

Vascular Procedures

Schedule of Benefits
for Professional Fees

ANASTOMOSIS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
820	Arterio-venous anastomosis in arm				
1453	Arterio-venous anastomosis, open by basilic vein transposition				
1465	Splenorenal anastomosis				

ANEURYSMS

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
820	Arterio-venous anastomosis in arm			
1453	Arterio-venous anastomosis, open by basilic vein transposition			
1465	Splenorenal anastomosis			
1404	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, using aorto-aortic tube prosthesis			
1409	Aorta bi-iliac bypass for atherosclerosis or aneurysm; endovascular (using prosthesis) (I.P.)		Independent Procedure	
1416	Thrombin injection into groin for pseudoaneurysm (including ultrasound guidance)	Yes		
1427	Supra-renal aneurysm repair			
1428	Repair of supra-renal aortic aneurysm rupture			
1431	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; with or without the involvement of other vessels; for other vessels not specified in the above codes (I.P.)		Independent Procedure	
1436	Repair of ruptured iliac artery aneurysm			
1461	Repair of subclavian aneurysm			
1474	Repair of femoral artery aneurysm			

BYPASS PROCEDURES

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
1432	Aorto bi-iliac bypass for atherosclerosis or aneurysm (I.P.)		Independent Procedure	
1433	Aorto-femoral or bifemoral bypass for atherosclerosis or aneurysm (I.P.)		Independent Procedure	
1443	Obturator bypass from aorta or iliac to profunda or distal femoral bypass			
1446	Aortic exclusion by axillo-femoral bypass			
1449	Vertebral artery bypass or repair			
1456	Carotid subclavian bypass			
1457	Subclavian / subclavian bypass			
1459	Subclavian to branchial bypass or endarterectomy			
1463	Repair or bypass of brachial to radial or ulnar vessel, any method including harvesting of graft material			
1467	Femoral to popliteal bypass, above knee vein			
1468	Femoral to popliteal bypass, above knee synthetic			
1469	Femoral to popliteal bypass, below knee vein			
1471	Femoral to popliteal bypass, below knee synthetic			
1478	Femoral tibial artery bypass, including tibial-peroneal and peroneal artery bypass, or other distal vessels			
1479	Popliteal aneurysm artery repair or bypass			
1481	Femorofemoral bypass			

EMBOLUS/ THROMBUS

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
1280	Common femoral artery embolectomy			
1306	Transcatheter embolisation, extremity for arteriovenous malformation (AVM) (I.P.)		Independent Procedure	

EMBOLUS/ THROMBUS

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
1307	Transcatheter removal of intravascular thrombus or foreign body			
1308	Transcatheter therapy, infusion for thrombolysis other than coronary, including necessary local anaesthesia, all lesser order selective catheterisation used in the approach and any necessary pre and post-injection care		Side Room	
1430	Iliac or femoral veins - removal of thrombus			
1439	Renal artery anastomosis, endarterectomy or re-implantation or bypass			
1441	Embolectomy of visceral branches, superior mesenteric or renal arteries			
1462	Brachial embolectomy			
1476	Popliteal artery embolectomy			
1477	Tibial artery embolectomy			

ENDARTERECTOMY

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
1434	Endarterectomy of abdominal aorta and iliac vessels			
1437	Endarterectomy of iliac vessels alone			
1447	Endarterectomy of internal/ external common carotid artery with or without patch graft, with or without shunt			
1472	Profundaplasty with or without patch or endarterectomy			
1473	Common femoral artery endarterectomy			

ENDOVASCULAR

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
1419	Transluminal dilation of iliac vessels with or without stent or graft			
1421	Transluminal dilation of carotid vessels with or without stent or graft			Details of number of stents used required.
1422	Transluminal dilation of femoral vessels with or without stent or graft			Details of number of stents used required.
1423	Transluminal dilation of distal vessels with or without stent or graft			Details of number of stents used required.
1424	Transluminal dilation of distal vessels			

OTHER VASCULAR PROCEDURES

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
1250	Arterial biopsy (temporal artery, biopsy, bilateral under local anaesthetic)	Yes	Diagnostic, Side Room	
1290	Ligation of major vessels			
1305	Renal stenosis, repair of			
1442	Removal of infected aortic prosthesis			
1450	Portosystemic shunt			
1452	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis; autogenous or non-autogenous graft			
1454	Translocation of common carotid to subclavian artery			
1466	Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery or other distal vessels (payable in full with code for main procedure)			Payable in full with code for main procedure.

