SECTION N:

PLASTIC SURGERY

		Fee	Class	Anae
	Visits			
5N	Initial Assessment -- of a specific condition includes: pertinent family history, patient history, history of presenting complaint, functional enquiry, examination of affected part(s) or system(s), diagnosis, assessment, necessary treatment, advice to the patient and record of service provided	$91.80		
7N	Follow-up Assessment -- includes: history review, functional enquiry, examination, reassessment, necessary treatment, advice to the patient and record of service provided	$79.20 *		
9N	Consultation -- includes all visits necessary, history and examination, review of laboratory and/or other data and written submission of the consultant's opinion and recommendations to the referring doctor	$179.00		
11N	-- repeat A formal consultation for the same or related condition repeated within 90 days by the same physician. It should not be used for routine follow-up of the patient for which either service code '5' "partial assessment or subsequent review" or service code '7' "follow-up assessment" are appropriate.	$91.80		
13N	Written advice to referring physician on the management of a case based upon review of x-rays by Plastic Surgeon (payable once per case only)	$91.80		
	Hospital Care (Payable on day of admission)			
25N	-- first 10 days, per day	$62.00 *		
26N	-- 11-20 days, per day	$61.00 *		
27N	-- 21-30 days, per day	$61.00 *		
28N	-- thereafter, per day	$61.00 *		

Note: for hospital discharge by physician,
see code 725A, page A28

For out of hours surgery premiums - see page A36

SURGERY OF APPEARANCE

PREAMBLE

Surgery to restore or improve function altered by disease, trauma or congenital deformity is insured.

Surgery to alter appearance is insured for certain facial and nonfacial abnormalities due to disease, trauma or congenital defect as listed below.

Specific criteria for insurability in the most common conditions are outlined below.

Face and Neck

1. Revision of scars due to trauma, disease, or surgery is insured. Revision of scars resulting from cosmetic surgery is insured only in the case of post-operative complications.

2. Correction of functionally disabling or disfiguring abnormalities of deep structures due to disease, trauma or congenital defect is insured.

Repair of traumatic or disease induced hair loss is insured. Medical or
3. surgical therapy for familial hair loss is uninsured.

4. Correction of facial or neck deformity due to aging is uninsured.

5. Repair of protruding or congenitally deformed ears is insured under the age of 18. For those 18 and over, repair is insured under exceptional circumstances such as early unwarranted parental opposition, unavailability of service, financial limitations, etc.

6. Rhinoplasty is insured if the nasal malformation is due to trauma, disease, neoplasm, or birth defect.

Rhinoplasty to alter appearance due to a familial trait or aging is uninsured.

Rhinoplasty for appearance, when done with a septoplasty, is uninsured and the costs of the former are the responsibility of the patient.

7. Ablation of facial or neck port-wine stain by dye tuned laser is insured under the age of 18. Pre-authorization required for other symptomatic or bleeding cutaneous angiomata or for individuals over the age of 18.

Other Body Areas

1. Scar revision is insured if scars cause a functional disability, are painful, are unstable, or if revision is part of a pre-planned staged reconstructive procedure.

Scar revision is also insured if there is a history of post-operative complication or condition affecting wound healing.

2. Tattoo ablation or excision is insured only if it has been placed involuntarily. Otherwise, cost of removal is the responsibility of the patient.

3. Augmentation mammoplasty is insured for congenital or post-surgical amastia. If unilateral augmentation mammoplasty is done for the above reasons, then a balancing operation such as augmentation, reduction, or mastopexy is insured for the opposite breast.

Augmentation mammoplasty may be insured for a severely hypoplastic breast where the second breast is not hypoplastic, subject to prior approval by MSB Medical Consultant(s).

4. Reduction mammoplasty is insured if, due to the size of the breast, there are symptoms such as, painful shoulder grooves, intertrigo, breast pain, backache, or significant posture changes.

Reduction mammoplasty is insured if there is significant size discrepancy between the breasts.

5. Abdominal panniculectomy (354N) is insured when
a) The patient has experienced weight loss with a previous body mass index (BMI) of at least 40 or
greater, **AND**
b) Has a current BMI of 30 or less, **AND**
c) Has maintained this weight for a period of no less than 12 months, **AND**
d) Has a chronic and recurrent skin condition (cellulitis, skin necrosis, ulcers) which has failed to respond to (or be managed by) conservative medical treatment for 6 months of medically supervised therapy.

