopsy and or ablation		704		376
3407	Laser Ablation	700	608	392	216
3408	Cone Biopsy	650	528	338	264
	Uterus				
3170	Abscess - Pelvic, Drainage Of, Via Fornices		656		160
3340	D & C With Reuben's Test		528		136
3350	D & C With Biopsy Of Cervix		528		240
3360	D&C With Cone Biopsy Of Cervix	1000	744	394	288
3370	D&C With Removal Of Polyp - Uterus		528		296
3371	D&C With Removal Of Polyp - Cervix	788	528	333	296
3380	D&C After Miscarriage	590	520	338	296
3390	Endometrial Biopsy (Pipelle)		144		0
3455	Laparoscopic Uterine Nerve Ablation		1312		432
3540	Hysteroscopy D&C	750	640	338	280
3542	Hysteroscopy And Removal Of Submucous Fibroid With D&C	1142	1040	457	396
3543	Hysteroscopy And Removal Of Endometrial Polyp With D&C	850	680	351	304
3544	Insert Intra-Uterine Device	320	260	276	232

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
3545	Uterine Ablation therapy		872		472
3560	Pelvic Glands - Radical Dissection Of		872		520
3570	Abdominal Hysterectomy	2000	1600	731	612
3571	Abdominal Hysterectomy With BSO	2000	1760	788	640
3575	Endometrial Resection / Ablation	1600	1484	450	368
3576	Hysteroscopy and Radiofrequency endometrial ablation		960		312
3577	Hysteroscopy and Microwave endometrial ablation	1500	1572	425	408
3580	Hysterectomy - Total And Marshall Marchetti Procedure		2008		552
3585	Total Abdominal Hysterectomy & Bilateral Salpingo-Oophorectomy & Omentectomy +/- Nodes		2704		812
3590	Vaginal Hysterectomy With Pelvic Repair	2000	1616	790	624
3600	Vaginal Hysterectomy	1715	1440	644	520
3610	Wertheims Hysterectomy		3128		744
3613	Subtotal lap hysterectomy		1864		592
3614	Laparoscopically Assisted Vaginal Hysterectomy	3000	2400	844	760
3615	Laparoscopically Assisted Vaginal Hysterectomy With BSO	3500	2800	906	776
3616	Laparoscopically assisted Vaginal Hysterectomy With Division Of Adhesions	3256	2616	783	800
3630	Abdominal Myomectomy		1224		548
3632	Laparoscopic Myomectomy		1480		896
	Fallopian tubes - Ovaries				
3160	Laparoscopic Sterilisation (NB Loyalty Benefit)	1000	952	405	352
3162	Essure - Sterilisation (NB Loyalty Benefit)		816		328
3440	Diagnostic Laparoscopy	1000	960	456	396
3445	Laparoscopy With Dye Study	1135	968	525	500
3450	Laparoscopy With D & C		960		408
3451	Laparoscopy with Hysteroscopy and D&C and Dye Study		1096		432
3550	Ectopic Pregnancy - Removal Of		656		280
3552	Laparoscopic Removal Of Ectopic Pregnancy		872		464
3554	Laparoscopy with Hysteroscopy and D&C	1200	1040	547	456
3650	Open Oophorectomy - Unilateral		960		440
3651	Open Oophorectomy - Bilateral		1440		576
3652	Laparoscopic Oophorectomy - Unilateral	1900	1944	594	520
3653	Laparoscopic Oophorectomy - Bilateral	2250	2040	631	620
3654	Unilateral Oophorectomy With Bilateral Salpingectomy		1168		480

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
3655	Laparoscopic Unilateral Oophorectomy With Bilateral Salpingectomy		1520		656
3660	Open Ovarian Cystectomy - Unilateral		1048		416
3661	Open Ovarian Cystectomy - Bilateral		1568		520
3662	Laparoscopic Ovarian Cystectomy - Unilateral	1800	1440	619	548
3663	Laparoscopic Ovarian Cystectomy - Bilateral		1960		560
3665	P.C.O.S. Laparoscopic Drilling Of Ovaries		872		424
3666	Laparoscopic Division Of Adhesions To Ovaries		872		416
3667	Microsurgery and Reanastomosis of Tubes and Ovaries		1744		656
3689	Biopsy Of Ovary		872		336
3690	Open Salpingectomy		808		400
3691	Open Laparotomy		872		400
3692	Laparoscopic Salpingectomy unilateral		1008		480
3700	Open Salpingo-Oophorectomy unilateral		1136		480
3701	Open Salpingo-Oophorectomy bilateral		1704		552
3702	Laparoscopic Salpingo-Oophorectomy Unilateral	2000	1736	681	572
3703	Laparoscopic Salpingo-Oophorectomy, Bilateral	2200	2240	844	744
3710	Salpingo Or Salpingolysis		784		336
3712	Salpingostomy - Laparoscopic		1176		472
3720	Tubal Anastomosis (Unilateral Or Bilateral, Not After Tubal Ligation)		1568		632
3730	Laparoscopic Diathermy To Endometriosis	1150	872	429	376
3731	Laparoscopic Endometriosis Surgery - Mild	1750	1440	550	464
3732	Laparoscopic Endometriosis Surgery - Moderate	2400	2024	675	592
3733	Laparoscopic Endometriosis Surgery - Severe	3200	2600	844	716
3734	Endometriosis Surgery - Severe (Laparotomy)		2860		1040
	SECTION 5: OPHTHALMOLOGY				
	Lids and Adnexa				
251	Xanthelasma		328		176
3825	Removal Of Tarsal Cyst	210	176	311	256
3830	Entropion / Ectropion - Repair	660	560	371	320
3831	Entropion / Ectropion - Repair - Bilateral	800	840	495	472
3835	Correction Of Ptosis	1200	1200	376	352
3837	Correction Of Ptosis - Bilateral	2310	1800	600	528
3840	Lacrimal Passage - Probing Of	125	144	261	208
3841	Lacrimal Passage - Probing Of - Bilateral	200	216	240	320

