

List of Surgical Procedures

Effective from 21 July 2014

List of Surgical Procedures

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

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

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

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

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

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

If you have an UltraCare policy you may choose whether you have the procedure undertaken by an **Affiliated Provider** or not even if that procedure is noted as being an **Affiliated Provider** –only procedure in this **List of Surgical Procedures**. However, if you do have the procedure performed by an **Affiliated Provider** the terms of the **Affiliated Provider** agreement will apply to that procedure.

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

Procedures not listed

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

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

SCHS Code	Description of Surgical Procedure
	SECTION 1: GENERAL SURGERY
	Breast
100	Breast Cyst Aspiration or Needle Biopsy
106	Simple Mastectomy and Sentinel Node Biopsy and Axillary Dissection - Unilateral
107	Simple Mastectomy and Sentinel Node Biopsy and Axillary Dissection - Bilateral
111	Breast Biopsy With Frozen Section
129	Open Breast Biopsy - Bilateral
130	Open Breast Biopsy
132	Breast Biopsy - Hook Wire
134	Core biopsy of breast
135	Excision Accessary Breast Tissue
140	Breast - Simple Mastectomy, Unilateral
143	Partial Mastectomy Bilateral
144	Partial Mastectomy and Sentinel Node Biopsy - Bilateral
145	Partial Mastectomy and Sentinel Node Biopsy and Axillary Dissection - Unilateral
146	Partial Mastectomy and Sentinel Node Biopsy and Axillary Dissection - Bilateral
147	Radical mastectomy - Unilateral
148	Radical mastectomy - Bilateral
150	Breast - Simple Mastectomy, Bilateral
154	Simple Mastectomy and Sentinal Node Biopsy - Unilateral
155	Simple Mastectomy and Sentinal Node Biopsy - Bilateral
156	Skin Sparing Mastectomy - Unilateral
157	Skin Sparing Mastectomy - Bilateral
161	Skin Sparing Mastectomy and Sentinel Node Biopsy - Unilateral
162	Skin Sparing Mastectomy and Sentinel Node Biopsy - Bilateral
163	Skin Sparing Mastectomy and Sentinel Node Biopsy and Axillary Dissection - Unilateral
164	Skin Sparing Mastectomy and Sentinel Node Biopsy and Axillary Dissection - Bilateral
176	Partial Mastectomy With Sentinel Node Biopsy - Unilateral
177	Partial Mastectomy - Unilateral
178	Correction Of Nipple Inversion - Unilateral
179	Correction Of Nipple Inversion - Bilateral
208	Breast Microdochotomy
	Reconstruction Post Mastectomy
	The following procedures must be completed within 2 years of initial reconstruction following eligible mastectomy
109	Breast Reconstruction - Latissimus Dorsi Muscle Transposition Autogenous - Bilateral
168	Breast Reconstruction - Transfer Tram Pedicled - Bilateral
169	Breast Reconstruction - Transfer Tram - Microsurgical - Bilateral
187	Breast Reconstruction - Transfer Tram Microsurgical

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

SCHS Code	Description of Surgical Procedure
661	Sigmoidoscopy And Anal Fistula
938	Diagnostic Laparoscopy - Gastrointestinal
939	Biopsy of Internal Mass or Tumour (standalone)
940	Freeing Of Minor Abdominal Adhesions
945	Laparoscopic Freeing Of Minor Abdominal Adhesions
950	Freeing Of Major Abdominal Adhesions
955	Laparoscopic Freeing Of Major Abdominal Adhesions
969	Botulinum toxin injection for anal fissure (rooms only)
971	Open Appendicectomy including Laparotomy
972	Laparoscopic reversal of Hartmann's procedure
973	Reversal of Hartmann's procedure
974	Laparoscopic Appendicectomy
978	Sphincteroplasty
979	Rectosigmoidectomy With Formation Of Stoma (Hartmann's Resection)
982	Right Hemicolectomy - With Formation Of Stoma
983	Left Hemicolectomy - With Formation Of Stoma
984	Laparoscopic Hemicolectomy - With Formation Of Stoma
985	Left Hemicolectomy - With Anastomosis
986	Right Hemicolectomy - With Anastomosis
987	Laparoscopic Hemicolectomy - With Anastomosis
988	Botulinum toxin injection for anal fissure
989	Transverse Colectomy with Anastomosis
991	Sigmoidcolectomy With Anastomosis
992	Sigmoidcolectomy With Formation of Stoma
995	Colectomy - Total With Ileo-Rectal Anastomosis
996	Laparoscopic Colectomy - Total With Ileo-Rectal Anastomosis
1002	Open Proctocolectomy with Anastomosis
1003	Open Proctocolectomy with Ileoanal Pouch and Loop Ileostomy
1004	Laparoscopic Proctocolectomy with Ileoanal Pouch and Defunctioning Loop Ileostomy
1010	Colostomy - Formation
1011	Colostomy - Closure
1012	Revision Colostomy
1013	Ileostomy Formation
1014	Ileostomy Closure
1015	Ileostomy Revision
1016	Creation of Gastrostomy or Jejunostomy
1017	Gastrojejunostomy or Roux-en-Y Anastomosis
1020	Colotomy - For Polyp Or Wedge Resection Of Colon For Polyp
1085	Insertion Of Oesophageal Stent
1100	Laparoscopic Partial Gastrectomy
1110	Gastrectomy - Partial

SCHS Code	Description of Surgical Procedure
1120	Gastrectomy - Total (Abdominal, Thoracic, Or Combined Approach)
1125	Total Gastrectomy And Oesophagectomy By Abdominal Transthoracic Mobilisation
1152	E.R.C.P.
1155	E.R.C.P. And Sphincterotomy Or Stenting
1159	Toupet Fundoplication - Adult - Open
1161	Toupet Fundoplication - Adult - Laparoscopic
1164	Oesophageal Manometry Test
1165	Toupet Fundoplication - 15 years or younger
1166	Oesophageal 24hr pH Monitoring
1167	Dilation Of Oesophagus
1168	Anorectal Physiology Study
1169	Gastric Emptying study
1174	Needle Biopsy Of Liver (separate procedure)
1180	Laparotomy
1182	Repair Of Sphincter Of Oddi
1183	Repair Of Pancreatic Duct Sphincter
1184	Choledocho-jejunostomy or choledoco-duodenostomy
1185	Small Bowel Resection
1186	Laparoscopic Small Bowel Resection
1187	Laparoscopic Liver Biopsy
1188	Biopsy of Liver open, incidental
1189	Biopsy of Liver - With Ultrasound Guidance (Separate procedure)
1191	Hepatic Cryotherapy
1192	Liver Lobectomy (Right Or Left)
1193	Hepatectomy
1194	Radiofrequency Ablation of the Liver
1195	Small Bowel Strictureplasty
1220	Oesophagectomy - One Stage
1221	Oesophagectomy By Abdominal And Transthoracic Mobilisation, With Thoracic Oesophagogastric Anastomosis - Ivor Lewis
1230	Oesophagus - Hellers Operation
1240	Pancreas - Total Excision Of, Or Pancreatico-Duodenectomy
1242	Whipples Procedure
1248	Transanal Excision Of Rectal Tumour
1249	Transanal Endoscopic Microsurgery (TEM)
1250	Resection Of Rectum - Abdominoperineal
1260	Anterior Resection Of Rectum - Low With Coloanal Anastomosis
1261	Anterior Resection Of Rectum - Ultra Low With Coloanal Anastomosis
1262	Anterior Resection Of Rectum - Low With Extraperitoneal Anastomosis
1263	Anterior Resection Of Rectum - High With Intraperitoneal Anastomosis

SCHS Code	Description of Surgical Procedure
1264	Laparoscopic Anterior Resection Of Rectum - Low With Coloanal Anastomosis
1265	Laparoscopic Anterior Resection Of Rectum - Ultra Low With Coloanal Anastomosis
1266	Laparoscopic Anterior Resection Of Rectum - Low With Extraperitoneal Anastomosis
1267	Laparoscopic Anterior Resection Of Rectum - High With Intraperitoneal Anastomosis
1270	Prolapse Of Rectum - Abdominal Rectopexy
1271	Prolapse Of Rectum - Excision Of Rectal Mucosa (Including Sigmoidoscopy)
1275	Dynamic Graciloplasty
1280	Prolapse Of Rectum - Laparoscopic Rectopexy
1290	Splenectomy
1291	Laparoscopic Splenectomy
	Affiliated Provider only procedures (except for UltraCare plans)
	The following surgical treatments must be performed by an Affiliated Provider to be eligible for cover under your policy . Unless you are advised otherwise by your Affiliated Provider we will pay 100% of the amount charged by your Affiliated Provider for the operation .
	Gastrointestinal
	Examination of Colon up to Splenic Flexure (Short Colonoscopy with Biopsy)
	Colonoscopy
	Screening Colonoscopy
	Colonoscopy
	Screening Colonoscopy
	Colonoscopy with biopsy
	Colonoscopy with Biopsy and Dilatation
	Colonoscopy With Removal of Polyps
	Gastroscopy and Colonoscopy
	Gastroscopy (with or without biopsy)
	Gastroscopy and Colonoscopy with Removal of Polyps
	Gastroscopy and Colonoscopy with biopsy
	Oesophageal Dilatation with Gastroscopy
	Wireless Capsule Endoscopy
	Balloon Enteroscopy - Single Balloon
	Balloon Enteroscopy - Double Balloon
	Endoscopic Mucosal Resection
	Endoscopic Argon Plasma Coagulation
	BRAVO pH Monitoring System
	Cholecystectomy
	Cholecystectomy With Operative Cholangiogram
	Laparoscopic Cholecystectomy
	Laparoscopic Cholecystectomy With Operative Cholangiogram