The following conditions are not indications for abdominal panniculectomy: back pain, multiple gestations, previous cesarean section, tethered abdominal scars, postural changes or rectus diastasis.

PLASTIC SURGERY

		Fee	Class	Anae
	Abdominal panniculectomy is only insured by prior approval with submission of pictures and a "Prior Approval Request Form" which can be found at http://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/ministry-of-health-forms			
	6. Spider vein (telangiectasia) treatment by injection, excision, thermal ablation, or laser therapy is not insured. Treatment of symptomatic varicose veins is insured.			
	7. Sex reassignment surgery is insured only if performed on patients for whom surgery has been recommended by an authority recognized by Medical Services Branch			
	Procedures			
	Additional payments for diagnostic service excluding ECGs, 0, 10 or 42 day operative procedures performed on patients under one (1) year of age are automatically calculated and paid as explained in Section A, pages A34 and A35.			
32N	Removal of interdental and/or intermaxillary wiring and/or arch bar	$140.00 *	0	L
	Treatment of Soft Tissue Injury – grafts, burns, wounds			
	Grafts (100N to 111N, 241N to 244N, and 280N)			
	a) Grafting codes 100N to 111N are on referral to a plastic surgeon.			
	b) Grafting codes 241N to 244N, and 280N are on referral to a plastic surgeon, otolaryngologist, ophthalmologist or urologist.			
	c) Multiple body areas for the above service codes are eligible for payment at 100% of the listed payment when performed on different body areas.			
	Defects:			
	a) Resection of tissue, meticulous suture technique, multiple tie-overs and other fixation.			
	Body Areas:			
	a) One body area is defined as: face, neck, scalp, chest, abdomen, back, upper arm, forearm, hand, genitalia, buttock, thigh, lower leg and foot.			
	b) Only one code per body area is billable.			
	c) When claiming for multiple debridements of the same body area, add the size of all individual debridements and submit as a single total debridement under the appropriate code.			
	d) If multiples of the same code or any combination of codes (grafts, burns, or wounds) are billed, there must be a comment on the electronic claim identifying which body area(s) are/is involved			
	Split Thickness Grafts			
100N	-- less than 26 sq. cm	$432.20	10	L
103N	-- 26 to 103 sq. cm	$1,000.00	42	L
105N	-- 103 to 350 sq. cm	$1,400.00	42	M
107N	-- more than 350 sq cm	$1,600.00	42	M
109N	Finger -- split graft of skin – plasty	$611.80	42	L
111N	Mesh grafting - paid in addition to split thickness grafts when 2 or more carriers are meshed	$206.00	42	L
	Full Thickness Grafts			
241N	Free graft, full thickness, facial (eyelids, canthi, alae of nose, ears)	$800.00	10	L
242N	Free graft, full thickness, other -- less than 5 sq. cm.	$620.00	10	L
243N	Free graft, full thickness, other -- over 5 sq. cm. and up to 10 sq. cm.	$770.00	42	L
244N	Free graft, full thickness, other -- more than 10 sq. cm.	$920.00	42	L
280N	Composite graft (full thickness of external ear)	$540.40	42	L
	Treatment of Soft Tissue Injury – grafts, burns, wounds			