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
3842	Lacrimal Intubation - Unilateral	350	440	364	264
3845	Dacryocystorhinostomy	2200	1480	547	448
3850	Minor Eyelid Surgery	210	176	341	256
3855	Intermediate Eyelid Surgery	550	480	362	312
3860	Major Eyelid Surgery	1134	1152	428	408
3861	Blepharoplasty for dermatochalasis Bilateral		960		0
3862	Blepharoplasty for dermatochalasis Unilateral		616		0
3870	Autogenous Grafts - Major		744		256
3871	Autogenous Grafts - Minor		312		256
	Strabismus Surgery				
3880	Extraocular Muscles - Strabismus - One Or Two Muscles	1168	872	440	360
3882	Strabismus - One Or Two Muscles - Reoperation	1200	872	443	392
3893	Extraocular Muscles - Strabismus - Three Or More Muscles		1096		360
3894	Strabismus - Three Or More Muscles - Reoperation		1224		408
3895	Extraocular muscles -strabismus and placement Of Adjustable Suture During Strabismus Surgery (Including Post-Operative Adjustments)		960		352
	Extraocular Operations on Globe				
3920	Excision Of Pterygium	650	560	350	296
3921	Excision Of Pterygium - Bilateral		840		444
3930	Excision Of Pterygium And Conjunctival Graft	1200	784	351	416
3940	Excision Of Pinguecula		352		0
	Cataract				
3950	Lens Extraction		1256		296
3952	Phacoemulsification Cataract Extraction With Insertion Of Artificial Lens (Monofocal only)	1465	1096	330	280
3955	Phacoemulsification Cataract Extraction With Insertion Of Artificial Lens (Monofocal only) (Includes Axial Length Ultrasonography)	1524	1248	350	280
3959	Extracapsular Cataract Extraction With Insertion Of Artificial Lens (Monofocal only)		1096		280
3960	Secondary Iol Implant (Monofocal only)		1048		288
3961	Cataract Extraction And Iol With Anterior Vitrectomy (Monofocal only)		1568		480
3965	Iol Implant With Anterior Vitrectomy (Monofocal only)		1304		448
3970	Yag Laser Capsulotomy		256		0
3971	Yag Laser Capsulotomy - Bilateral		456		0

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
3972	Cataract Extraction With Iol With Trabeculectomy (Monofocal only) (Including First 5 Post-Op Visits)	1865	1832	340	440
	Glaucoma				
3805	Bleb needling		312		0
3975	Trabeculectomy (Including First 5 Post-Op Visits)	2100	1764	585	472
3980	Trabeculectomy With Cytotoxic Agent (Including First 5 Post-Op Visits)	2175	1980	586	488
3985	Drainage (Glaucoma), Molteno Drain Or Similar Procedure	2975	2160	702	540
3990	Iridectomy Or Iridotomy		768		352
4010	Laser Iridotomy	520	624		0
4011	Laser Iridotomy - Bilateral	990	776		0
4015	Laser Trabeculoplasty	1012	656		0
4016	Laser Trabeculoplasty - Bilateral	1595	984		0
	Corneal Surgery				
3801	Anterior Stromal Puncture		400		0
3910	Cornea Or Sclera - Removal Of Foreign Body		224		0
4020	Keratectomy		704		296
4030	Penetrating Keratoplasty Or Similar	3465	2440	743	592
4040	Phototherapeutic Keratectomy - NB: On application to the Chief Medical Officer		1744		416
4026	Intrasonal corneal ring segment implantation for Kerataconus		1096		0
	Vitreo-Retinal Surgery				
4043	Intravitreal injection	800	704	336	256
4045	Repair Of Detached Retina - Cryotherapy Or Diathermy		1048		336
4046	Retinal Detachment Repair With Scleral Buckle		2008		552
4054	Vitrectomy	2500	1224	470	576
4056	Vitrectomy With Retinal Detachment Repair	4211	3200	811	688
4057	Vitrectomy With Macular Hole Surgery		3200		688
4058	Removal Of Silicone Oil		872		320
4059	Macula Hole Eye Surgery		704		256
4060	Complex Vitrectomy		1400		576
4064	Vitrectomy With Macular Epiretinal Membrane Peel	3300	2640	587	632
4065	Retinal Membrane Peeling		528		256
4070	Retinal Cryotherapy	846	616	336	256
4075	Photocoagulation Of Retina (Macular degeneration)	835	832	361	272