SCHS Code	Description of Surgical Procedure
	Laparoscopic Cholecystectomy Converted To Open With Operative Cholangiogram
	Laparoscopic Cholecystectomy And Nissen Repair or Wrap
	Laparoscopic Cholecystectomy Converted To Open
	Cholecystectomy And Choledochotomy Including Any Choledochoscopy
	Hiatus Hernia Repair
	Laparoscopic Hiatus Hernia Repair
	Sacral Nerve Stimulation
	Head and Neck
210	Branchial Fistula
305	Sublingual gland excision
306	Simple Lymph Node Dissection of Neck
320	Supraomohyoid Gland Dissection
584	Radical Neck Dissection
585	Superficial Parotidectomy
590	Total Parotidectomy
591	Partial parotidectomy (Includes Superficial)
592	Subtotal parotidectomy
593	Radical parotidectomy
600	Parathyroidectomy
720	Excision of Submandibular Gland
740	Excision Of Thyroglossal Cyst Or Fistula
745	Thyroplasty
781	Total Thyroid Lobectomy
785	Total or Subtotal Thyroidectomy
791	Total Thyroidectomy Including Parathyroid Transplant
793	Partial Thyroidectomy Including Parathyroid Transplant
800	Tongue - Partial Removal, Hemi-Glossectomy
9600	Salivary Gland - Intraoral Removal of Duct Calculus
	Lymph Nodes
175	Sentinel Node Biopsy
300	Excision of a Single Lymph Node (not elsewhere classified)
306	Simple Lymph Node Dissection of Neck
310	Superficial Axillary Lymph Node Dissection
312	Radical Node Dissection - Axilla
315	Superficial Inguinal Node Dissection
584	Radical Neck Dissection
586	Selective neck dissection I-IV

SCHS Code	Description of Surgical Procedure
587	Modified radical neck dissection
588	Extended radical neck dissection
2820	Radical Inguinofemoral Node Dissection of Groin
2832	Radical Pelvic Node Dissection
2833	Laparoscopic Pelvic Node Dissection
3560	Pelvic Node Dissection including Para-Aortic Nodes for Staging
	Hernia
355	Repair Of Epigastric Hernia
358	Parastomal Hernia Repair
361	Repair Of Incisional Hernia
370	Repair Of Complicated Incisional Hernia
383	Spigelian Hernia
387	Repair Of Laparoscopic Incisional Hernia
	Affiliated Provider only procedures (except for UltraCare plans)
	The following surgical treatments must be performed by an Affiliated Provider to be eligible for cover under your policy . Unless you are advised otherwise by your Affiliated Provider we will pay 100% of the amount charged by your Affiliated Provider for the operation .
	Hernia
	Repair Of Umbilical Hernia - Under 10 Years
	Repair Of Minor Umbilical Hernia – Adult
	Repair Of Major Umbilical Hernia - Adult
	Unilateral Hernia - Femoral Repair
	Unilateral Hernia - Inguinal Repair
	Unilateral Laparoscopic Hernia - Inguinal Repair
	Unilateral Laparoscopic Hernia - Femoral Repair
	Bilateral Hernia - Inguinal Repair
	Bilateral Hernia - Femoral Repair
	Bilateral Laparoscopic Hernia - Inguinal
	Bilateral Laparoscopic Hernia - Femoral
	Inguinal Herniotomy - Under 3 Years
	Bilateral Inguinal Herniotomies - Under 3 Years
	Skin and Superficial Structures
10	Abscess - Small, Or Cellulitis Requiring Incision And Drainage With Local Anaesthetic
20	Abscess - Large, Or Extensive Cellulitis Requiring Incision Or Drainage
25	Debridement of infected wound area & closure

SCHS Code	Description of Surgical Procedure
26	Debridement of infected wound/fistula/sinus
101	Fine Needle Aspiration
280	Removal of Foreign Body (simple)
292	Excision Of Ganglion - Other
293	Excision Of Ganglion - Wrist / Hand / Finger
500	Aspiration Of Small Haematoma
520	Drainage Of Haematoma
	Affiliated Provider only procedures (except for UltraCare plans)
	The following surgical treatments must be performed by an Affiliated Provider to be eligible for cover under your policy . Unless you are advised otherwise by your Affiliated Provider we will pay 100% of the amount charged by your Affiliated Provider for the operation .
	Skin and Superficial Structures
	Skin Lesion Excision with Direct Closure Under GA
	Skin Lesion Excision with Flap Closure Under GA
	Skin Lesion Excision with Graft Closure Under GA
	Affiliated Provider only procedures (except for UltraCare plans)
	The following surgical treatments must be performed by an Affiliated Provider to be eligible for cover under your policy . Unless you are advised otherwise by your Affiliated Provider we will pay 100% of the amount charged by your Affiliated Provider for the operation .
	Mohs Surgery
	Mohs Micrographic Surgery and associated surgical closure
	Varicose Veins
	Endo Venous Laser Ablation of Varicose Veins
	Endo Venous Radio Frequency Ablation of Varicose Veins
	Ultrasound Guided Sclerotherapy - Varicose Veins
	Varicose Veins Surgery
	Lung/chest
1200	Lung, Lobectomy
1201	Lung Biopsy - Percutaneous
1202	Lung Biopsy - Open
1203	Lung Exploration

SCHS Code	Description of Surgical Procedure
1204	Lung Biopsy - Bronchoscopic
1205	Lung Biopsy - Bronchoscopic - Fibreoptic
1206	Thoracotomy, Chest Biopsy
1207	Mediastinoscopy
1208	Thorascopic Pleurodesis Stapling Bullae
1209	Excision Thymoma With Sternotomy
1212	Chest Biopsy, Needle
1213	Mediastinal Mass Biopsy
1214	Mediastinal Mass Excision
1215	Mediastinotomy or Thoracoscopy For Staging
1216	Lung Lobectomy - Two or More Lobes
1217	Lung, Sleeve Lobectomy
1218	Pneumonectomy
1219	Transcervical Thymectomy
1222	Lung Biopsy - Wedge Resection
3555	Thoracic Lymph Node Dissection in association with another procedure
	Miscellaneous
1301	Insertion Of Port-A-Cath
1302	Central Vein Catheterisation
1303	Percutaneous Central Vein Catheterisation
1304	Removal Of Port-A-Cath
3410	Examination Under Anaesthetic
	SECTION 2: OTOLARYNGOLOGY
	Throat
800	Tongue - Partial Removal, Hemi-Glossectomy
801	Biopsy of Tongue
802	Partial glossectomy per-oral
803	Partial glossectomy drop through
804	Subtotal glossectomy
805	Total glossectomy
806	Excision of Tongue Lesion
1722	Partial pharyngectomy
1744	Fixation mandibular reconstruction plate
1745	Segmental mandibulectomy
1746	Marginal mandibulectomy
1747	Hemi-mandibulectomy

SCHS Code	Description of Surgical Procedure
1748	Condylectomy
1749	Coronoidectomy
1750	Uvulopalatopharyngoplasty (UPPP)
1755	Uvulopalatopharyngoplasty & Septoplasty
1756	Uvulopalatopharyngoplasty, Septoplasty and Reduction of Turbinates
1757	Tracheostomy
1758	Floor of mouth excision
	Affiliated Provider only procedures (except for UltraCare plans)
	The following surgical treatments must be performed by an Affiliated Provider to be eligible for cover under your policy . Unless you are advised otherwise by your Affiliated Provider we will pay 100% of the amount charged by your Affiliated Provider for the operation .
	Throat
	Adenoidectomy
	Adenoidectomy And Cautery Of Turbinates
	Adenoidectomy With Grommet Insertion
	Adenotonsillectomy
	Adenotonsillectomy With Unilateral Grommet Insertion
	Adenotonsillectomy with Unilateral Grommet Insertion and Bilateral Antral Lavage
	Adenotonsillectomy With Bilateral Grommet Insertion
	Adenotonsillectomy with Bilateral Grommet Insertion and Bilateral Antral Lavage
	Adenotonsillectomy, Cautery of Turbinates and Unilateral Grommet Insertion
	Adenotonsillectomy, Cautery of Turbinates and Bilateral Grommet Insertion
	Tonsillectomy
	Tonsillectomy With Antral Lavage
	Tonsillectomy With Unilateral Grommet Insertion
	Tonsillectomy With Bilateral Grommet Insertion
	Tonsillectomy With Cautery Of Turbinates
	Tonsillectomy with Cautery of Turbinates and Unilateral Grommet Insertion
	Tonsillectomy With Septoplasty
	Adenoidectomy
	Adenoidectomy And Cautery Of Turbinates
	Adenoidectomy With Grommet Insertion
	Hypopharynx and Larynx
1760	Pharyngoscopy
1770	Pharyngoscopy With Biopsy
1775	Excision of Malignant Tumour of Upper Aerodigestive Tract
1780	Removal Of Pharyngeal Pouch
1781	Excision and stapling Hypopharyngeal Diverticulum, Cricopharyngeal Myotomy

SCHS Code	Description of Surgical Procedure
1790	Laryngoscopy - With Or Without Biopsy
1800	Microlaryngoscopy With Or Without Biopsy (in Theatre)
1801	Microlaryngoscopy With Or Without Biopsy (in Rooms)
1802	Injection Laryngoplasty
1803	Microlaryngoscopy with Other Laryngoscopic Procedure
1805	Partial laryngectomy
1806	Total laryngectomy
1785	Dohlman's procedure
	Trachea, Bronchi and Oesophagus
1830	Bronchoscopy - Fibreoptic
1860	Oesophagoscopy
1861	Oesophagoscopy - With Biopsy
1870	Pan-Endoscopy - Including Laryngoscopy, Pharyngoscopy, Oesophagoscopy & E.U.A Nasopharynx
1875	Tracheal resection
	Ears
2015	Lateral temporal bone resection
2020	Foreign Body Ear - Surgical Removal
2030	Removal Solitary Osteoma Ear Canal
2040	Removal Of Multiple Exostoses - Ear Canal
2050	Meatoplasty
2060	Myringotomy
2070	Unilateral Grommet Insertion in Rooms (Including Myringotomy)
2082	Bilateral Grommet Insertion in Rooms (Including Myringotomy)
2085	Removal of Grommets in Rooms
2090	Tympanotomy - Unilateral
2100	Tympanotomy - Plus Division Of Nerves Or Adhesions
2110	Tympanotomy Plus Ossiculoplasty
2120	Myringoplasty - Transcanal
2130	Tympanoplasty (Myringoplasty Postaural Or Endaural)
2140	Tympanoplasty And Ossiculoplasty
2150	Stapedectomy
2180	Tympanotomy Plus Repair Of Perilymph Fistula
2210	Cortical Mastoidectomy Or Atticotomy
2220	Cortical Mastoidectomy Or Atticotomy Plus Myringoplasty
2230	Atticotomy Plus Tympanoplasty
2231	Cortical Mastoidectomy Plus Tympanoplasty
2260	Modified Radical Mastoidectomy or Combined Approached Tympanoplasty (CAT)
2261	Cochlear Implant Surgery (Excluding The Cost Of The Appliance)