PLASTIC SURGERY

		Fee	Class	Anae
	Burns (120N to 125N, 130N, 132N)			
	a) Initial management of severe burns ---- bill under 918A according to time b) Subsequent dressings and surgical debridements for severe burn patients per 5% body surface area up to a total of 100% body surface area c) Fees do not include grafting or other treatments. If grafting is done at the same time as debridement then grafting codes should be used alone.			
	Body Areas: a) One body area is defined as: face, neck, scalp, chest, abdomen, back, upper arm, forearm, hand, genitalia, buttock, thigh, lower leg and foot. b) When claiming for multiple debridements of the same body area, add the size of all individual debridements and submit as a single total debridement under the appropriate code. c) If multiples of the same code or any combination of codes (grafts, burns, or wounds) are billed, there must be a comment on the electronic claim identifying which body area(s) are/is involved			
	Surgical Debridement and/or Dressings - without anesthesia or under local anesthesia			
120N	-- per 5% total body surface area (TBSA), bill units	$80.00	0	
	Surgical Debridement – under general anesthesia, including dressings			
123N	-- initial 5% total body surface area (TBSA), bill units	$100.00	0	L
125N	-- each additional 5% or major part thereof – add, bill units	$80.00	0	L
	Escharotomy			
130N	-- all body areas other than trunk, per escharotomy site	$326.20	42	L
132N	-- trunk, per escharotomy site	$242.60	42	L
	Treatment of Soft Tissue Injury – grafts, burns, wounds			
	Wounds (140N-144N, 382N, 383N, 420N, 421N)			
	a) Wound repair codes (140N-144N, 382N and 383N) are on referral to a plastic surgeon.			
	Body Areas: a) One body area is defined as: face, neck, scalp, chest, abdomen, back, upper arm, forearm, hand, genitalia, buttock, thigh, lower leg and foot. b) Only one code per body area is billable (140N-144N) c) When claiming for multiple debridements of the same body area, add the size of all individual debridements and submit as a single total debridement under the appropriate code. d) If multiples of the same code or any combination of codes (grafts, burns, or wounds) are billed, there must be a comment on the electronic claim identifying which body area(s) are/is involved			
	Wound Debridement • Under general or regional anesthesia • Not requiring skin grafting/flap at same time			
140N	-- Less than 65 sq cm, any body area	$236.60	42	L
142N	-- 65 to 103 sq cm, any body area	$469.00	42	L
144N	-- Greater than 103 sq cm, any body area	$632.00	42	L
	Wound Repair - Face • Single or multiple			
382N	-- up to 5 cm	$360.00	10	L
383N	-- each additional 2.5 cm, bill units	$210.00	10	L
	Wound Management			
420N	Vacuum assisted wound management – when set up completed by a physician - setup, initial	$300.00		L
421N	Vacuum assisted wound management – when set up and completed by a physician - Follow-up (includes visit)	$160.00		
	Flaps or Tubes of Skin from a Distance			

PLASTIC SURGERY

		Fee	Class	Anae
	Major stage(s)			
252N	-- raising of large direct flap or tube pedicle with closure of donor area	$639.90	42	L
253N	-- raising of large direct flap or tube pedicle and skin graft to donor area	$892.40	42	L
	Minor stage(s) -- transposition of pedicle			
254N	-- intermediate transfer or sectioning of pedicle with direct closure	$438.00	42	L
255N	-- delay of pedicle	$510.00	42	L
256N	Muscle flap with skin graft	$2,651.00	42	M
257N	Myo-cutaneous flaps with donor closure	$2,450.00	42	M
258N	Myo-cutaneous flaps with skin grafts to donor area	$1,937.00	42	M
	Fascio-cutaneous flap -- greater than 19 sq. cm.			
250N	-- with donor closure	$2,040.00	42	M
251N	-- with skin graft to donor area	$2,450.00	42	M
361N	Neurovascular pedicle flap	$817.50	42	M
440N	Transverse rectus abdominis myocutaneous flap for breast reconstruction	$2,447.00	42	M
	Excision and/or Repair by Adjacent Tissue Transfer or Rearrangement i.e., Z-plasty, rotation flap, advanced flap, double pedicle flap, etc.			
	Defect up to 6 square cm.			
260N	-- trunk	$400.00	42	L
261N	-- scalp, arms and legs	$440.00	42	L
262N	-- forehead, cheeks, chin, mouth, neck, axilla, genitalia, feet or hands	$520.00	42	L
263N	-- eyelids, nose, ears and lips	$620.00	42	L
	Defect 7-19 square cm.			
264N	-- trunk	$550.00	42	L
265N	-- scalp, arms and legs	$600.00	42	L
266N	-- forehead, cheeks, chin, mouth, neck, axilla, genitalia, hands or feet	$720.00	42	L
267N	-- eyelids, ears, nose and lips	$770.00	42	L
268N	More than 19 square cm. -- unusual or complicated, by report	$1,020.00	42	L
	Syndactly			
371N	-- release with flaps	$670.00	42	L
372N	-- release with flaps and skin grafts	$1,020.00	42	L
	Lymphoedema excision			
	Minor excision -- use codes 260N - 268N			
659N	-- major excision and grafting	By Report	42	M
	Eyelids -- full thickness Excision and Repair By advancement flaps			
270N	-- up to 1/4 of eyelid margin	$528.60	42	L
271N	-- over 1/4 of eyelid margin	$621.70	42	L
	By transfer flaps of tarso conjunctiva from opposing eyelid			
272N	-- up to 2/3 of eyelid	$621.70	42	L
	-- total eyelid 1 or more stages			
	Transplantation of Tissues Other than Skin			
281N	Mucous membrane graft	$363.00	42	L
283N	Fascia grafts for facial nerve paralysis	$918.00	42	L
285N	Slings for ptosis	$738.30	42	L
286N	Cartilage -- autogenous transplant	$843.20	42	L
	Bone -- autogenous transplant			