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare Maximum \$	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare Maximum \$
4076	Photocoagulation Of Retina - Bilateral		1224		392
4080	Pan Retinal Laser	1200	1048	336	344
4082	Transpupillary Thermotherapy (TTT)		2960		0
	Orbit				
4085	Evisceration Of Globe		624		416
4086	Evisceration Of Globe - With Implant		656		416
4090	Enucleation Of Eye		1168		288
4091	Enucleation Of Eye With Implant		1784		544
4100	Orbitotomy		2616		472
	SECTION 6: ORTHOPAEDIC SURGERY				
	Ankle/foot				
4250	Repair Of Foot Tendon - Primary Suture (Flexor Or Extensor)		832		328
4251	Repair Of Foot Tendon - Secondary Suture (Flexor Or Extensor)		440		272
4260	Repair Ruptured Achilles Tendon - Open, Primary		872		392
4261	Achilles Tendon Reconstruction (Tenotomy, Percutaneous, Achilles Tendon)		1048		376
4270	Repair Ruptured Achilles Tendon - Secondary		872		432
4280	Achilles - Elongation		424		288
4290	Incision Of Tendon Sheath		616		280
4310	Tendon Reconstruction - Ankle		1272		464
4355	Neurectomy Of Leg / Foot Not Elsewhere Classified		528		288
4540	Ingrown Toenail - Radical Excision / Wedge Resection - Unilateral	500	400	324	288
4550	Ingrown Toenail - Radical Excision / Wedge Resection - Bilateral	800	600	405	432
4580	Amputation Of Toe - MTP Joint		1352		328
4581	Amputation Of Toe - IP Joint	513	352	363	240
5380	Arthrotomy - Ankle		656		280
5385	Arthroscopy - Ankle		744		272
5386	Arthroscopy Ankle And Therapeutic Procedure	1100	1008	543	464
5387	Tarsal Tunnel Release		568		448
5390	Ankle Ligament Reconstruction		1568		664
5400	Arthrodesis - Ankle	2200	1832	850	736
5401	Ankle Triple Arthodesis		1480		704

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
5402	Subtalar Arthrodesis		1224		536
5403	Tarsometatarsal Arthrodesis		736		400
5404	Talo-Navicular Arthrodesis		872		432
5410	Hind Foot Correction		744		352
5420	Soft Tissue Correction Of Foot		592		288
5430	Bone Correction - Tarsectomy Triple		1048		384
5431	Complex midfoot correction		1640		664
5440	Hallux Valgus - Unilateral	950	872	471	392
5450	Hallux Valgus - Bilateral	1269	1308	619	588
5460	Arthrodesis - Great Toe	1180	960	495	404
5461	Arthrodesis - Great Toe - Bilateral		1440		604
5470	Hallux Rigidus - Bilateral	900	872	414	392
5480	Hallux Rigidus With Silastic Implant - Single		1176		392
5490	Hallux Rigidus With Silastic Implant - Bilateral		1768		472
5500	Hammer Toe Repair	648	632	369	352
5501	Tenotomy - Toe	450	392	338	296
5520	Correction Of Hallux Valgus By Osteotomy - First Metatarsal, Unilateral	1013	880	441	392
5522	Osteotomy - Lesser Metatarsal	750	712	403	352
5530	Correction Of Hallux Valgus By Osteotomy - First Metatarsal, Bilateral	1300	1440	514	480
5535	Ankle Replacement	3500	2800	1337	1016
5465	Hallux Rigidus – Unilateral		584		320
	Elbow				
4340	Tendon Transfer - Hand		872		408
4390	Transposition Of Ulna Nerve	896	784	443	408
4391	Open Neurolysis of peripheral nerve, not elsewhere classified	923	800	430	372
4392	Cubital Tunnel Syndrome		800		372
4500	Epicondylitis Release (Epicondylitis Debridement)	600	548	385	320
5030	Elbow Replacement Arthroplasty		2008		992
5040	Supracondylar Osteotomy		1048		232
5050	Arthrotomy & Removal Of Loose Bodies - Elbow		960		440
5051	Arthrotomy - Elbow		488		264
5061	Arthroscopy Elbow		640		336
5062	Arthroscopy Elbow With Procedure		960		440
5063	Release Of Elbow Contracture		1048		416
6030	Radial Head Excision		704		336