SCHS Code	Description of Surgical Procedure
	Affiliated Provider only procedures (except for UltraCare plans)
	The following surgical treatments must be performed by an Affiliated Provider to be eligible for cover under your policy . Unless you are advised otherwise by your Affiliated Provider we will pay 100% of the amount charged by your Affiliated Provider for the operation .
	Ears
	Bilateral Grommet Insertion in theatre (Including Myringotomy)
	Myringotomy
	Removal of Grommets in theatre
	Unilateral Grommet Insertion in theatre (Including Myringotomy)
	Nose & Paranasal Sinuses
1880	Bilateral Antral Lavage
1920	Nasal Polypectomy - Unilateral
1930	Nasal Polypectomy - Bilateral
1940	Transnasal Ethmoidectomy
1945	Endoscopic Maxillary Antrostomy - Unilateral
1946	Endoscopic Maxillary Antrostomy - Bilateral
1950	Radical Antrostomy (Caldwell Luc)
1960	Radical Antrostomy - With Trans-Antral Ethmoidectomy (Jansen Horgan)
1968	Endoscopic Powered Turbinoplasty - Unilateral or Bilateral
1969	Sinoscopy
1970	Endoscopic Sinus Surgery
1972	Endoscopic Sinus Surgery - Bilateral
1976	Endoscopic Sinus Surgery - Bilateral And Septoplasty
1978	Endoscopic Sinus Surgery - Bilateral with Septoplasty and Trimming of Turbinates
1990	External Fronto-Ethmoidectomy
2000	Radical Fronto-Ethmoidectomy
2290	Cautery Of Septum Or Turbinates
2300	Cautery Of Turbinates With Outfracture
2310	Trimming Of Turbinates - Total - Bilateral
2320	Septoplasty
2321	Crural J flap (bilateral)
2330	Septoplasty With Cautery Or Diathermy Of Turbinates, With Or Without Outfracture
2336	Conchal Cartilage Graft
2337	Septoplasty With Trimming Of Turbinates
2340	Septo-Rhinoplasty
2350	External Septo Rhinoplasty
2355	Rhinectomy
2360	Excision maxillary tuberosity
2361	Posterior maxillectomy
2362	Medial maxillectomy

SCHS Code	Description of Surgical Procedure
2363	Subtotal maxillectomy
2364	Total maxillectomy
2365	Extended total maxillectomy
2371	External ethmoidectomy
2375	Inferior craniofacial resection
2380	Nasendoscopy (in theatre)
2390	Examination Of Nasopharynx with or without Biopsy
	Affiliated Provider only procedures (except for UltraCare plans)
	The following surgical treatments must be performed by an Affiliated Provider to be eligible for cover under your policy . Unless you are advised otherwise by your Affiliated Provider we will pay 100% of the amount charged by your Affiliated Provider for the operation .
	Nose and Paranasal Sinuses
	Endoscopic Modified Lothrop
	SECTION 3: UROLOGY
	Kidney
2554	Biopsy of Kidney - Ultrasound Guided
2560	Nephrectomy - Simple
2570	Nephrectomy - Partial
2580	Nephrectomy - Radical
2581	Open or Laparoscopic Adrenalectomy
2585	Laparoscopic nephrectomy
2586	Laparoscopic Partial Nephrectomy (surgeon max is per surgeon; up to two surgeons allowed)
2590	Nephroureterectomy
2831	Laparoscopic Renal Cryotherapy
2610	Pyelolithotomy
2620	Nephrolithotomy - Major More Than 120 Minutes
2640	Nephrostomy - Percutaneous
2641	Nephrostomy Tract Establishment By Urologist
2642	Percutaneous Nephroscopy and Lithotomy Less Than 90 Minutes
2644	Percutaneous Nephroscopy and Lithotomy - More Than 90 Minutes
2650	Pyeloplasty
2662	Endopyelotomy - Retrograde
2664	Endopyelotomy - Antegrade
2680	Percutaneous Pyelolithotomy
2686	Extracorporeal Shockwave Lithotripsy
2687	Radiofrequency Ablation of Kidney to treat Renal Tumour
2652	Laparoscopic Pyeloplasty

SCHS Code	Description of Surgical Procedure
	Affiliated Provider only procedures (except for UltraCare plans)
	The following surgical treatments must be performed by an Affiliated Provider to be eligible for cover under your policy . Unless you are advised otherwise by your Affiliated Provider we will pay 100% of the amount charged by your Affiliated Provider for the operation .
	Renal
	Laparoscopic renal cryotherapy
	Ureter
2682	Insertion Of Double J Stent
2690	Ureteroscopy With Minor Additional Procedure
2692	Ureteroscopy With Major Additional Procedure
2700	Reimplantation Ureter - Unilateral
2710	Reimplantation Ureter - Bilateral
2720	Ureterolithotomy
2770	Ureterolysis - Open, Unilateral or Bilateral
2772	Ureterolysis - Laparoscopic, Unilateral or Bilateral
2780	Reduction Ureteroplasty And Reimplant - 1st Stage
2790	Reduction Ureteroplasty And Reimplant - 2nd Stage
	Bladder
2442	Colposuspension - Open
2444	Needle Colposuspension, Endoscopic Bladder Neck Suspension Or Similar
2850	Cystoscopy and urethroscopy
2851	Cystoscopy - With Biopsy, Ureteric Catheterization, Urethral Dilatation, Removal Stent, Or Other Minor Procedure
2852	Flexible Cystourethroscopy
2853	Flexible Cystourethroscopy - With Biopsy, Ureteric Catheterization, Urethral Dilatation, Removal Stent, Or Other Minor Procedure
2854	Cystoscopy and Transrectal Ultrasound and Biopsy (TRUS)
2855	Cystourethroscopy - With Bladder Neck Incision Or Major Visual Urethrotomy
2856	Retrograde pyelogram
2900	Transurethral Resection Bladder Tumour -Minor <30Min
2910	Transurethral Resection Bladder Tumour -Major >30Min
2920	Cystoscopy - Removal Ureteric Calculus Or Foreign Body
2930	Cystoscopic Destruction And Removal Bladder Calculus / Litholopaxy
2940	Incision Of Bladder Neck
2945	Percutaneous Suprapubic Catheterisation of the Bladder
2950	Total Or Radical Cystectomy With Ileal Conduit Diversion (surgeon max is per surgeon; up to two surgeons allowed)

SCHS Code	Description of Surgical Procedure
2952	Total or Radical Cystectomy Plus Bladder Reconstruction (surgeon max is per surgeon; up to two surgeons allowed)
2953	Total Or Radical Cystectomy With Replacement Cystoplasty Orthotopic
2954	Radical Cystoprostatectomy
2960	Bladder - Repair Of Rupture
2970	Bladder Tumours, Suprapubic Diathermy Of
2981	Cystoscopic Destruction And Removal Bladder Calculus - Minor Less Than 2.5cm
2982	Cystoscopic Destruction And Removal Bladder Calculus - Major More Than 2.5cm
2983	Laser Resection Of Bladder Tumour - Minor
2984	Laser Resection Of Bladder Tumour - Major
2985	Cystolithotomy
2990	Diverticulum Of Bladder, Excision Or Obliteration Of
3030	Cystoplasty
3322	Laparoscopic Colposuspension
3670	Ventro-Suspension
3040	Partial Cystectomy
2945	Percutaneous Suprapubic Catheterisation of the Bladder
	Prostate
2800	Open Enucleation Prostate
2840	Prostate - Needle Biopsy
2845	Prostate Saturation Biopsy
	Affiliated Provider only procedures (except for UltraCare plans)
	The following surgical treatments must be performed by an Affiliated Provider to be eligible for cover under your policy . Unless you are advised otherwise by your Affiliated Provider we will pay 100% of the amount charged by your Affiliated Provider for the operation .
	Prostate
	Laparoscopic Prostatectomy
	Laparoscopic Prostatectomy with Node Dissection
	Radical Retropubic Prostatectomy
	Radical Retropubic Prostatectomy with Node Dissection
	Perineal Prostatectomy
	Prostate Brachytherapy
	Prostate Cryotherapy
	Transurethral Resection of Prostate (TURP)
	Open Enucleation of Prostate
	Laser Prostatectomy
	Robotic Assisted Laparoscopic Prostatectomy

SCHS Code	Description of Surgical Procedure
	Incontinence
2420	Pubo-Vaginal Sling Operation For Incontinence with or without Cystoscopy
2425	TVT Sling Revision
2440	Implantation Artificial Urinary Sphincter
2446	Male Sling operation
	Urethra
2400	Excision or Cauterisation of Caruncle
2430	Periurethral Injection for Incontinence
2460	Urethrectomy
2470	Urethroplasty - Stage 1
2480	Urethroplasty - Stage 2
2490	Urethroplasty Including Stricture Repair, Urethral Diverticulum - Minor
2491	Urethroplasty Including Stricture Repair, Urethral Diverticulum Major
2497	Urethroplasty and Buccal Graft
2500	Urethroplasty - One Stage, Transpubic
2510	Urethroplasty - Revision For Recurrent Stricture
2520	Meatoplasty (Urethra)
2530	Urethral Calculus
2540	Urethrotomy - Internal
2550	Urethral Diverticulum
	Scrotum
571	Orchidopexy - Unilateral
580	Orchidopexy - Bilateral
820	Varicocele Repair- Inguinal
825	Varicocele Repair- Laparoscopic
3073	Excision of Epididymal Cyst Spermatocoele, or Epididymectomy - Unilateral
3074	Excision of Epididymal Cysts Spermatocoele, or Epididymectomy - Bilateral
3075	Hydrocele Repair - Unilateral
3076	Hydrocele Repair - Bilateral
3100	Testicular Biopsy
3111	Undescended Testis - Laparoscopy For
3114	Simple Scrotal Orchidectomy – Unilateral
3115	Simple Scrotal Orchidectomy – Bilateral
3120	Radical Orchidectomy
3125	Testicular Prosthesis Insertion
	Penis
231	Circumcision
3072	Preputioplasty

