

community health cell

From: "Dr. D. Varatharajan" <dvrajan2001@yahoo.com>
To: <IGHPM@yahooogroups.com>
Sent: Thursday, December 02, 2004 4:34 PM
Subject: Re: [IGHPM] Health Insurance

These are financial accounts that could be specifically created to finance the transport and other needs of the women. The advantage (or disadvantage) is that it serves the person whose name the account exists. This is not an insurance but serves as a pre-payment mechanism for many who find it difficult to finance at the time of requirement. This kind of pre-payment might work for pregnancy, delivery and related conditions.

Varatharajan.

TH
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3/12

ds
pre
3/12

community health cell

From: "amukti" <amukti@yogya.wasantara.net.id>
To: <IGHPM@yahoogroups.com>
Cc: "Paul Rueckert" <paul.rueckert@gtz.de>
Sent: Thursday, December 02, 2004 10:37 PM
Subject: Re: [IGHPM] Health Insurance

Dear Friends,

I think India has the same problems with Indonesia. We think health insurance/security is promising solution. Therefore, just a month ago we passed the bill on social security in which health security is the priority. For health security (health insurance we choosed the social health insurance which is very different with commercial oriented such as in USA). The benefit is not only limited to reproductive health but cover beyond that. Any one of you are interested on the bill I will send it to you to share it. Now we start the social health insurance from the poor in which the premium is paid by the government.

Sincerely yours,

Ghufron Mukti
 Former GTZ consultant
 On the development of Pro-poor health fund

----- Original Message -----

From: "Dr. D. Varatharajan" <dvrajan2001@yahoo.com>
To: <IGHPM@yahoogroups.com>
Sent: Thursday, December 02, 2004 10:16 AM
Subject: Re: [IGHPM] Health Insurance

>
 > Dear Dr. Deepti,
 >
 > Your email addresses an important issue. I would like
 > to share my views on this topic. Forgive me if this
 > email is not too well organised as I am typing as I am
 > thinking.
 >
 > I feel that the insurance should balance itself
 > between too general and vague and to narrow focused.
 > Both are bad. I would think that the insurance should
 > be a combined one for the pregnant women and to be
 > born child. It could start just around the time of
 > marriage and get linked to general insurance when the
 > child is 5 year old. So, the period of the special
 > cover would be about 6-10 years.

- >
- > While the insurance could cover the general
- > reproductive health issues, pregnancy, delivery,
- > inborn care, infant and child care including
- > immunisation. It could be packaged and spread nicely
- > so that the women or her family does not feel the
- > pressure of paying heavily for the premium.
- >
- > On top of it, there could be a reinsurance or super
- > insurance to cover any complications including the
- > C-section, hypertension, heart failure, etc.
- >
- > The premium could be shared between the government and
- > the women's family.
- >
- > In addition to this, there can be a medical savings
- > account created simultaneously to meet the transport
- > and other expenses during and after the
- > pregnancy/delivery.
- >

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From: "Irfan Mufti" <irfan@sappk.org>

To: "ctddef" <ctddef@unl.com>

12/3/2004

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community health cell

From: "Dr. D. Varatharajan" <dvrajan2001@yahoo.com>
 To: <IGHPM@yahoogroups.com>
 Sent: Thursday, December 02, 2004 4:28 PM
 Subject: Re: [IGHPM] FW: Health Insurance or Health access which is important?

Dear Dr. Thomas,

Health insurance, as rightly mentioned by you, does not answer the physical infrastrucural inaccessibility. Nor does it solve the problem of financial accessibility fully. At the same time, financial inaccessibility is a major problem for a vast manjority of middle and lower class men and women. Women are particularly disadvantaged even if they are employed.

A well-desinged insurance tries to address this issue of financial inaccessibility at least in areas where physical accessibility is fairly good. Even when we discuss about the lack of access to physical facilities, we should not forget about this key issue of financial accessibility.

One could classify the population into five broad categories. First, one section of people (urban poor and even urban middle class) suffers from financial inaccessibility despite living in a palce where the physical infrastructure is well-developed. Second group (urban rich) has both physical and financial accessibility but lacks resources at the time of care. Third section (rural rich) suffers from physical inaccessibility despite financial accessibility. Fourth one (rural poor) lacks both physical and financial accessibility. Perhaps, you seem to be mentioning about yet another group (those residing in remote areas) that is deprived of even routine facilities enjoyed by even the rural poor.