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
	General				
4255	Decompression Fasciotomy (Compartment Syndrome)		872		432
4257	Decompression Fasciotomy (Compartment Syndrome) - Bilateral	1600	1308	522	648
4380	Nerve Graft		832		280
4420	Acute Osteomyelitis - Drainage Small Bone		312		176
4430	Acute Osteomyelitis - Drainage Large Bone		456		200
4440	Sub-Acute Or Chronic Osteomyelitis - Exploration		784		408
4445	Excision Bursa	800	720	425	352
4446	Bone Graft - Any Area, Minor Or Small		424		256
4450	Excision Exostosis - Superficial	632	528	351	312
4460	Excision Of Exostosis - Deep Bone	1000	784	467	352
4541	Excision of nail and nail matrix, partial or complete - Unilateral	413	400	280	232
4551	Excision of nail and nail matrix, partial or complete - Bilateral		600		348
4678	Soft Tissue Injection	38	64	234	64
4679	Joint Injection (Unspecified)	40	50	215	240
4465	Removal of Sesamoid Bone		352		160
	Hip/Upper Leg				
5156	Subcutaneous Tenotomy, Not Elsewhere Classified		520		360
5157	Neurectomy Of Leg Nerve		656		352
5158	Decompression Fasciotomy - Thigh / Knee		872		424
5159	Surgical Dislocation of Hip vs Hip Arthroscopy (Chondroplasty)		2536		640
5160	Arthroplasty Hemi Or Cup		1520		640
5161	Hip Arthroscopy	1500	1200	553	488
5162	Hip Arthroscopy With Therapeutic Procedure		1200		560
5163	Ganz Osteotomy		3048		872
5165	Bone Graft To Femur		1568		504
5170	Total Hip Replacement	2925	2400	1013	940
5171	Total Hip Replacement - Bilateral	5400	4200	1650	1648
5175	Removal Of Hip Prosthesis For Infection (Without Revision)		960		352
5180	Revision Hip Replacement	3600	3312	1350	1152
5190	Osteotomy - Distal Femur		1920		616
5620	Hip - Closed Reduction		288		160
6155	Removal Of Intra Medullary Rod		432		176
6160	Femur - Slipped Epiphysis - Pinning		1312		200

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
6165	Femur Osteotomy		1392		432
6166	Open hip joint biopsy		600		192
	Knee				
4620	Amputation - Above Or Below Knee		1048		504
5220	Arthrotomy For Loose Body Or Pinning		704		424
5240	Repair Collateral Ligament - Knee		784		344
5250	Synovectomy Of Knee		832		400
5260	Repair Cruciate Ligament - Knee arthroscopic or open		872		464
5261	Repair Of Patellar Tendon - Primary		616		344
5262	Repair Of Patellar Tendon - Secondary		832		424
5284	Arthroscopy Knee - Diagnostic - Bilateral		1320		528
5285	Arthroscopy Knee - Diagnostic	1000	880	438	352
5286	Arthroscopy Knee And Arthroscopic Procedure	1100	992	450	384
5287	Arthroscopy And Meniscectomy - Bilateral	1800	1380	464	508
5289	Arthroscopy And Meniscectomy	1040	920	410	352
5291	Arthroscopic Chondroplasty Of Knee	1200	872	410	328
5293	Debridement Of Knee Joint	1000	872	440	376
5294	Chondroplasty of Knee		872		328
5295	Arthroscopic Anterior Cruciate Ligament Repair And / Or Reconstruction - Knee		1896		592
5300	Patellectomy		872		392
5310	Repair Recurrent Dislocating Patella		1176		432
5330	Knee - Osteotomy		1568		504
5350	Arthrodesis Of Knee		1048		312
5360	Partial Knee Replacement	2700	2196	1016	1168
5365	Partial Knee Replacement - Bilateral		3808		1336
5370	Total Knee Replacement	2925	2400	1053	1168
5371	Total Knee Replacement - Bilateral	5500	4952	1700	1408
5375	Revision Knee Replacement	3226	3048	1325	1216
	Lower leg				
4252	Repair Flexor Tendon Leg - Secondary		536		256
4253	Repair Extensor Tendon Leg - Primary		360		248
4254	Repair Extensor Tendon Leg - Secondary		424		256
4256	Repair Flexor Tendon Leg - Primary		400		256
4275	Tendon Lengthening		616		256
4300	Tibialis Anterior Transfer		784		272

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
5340	Osteotomy - Proximal Tibia	1685	1400	713	600
	Nervous system				
4350	Suture Of Nerve Requiring Extensive Mobilisation		336		200
4360	Primary Suture Nerves		616		224
4361	Suture Of Major Peripheral Nerves - Arm/Leg		1080		296
4362	Suture Of Digital Nerve - Hand / Foot		744		232
4370	Secondary Repair Of Nerve		704		224
4410	Excision of Neuroma		312		176
4411	Lateral Popliteal Nerve Decompression		528		408
4412	Excision Of Neuroma - Major Peripheral Nerves		1048		344
4510	Post Interosseous Nerve Release		552		248
4666	Intra-Spinal Injection		176		176
4668	Peripheral Nerve Block		96		96
4670	Epidural Injection Anaesthetic - Lumbar / Caudal		264		192
4671	Iv Guanethidine Block Or Similar		136		136
4672	Coeliac Plexus Block		352		280
4674	Nerve Root Injection (Trans-Foraminal)	400	328	234	312
4675	Stellate Ganglion Block		176		176
	Shoulder				
4330	Biceps Tendon Release Or Tenodesis		656		272
4960	Removal Of Calcaneous Deposits Of Shoulder		832		336
4970	Acromioplasty/ Acromionectomy	1400	1120	605	496
4972	Rotator Cuff Repair With Acromioplasty	2035	1760	702	644
4973	Arthroscopy & Stabilisation Of Shoulder		1744		528
4974	Arthroscopy, Decompression & Partial Acromioplasty	1350	1208	675	600
4975	Rotator Cuff Repair - Simple		1136		520
4976	Shoulder Arthroscopy, Decompression And Rotator Cuff Repair	2168	1872	689	616
4980	Excision Outer End Of Clavicle		832		408
4983	Open Reduction Fracture of Clavicle		1440		656
4985	Arthroscopy- Shoulder, Diagnostic		784		464
4986	Arthroscopy Shoulder And Other Arthroscopic Procedure	1350	1116	643	584
4990	Arthrodesis Of Shoulder		1776		696
5000	Hemi Replacement Of Shoulder	2300	2240	1164	1104
5010	Total Replacement Of Shoulder	2900	2416	1474	1228