SCHS Code	Description of Surgical Procedure
3077	Dorsal Slit
3079	Penile Biopsy
3080	Penis - Amputation
3090	Penile Plication For Peyronie's Disease
3140	Penile Prosthesis - Semi Rigid
3150	Penile Prosthesis - Inflatable
	Clinic Procedures
2450	Catheterisation
2451	Catheterisation - With Instillation Drugs
2452	Urethral Dilatation
2881	Cystoscopy With Urodynamic Assessment
3078	Diathermy Penile Warts Or Minor Genital Skin Lesion Excision
6405	Transrectal Ultrasound And Biopsy of Prostate
	Affiliated Provider only procedures (except for UltraCare plans)
	The following surgical treatments must be performed by an Affiliated Provider to be eligible for cover under your policy . Unless you are advised otherwise by your Affiliated Provider we will pay 100% of the amount charged by your Affiliated Provider for the operation .
	Clinic Procedures
	Vasectomy (NB: Loyalty Benefit)
	SECTION 4: GYNAECOLOGY
	Vulva
3180	Bartholins Cyst / Abscess Surgery
3421	Separation Of Labial Fusion
3480	Fenton's Procedure
3490	Simple Excision Vulval Lesion - (including excision varicocele)
3500	Vulva - Radical Excision Of, With Glands
3510	Simple Vulvectomy
3520	Cautery or Laser Destruction of Vulval Warts
3530	Multiple Vulval Biopsy
	Vagina
3261	Revision of Episiotomy Scar (not cosmetic)
3270	Anterior Colporrhaphy
3275	Anterior Colporrhaphy with Mesh Repair
3276	Minor Revision Mesh Repair
3280	Colporrhaphy - Anterior And Amputation Of Cervix

SCHS Code	Description of Surgical Procedure
3290	Anterior And Posterior Colporrhaphy
3291	Anterior and Posterior Colporrhaphy with Mesh
3300	Posterior Colporrhaphy
3305	Posterior Colporrhaphy with Mesh Repair
3310	Posterior Colporrhaphy And Enterocele
3311	Repair of Enterocele, Vaginal Approach
3315	Repair of Vaginal Vault (including Sacrospinous Fixation)
3325	Open Sacrocolpopexy, Levatorplasty
3327	Laparoscopic Sacrocolpopexy
3460	Repair of Recto-vaginal Fistula
3470	Repair of Vesico-vaginal Fistula
3485	Excision Of Vaginal Lesion
3594	Laparoscopic Sacrocolporectopexy
3595	Laparoscopic Pelvic Floor Repair
3596	Vaginal reconstruction disease related
3285	Vaginoplasty
	Cervix
3220	Cervix - Amputation Or Reconstruction Vaginal Approach
3230	Cervix - Biopsy Under Anaesthetic
3250	Cervix Cauterisation Of - With Anaesthesia
3375	Cervical Polypectomy
3405	Lletz Loop
3406	Cone Biopsy with Laser Ablation of the Cervix
3407	Laser Ablation
3408	Cone Biopsy
	Uterus
3170	Drainage of Pelvic Abscess Via Fornices
3350	D & C With Biopsy Of Cervix
3360	D&C With Cone Biopsy Of Cervix
3370	D&C With Removal Of Polyp - Uterus
3371	D&C With Removal Of Polyp - Cervix
3380	D&C After Miscarriage
3390	Endometrial Biopsy (Pipelle) (in theatre)
3455	Laparoscopic Uterine Nerve Ablation
3540	Hysteroscopy D&C
3542	Hysteroscopy And Removal Of Submucous Fibroid With D&C
3543	Hysteroscopy And Removal Of Endometrial Polyp With D&C
3544	Insert Intrauterine Device in Theatre

SCHS Code	Description of Surgical Procedure
3570	Abdominal Hysterectomy
3571	Abdominal Hysterectomy With BSO
3580	Hysterectomy - Total And Marshall Marchetti Procedure
3581	Hysteroscopy and Endometrial Ablation/Resection
3585	Total Abdominal Hysterectomy & Bilateral Salpingo-Oophorectomy & Omentectomy +/- Nodes
3590	Vaginal Hysterectomy With Pelvic Repair
3600	Vaginal Hysterectomy
3610	Radical Wertheim Hysterectomy with Bilateral Pelvic Lymph Node Dissection and With Extension of the Vagina
3613	Subtotal laparoscopic hysterectomy
3614	Laparoscopically Assisted Vaginal Hysterectomy
3615	Laparoscopically Assisted Vaginal Hysterectomy With BSO
3616	Laparoscopically assisted Vaginal Hysterectomy With Division Of Adhesions
3630	Abdominal Myomectomy
3632	Laparoscopic Myomectomy
3640	Laparoscopic Total Hysterectomy
3572	Abdominal Hysterectomy and Radical Excision Pelvic Lymph Nodes
3573	Total Abdominal Hysterectomy, BSO & Omentectomy with Radical Dissection for Debulking incl. Pelvic and Para-aortic Lymphadenectomy
3602	Vaginal Hysterectomy and Anterior and Posterior Colporrhaphy
3603	Vaginal Hysterectomy and Anterior and Posterior Colporrhaphy and Vault Repair
3604	Vaginal Hysterectomy and Anterior Colporrhaphy
3607	Vaginal Hysterectomy and Anterior Colporrhaphy and Vault Repair
3609	Vaginal Hysterectomy and Posterior Colporrhaphy
3611	Vaginal Hysterectomy and Repair of Enterocoele
3617	Vaginal Hysterectomy and Vaginal Anterior Mesh Repair
3641	Total Laparoscopic Hysterectomy with Bilateral Salpingo-Oophorectomy
	Fallopian tubes - Ovaries
3160	Laparoscopic Sterilisation (NB Loyalty Benefit)
3162	Essure - Sterilisation (NB Loyalty Benefit)
3164	Adiana Hysteroscopic Sterilisation (NB Loyalty Benefit)
3450	Laparoscopy With D & C
3550	Ectopic Pregnancy - Removal Of
3552	Laparoscopic Removal Of Ectopic Pregnancy
3554	Laparoscopy with Hysteroscopy and D&C
3574	Resection Ovarian/Tubal/Intra-abdominal/ Retroperitoneal Malignancy, BSO & Omentectomy w/ Radical Dissection for Debulking
3578	Excision open intra abdominal or retroperitoneal tumours or cysts 5cm or less
3579	Excision open intra abdominal or retroperitoneal tumours or cysts more than 5cm up to 10cm
3586	Excision open intra abdominal or retroperitoneal tumours or cysts - extensive greater than 10cm

SCHS Code	Description of Surgical Procedure
3592	Omentectomy
3650	Open Oophorectomy - Unilateral
3651	Open Oophorectomy - Bilateral
3652	Laparoscopic Oophorectomy - Unilateral
3653	Laparoscopic Oophorectomy - Bilateral
3654	Unilateral Oophorectomy With Bilateral Salpingectomy
3655	Laparoscopic Unilateral Oophorectomy With Bilateral Salpingectomy
3660	Open Ovarian Cystectomy - Unilateral
3661	Open Ovarian Cystectomy - Bilateral
3662	Laparoscopic Ovarian Cystectomy - Unilateral
3663	Laparoscopic Ovarian Cystectomy - Bilateral
3665	P.C.O.S. Laparoscopic Drilling Of Ovaries
3666	Laparoscopic Division Of Adhesions To Ovaries
3689	Biopsy Of Ovary
3690	Open Salpingectomy – Unilateral
3691	Laparotomy
3692	Laparoscopic Salpingectomy unilateral
3700	Open Salpingo-Oophorectomy unilateral
3701	Open Salpingo-Oophorectomy bilateral
3702	Laparoscopic Salpingo-Oophorectomy Unilateral
3703	Laparoscopic Salpingo-Oophorectomy, Bilateral
3710	Salpingo Or Salpingolysis
3712	Salpingostomy - Laparoscopic
3730	Laparoscopic Diathermy To Endometriosis
3731	Laparoscopic Endometriosis Surgery - Mild
3732	Laparoscopic Endometriosis Surgery - Moderate
3733	Laparoscopic Endometriosis Surgery - Severe
3734	Endometriosis Surgery - Severe (Laparotomy)
	Clinic Procedure
3240	Cryotherapy/Cautery of Cervix
3330	Colposcopy with Biopsy
3420	Incision of Hymen
3529	Vulvoscopy with or without Biopsy
3547	Insertion of Intra-uterine Device - in Surgeon's Rooms
3548	Removal of Intra-uterine Device

SCHS Code	Description of Surgical Procedure
	SECTION 5: OPHTHALMOLOGY
	Lacrimal
3839	Lacrimal Syringing and Probing in rooms (With or Without Punctoplasty)
3840	Probing of Lacrimal Duct in theatre (with or without punctoplasty) - Unilateral
3841	Probing of Lacrimal Duct in theatre (with or without punctoplasty) - Bilateral
3842	Lacrimal Intubation - Bilateral
3843	Lacrimal Intubation - Bilateral
3845	Dacryocystorhinostomy
3846	Dacryocystorhinostomy - Bilateral
	Lids and Adnexa
251	Excision of Xanthelasma
3825	Tarsal Cyst (Chalazion) Removal in Clinic
3826	Tarsal Cyst (Chalazion) Removal under General Anaesthetic
3828	Removal of One or More Eyelashes for Trichiasis
3830	Entropion or Ectropion Repair - Unilateral
3831	Entropion or Ectropion Repair - Bilateral
3835	Correction Of Ptosis - Unilateral
3837	Correction Of Ptosis - Bilateral
3850	Minor Eyelid Surgery (other than blepharoplasty or ptosis correction)
3855	Intermediate Eyelid Surgery (other than blepharoplasty or ptosis correction)
3860	Major Eyelid Surgery (other than blepharoplasty or ptosis correction)
3861	Blepharoplasty for Dermatochalasis of Upper Eyelids only - Bilateral
3862	Blepharoplasty for Dermatochalasis of the Upper Eyelid only - Unilateral
3864	Upper Eyelid Recession Surgery Unilateral
3865	Upper Eyelid Recession Surgery Bilateral
3870	Ophthalmic Skin Grafts Major
3871	Ophthalmic Skin Grafts Minor
	Strabismus Surgery
3879	Strabismus Surgery – 1 Muscle
3883	Strabismus Surgery – 2 Muscles
3884	Strabismus Surgery – 3 Muscles
3885	Strabismus Surgery – 4 Muscles
3886	Strabismus Reoperation – 1 Muscle
3887	Strabismus Reoperation – 2 Muscles
3888	Strabismus Reoperation – 3 Muscles
3889	Strabismus Reoperation – 4 Muscles
3895	Strabismus Surgery with Adjustable Suture 1 Muscle (including post-operative adjustments)