Hence, when we discuss about health insutance, we should also keep in mind what it holds for different sections of people. Discussing about health insurance (or any form of organised fianncing) does not mean that the we are ignoring that section of people who lack access to even basic amenities leave alone health care.

TH

3/12

bb -
Health
Insurance
file
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--- thomas toms <toms_thomas@yahoo.com> wrote:

>
> Hi Dr. Deepthi
> Good to hear about the good works you are doing.
> Health insurance is propagated in these days as an
> alternative to promote good practices in health care
> among the rural poor. How so ever a mere health
> insurance would not help the poor to change their
> practice because access is the very important
> problem
> in the rural areas. Having an insurance for a person
> living in vulnerable conditions may not help him in
> improving his/her health situation. It is also
> important to note that social insurance should be
> social and do not adopt the corporate strategy. The
> policy premium should be poor frindly and should be
> affordable to all.
>
> Health insurance efforts also should combine with
> building on the capacities of the local
> practitioners
> who are treating majority of illness in the rural
> areas.
>
> We have recently launched a project called
> Tele-Clinic
> which is a combination of many dimensions of health
> care, access, financial protection, education etc.
>
>
> Sincerely
>
>
> Toms K Thomas
> Projects Director
> Christian Hospital
> P.O Chhatarpur- M.P - 471001
> India

community health cell

From: "Rekha Sharma" <gtz-bhp@eth.net>
To: <IGHPM@yahoogroups.com>
Sent: Friday, December 03, 2004 4:36 PM
Subject: RE: [IGHPM] Am not receiving messages

Dear Mr. Devadasan,

Greetings!

Your mail delivery preference was 'no e-mail' and hence you did not receive messages in your mailbox.

I have rectified it from 'no e-mail' to 'individual e-mail'. I am sure that you will receive messages from the group, now, in your inbox.

Thank you for your cooperation,

Best regards,

Rekha Sharma
 Secretary



Deutsche Gesellschaft fuer Technische Zusammenarbeit
 (GTZ) GmbH

German Technical Cooperation

**Indo-German Health Programme -
 Maharashtra**

New White House
 38 Suyojana Cooperative Housing Society
 Samata Chowk, Lane no. 5,
 Koregaon Park, Pune - 411001

ighp.maharashtra@gtzindia.com
 gtz-bhp@eth.net
 http://www.gtz.de

tel: 020 - 26139762
 fax: 020 - 26139763

Add me to your address book...

Want a signature like this?

-----Original Message-----

From: Deva [mailto:deva@devadasan.com]
Sent: Friday, December 03, 2004 2:18 PM
To: IGHPM@yahoogroups.com
Subject: [IGHPM] Am not receiving messages

Dear Moderator

Though enlisted as a member of the group, I don't seem to be receiving the mails. In fact I was informed by a friend about the activity in this group. Hence could you pls look into the matter.

Health insurance - a panacea for all evils?????

I think that one has to realise that health insurance is just a financing tool. If the health services are poor, then no amount of financing will help, UNLESS it is linked with negotiations for better health care. I was recently in Cambodia, where the NGOs have

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been successful in negotiating for better quality of care for the poorest in the government health facilities, using the leverage of demand side financing. And this has resulted in really improved access to good quality health care in the past two years. The data speaks for itself.

Shyam - health insurance is not equal to US led private health insurance. That is just one example. On the other hand we have the Canadian model, the European model, all of which are more comprehensive and equitable. So don't discard HI based on the US experience.

Deepti, could you pls share a report of the Delhi conference on HI.

Thanks - Deva

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12/8/2004

community health cell

From: "Chandra Pandav" <cpandav@iqplusin.org>
To: <IGHPM@yahoogroups.com>
Sent: Saturday, December 04, 2004 1:58 AM
Subject: Re: [IGHPM] Health Insurance

Dear Madam,

Thank you for your communication.

This is to inform you that Dr. Pandav is now in Ballabhgarh and he shall get back to you soon on this issue.

Thanking you,

Yours sincerely,

Ms. N. Veena
Secretary to Dr. C.S. Pandav

----- Original Message -----

From: "umakurup" <gtz-bhp@eth.net>
To: <IGHPM@yahoogroups.com>
Sent: Wednesday, December 01, 2004 3:57 AM
Subject: [IGHPM] Health Insurance

Dear Friends,

Health Insurance is being viewed as answer for all maladies!