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare Maximum \$	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare Maximum \$
5020	Arthroplasty Excision		1160		432
5550	Acromio-Clavicular - Open Reduction And Repair - Chronic		616		232
5570	Manipulation Of Shoulder Joint		224		272
5590	Repair Of Recurrent Dislocation		1312		560
	Spine				
4676	Facet Joint Injection		280		280
4677	Intra-Discal Injection		312		280
4680	Discography 1 Level		352		0
4690	Discography 2 Or More Levels		528		0
4700	Anterior Cervical Fusion, 1 Level (Dowel Or Similar), Lumbar - Sacral Fusion		1744		704
4701	Occipital Cervical Fusion		2272		936
4702	Anterior Cervical Discectomy + Fusion (1 Level) Including Foramen Decompression	4000	3640	1087	1008
4710	Anterior Cervical Fusion, 2 Or More Levels		2616		872
4711	Anterior Cervical Discectomy + Fusion (2+ Level) Including Foramen Decompression	4000	3200	1404	1120
4720	Anterior Cervical Fusion With Internal Fixation		2896		800
4730	Posterior C1-C2 Fusion		2440		1080
4731	Posterior Fusion - C Spine (Excl C1-2)		2144		616
4740	Anterior Cervical Discectomy		2176		976
4750	Lumbar Discectomy 2 Or More Levels		2880		936
4760	Corpectomy With Fusion		3136		1040
4770	Cervical Rib Excision		1744		432
4780	Trans Thoracic Fusion 1 Level		2088		784
4790	Trans Thoracic Fusion 2 Or More Levels With Or Without Instrumentation		3048		1032
4800	Posterior Thoracic Fusion 1-2 Levels		1568		616
4810	Posterior Thoracic Fusion 3+ Levels With Instrumentation		3048		1032
4820	Lumbar Discectomy	2813	2240	818	656
4821	Anterior Lumbar Discectomy With Fusion 1 Level		2440		872
4822	Anterior Lumbar Discectomy With Fusion 2 Or More Levels		3488		1296
4823	Thoracic Discectomy		2008		640
4825	Anterior Endoscopic Spinal Fusion		2088		656
4830	Anterior Lumbar Decompression / Interbody Fusion 1 Level		2400		784
4840	Posterior / Posterolateral Fusion - Lumbar -Without Instrumentation, 2+ Level		2960		984
4850	Anterior Lumbar Decompression / Interbody Fusion	5000	4024	1304	1336

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
	2+ levels				
4860	Posterior / Posterolateral Fusion - Lumbar -Without Instrumentation, 1 Level		2272		640
4870	Posterior / Posterolateral Fusion - Lumbar -With Instrumentation 1 Level	4420	3488	1200	928
4880	Posterior / Posterolateral Fusion - Lumbar - With Instrumentation 2+ Levels	5000	3920	1387	1392
4890	Posterior Interbody Fusion With Disc Implant		3048		656
4900	Corporectomy		3392		1504
4910	Vertebra Excision / Replacement		2616		656
4920	Spinal Stenosis Decompression - 1 Level	3000	2400	898	760
4925	Spinal Stenosis Decompression - 2+ Level	3225	2800	1066	996
4930	Decompression With Intertransverse Fusion	3388	2768	995	1360
4940	Decompression and Instumented Fusion 1 level	5000	3960	1260	1264
4950	Coccygectomy		704		352
6170	Spine - Vertebral Bodies With Cord Involvement		1480		440
	Wrist/Hand				
4200	Primary Repair Of Flexor Tendon - Hand		704		352
4210	Secondary Repair Flexor Tendon - Wrist / Forearm		872		312
4211	Secondary Repair Flexor Tendon - Hand		784		264
4220	Extensor Tendon Repair - Hand		704		240
4221	Extensor Tendon Repair - Finger		528		224
4222	Tenolysis Extensor Tendon - Hand / Finger		616		256
4223	Tenolysis Flexor Tendon - Finger / Palm		840		352
4224	Tenolysis Flexor Or Extensor Tendon - Wrist / Forearm		744		264
4225	Repair Of Mallet Finger		528		280
4230	Secondary Repair Extensor Tendon - Wrist / Forearm		712		232
4239	Tendon Transfer - Palm		600		232
4240	Tendon Transfer - Opponensplasty		704		232
4241	Tendon Transfer - Hand		784		280
4242	Open Tenotomy, Not Elsewhere Classified		432		280
4243	Tenotomy - Hand / Finger (e.g. For Trigger Finger)	650	400	342	312
4244	Synovectomy - MCP Joint		872		360
4245	Tenotomy - Hand / Finger - Bilateral		592		352
4400	Excision Of Neuroma - Cutaneous Nerve	800	704	393	320
4470	Minor Dupuytren's Contracture Release - Unilateral	1100	880	466	376
4471	Minor Dupuytren's Contracture Release - Bilateral		1312		584