		Fee	Class	Anae
287N	-- nose, chin, orbit, forehead	$1,261.50	42	M
	Abrasive Surgery			
	Facial resurfacing - total face for removal of scars, etc.			
290N	mechanical -- primary	$751.10	42	L
291N	mechanical -- secondary	$344.50	42	L
292N	Regional -- cheeks, chin, forehead or elsewhere -- any method including laser	$196.90	42	L
	Nose			
300N	Rhinoplasty	$1,033.60	42	M
301N	Rhinoplasty with Septoplasty or Submucous Resection	$1,230.50	42	M
302N	Rhinophyma -- removal by shaving	$566.00	42	L
303N	Silastic implant -- when only procedure	$461.20	42	L
305N	Bone graft with 300N and 301N -- add	$455.80	42	L
	Ear			
310N	Preauricular fistula	$387.30	42	L
	Protruding ears -- otoplasty			
311N	-- unilateral	$600.00	42	L
313N	Segmental ear resection	$344.50	42	L
	Cleft Lip and Cleft Palate			
	Plastic repair of cleft lip, primary			
320N	-- unilateral	$1,530.00	42	M
323N	Plastic repair of cleft lip, secondary, by recreation of defect and closure	$1,230.00	42	M
325N	Repair of nasal deformity due to cleft lip	$966.20	42	M
	Plastic operation for cleft palate			
326N	-- partial -- primary	$1,530.00	42	M
327N	-- complete -- primary	$1,840.00	42	M
328N	-- major revision -- secondary	$1,800.00	42	M
329N	Palate -- pharyngo-plasty	$1,427.00	42	M
	Lips, Cheeks and Jaws			
330N	Vermilionectomy or gingivectomy	$570.00	42	L
331N	Transverse wedge excision, lip	$410.00	42	L
631N	Rectangular or square through and through resection of the lower lip	$714.00	42	L
332N	Radical resection of lip -- 1/2 or more with primary reconstruction	$953.40	42	M
333N	Total reconstruction of lip	$1,335.40	42	M
634N	LeFort I osteotomy of maxilla	$2,313.30	42	M
635N	-- with bone grafting	$2,590.50	42	M
	Excision of cyst of dental origin -- intraoral approach			
336N	-- under 1 cm.	$93.10	42	M
337N	-- 1-2.5 cm.	$241.00	42	M
338N	-- over 2.5 cm.	$566.00	42	M
339N	Interposed bone-graft augmentation of atrophic mandible	$1,421.00	42	M
	Fractures of the Facial Bones			
	Nose			
340N	-- intranasal reduction and splinting	$510.00	42	M
341N	-- total refracture and fixation	$528.60	42	M
	Mandible			
342N	-- interdental wiring (horizontal)	$510.00	42	M
343N	-- intermaxillary wiring including interdental wiring	$1,230.00	42	M
344N	-- open reduction of single fracture, excluding interdental or intermaxillary	$820.00	42	M