States and even the central ministries of health and family welfare are exploring whether Health Insurance can help address the problem of 'high rates and lack of improvement in maternal and infant mortality'. While high perinatal mortality in infants is thought to be the limiting factor for IMR improvement, unsafe abortions and complications during delivery have large contribution in high MMR in India, especially in the marginalized groups. The hypothesis here thus is: 'HI cover can improve financial access to care their by increasing safe abortions, institutional deliveries leading to reduction in mortality.'

Whether this holds true is yet to be explored! However, the preconditions for it to be successful are -

1. Availability of good quality basic and comprehensive

lab. Health Insurance file
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obstetric care and infant care within short distance and / or efficient referral and transport arrangements.

2. Cashless mechanism for availing services in place.

For developing such an insurance product there are several choices to be made -

- o Whether to cover only complications during pregnancy or delivery or to cover all women in reproductive age group with general HI that would cover maternity costs too?
- o Should government pay the premium on behalf of the women or to offer the policy to pregnant women individually?
- o Whether to offer additional features like transport cost support?
- o Will she be protected if the woman with undiagnosed rheumatic heart disease goes in to heart failure due to pregnancy?
- o How to ensure that the women know about the scheme and avail of the benefit?

And so on..

Insurance companies are willing to develop such a product; the need is to think this through and propose a strong management system for implementing this on ground!

Friends, your comments on this idea are needed!!

Dr. Deepti Chirmulay

Deputy Team Leader

Indo-German Health Programme - Maharashtra (GTZ)

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12/8/2004

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----->

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community health cell

From: "Rajeev Ahuja" <rajeev@icrier.res.in>
To: <IGHPM@yahoogroups.com>
Sent: Wednesday, December 08, 2004 1:36 PM
Subject: Re: [IGHPM] Health Insurance

Dear Friends,
I have been reading the exchange of ideas with great interest.

I have the following query:

For the success of micro insurance schemes, I wish to know the role played by flexibility in premium collection (that is, collecting smaller premium amount more frequently). OR, insurance contracts that are of shorter duration (say of 6 months or so, instead of the usual one year contract.)

Is there any evidence/experience on this?

Looking forward...

Rajeev

Rajeev Ahuja
Senior Fellow
Indian Council for Research on International Economic Relations (ICRIER)
Delhi 110003
Mobile: 9818472833

Re: Health Insurance file
For
8/12

**2 Kerudi Hospital & Research Centre
Bagalkot -587101
Ph: 21233/20033/26633**

1. Hosmat Hospital
No.45, Magrath Road
off. Richmond Road
Bangalore-25

2. Narayana Nethralaya
#121/C, Chord Road,
1st R Block, Rajajinagar
Bangalore- 560010

3. NU Trust/ BKF
C.A.6, 15th Main, 11th Cross,
Padmanabhanagar
Bangalore-560070
Ph-6392700 Ext 320.

**4. Mallya Hospital
#2, Vittal Mallya Road
Bangalore- 560001.**

5. Vydehi Inst. Of Medical Sciences & Research Centre
EPIP, Nallura Halli, K.R Puram Hobli
Mahadevapura Post
Whitefield Road
Bangalore - 560048.