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare Maximum \$	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare Maximum \$
4480	Major Dupuytren's Contracture Release - Unilateral	2000	1400	619	520
4490	Volkman's Contracture		1048		312
4560	Carpal Tunnel Release	650	544	338	276
4564	Endoscopic Release Of Carpal Tunnel		480		224
4570	Bilateral Carpal Tunnel	1000	800	400	320
4582	Amputation - Finger Or Thumb, Any Joint		480		312
5070	Arthrodesis - Wrist With Bone Graft	1463	1400	557	616
5071	Arthroscopy - Wrist		704		304
5072	Proximal Row Carpectomy removal of bones		1400		616
5080	Total Replacement - Wrist Joint		1840		424
5090	Replacement - Interphalangeal Joint		1048		592
5100	Replacement MCP Joint		624		264
5110	Replacement Of CMC Joint		1224		544
5120	Fusion - Thumb		704		376
5121	Fusion - MCP Joint		352		208
5130	Fusion - IP Joint	750	528	450	264
5131	Fusion - IP Joint With Graft		528		288
5140	Fusion - CMC Joint To Thumb With Bone Graft		656		360
5141	Fusion - CMC Joint To Digits With Graft		480		232
5150	Replacement Arthroplasty In Thumb - Carpal Bones	1500	1320	625	512
6010	Bone Graft - Metacarpals Or Phalanx		720		352
	Other				
4660	Manipulation Of Joint	332	240	318	248
4665	Neurofasciotomy		120		0
5930	Upper Limb - Above Elbow - Plaster		136		0
5940	Upper Limb - Below Elbow - Plaster		96		0
5950	Lower Limb - Above Knee - Plaster		200		0
5960	Lower Limb - Below Knee - Plaster	160	176		0
5965	Debridement of Joint unspecified		352		336
6175	Removal Of Metal - Major	963	880	450	436
6176	Excision benign bone tumour		784		464
6185	Removal Of Metal - Minor	550	440	350	296
4448	Open Muscle Biopsy		384		328
	SECTION 7: PERIPHERAL VASCULAR SURGERY				

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare Maximum \$	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare Maximum \$
6200	Aorto-Iliac Endarterectomy		2960		960
6201	Aorto-Iliac Bifurcation Graft (Occlusive Disease)		4568		1064
6210	Carotid Endarterectomy - Direct Closure	4200	3048	1238	840
6211	Carotid Endarterectomy - Patch Closure	4689	3680	1250	1064
6220	Carotid Subclavian Graft		2616		784
6225	Brachial Artery Bypass		2960		744
6230	Cervical Or Axillary Sympathectomy - Unilateral		3640		592
6232	Thoracoscopic Cervical Sympathectomy - Unilateral		1560		400
6233	Thoracoscopic Cervical Sympathectomy - Bilateral	2788	2160	804	680
6240	Cross-Over Graft (Fem - Fem)		1856		656
6250	Embolectomy / Catheter Thrombectomy - Unilateral		872		520
6260	Femoral Endarterectomy	3500	2872	1125	728
6270	Femoro-Popliteal Graft - Vein	4300	3280	1139	968
6271	Femoro-Popliteal Graft - Synthetic		2952		888
6280	Femoro-Tibial Graft - Vein		3480		1024
6281	Femoro-Tibial Graft - Synthetic		3448		1000
6282	Temporal Artery Biopsy	585	472	371	352
6310	Profundoplasty		1224		672
6320	Abdominal Aortic Aneurysm Replacement - Infrarenal - With Tube Graft		4800		1616
6321	Abdominal Aortic Aneurysm Replacement - Infrarenal - With Bifurcation Graft To Iliac Arteries		4408		1296
6322	Abdominal Aortic Aneurysm Replacement - Infrarenal - With Bifurcation Graft To Femoral Arteries		5880		1440
6323	Renal Artery Aneurism Surgery		2880		1184
6352	Femoral Artery Suturing		856		0
6324	Abdominal Aortic Aneurysm Endoluminal, Stent-Graft Repair		4800		1616
6215	Carotid Sinus Denervation		2952		888
	SECTION 8: PLASTIC				
70	Apocrinectomy - Bilateral	1100	1600	495	400
6575	Reconstruction following major head and neck surgery at Chief Medical Officer discretion		3071		1024
6578	Reconstructions other than breast, skin, head/neck at Chief Medical Officer discretion		3071		1024
65	Apocrinectomy – Unilateral		576		240