SCHS Code	Description of Surgical Procedure
	Affiliated Provider only procedures (except for UltraCare plans)
	The following surgical treatments must be performed by an Affiliated Provider to be eligible for cover under your policy . Unless you are advised otherwise by your Affiliated Provider we will pay 100% of the amount charged by your Affiliated Provider for the operation .
	Extraocular Operations on Globe
	Excision Of Pterygium – Unilateral
	Excision Of Pterygium – Bilateral
	Excision Of Pterygium And Conjunctival Graft
	Excision of Pterygium With Conjunctival Graft – Bilateral
	Excision of Pinguecula Without Conjunctival Graft – Unilateral
	Pingueculum Excision With Conjunctival Graft
	Cataract
3950	Lens Extraction
3960	Secondary IOL Implant (Standard Monofocal only)
3965	IOL Implant With Anterior Vitrectomy (Standard Monofocal only)
	Affiliated Provider only procedures (except for UltraCare plans)
	The following surgical treatments must be performed by an Affiliated Provider to be eligible for cover under your policy . Unless you are advised otherwise by your Affiliated Provider we will pay 100% of the amount charged by your Affiliated Provider for the operation .
	Cataract
	Extracapsular Cataract Extraction with Insertion of Artificial Lens (Standard Monofocal only)
	Phacoemulsification Cataract Extraction with Insertion of Artificial Lens (Standard Monofocal only)
	Phacoemulsification Cataract Extraction with Insertion of Artificial Lens (Standard Monofocal only) (includes Axial Length Ultrasonography)
	Cataract Extraction with Intra-Ocular Lens with Anterior Vitrectomy (Standard Monofocal only)
	Cataract Extraction with Intra-Ocular Lens with Trabeculectomy (Standard Monofocal only) (Including First 5 Post-Op Visits)
	Yag Laser Capsulotomy
	Yag Laser Capsulotomy - Bilateral
	Glaucoma
3805	Bleb needling
3806	Bleb Revision
3915	Revision Trabeculectomy
3975	Trabeculectomy
3980	Trabeculectomy With Cytotoxic Agent

SCHS Code	Description of Surgical Procedure
3985	Drainage (Glaucoma), Molteno Drain Or Similar Procedure
3990	Iridectomy Or Iridotomy
	Affiliated Provider only procedures (except for UltraCare plans)
	The following surgical treatments must be performed by an Affiliated Provider to be eligible for cover under your policy . Unless you are advised otherwise by your Affiliated Provider we will pay 100% of the amount charged by your Affiliated Provider for the operation .
	Glaucoma
	Laser Iridoplasty
	Laser Iridoplasty – Bilateral
	Laser Iridotomy
	Laser Iridotomy – Bilateral
	Laser Trabeculoplasty
	Laser Trabeculoplasty – Bilateral
	Corneal Surgery
3801	Anterior Stromal Puncture
3908	Excision of Conjunctival Lesion with Cryotherapy
3910	Cornea Or Sclera - Removal Of Foreign Body
4020	Keratectomy
4030	Penetrating Keratoplasty Or Similar
4032	Descemet's Stripping Endothelial Automated Keratoplasty
4033	Rebubble following Corneal Endothelial Transplantation
4034	Deep Anterior Lamellar Keratoplasty (DALK)
4040	Phototherapeutic Keratectomy - NB: On application to the Chief Medical Advisor
4026	Intrastromal Corneal Ring Segment Implantation for Kerataconus
	Affiliated Provider only procedures (except for UltraCare plans)
	The following surgical treatments must be performed by an Affiliated Provider to be eligible for cover under your policy . Unless you are advised otherwise by your Affiliated Provider we will pay 100% of the amount charged by your Affiliated Provider for the operation .
	Corneal Surgery
	Corneal Collagen Cross-linking with Riboflavin(CX-L)
	Retinal (Non-invasive)
4082	Transpupillary Thermotherapy (TTT)
4070	Retinal Cryotherapy

SCHS Code	Description of Surgical Procedure
	Affiliated Provider only procedures (except for UltraCare plans)
	The following surgical treatments must be performed by an Affiliated Provider to be eligible for cover under your policy . Unless you are advised otherwise by your Affiliated Provider we will pay 100% of the amount charged by your Affiliated Provider for the operation .
	Retinal (Non-invasive)
	Intravitreal Injections (as determined by the eligibility criteria) must be performed by an Affiliated Provider , if there is an Affiliated Provider within 100km of your home.
	Photocoagulation of Retina
	Photocoagulation Of Retina – Bilateral
	Pan Retinal Laser
	Vitreo-Retinal Surgery
4045	Repair Of Detached Retina - Cryotherapy Or Diathermy
4046	Retinal Detachment Repair With Scleral Buckle
4048	Retinal Detachment Repair by Pneumatic Retinopexy
4054	Vitrectomy
4056	Vitrectomy With Retinal Detachment Repair
4057	Vitrectomy With Macular Hole Surgery
4058	Removal Of Silicone Oil
4059	Macular Hole Eye Surgery
4060	Complex Vitrectomy
4064	Macular Epiretinal Membrane Peel including Vitrectomy
	Orbit
2370	Orbital exenteration
4083	Sub Tenon's Capsule Injection - Therapeutic
4085	Evisceration Of Globe
4086	Evisceration Of Globe - With Implant
4090	Enucleation Of Eye
4091	Enucleation Of Eye With Implant
4100	Orbitotomy
4110	Lateral Orbitotomy
4120	Orbital Decompression
	SECTION 6: ORTHOPAEDIC SURGERY
	Ankle/foot
4250	Repair of Foot Tendon (Flexor Or Extensor)
4251	Repair of Foot Tendon (Flexor Or Extensor) with Graft

SCHS Code	Description of Surgical Procedure
4260	Repair Ruptured Achilles Tendon - Open, Primary
4261	Achilles Tendon Reconstruction (Tenotomy, Percutaneous, Achilles Tendon)
4270	Revision Repair of Ruptured Achilles Tendon - Unilateral
4280	Achilles - Elongation
4290	Incision Of Tendon Sheath
4310	Tendon Reconstruction - Ankle
4320	Gastrocnemius Slide - Unilateral
4355	Neurectomy Of Leg / Foot Not Elsewhere Classified
4540	Ingrown Toenail - Radical Excision / Wedge Resection - Unilateral
4550	Ingrown Toenail - Radical Excision / Wedge Resection - Bilateral
4580	Amputation Of Toe - MTP Joint
4581	Amputation Of Toe - IP Joint
5380	Arthrotomy - Ankle
5385	Arthroscopy - Ankle
5386	Arthroscopy Ankle And Therapeutic Procedure
5387	Tarsal Tunnel Release
5390	Ankle Ligament Reconstruction
5400	Arthrodesis - Ankle
5401	Ankle Triple Arthrodesis
5402	Subtalar Arthrodesis
5403	Tarsometatarsal Arthrodesis
5404	Talo-Navicular Arthrodesis
5410	Hind Foot Correction
5420	Soft Tissue Correction Of Foot - Unilateral
5430	Bone Correction - Tarsectomy Triple
5431	Complex Midfoot Correction - Unilateral
5440	Hallux Valgus - Unilateral
5450	Hallux Valgus - Bilateral
5455	Hallux Valgus - Lapidus Procedure - Unilateral
5460	Arthrodesis - Great Toe
5461	Arthrodesis - Great Toe - Bilateral
5462	Arthrodesis of One Lesser Toe
5470	Hallux Rigidus - Bilateral
5480	Hallux Rigidus With Silastic Implant - Single
5490	Hallux Rigidus With Silastic Implant - Bilateral
5498	Hammer Toe Repair - Bilateral
5500	Hammer Toe Repair
5501	Tenotomy - Toe
5520	Correction Of Hallux Valgus By Osteotomy - First Metatarsal, Unilateral
5522	Osteotomy - Lesser Metatarsal
5530	Correction Of Hallux Valgus By Osteotomy - First Metatarsal, Bilateral

SCHS Code	Description of Surgical Procedure
5535	Ankle Replacement
5465	Hallux Rigidus - Unilateral
	Elbow
4340	Tendon Transfer - Elbow
4390	Transposition Of Ulnar Nerve
4391	Ulnar Nerve Release - Elbow
4392	Cubital Tunnel Release
4500	Epicondylitis Release (Epicondylitis Debridement)
4510	Posterior Interosseous Nerve Release
5030	Elbow Replacement Arthroplasty
5040	Supracondylar Osteotomy
5050	Arthrotomy & Removal Of Loose Bodies - Elbow
5051	Arthrotomy - Elbow
5061	Arthroscopy Elbow
5062	Arthroscopy Elbow With Procedure
5063	Release Of Elbow Contracture
6030	Radial Head Excision
	General
4242	Open Tenotomy, Not Elsewhere Classified
4255	Decompression Fasciotomy (Compartment Syndrome)
4257	Decompression Fasciotomy (Compartment Syndrome) - Bilateral
4380	Nerve Graft
4420	Acute Osteomyelitis - Drainage Small Bone
4430	Acute Osteomyelitis - Drainage Large Bone
4440	Sub-Acute Or Chronic Osteomyelitis - Exploration
4445	Excision Bursa
4446	Bone Graft
4448	Open Muscle Biopsy
4449	Excision of Intramuscular Tumour or Cyst
4450	Excision Exostosis - Superficial
4460	Excision Of Exostosis - Deep Bone
4541	Excision of nail and nail matrix, partial or complete - Unilateral
4551	Excision of nail and nail matrix, partial or complete - Bilateral
4586	Debridement of One Digital Joint
4590	Osteotomy of Digit - Per Digit
4660	Manipulation of Joint
4665	Neurofasciotomy

SCHS Code	Description of Surgical Procedure
4678	Soft Tissue Injection Including Consultation
4679	Joint Injection (Unspecified) Including Consultation
4465	Removal of Sesamoid Bone
5156	Subcutaneous Tenotomy, Not Elsewhere Classified
5930	Upper Limb - Above Elbow - Plaster
5940	Upper Limb - Below Elbow - Plaster
5950	Lower Limb - Above Knee - Plaster
5960	Lower Limb - Below Knee - Plaster
5965	Debridement of Joint, Not Elsewhere Classified
5970	Open Debridement of Tendon - Not Elsewhere Classified
6175	Removal Of Metal - Major
6176	Excision bone tumour
6185	Removal Of Metal - Minor
	Hip/Upper Leg
5154	Hip or Thigh Tendon Repair or Reconstruction - Unilateral
5157	Neurectomy Of Leg Nerve
5158	Decompression Fasciotomy - Thigh / Knee
5159	Hip Arthroscopy with Surgical Dislocation including Chondroplasty, Labral or Capsular Repair - Unilateral
5161	Hip Arthroscopy
5162	Hip Arthroscopy With Therapeutic Procedure - Unilateral
5163	Ganz Osteotomy
5164	Hip Arthrotomy - Unilateral
5165	Bone Graft To Femur
5170	Total Hip Joint Replacement
5175	Removal Of Hip Prosthesis For Infection (Without Revision)
5180	Revision Hip Replacement - Femoral and acetabular
5181	Revision Hip Replacement - Acetabular Only
5183	Revision Hip Replacement - Femoral Only
5185	Hip Resurfacing
5187	Arthroplasty Hip - Hemi - Acetabulum (Cup)
5188	Arthroplasty Hip - Hemi - Femoral
5190	Osteotomy - Distal Femur
5620	Hip - Closed Reduction
6155	Removal Of Intramedullary Rod - Unilateral
6160	Femur - Slipped Epiphysis - Pinning
6165	Femur Osteotomy
6166	Open hip joint biopsy