**6. Chinmaya Mission Hospital,
CMII Road, Indiranagar,
Bangalore - 38,
Phone : 528 0461 / 528 4829**

**7. CSI Hospital,
Queens Road,
Bangalore - 51
Phone : - 286 1103 / 1104.**

**8. Maharaja Agrasen Hospital,
15th Main, 17th Cross,
Padmanabnagar,
Bangalore 70.
Phone : - 639 33661 / 639 0362**

9. Narayana Hrudayalaya
No 258/A, Bommasandra Industrial Area
Anekal taluk
Bangalore -562158

10. M.S Ramaiah Hospital
M.S.R Nagar
M.S.R.I.T Post
Bangalore- 560034

11. Sri Jayadeva Institute of Cardiology
Bannerghatta Road
Bangalore

12. Kempegowda Institute of Medical Sciences
K.R Road
Bangalore

18 Jain Institute of Vascular Sciences
Vasant nagar
Bangalore.

BELLARY

01. Sukrutha Nursing home
Gopala Swamy Road
Gandhinagar
Bellary-
Ph-256992 / 256371

02. Adarsha Nursing Home
Gopala Swamy Road
Near Gandhinagar Park
Bellary-583103
Ph-256016

03. Madhuri Nursing Home
434, Moka Road
Gandhinagar
Bellary-583103
Ph-55002

BELGAUM

01. Kasbekar Metgud Clinic
Shivajinagar
Belgaum-590016
Ph-476110

02. KLE General Hospital & Research Centre
Nehrunagar, Belgaum

BIDAR

01. Prayavi Hospital
Opp to Hirella panna lal Hospital
Bidar- 585401.

02. Apex Hospital
8-10-113, New Housing Colony
Ganeshan Maiden
Bidar -585401
Ph -0848220501.

BIJAPUR

01. Dr. Vilas G. Kulkarni
Ramakrishna Hospital
Chalukyanagar
Sholapur Road
Bijapur-586103
Ph-0835-251023

Dr. N.S. Bagalkotkar
Kishna Hospital
Bijapur

02. Al-Ameen Medical College and Hospital,
Bijapur - 586 108.

CHAMRAJNAGAR

01. Holy Cross Mission Hospital
Kollegal Talluk
Kamgere.

CHIKMAGALUR

01. Ashraya Hospital
P.B No 77, Naidu Street
Chikmagalur-577101
Ph- 08262-20478/30574/31171

02. Holy Cross Hospital
Jyothinagar
Chikmagalur-577102
Ph -08262-20077/20431/20017

CHITRADURGA

01. P.V.S. Medical, Surgical & Cardiac Hospital
J.C.R. Extn. 6th Cross
Chitradurga-5778501
Ph-08194-30210 / 30654

- 24

02. Krishna Hospital
Lakshmi Bazaar
Chitradurga
Ph-21653 / 34430

- 25 -

DAVANGERE

01. City Central Hospital Private Limited
No.17, Akkamahadevi Road
P.J. Extn
Davangere-577002
Ph-234021 / 253717

02. Ravi Nursing Home
No.136, Mahaveer Road
Davangere-577001
Ph-0819-277750

03. Ashwini Nursing Home
Akkamahadevi Road
Davangere- Ph-258722 / 258017

HUBLI & DHARWAD

01. Sukrutha Nursing Home
Station Road, Malamaddi
Dharwad-1
Ph-441233 / 447133

02. Shakunthala Memorial Hospital & Research Centre
50/51, Golden Town, Hosur
Hubli-580021
Ph-370634-6

03. Dr.K.H.Jituri Hospital
Hosur Cross
Hubli-580021
Ph-0836-372811

GADAG

01. Sanjeevini Hospital
K.C.Rani Road
Gadag-
536044 / 536344

02. K.H.Patil Hospital & Research Institute
Hulkoti
Gadag
Ph-589018 / 589115

GULBARGA

01. Basaveshwar Teaching Hospital & Research Centre
M.R Marg
Gulbarga-585101

HASSAN

01. Janatha Hospital & Research Centre
R.C Road
Hassan-573201
Tel - 0817-26886

02. Bharathi Nursing Home
Hassan
Ph -64745

03. Mangala Hospital
Sampige Road
K.R.Puram
Hassan-573201
Ph-263726 / 268474

04. Rajeev Nursing & Hospital
G.H.Road., K.R.Puram
Hassan
Ph-08172-67550 / 51770 / 66226

05. Hemavathy Hospital
Hemavathy Hospital Road
Northern Extension
Hassan-573201

06. C.S.I Redfern Memorial Hospital
Race Course Road
Hassan- 573201.
Ph -268288/267653/267657
Fax : 0817-269807/6

57) Benjamin Co-operative Hospital
Hassan

HAVERI

01. Dr.G.V.Pandit Memorial Hospital