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
	SECTION 9: ORAL AND MAXILLOFACIAL				
	Dental-aveolar surgery				
9010	Apicectomy And Root/Fill Anterior Tooth X 1	847	680	389	352
9020	Apicectomy And Root/Fill Anterior Tooth X 2	930	848	450	376
9030	Apicectomy And Root/Fill Posterior Tooth X 1	900	664	433	376
9040	Apicectomy And Root/Fill Posterior Tooth X 2		1008		416
9050	Exposure Of Unerupted Tooth X 1 - For Repositioning	650	552	400	288
9051	Exposure Of Unerupted Tooth X 1 - For Stimulation And Packing	789	720	378	328
9060	Exposure Of Unerupted Tooth X 2 - For Repositioning		760		328
9061	Exposure Of Unerupted Tooth X 2 - For Stimulation And Packing		1040		328
9070	Pericision (Fibrotomy) 1-2 Quadrant		176		120
9080	Pericision (Fibrotomy) 3 Quadrant		240		120
9090	Pericision (Fibrotomy) 4 Quadrant		312		136
9101	Frenectomy	415	336	273	256
9105	Removal Of Tooth Root From Sinus	390	520	473	400
9110	Removal Of Foreign Body From Antrum Via Alveolus		568		248
9120	Removal Of Foreign Body From Antrum Via Caldwell Luc		616		248
9130	Oro-Antral Fistula Closure - Buccal Sliding Flap	600	464	457	328
9131	Oro-Antral Fistula Closure - Buccal Fat Pad		608		360
	Maxillofacial trauma				
9180	Removal Foreign Bodies		568		232
9190	Salivary Fistula - Duct Relocation/Repair		744		336
9200	Open Neurolysis Of Peripheral Nerve, Not Elsewhere Classified		560		248
9210	Nerve Suture		720		288
9390	Removal Plates/Screws/Wires (Oral Surg)		528		328
9170	Scar Revision		1400		272
	Pathology				
9480	Bone Graft - Intraoral Site		792		456
9481	Bone Graft - Remote Site		1136		528

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
9510	Biopsy - Incisional (Oral Surg)	360	328	456	248
9520	Biopsy - Excisional (Oral Surg)	430	368	417	328
9530	Biopsy - Needle		56		120
9540	Cyst Enucleation - Periapical	500	472	410	280
9550	Cyst Enucleation - Dentigerous		592		264
9560	Cyst Enucleation - Large Intra Bony	990	776	495	344
9570	Cyst - Soft Tissue - Excision	439	344	362	312
9580	Infection - Drain Abscess - Cellulitis Intra Oral	450	472	339	352
9590	Infection - Drain Abscess - Cellulitis Extra Oral		264		344
9610	Excision Ranula - Sub-Lingual Gland		696		360
9620	Tumour - Benign Localised	650	400	453	224
9630	Tumour - Benign Extensive Including Bone		880		424
9640	Tumour - Malignant - Local Excision		464		360
	Pre-Prosthetic surgery				
9650	Removal Hyperplasia - Localised		128		288
9660	Removal Hyperplasia - Extensive		688		680
9670	Sulcoplasty		696		240
9680	Sulcoplasty - With Skin Graft		720		264
9690	Reconstruction Of Alveolar Ridge/Grafting		680		368
9700	Cheiloplasty		752		400
9705	Gingival Reconstruction		624		248
9710	Removal Torus		744		400
	Temporomandibular Joint				
9740	Dislocation - Closed Reduction		440		144
9750	Internal Derangement - Conservative Management		312		120
9760	Internal Derangement - With Splint		352		176
9770	Arthroplasty - Meniscal Surgery		1392		584
9780	Arthroplasty - Condylar Surgery		1160		608
9790	Arthroscopy - Investigative		728		320
9800	Arthroscopy - With Surgery		1176		344
9810	Arthrocentesis	900	760	405	296
	SECTION 10: CARDIAC				
1197	Pericardiectomy		1944		0