		Fee	Class	Anae
	wiring			
345N	-- multiple compound or comminuted fractures excluding interdental or intermaxillary wiring	$1,230.00	42	M
	Maxilla			
346N	-- displaced -- open reduction	$1,230.00	42	M
347N	-- open reduction with antrostomy (Caldwell Luc and packing)	$812.10	42	M
348N	Malar bone and zygomatic arch open elevation or temporal approach (Gillies)	$820.00	42	M
349N	Complete facial smash with cranial facial separation, complicated, open reduction, multiple surgical approaches, internal fixation, wiring teeth, etc.	By Report		
	Trunk			
	Mammaplasty reduction			
350N	-- unilateral	$1,494.80	42	M
	Breast augmentation -- prosthetic			
352N	-- unilateral	$738.30	42	L
	Subcutaneous tissue space expander			
400N	-- implantation	$1,138.00	42	L
401N	-- removal (including replacement by prosthesis)	$1,138.00	42	L
430N	Nipple reconstruction, post mastectomy	$720.00	42	L
431N	Repair of inverted nipple	$360.00	42	L
432N	Removal of single breast prosthesis	$210.00	42	L
433N	Removal of single breast prosthesis with capsulectomy and/or skin plasty	$676.20	42	L
354N	Abdominal Panniculectomy - see criteria in the preamble to this section	$1,430.00	42	L
	Post-gastroplasty redundant skin fold removal			
654N	-- bat wing, unilateral	$498.60	42	L
655N	-- thigh, unilateral	$498.60	42	L
355N	Decubitus ulcer -- repair by excision of bursa and underlying bone with rotation flap -- total care	$2,700.00	42	M
	Hypospadias			
360N	Removal of axillary sweat glands (unilateral)	$621.70	42	L
	Extremities			
362N	Phalangization	$639.90	42	L
363N	Pollicization	$1,230.50	42	M
364N	Cross finger flap -- total care	$958.70	42	L
365N	Transposition of digit	$958.70	42	L
366N	Needle aponeurotomy release - prominent Dupuytren's band, unilateral - Not billable in multiples on the same hand when more than one cord or finger is treated at the same patient contact.	$510.00	42	L
367N	Palmar fasciectomy for Dupuytren's contracture -- primary	$1,130.00	42	L
368N	Dupuytren's contracture - recurrent	$1,330.00	42	L
	Thumb - M.C.P. joint - collateral ligament reconstruction			
369N	-- by local tissue rearrangement	$712.00	42	L
370N	-- using tendon graft	$1,068.00	42	L
	Skin			
	Excision of Lesions			
	Benign			

PLASTIC SURGERY

		Fee	Class	Anae
	-- non-facial (see Section L)			
380N	-- facial on referral	$200.00	10	L
	Malignant -- by wide excision and suture These codes are for removal of lesions that are confirmed or suspected as malignant and require a wide-excision and suture at the time the procedure was performed.			
684N	-- non-facial	$306.00	10	L
685N	-- facial (not including neck and scalp)	$408.00	10	L
	Excision of malignant skin lesions with skin graft or flap repair - (use appropriate codes)			
	Wounds -- face -- single or multiple -- on referral to a plastic surgeon -- plastic repair			
382N	-- up to 5 cm.	$360.00	10	L
383N	-- each additional 2.5 cm.	$210.00	10	L
410N	Percutaneous inflation of tissue expander, first	$44.80	0	L
411N	-- each additional expander, per patient contact, same day -- maximum of 3, bill units	$22.40	0	L
	Wound Management			
420N	Vacuum assisted wound management, setup (indicate start time, stop time and size of wound on claim submission)	By Report		L
421N	Vacuum assisted wound management, follow-up (includes visit) (complicated cases may be billed by report)	$160.00		
	Microvascular Surgery			
500N	Preparation and harvesting of graft and closure of donor site	$2,000.00	42	H
501N	Preparation of distant recipient site including repair of nerves, tendons, bones and skin	$2,000.00	42	H
502N	Preparation of adjacent donor and recipient sites including repair of nerves, tendons, bones and skin .	$2,243.00	42	H
	Revascularization			
503N	-- arterial	$1,300.00	42	H
504N	-- with vein graft	$1,427.00	42	H
505N	-- venous	$1,300.00	42	H
506N	-- with graft .	$1,500.00	42	H

Assessment Rules for Microvascular Surgery

1. Codes apply only when provided by a recognized microvascular surgical unit.

2. Codes represent composite payments for all related microvascular surgical services provided at time of surgery, i.e. no codes outside the group (500N - 506N) are payable.

3. Each individual code is billable only once per anatomical site.

4. Normal surgical rules do not apply for the following:

(a) if multiple sites, payment is at 100% per site;
(b) combination of discrete codes within the group (500N - 506N) are payable at 100%;
(c) if initial vascularization fails and a second attempt is necessary, no payment will be made for the repeat procedure.

	Fee	Class	Anae

5. The 75% rule would apply for amputation where all attempts to revascularize fail.

6. Code 502N is not payable with 500N or 501N.

7. 503N and 504N are not payable together.
505N and 506N are not payable together.

8. All Claims will be assessed by a Medical Consultant.

Under this arrangement the maximum payable site would be $4,200.00.