P.B.Road
Haveri-581110
Ph-0836-32477 / 36677

02. Handral Hospital
Rajendra Nagar
Haveri-581110
Ph-08375-833583
Mobile: 94481-03708

KARWAR

01. Gurukrupa Nursing Home
Kajubag
Karwar-581301

KOLAR

01. New Kolar Nursing Home
Behind Pallavi Talkies, Near KSRTC Bus Stand
II Main, Kuvempu Nagar
Kolar- 563101
Ph -23010

02. R.L Jalappa and Research Centre
Tamaka
Kolar- 563101
Ph -222637/224931

KUNDAPUR

01. Vinaya Hospital
Main Road
Kundapur-576201
Ph-08254-20368 / 22202

02. Adarsha Hospital
N.H 17, Kundapura- 576201
Ph -08254-20580/20680

03. Medical Director
Chinmayi Hospital
Church Road
Kundapur- 576201
Ph -0825-722243,722263

04. Vijayashree Accident Orthocare & General Hospital
N. H -17, Sangam
Kundapura-576201

05. Managing Director
Rama Krishna Hospital
S.No.120/1A-5B, D.No:251/09
BVS Road, Kundapur-576201
Udupi District.
Ph -08254-721263/721666

06. Managing Director
Dr. N R Acharya Memorial Hospital
Koteswar- 576222
Ph -08254-761550/761270

KOPPAL

01. Dr.Rampuri's Hospital
Club Road,
Koppal-583231
Ph-430345 / 430252

RAICHUR

01. M.K.Bhandari Hospital
Gung Road, Opp.Goushala
Raichur-584101
Ph-0853-235711 / 235611

02. Navodaya Medical College Hospital
Mantralayam Road
Raichur-584101
Ph-20902 / 233361

03. Rajiv Gandhi Super specialty
Hyderabad Road
Raichur
Ph -958537-236088

SHIMOGA

01. Usha Nursing Home
Ravindra Nagar
Savalinga Road
Shimoga- 577201

02. Nanjappa Hospital
Kuvempu Road
Shimoga-577201
Ph-21003 / 23967 / 23968

03. City Hospital
Rathnam Madhav Rao Road
Durgi Gudi
Shimoga-577201
Ph-279137 / 220170 / 277288

TUMKUR

01. Sridevi Hospital
1st cross, M.G.road
K.R.Extension
Tumkur-572101
Ph-273610 / 274963

02. Kasturba Nursing Home
S.S.Puaram Main Road
Tumkur-572102
Ph-274489 / 271629

03. Sri Siddhartha Medical College
Agalakote
Tumkur- 2278867

UDUPI

01. Mitra Hospital
Udupi-576101
Ph-20828 / 21282 / 21828

02. City Hospital & Diagnostic Centre
Behind Alankar Theatre
K.M.Marg
Udupi

03. Administrator
Hii -Tech Medicare Hospital & Research Centre
N.H. 17
Udupi- 576103
Ph -533331, 533332, 533333

MANDYA

01. Medical Superintendent
Adichunchunagiri Inst. of Medical Sciences
Balagangadharanatha Nagar
Nagamangala Taluk
Mandya -571448

02. Krishnaraja Co-operative Hospital
1st Cross Subhasnagar
Mandya- 571401
Ph -231111/231112

03. Suraksha Nursing Home
Ashok Nagar
Mandya- 571401
Ph -221894/2221786

04. Kaveri Nursing Home
Mandya

05. New Pragathi Nursing Home
G.II Road, Ashok Nagar
Mandya- 571401

06. Archana Hospital
K R Road
Ashok Nagar
Mandya-571401
Ph -9844116552

MANGALORE

01. Father Muller Medical college & hospital
Fr. Muller Road, Kankanady
Mangalore-575002
Ph-0824-436301-7 (7 Lines)

02. A.J. Hospital and Research Centre.
Mangalore-Udupi Highway.
Kuntikana, Mangalore - 575 004.
Phone : 0824 - 225533 / 34 / 35 / 36.

MERCARA

01. JEDI Specialty Hospital
Daswal, Madikeri
Kodagu District- 571201
Ph- 222858/222758.

MYSORE

01. J. S. S Medical College
Ramanuja Road
Mysore.

02. Nanjamma Javaregowda Hospital
4th Main, 7th Cross, Vinayakanagar
Mysore- 570012
Ph-510485/515609/514869

03. Gopala Gowda Shantaveri Memorial Hospital
T Narsipura Road, Nazarbad
Mysore- 570010
Ph -445037/447745

04. Administrator
Basappa Memorial Hospital
22/B, Vinoba Road
Jayalakshmiapuram
Mysore - 570012
Ph -0821-2512401/2511671/2511771