SCHS Code	Description of Surgical Procedure
	Affiliated Provider only procedures (except for UltraCare plans)
	The following surgical treatments must be performed by an Affiliated Provider to be eligible for cover under your policy . Unless you are advised otherwise by your Affiliated Provider we will pay 100% of the amount charged by your Affiliated Provider for the operation .
	Hip/Upper Leg
	Total Hip Joint Replacement
	Total Hip Joint Replacement - Bilateral
	Knee
4620	Amputation - Above Or Below Knee
5210	Manipulation of Knee Joint Under Anaesthetic
5220	Knee Arthrotomy
5240	Repair Collateral Ligament - Knee
5250	Synovectomy Of Knee
5260	Open Cruciate Ligament Repair and/or Reconstruction
5261	Repair Of Patella Tendon - Unilateral
5262	Repair Of Patella Tendon with Graft - Unilateral
5263	Patella tendon transfer of the knee
5284	Arthroscopy Knee - Diagnostic - Bilateral
5285	Arthroscopy Knee - Diagnostic
5286	Arthroscopy Knee And Arthroscopic Procedure - Unilateral
5287	Arthroscopy And Meniscectomy (with or without Chondroplasty) - Bilateral
5288	Arthroscopy Knee And Arthroscopic Procedure - Bilateral
5289	Arthroscopy And Meniscectomy (with or without Chondroplasty) - Unilateral
5291	Arthroscopic Chondroplasty Of Knee with or without Microfracture
5293	Debridement Of Knee Joint
5295	Arthroscopic Cruciate Ligament Repair And / Or Reconstruction
5300	Patellectomy - Unilateral
5301	Patella Arthroplasty
5302	Patello-Femoral Resurfacing
5310	Repair Recurrent Dislocating Patella
5330	Knee - Osteotomy
5345	Knee Joint Resurfacing - Unilateral
5346	Knee Joint Resurfacing - Bilateral
5350	Arthrodesis Of Knee
5375	Revision Knee Replacement

SCHS Code	Description of Surgical Procedure
	Affiliated Provider only procedures (except for UltraCare plans)
	The following surgical treatments must be performed by an Affiliated Provider to be eligible for cover under your policy . Unless you are advised otherwise by your Affiliated Provider we will pay 100% of the amount charged by your Affiliated Provider for the operation .
	Knee
	Partial Knee Replacement
	Partial Knee Replacement – Bilateral
	Total Knee Replacement
	Total Knee Replacement – Bilateral
	Lower leg
4252	Repair of Leg Flexor Tendon with Graft - Unilateral
4253	Repair of Leg Extensor Tendon - Unilateral
4254	Repair of Leg Extensor Tendon with Graft - Unilateral
4256	Repair of Leg Flexor Tendon – Unilateral
4275	Tendon Lengthening
4300	Foot or Ankle Tendon Transfer
5340	Osteotomy - Proximal Tibial
	Nervous system
4350	Suture Of Nerve Requiring Extensive Mobilisation
4360	Primary Suture Nerves
4361	Suture Of Major Peripheral Nerves - Arm/Leg
4362	Suture Of Digital Nerve - Hand / Foot
4370	Secondary Repair Of Nerve
4400	Excision of Neuroma – Cutaneous Nerve
4410	Excision of Neuroma
4411	Lateral Popliteal Nerve Decompression
4412	Excision Of Neuroma - Major Peripheral Nerves
4666	Intra-Spinal Injection
4668	Peripheral Nerve Block
4670	Epidural Injection Anaesthetic - Lumbar / Caudal
4671	IV Guanethidine Block Or Similar
4672	Coeliac Plexus Block
4674	Nerve Root Injection (Trans-Foraminal)
4675	Stellate Ganglion Block
9200	Open Neurolysis of Peripheral Nerve, Not Elsewhere Classified

SCHS Code	Description of Surgical Procedure
	Shoulder
4330	Biceps Tendon Release Or Tenodesis
4960	Removal Of Calcareous Deposits from the shoulder
4969	Arthroscopic Acromioplasty / Acromionectomy
4970	Acromioplasty or Acromionectomy - Unilateral
4971	Arthroscopy, Rotator Cuff Repair and Acromioplasty
4972	Rotator Cuff Repair With Acromioplasty
4973	Arthroscopy & Stabilisation Of Shoulder
4974	Arthroscopy, Decompression & Acromioplasty
4975	Rotator Cuff Repair
4976	Shoulder Arthroscopy, Decompression And Rotator Cuff Repair
4977	Open Subacromial Decompression of Shoulder - Unilateral
4978	Arthroscopic Rotator Cuff Repair
4980	Excision Outer End Of Clavicle
4983	Open Reduction Fracture of Clavicle
4985	Arthroscopy - Shoulder, Diagnostic
4986	Arthroscopy Shoulder And Other Arthroscopic Procedure
4990	Arthrodesis Of Shoulder
5000	Hemi Replacement Of Shoulder
5010	Total Shoulder Replacement - Unilateral
5015	Revision Shoulder Replacement - Unilateral
5020	Shoulder Excision Arthroplasty
5550	Acromioclavicular (AC) Joint - Open Reduction and Repair
5570	Manipulation Of Shoulder Joint
5590	Repair of Recurrent Shoulder Dislocation - Unilateral
	Spine
4669	Medial Branch Block
4676	Facet Joint Injection
4677	Intra-Discal Injection
4680	Discography 1 Level
4690	Discography 2 Or More Levels
	Spine (Cervical)
4700	Anterior Cervical Fusion Below C2, 1 Level
4701	Anterior Cervical Fusion C1-C2
4702	Anterior Cervical Fusion (1 Level) Including Foramen Decompression
4703	Total Cervical Disc Arthroplasty - 1 Level Only
4710	Anterior Cervical Fusion, 2 Or More Levels

SCHS Code	Description of Surgical Procedure
4711	Anterior Cervical Fusion (2 Level) Including Foramen Decompression
4730	Posterior Cervical Fusion, C1-C2
4731	Posterior Cervical Fusion Below C2, 1 Level
4740	Anterior Cervical Discectomy
4745	Posterior Cervical Decompression, 1 Level (including Laminectomy or Foraminotomy if required)
4746	Posterior Cervical Decompression, 2 or More Levels (including Laminectomy or Foraminotomy if required)
4760	Cervical Corpectomy 1 Level
	Spine (Thoracic)
4780	Transthoracic Fusion, 1 Level (surgeon max is per surgeon; up to two surgeons allowed)
4790	Transthoracic Fusion With or Without Instrumentation, 2 or More Levels (surgeon max is per surgeon; up to two surgeons allowed)
4800	Posterior Thoracic Fusion With or Without Instrumentation, 1-2 Levels
4810	Posterior Thoracic Fusion With Instrumentation, 3+ Levels
4823	Thoracic Discectomy
	Spine (Lumbar)
4673	Sacroiliac Joint Injection
4750	Lumbar Discectomy, 2 or More Levels
4820	Lumbar Discectomy, 1 Level
4821	Anterior Lumbar Interbody Fusion (including Discectomy), 1 Level
4822	Anterior Lumbar Interbody Fusion (including Discectomy), 2 Levels
4824	Anterior Lumbar Interbody Fusion (including Discectomy), 3 or More Levels
4825	Anterior Endoscopic Lumbar Fusion
4840	Posterior / Posterolateral Lumbar Fusion Without Instrumentation, 2+ Level
4860	Posterior / Posterolateral Lumbar Fusion Without Instrumentation, 1 Level
4870	Posterior / Posterolateral Lumbar Fusion With Instrumentation, 1 Level
4880	Posterior / Posterolateral Lumbar Fusion With Instrumentation, 2 or More Levels
4882	Posterior / Posterolateral Lumbar Fusion including PLIF With Instrumentation, 1 Level
4883	Posterior / Posterolateral Lumbar Fusion including PLIF With Instrumentation, 2+ Levels
4885	Posterior Lumbar Interbody Fusion (PLIF) With Instrumentation (including Discectomy), 1 Level
4886	Posterior Lumbar Interbody Fusion (PLIF) With Instrumentation (including Discectomy), 2 or More Levels
4888	Lateral Lumbar Interbody Fusion (LLIF) (including Discectomy), 1 Level
4889	Lateral Lumbar Interbody Fusion (LLIF) (including Discectomy), 2 or More Levels
4900	Lumbar Corpectomy
4920	Lumbar Spinal Stenosis Decompression, 1 Level
4925	Lumbar Spinal Stenosis Decompression, 2 or More Levels
4940	Posterior / Posterolateral Instrumented Lumbar Fusion and Decompression, 1 Level
4950	Coccygectomy