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare
			Maximum \$		Maximum \$
1198	Pericardiocentesis		440		0
1199	Drainage of Pericardial Effusion		1312		400
1500	Coronary Artery By Pass, single vessel (using vein or artery)		4480		2752
1501	Coronary Artery By Pass, double vessel (using vein or artery)		4648		2848
1502	Coronary Artery By Pass, triple vessel (using vein or artery)		4904		3016
1503	Coronary Artery By Pass, quadruple vessel or more (using vein or artery)		5072		3104
1505	Valve Replacement		5224		2768
1506	Atrial Septal Defect (Open Closure)		5224		2768
1507	Valvuloplasty		4184		2536
1520	Pacemaker Surgery - Implantation (Excluding The Cost Of The Pacemaker)	2200	1952	854	528
1521	Removal Of Sternal Wire		1100		600
1522	Maze Arrhythmia Surgery		600		0
1523	Removal & Rewiring of Sternal Wire		1184		616
	Percutaneous Atrial Septal Defect Closure - NB: Only covered through an Affiliated Provider(Policy limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable to you.)				
	Percutaneous Patent Foramen Ovale Closure - NB: Only covered through an Affiliated Provider(Policy limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable to you.)				
	SECTION 11: INTERVENTIONAL RADIOLOGY (**Maximum relates to total procedure price)				
6400	Fine Needle Aspiration (Other Than Breast) Under Ultrasound	325	440**		0
6401	Ultrasound Breast Cyst Aspiration (Including Fine Needle)	220	224**		0
6402	Core Biopsy With Ultrasound	395	408**		0
6403	CT Guided Biopsy	950	784**		0
6404	CT Guided Drainage		784**		0
6406	Trans Perineal Prostate Biopsy	660	680	433	352
6407	Lumbar Chemical Sympathectomy		1224		592
6408	Chemical Sympathectomy		1224		592
6409	Intradiscal / Verteb. Inject		440**		0
6410	Fluoroscopy (in conjunction with surgical	393	280		0

SC Code	Description of Surgical Procedure	Surgeon Fees		Anaesthetist Fees	
		Median of Surgeon Fees in 2007	RegularCare / KiwiCare Maximum \$	Median of Anaesthetist Fees in 2007	RegularCare / KiwiCare Maximum \$
	procedure)				
6411	CT Guided Injections	1200	1040		0
6415	Stereotactic Mammotome Breast Biopsy	1057	1272**		0
6420	Brachytherapy grid guided prostate biopsy		1312		696
3546	Embolisation of Fibroid		1400		848
	SECTION 12: NEUROSURGERY				
1400	Micro Vascular Decompression Trigeminal Nerve, Trigeminal Neuralgia		784		416
1402	Craniotomy		5224		2448
1403	Acoustic Neuroma		5032		2448
1404	Translabirithine Excision Of Tumour		8448		2448
1405	Craniectomy, Posterior Fossa Craniectomy	8000	6680	2421	2432
1407	Pituitary Adenoma	9500	7936	1962	1596
1408	Repair Of Encephalocele		2176		648
1409	Spinal Rhizolysis		2352		864
1410	Removal Of Spinal Intradural Lesion		3048		696

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.		
	Additional Sundries		
0001185	Prosthesis Bone Anchor. Includes Incontinence Sling Procedure hooks, Vesica Percutaneous Coposuspension kit, MYA hook	848	960
0001200	Laparoscopic supplies	767	4000
0001230	Endometrial Ablation Device	1391	1400
0001235	Wave length fibres for prostatectomy. Includes laser fee for Holium laser resection, transurethral resection vapour probe.	1500	1440

000124 5	Bone Graft	1083	5600
000180 0	Mirena Interuterine	350	300
000123 6	Wave length fibers- Urological, Includes Incision of Ureteroceis laser fibre fee	800	1440
000123 8	Coblation Wand	405	320
000108 2	Maze Pen	6009	4800
	Prostheses		
000113 0	Breast implants protheses	2000	2432
000108 0	Prosthesis Heart Valve	5209	5200
000108 5	Prosthesis Ankle	8446	7616
000109 5	Wrist prosthesis - DEVICE ONLY, NOT INSERTION PROCEDURE	3166	4400
000110 0	Lens prosthesis (as part of Cataract Surgery) (Monofocal only)	250	288
000111 0	Shoulder Prostheses	6585	8000
000112 0	Prosthesis Elbow	10744	9600
000114 0	Spine Prostheses, Single level	5971	9600
000114 1	Spine Prostheses, Two levels	11306	12800
000114 2	Spine Prostheses, Three or more levels	21759	16800
000115 0	Other prostheses devices	60	1200
000119 5	Prosthesis Lacrimal Tube	149	240
000120 5	Prosthesis Arterial Graft	675	2000
000121 0	Prosthesis Screws and Plates	572	2000
000122 0	Prosthesis Tissue Expander	1890	2048
000122 5	TVT tension free vaginal tape	1406	1400
000125 0	Prosthesis Urological Stent	388	480
000125 5	Prosthesis Hepatic Stent	589	2400
000127 5	Post Mastectomy Tissue Expander	2000	1616
000128 0	Prosthesis Hip Revision	6982	9440
000128 5	Prosthesis Knee Revision	7212	8000

000129 0	Prosthesis Hip Primary	6378	6800
000129 5	Prosthesis Knee Primary	6542	6800
000165 0	Endoluminal Stent	16467	13600
000165 5	Oesophageal Stent	3156	2640
000110 8	Intrasomal corneal ring segment - prostheses		1240

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		
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		
3681200	Flexible Cystoscopy (office based only)		
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	
4075	Retinal Photography	
1121500	Fluoroscein Angiography	
5505500	Axial Ultrasonography	
1123500	Corneal Topography	
1120600	Electroretinogram	
1120601	Electro-oculogram	
9201500	Visual Evoked Potential	
0003815	Ocular Coherent Tomography	
6010000	Hiedelberg Ret Tomography (affiliated provider only)	