05. Managing Director
Vikram Hospital & Heart Centre
#46, Vivekananda Road
Yedavagiri
Mysore-570020
Ph - 0821-2412121

		DESCRIPTION
5-01		Incision and excision of skull, brain and meninges
	5-010	Cranial puncture
	5-010 (a)	Aspiration (drainage)
	5-010 (b)	Ventriculopuncture
	5-010 (c)	Subdural Tapping 13 13 (pg 63)
	5-010 (d)	Ventricular Tapping 13 14 (pg 63)
	5-010 (*)	(Other available code : cisternal puncture 1-206) +
	5-011	Craniotomy
	5-011(a)	Burr holes
	5-011(b)	Craniectomy
	5-011(c)	Decompression, cranial
	5-011(d)	Removal of unwanted material
	5-011(e)	Reopening of craniotomy
	5-011(f)	Trephination
	5-011(g)	Craniotomy and Evacuation of Haematoma 31 1 (pg 50) 13 3 (pg 63)
		1) Subdural 31 1.1 + 13.3.1
		2) Extradural 31.1.2 + 13.3.2
	5-011(h)	Craniotomy 13 32 (pg. 64)
	5-011 (i)	Twist Drill Craniostomy 13 12 (pg. 63)
	5-011(*)	Excludes : decompression of fracture (S-020) *
	5-011(*)	Removal of plate (5-020) *
	5-011(*)	Strip craniectomy (5-020) *
	5-012	Incision of brain & meninges
	5-012 (a)	Electrocoagulation
	5-012 (b)	Leucotomy
	5-012 (c)	Lobotomy
	5-012 (d)	Tractotomy
	5-012 (e)	Brain Biopsy 13.38 (pg. 64)
	5-012 (*)	Excludes : division of cortical adhesions (5-029)
	5-013	Operation on thalamus and globus pallidus (deep brain stimulation with implant on each side)
	5-013 (a)	Incision
	5-013 (b)	Excision
	5-013 (c)	Destruction
	5-013 (d)	Ansa
	5-013 (e)	Cingulus
	5-013 (f)	Globus pallidus
	5-013 (g)	Thalamus
	5-014	Other excision or destruction of brain & meninges
	5-014 (a)	Decortication
	5-014 (b)	Lobectomy
	5-014 (c)	Marsupialization
	5-014 (d)	Resection
	5-014 (e)	Evacuation of brain abscess 31.3 Pg 50) + 13.5 (pg 63)
	5-014 (f)	Excision of Lobe (Frontal, Temporal, Cerebellum etc.) 31.4 (pg. 50) + 13.6 (Pg. 63)
	5-014 (g)	Excision of Brain Tumours 31.5 (pg. 50) + 13.7 (Pg. 63)
		1) Subtentorial 31.5.1 + 13.7.1
		2) Subtentorial 31.5.2 + 13.7.2
	5-014 (h)	Craniotomy 13.31 (pg. 64)
	5-014 (i)	Brain Mapping 13.41 (pg.64)
	5-014 (j)	Abscess Tapping 13.15 (pg. 64)
	5-015	Excision of lesion of skull
5-02		Other operations on skull, brain & meninges
	5-020	Cranioplasty
	5-020 (a)	Elevation of bone fragments
	5-020 (b)	Linear craniectomy
	5-020 (c)	Opening of cranial suture
	5-020 (d)	Removal of bone or plate
	5-020 (e)	Repair with graft or plate
	5-020 (f)	Cranioplasty 31.2 (pg. 50) + 13.4 (pg. 63)
	5-020 (g)	Depressed Fracture 31.45 (pg. 65)
	5-021	Repair of cerebral meninges
	5-021 (a)	Graft of dura
	5-021 (b)	Ligation, meningeal artery
	5-021 (c)	Ligation, venous sinus
	5-021 (d)	Repair of encephalocele or meningocele
	5-021 (e)	Meningomyelocele 31 7 (pg. 50) + 13.9 (pg. 63)
	5-021 (e)	Meningomyelocele 13 24 (pg. 64)
	5-021 (g)	Meningo Encephalocele 13 23 (pg. 64)
	5-021 (h)	Meningocele Excision 13.35 (pg. 64)
	5-022	Ventriculostomy
	5-022 (a)	Anastomosis, ventricle to cisterna magna
	5-022 (b)	Ventriculocisternal drainage
	5-023	Extracranial ventricular shunt
	5-023 (a)	Anastomosis, ventriculo- atrial
	5-023 (b)	Anastomosis, ventriculo- pleural
	5-023 (c)	Anastomosis, ventriculo-caval
	5-023 (d)	Ventriculoatrial Shunt / Ventriculoperitoneal 31 8 (pg. 50) + 13 10 (pg. 63)
	5-023 (e)	Peritoneal Shunt
	5-023 (f)	Shunt procedures (VAVP/TP/Shunt) 13.50 (Pg. 65)
	5-023 (g)	Ventriculo-Atrial Shunt (Exclud. Cost of value) 13.37 (pg. 64)
	5-024	Revision of ventricular shunt
	5-024 (a)	Removal or replacement of valve or catheter