SCHS Code	Description of Surgical Procedure
	Wrist/Hand
4200	Primary Repair Of Flexor Tendon - Hand
4210	Repair of Wrist or Forearm Flexor Tendon - Unilateral
4211	Secondary Repair Flexor Tendon - Hand (With or Without Graft)
4215	Ligament Repair of Hand / Wrist
4220	Extensor Tendon Repair - Hand
4221	Extensor Tendon Repair - Finger
4222	Tenolysis Extensor Tendon - Hand / Finger
4223	Tenolysis Flexor Tendon - Finger / Palm
4224	Tenolysis Flexor Or Extensor Tendon - Wrist / Forearm
4225	Repair Of Mallet Finger
4230	Repair of Wrist or Forearm Extensor Tendon - Unilateral
4239	Tendon Transfer - Palm
4240	Tendon Transfer - Opponensplasty
4241	Tendon Transfer - Hand
4243	Tenotomy - Hand / Finger (e.g. For Trigger Finger) - Unilateral
4244	Synovectomy - MCP Joint
4245	Tenotomy - Hand / Finger (e.g. For Trigger Finger) - Bilateral
4472	Dupuytren's Contracture - Closed (Subcutaneous) Palmar Fasciotomy - Unilateral
4473	Dupuytren's Contracture - Open Partial Palmar Fasciotomy - Unilateral
4474	Dupuytren's Contracture - Palmar Fasciectomy with Z-plasty, other Local Tissue Rearrangement or Skin Graft - Unilateral
4475	Dupuytren's Contracture Partial Palmar Fasciectomy, Release 1 Digit + Z-plasty/Local Tissue Rearrangement/Skin Graft - Unilateral
4476	Dupuytren's Contracture Partial Palmar Fasciectomy, Release 2 Digits + Z-plasty/Local Tissue Rearrangement/Skin Graft - Unilateral
4477	Dupuytren's Contracture Partial Palmar Fasciectomy, Release 3 Digits + Z-plasty/Local Tissue Rearrangement/Skin Graft - Unilateral
4482	Dupuytren's Contracture - Closed (Subcutaneous) Palmar Fasciotomy - Bilateral
4483	Dupuytren's Contracture - Open Partial Palmar Fasciotomy - Bilateral
4484	Dupuytren's Contracture - Palmar Fasciectomy with Z-plasty, other Local Tissue Rearrangement or Skin Graft - Bilateral
4485	Dupuytren's Contracture Partial Palmar Fasciectomy, Release 1 Digit + Z-plasty/Local Tissue Rearrangement/Skin Graft - Bilateral
4486	Dupuytren's Contracture Partial Palmar Fasciectomy, Release 2 Digits + Z-plasty/Local Tissue Rearrangement/Skin Graft - Bilateral
4487	Dupuytren's Contracture Partial Palmar Fasciectomy, Release 3 Digits + Z-plasty/Local Tissue Rearrangement/Skin Graft - Bilateral
4490	Volkman's Contracture
4582	Amputation - Finger Or Thumb, Any Joint
4600	Wrist Osteotomy - Unilateral
5070	Arthrodesis - Wrist With Bone Graft
5071	Arthroscopy - Wrist

SCHS Code	Description of Surgical Procedure
5072	Proximal Row Carpectomy removal of bones
5073	Wrist Arthroscopy with Additional Procedure
5080	Total Replacement - Wrist Joint
5090	Replacement - Interphalangeal Joint
5100	Replacement MCP Joint
5110	Replacement Of CMC Joint
5120	Fusion - Thumb
5121	Fusion - MCP Joint
5130	Fusion - IP Joint
5131	Fusion - IP Joint With Graft
5140	Fusion - CMC Joint To Thumb With Bone Graft
5141	Fusion - CMC Joint To Digits With Graft
5150	Replacement Arthroplasty In Thumb - Carpal Bones
6010	Bone Graft - Metacarpals Or Phalanx
	Affiliated Provider only procedures (except for UltraCare plans)
	The following surgical treatments must be performed by an Affiliated Provider to be eligible for cover under your policy . Unless you are advised otherwise by your Affiliated Provider we will pay 100% of the amount charged by your Affiliated Provider for the operation .
	Wrist/Hand
	Carpal Tunnel Release
	Carpal Tunnel Release - Bilateral
	Endoscopic Release Of Carpal Tunnel
	Endoscopic Release Of Carpal Tunnel – Bilateral
	SECTION 7: PERIPHERAL VASCULAR SURGERY
4770	Cervical Rib Excision
6200	Aorto-Iliac Endarterectomy
6201	Aortoiliac or Aortofemoral Bifurcation Graft (Occlusive Disease)
6211	Carotid Endarterectomy - Patch Closure
6215	Carotid Sinus Denervation
6220	Carotid Subclavian Graft
6225	Brachial Artery Bypass
6230	Transaxillary Sympathectomy - Unilateral
6232	Endoscopic Thoracic Sympathectomy (ETS) - Unilateral
6233	Endoscopic Thoracic Sympathectomy (ETS) - Bilateral
6240	Cross-Over Graft (Fem - Fem)
6250	Femoro Popliteal Embolectomy - Unilateral
6260	Femoral Endarterectomy with Patch Closure

SCHS Code	Description of Surgical Procedure
6270	Femoral Distal Above Knee graft - vein
6271	Femoral Distal Above Knee graft - synthetic
6280	Femoral Distal Below Knee Graft - Vein
6281	Femoral Distal Below Knee Graft - Synthetic
6282	Temporal Artery Biopsy
6310	Common femoral Endarterectomy/Profundoplasty+/- femoral angioplasty
6320	Abdominal Aortic Aneurysm Replacement - Infrarenal - With Tube Graft
6321	Abdominal Aortic Aneurysm Replacement - Infrarenal - With Bifurcation Graft To Iliac Arteries
6322	Abdominal Aortic Aneurysm Replacement - Infrarenal - With Bifurcation Graft To Femoral Arteries
6323	Renal Visceral Artery Aneurysm Repair - In Situ (surgeon max is per surgeon; up to two surgeons allowed)
6352	Femoral Artery Suturing
6324	Abdominal Aortic Aneurysm - Infrarenal - Endoluminal Stent-Graft Repair
6325	Common Femoral Endarterectomy with Angioplasty+/- stenting of the Aorto-iliac segment or superficial femoral artery
6326	Abdominal Aortic Aneurysm - Infrarenal - Endoluminal Stent-Graft Repair (EVAR) with Bifurcation graft
6328	Endoluminal Stent Graft Repair to Femoral/Iliac Artery
6329	Ilio-Femoral Bypass Graft
	Affiliated Provider only procedures (except for UltraCare plans)
	The following surgical treatments must be performed by an Affiliated Provider to be eligible for cover under your policy . Unless you are advised otherwise by your Affiliated Provider we will pay 100% of the amount charged by your Affiliated Provider for the operation .
	Peripheral Vascular Surgery
	Non Cardiac Angiogram
	Aortogram
	Hepatic arteriogram, Lumbar Arteriogram, Renal Angiogram
	Renal Artery Angioplasty
	Non Cardiac Angioplasty
	SECTION 8: PLASTIC
65	Apocrinectomy - Unilateral
70	Apocrinectomy - Bilateral
6575	Reconstruction following major head and neck surgery
6578	Reconstructions other than breast, skin, head/neck

SCHS Code	Description of Surgical Procedure
	SECTION 9: ORAL AND MAXILLOFACIAL
	Removal of teeth
9000	Extraction of Tooth Root - Per Oral
	Affiliated Provider only procedures (except for UltraCare plans)
	The following surgical treatments must be performed by an Affiliated Provider to be eligible for cover under your policy . Unless you are advised otherwise by your Affiliated Provider we will pay 100% of the amount charged by your Affiliated Provider for the operation .
	Removal of teeth
	Removal Of One Tooth – Surgical
	Removal Of Two Or More Teeth – Surgical
	Removal Of Tooth – Forceps
	Removal of Third Molars
	Full Dental Clearance
	Upper Clearance
	Lower Clearance
	Dental-aveolar surgery
9010	Apicectomy And Root/Fill Anterior Tooth X 1
9020	Apicectomy And Root/Fill Anterior Tooth X 2
9030	Apicectomy And Root/Fill Posterior Tooth X 1
9040	Apicectomy And Root/Fill Posterior Tooth X 2
9051	Exposure Of Unerupted or Impacted Tooth x 1
9061	Exposure Of Unerupted or Impacted Tooth x 2
9070	Pericision (Fibrotomy) 1-2 Quadrant
9080	Pericision (Fibrotomy) 3 Quadrant
9090	Pericision (Fibrotomy) 4 Quadrant
9101	Frenectomy
9105	Removal Of Tooth Root From Sinus
9110	Removal Of Foreign Body From Antrum Via Alveolus
9120	Removal Of Foreign Body From Antrum Via Caldwell Luc
9130	Oro-Antral Fistula Closure - Buccal Sliding Flap
9131	Oro-Antral Fistula Closure - Buccal Fat Pad
	Maxillofacial trauma
9170	Oral Scar Revision
9180	Removal Foreign Bodies
9190	Salivary Fistula - Duct Relocation/Repair
9210	Nerve Suture
9390	Removal Plates/Screws/Wires (Oral Surg)

SCHS Code	Description of Surgical Procedure
	Pathology
9480	Bone Graft - Intraoral Site
9481	Bone Graft - Remote Site
9510	Biopsy - Incisional (Oral Surg)
9520	Biopsy - Excisional (Oral Surg)
9530	Biopsy - Needle
9540	Cyst Enucleation - Periapical
9550	Cyst Enucleation - Dentigerous
9560	Cyst Enucleation - Large Intra Bony
9570	Cyst - Soft Tissue - Excision
9580	Infection - Drain Abscess - Cellulitis Intra Oral
9590	Infection - Drain Abscess - Cellulitis Extra Oral
9610	Excision Ranula - Sub-Lingual Gland
9620	Tumour - Benign Localised
9630	Tumour - Benign Extensive Including Bone
9640	Tumour - Malignant - Local Excision
	Pre-Prosthetic surgery
9650	Removal Hyperplasia - Localised
9660	Removal Hyperplasia - Extensive
9670	Sulcoplasty
9680	Sulcoplasty - With Skin Graft
9690	Reconstruction Of Alveolar Ridge/Grafting
9700	Cheiloplasty
9705	Gingival Reconstruction
9710	Removal Torus
	Temporomandibular Joint
9740	Dislocation - Closed Reduction
9760	Production and Fitting of Bite Splint for Internal Derangement
9770	Menisectomy Temporomandibular Joint
9780	Condylectomy Temporomandibular Joint
9790	Arthroscopy - Investigative
9800	Arthroscopy - With Surgery
9810	Arthrocentesis of Temporo-mandibular Joint (TMJ) - Unilateral
9811	Arthrocentesis Temporo-mandibular Joint - Bilateral
	SECTION 10: CARDIAC
1197	Pericardiotomy
1198	Pericardiocentesis
1199	Drainage of Pericardial Effusion