VARICOSE VEINS

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
1408	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance when performed (I.P.)		Independent Procedure, Day Care	
1411	Endovenous radiofrequency ablation therapy of incompetent veins, extremity, inclusive of all imaging guidance and monitoring, percutaneous; unilateral		Day Care	Cannot be billed with code 5940. The treatment of spider/ thread veins and telangiectasia are specifically excluded from benefit. Left or right leg must be identified on Claim form and procedure covered only once in any 12 month period for the same leg.
1412	Endovenous radiofrequency ablation therapy of incompetent veins, extremity, inclusive of all imaging guidance and monitoring, percutaneous; bilateral		Day Care	Procedure covered once in any 12 month period. Cannot be billed with code 5940.
1413	Endovenous laser ablation therapy of incompetent veins, extremity, inclusive of all imaging guidance and monitoring, percutaneous; unilateral		Day Care	Cannot be billed with code 5940. The treatment of spider/ thread veins and telangiectasia are specifically excluded from benefit. Left or right leg must be identified on Claim form and procedure covered only once in any 12 month period for the same leg.
1414	Endovenous laser ablation therapy of incompetent veins, extremity, inclusive of all imaging guidance and monitoring, percutaneous; bilateral		Day Care	Procedure covered once in any 12 month period. Cannot be billed with code 5940. The treatment of spider/ thread veins and telangiectasia are specifically excluded from benefit.
1435	Inferior vena cava ligation/ clipping, with or without thrombus			

VARICOSE VEINS

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
1455	Sclerosing operation on varicose vein(s), unilateral (I.P.)	Yes	Independent Procedure, Side Room	The treatment of spider/ thread veins and telangiectasia are specifically excluded from benefit.
1460	Sclerosing operation on varicose veins, bilateral (I.P.)	Yes	Independent Procedure, Side Room	The treatment of spider/ thread veins and telangiectasia are specifically excluded from benefit.
1490	Varicose veins, exploration and removal of thrombus, unilateral			
1493	Flush ligation of great saphenous vein at sapheno-femoral junction with or without complete stripping; multiple incisions with avulsion and ligation of varicose veins in left leg		Day Care	
1494	Flush ligation of great saphenous vein at sapheno-femoral junction in both groins with or without complete stripping; multiple incisions with avulsion and ligation of varicose veins in both legs		Day Care	
1495	Varicose veins, exploration and removal of thrombus, bilateral			
1496	Flush ligation of great saphenous vein at sapheno-femoral junction in the groin with or without complete stripping plus ligation of the short saphenous vein at the sapheno-popliteal junction with or without complete stripping; multiple incisions with avulsion and ligation of varicose veins in one leg		Day Care	Documentation must be provided in order to support incompetence of the short saphenous vein - the Doppler scan report must therefore be attached to the claim form.
1497	Flush ligation of great saphenous vein at sapheno-femoral junction in the groin with or without complete stripping plus ligation of the short saphenous vein at the sapheno-popliteal junction with or without complete stripping; multiple incisions with avulsion and ligation of varicose veins in both legs		Day Care	Documentation must be provided in order to support incompetence of the short saphenous vein - the Doppler scan report must therefore be attached to the claim form.
1498	Flush ligation of great saphenous vein at sapheno-femoral junction with or without complete stripping; multiple incisions with avulsion and ligation of varicose veins in the right leg		Day Care	
1499	Flush ligation of small saphenous vein at sapheno-popliteal junction behind the knee with or without complete stripping; multiple incisions in calf with avulsion and ligation of varicose veins; one leg		Day Care	
1500	Venous pressure and blood volume studies	Yes	Diagnostic	
1501	Flush ligation of short saphenous veins at sapheno-popliteal junctions behind both knees with or without complete stripping; multiple incisions in both calves with avulsion and ligation of varicose veins in both legs			
1502	Ligation of single varicose vein in thigh or calf (I.P.)	Yes	Independent Procedure, Side Room	
1503	Ligation of multiple varicose veins one or both legs (I.P.)		Independent Procedure, Day Care	
1526	Stab avulsion of varicose vein(s), unilateral(I.P.)	Yes	Independent Procedure, Side Room	
1527	Stab avulsion of varicose vein(s), bilateral (I.P.)	Yes	Independent Procedure, Side Room	

VESSEL REPAIR

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
1429	Tube graft repair of abdominal aorta			
1438	Visceral artery repair, re-anastomosis or endarterectomy			
1444	Repair of abdominal aortic trauma			
1451	Open repair of subclavian artery			
1458	Thoracotomy with repair of vessels of arch of aorta			
1464	Repair of trauma to brachial artery with endarterectomy patch or bypass			
1482	Repair of femoral or popliteal vessels due to trauma			