SCHS Code	Description of Surgical Procedure
1500	Coronary Artery Bypass, single vessel (using vein or artery)
1501	Coronary Artery Bypass, double vessel (using vein or artery)
1502	Coronary Artery Bypass, triple vessel (using vein or artery)
1503	Coronary Artery Bypass, quadruple vessel or more (using vein or artery)
1506	Open Repair of Atrial Septal Defect (ASD)
1507	Valvuloplasty
1513	Aortic Valve Replacement via Sternotomy
1514	Mitral Valve Replacement via Sternotomy
1516	Pulmonary Valve Replacement via Sternotomy
1517	Tricuspid Valve Replacement via Sternotomy
1518	Balloon Valvuloplasty - Mitral
1519	Balloon Valvuloplasty - Aortic
1520	Pacemaker Surgery - Initial Implantation (Excluding The Cost Of The Pacemaker)
1521	Removal Of Sternal Wire
1522	Maze Arrhythmia Surgery
1523	Removal & Rewiring of Sternal Wire
1535	Maze Arrhythmia Surgery (Standalone procedure)
1536	Maze Procedure - Thoracoscopic (Limited)
1537	Maze Procedure - Thoracoscopic (Extensive)
1538	Bentall's Procedure (includes Aortic Valve replacement)
6315	Open Ascending Aortic Aneurysm Repair (Suprarenal)
	Affiliated Provider only procedures (except for UltraCare plans)
	The following surgical treatments must be performed by an Affiliated Provider to be eligible for cover under your policy . Unless you are advised otherwise by your Affiliated Provider we will pay 100% of the amount charged by your Affiliated Provider for the operation .
	Interventional Cardiology
	Percutaneous Repair of Atrial Septal Defect
	Percutaneous Repair of Patent Foramen Ovale (PFO)
	EP Studies - Cardiac Electrophysiology
	Radio Frequency Ablation (RFA) (excludes Pulmonary Vein Isolation (PVI) Ablation for Atrial Fibrillation)
	Angioplasty DES
	Cardiac Imaging
	Cardiac Angiography with OCT
	Cardiac Angiography with Intravascular Ultrasound of cardiac vessels (IVUS)
	CT Coronary Angiography (CTCA)
	Cardiac Angiography with Fractional Flow Reserve (FFR)
	Coronary Angiogram
	Coronary Angioplasty

SCHS Code	Description of Surgical Procedure	Prosthesis limit
	SECTION 11: INTERVENTIONAL RADIOLOGY	
6400	Fine Needle Aspiration (Other Than Breast) Under Ultrasound	
6401	Ultrasound Breast Cyst Aspiration (Including Fine Needle)	
6402	Core Biopsy With Ultrasound	
6403	CT Guided Biopsy	
6404	CT Guided Drainage	
6406	Trans Perineal Prostate Biopsy	
6407	Lumbar Chemical Sympathectomy	
6408	Chemical Sympathectomy	
6409	Intradiscal / Verteb. Inject	
6410	Fluoroscopy (in conjunction with surgical procedure)	
6411	CT Guided Injection	
6415	Stereotactic Mammotome Breast Biopsy	
6417	X-Ray or Ultrasound Guided Injection	
6420	Brachytherapy grid guided prostate biopsy	
6421	Embolisation of Renal Artery	
6422	Embolisation of Varicocele	
6423	MRI Breast Biopsy	
3546	Embolisation of Fibroid	
	SECTION 12: NEUROSURGERY	
1400	Micro Vascular Decompression Trigeminal Nerve, Trigeminal Neuralgia	
1402	Craniotomy and Excision of Tumour - Supratentorial (Except Meningioma)	
1403	Acoustic Neuroma	
1404	Translabyrinthine Excision Of Tumour	
1405	Posterior Fossa Craniectomy with Excision of Tumour	
1407	Endoscopic Transsphenoidal Excision of Pituitary Adenoma	
1408	Repair Of Encephalocele	
1410	Removal Of Spinal Intradural Lesion - Cervical	
1411	Craniectomy - Posterior Fossa for microvascular decompression of cranial nerve	
1412	Percutaneous balloon compression of trigeminal Nerve/Ganglion	
1413	Craniotomy and Excision of Meningioma -Infratentorial	
1414	Craniotomy and Excision of Meningioma -Supratentorial	
1415	Craniotomy and Excision of Midline Base of Skull Tumour	
1416	Craniotomy and Excision of Cerebellopontine Angle Tumour	
1417	Burr Hole for Biopsy of Intracranial Lesion	
1418	Burr Hole Stereotactic Biopsy for intracranial lesion	
1419	Removal Of Spinal Intradural Lesion - Thoracic	
1421	Removal Of Spinal Intradural Lesion - Lumbar	
1422	Removal Of Spinal Intradural Lesion - Sacral	

SCHS Code	Description of Surgical Procedure	Prosthesis limit
	SECTION 13: PROSTHESES	
	Maximums listed in this section are inclusive of GST and all costs associated with the item, for example bone cement or prosthesis handling fees.	
	Additional Sundries	
0001185	Prosthesis Pelvic Bone Anchor	\$2,000
0001230	Endometrial Ablation Device	\$2,250
0001235	Laser Fibres for Prostate Resection (includes Laser Fee for Holmium Laser Resection, Transurethral Resection Vapour Probe)	\$2,250
0001236	Laser Fibres for Urological Procedures (Other Than Prostate)	\$1,840
0001245	Bone Morphogenic Protein (BMP): includes Demineralised Bone Matrix Putty and Bone Graft Substitutes	\$10,000
0001800	Mirena Interuterine	\$400
	Prostheses	
0001085	Prosthesis Ankle	\$10,000
0001095	Prosthesis Wrist Joint Replacement	\$8,500
0001110	Prosthesis Shoulder Joint Replacement	\$13,500
0001120	Prosthesis Elbow	\$12,266
0001140	Spine Prostheses, Single level	\$14,250
0001141	Spine Prostheses, Two levels	\$19,000
0001142	Spine Prostheses, Three or more levels	\$24,500
0001175	Prosthesis Digital Joint Replacement	\$2,500
0001280	Prosthesis Hip Revision	\$14,500
0001285	Prosthesis Knee Revision	\$18,000
0001290	Prosthesis Hip Primary	\$10,050
0001295	Prosthesis Knee Primary	\$9,500
0001296	Prosthesis Knee Primary (Partial Replacement)	\$6,500
0001210	Prosthesis Screws and Plates (includes Anchors)	\$4,000
0001353	Cervical Disc	\$10,000
0001080	Surgically Implanted Heart Valve	\$7,000
0001100	Standard Monofocal Intraocular Lens	\$368
0001107	Artificial Eye Implant	\$5,000
0001108	Intrastromal Corneal Ring Segment - Prostheses	\$1,600
0001130	Breast Implant Prosthesis	\$3,300
0001150	Other Prosthesis	\$1,533
0001151	Prosthesis Mesh General Surgery	\$1,533
0001195	Prosthesis Lacrimal Tube (includes Crawford Tubes)	\$1,000
0001205	Prosthesis Synthetic Arterial Graft	\$2,556
0001220	Prosthesis Tissue Expander (Other Than Breast)	\$2,617
0001225	Trans Obturator Tape (TOT) or TVT tension free vaginal tape. Includes TVT sling. Surgisis graft	\$1,900

SCHS Code	Description of Surgical Procedure	Prosthesis limit
1112000	Shoulder Revision Prosthesis	\$14,000
1192000	Glaucoma drainage tube	\$1,063
1282000	Patella	\$438
0001227	Male Sling Prosthesis	\$5,000
0001229	Gynaecological Mesh	\$2,500
0001250	Prosthesis Urological Stent (includes Pigtail Stents)	\$800
0001255	Prosthesis Hepatic Stent. Includes Biliary stent.	\$3,067
0001265	Vocal Fold Implant	\$500
0001275	Post Mast Tissue Expander	\$3,000
0001350	Penile Prosthesis - Rigid	\$3,000
0001351	Penile Prosthesis - Inflatable	\$17,000
0001352	Artificial Urinary sphincter	\$16,000
0001650	Endoluminal Stent	\$25,000
0001651	Peripheral Endoluminal Stent / Graft	\$5,000
0001652	Acellular Dermal Matrix (includes Pelvicol and Alloderm)	\$2,000
0001653	Dura Substitute	\$1,500
0001655	Gastrointestinal Stent Prosthesis	\$3,500
	Specialised Equipment and Consumables	
0001238	Coblation Wand	\$625
0001082	Maze Pen	\$6,133
0001450	Botulinum Toxin Type A for approved procedures only (1 ampoule/100 units)	\$500
0001451	Botulinum Toxin Type A for approved procedures only (2 or more ampoules/200+ units)	\$1,000
0001505	Stealth Image Guidance	\$2,000
0001507	CUSA	\$1,500
0001508	Balloon Kit for Compression of Trigeminal Nerve	\$873
0001509	Radiofrequency Needle Ablation Device for Internal Organ Ablation	\$4,500
	Donor Tissue - preparation charge	
0001900	Cornea - Intact Button	\$1,150
0001910	Cornea - Pre-cut	\$1,725
0001920	Sclera - whole	\$173
0001930	Amniotic Membrane - piece	\$173
0001240	Bone Graft	\$2,000

SCHS Code	Description of Surgical Procedure
	SECTION 14: TESTS
	Cardiac Tests
1170000	Resting ECG
1170800	Ambulatory NIBP
1171200	Exercise ECG
5528600	Echocardiogram
5511200	Stress Echocardiogram
5511800	Dobutamine Stress Echo/Transoesophageal Echo
1170900	Holter Monitoring
	Diagnostic Tests
4176400	Nasendoscopy (office based only)
4185500	Laryngoscopy (office based only)
0008011	Endometrial Biopsy (Pipelle) (in rooms)
0001804	Simple Urinary Flow Study
1150000	Spirometry
0008012	Overnight Pulse Oximetry
1221000	Bone Marrow Aspiration
1220300	Sleep Study
0008014	Home Sleep Study
1150000	Spirometry - Flow Vol Loops
1150311	Lung Diffusion Study
1150307	Lung Function Test
9601800	Vascular lab testing
0003814	Specular Microscopy Test
0003813	Corneal Pachymetry Test
1101200	Electromyography/Nerve conduction study
1101300	Vestibular Evoked Myogenic Potential Test
1101400	Caloric Reflex / Vestibular Caloric Stimulation Test
1100000	Electroencephalography
1190000	Full Urodynamic Assessment
1122000	Hydrogen Breath Test
1122100	Automated visual field test
9202100	Retinal Photography
1121500	Fluorescein Angiography
5505500	Ultrasound of eye
1123500	Corneal Topography
1120600	Electroretinogram
1120601	Electro-oculogram
9201500	Visual Evoked Potential

SCHS Code	Description of Surgical Procedure
	Affiliated Provider only tests (except for UltraCare plans)
	The following surgical treatments must be performed by an Affiliated Provider to be eligible for cover under your policy . Unless you are advised otherwise by your Affiliated Provider we will pay 100% of the amount charged by your Affiliated Provider for the operation .
	Optical Coherence Tomography
	Glaucoma Detection Scan
	Heidelberg Retinal Tomography