5-03	5-029	Other operations on skull, brain & meninges
	5-029 (a)	Freeing of intracranial adhesions
	5-029 (*)	Excludes : hypophysectomy (5-075) *
	5-029 (*)	Operations on pineal gland (5-074) *
5-03		Operations on spinal cord and spinal canal structures
	5-030	Exploration of spinal canal
	5-030 (a)	Laminectomy
	5-030 (b)	Laminotomy
	5-030 (c)	Reopening of laminectomy site
	5-031	Division of intraspinal nerve root
	5-032	Chordotomy
	5-032 (a)	Electrocoagulation
	5-032 (b)	Percutaneous division of cord
	5-032 (c)	Stereotaxis
	5-032 (d)	Tractotomy
	5-032 (e)	Steriotaxic Procedures 13.58 (pg. 65)
	5-033	Excision or destruction of spinal cord & meninges
	5-033 (a)	Surgery of Cord Tumours 31.6 (pg. 50)
	5-033 (b)	Spinal Tumours Others 31.55 (Pg. 65)
	5-033 (c)	Spinal Intra Medullary Tumours 31.54 (pg. 65)
	5-034	Plastic operations on spinal cord & meninges
	5-034 (a)	Elevation of bone fragments
	5-034 (b)	Repair of spina bifida
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	5-034 (d)	Suture of meninges
	5-034 (e)	Spina Bifida Surgery Major 13.56 (pg. 65)
	5-034 (f)	Spina Bifida Surgery Minor 13.57 (pg. 65)
	5-035	Freeing adhesions of spinal cord & nerve roots
	5-036	Spinal drainage
	5-036 (a)	Drainage by puncture
	5-036 (b)	Drainage by shunt of spinal theca
	5-036 (+)	(Other available code : diagnostic spinal puncture 1-206)
	5-037	Injection of destructive agent into spinal canal
	5-037 (+)	(Other available code : injection of other drug 8-570)
	5-039	Other operations on spinal cord & canal structures
	5-039 (a)	Insertion of neuropacemaker
	5-039 (b)	Excision of Cervical Intervertebral Discs 13.11 (pg. 63) +31.9 (pg. 50)
	5-039 (c)	Posterior Cervical Dissection 13.27 (pg. 64)
	5-039 (d)	Cervical or Dorsal Laminectomy 13.42 (pg. 65)
	5-039 (e)	Anterior Cervical Dissection 13.28 (pg. 64)
	5-039 (f)	Anterior Cervical Spine Surgery with fusion 13.39 (pg. 64)
	5-039 (g)	Anterior Lateral Decompression 13.40 (pg. 64)
	5-039 (h)	Spinal fusion Procedure 13.53 (pg. 65)
	5-039 (+)	Excludes L. excision of intervertebral disc (5-803)
	5-039 (+)	other operations on vertebral column (5-78, 5-78 and 5-810)
5-04		Operations on cranial & peripheral nerves
	5-040	Division & excision of nerve
	5-040 (a)	Crushing
	5-040 (b)	Ramification
	5-040 (*)	Excludes : glossopharyngeal nerve (5-299) *
	5-040 (*)	Excludes : opticociliary neurectomy (5-113) *
	5-040 (*)	Excludes : spinal nerve roots (5-031) *
	5-040 (*)	Excludes : superior laryngeal nerve (5-319) *
	5-040 (*)	Excludes : sympathetic ganglia (5-501) *
	5-041	Other destruction of nerve
	5-041 (a)	Peripule Neurectomy (Trigeminal) 13.31 (pg. 64)
	5-041 (b)	Trigeminal Rhizotomy 13.33 (pg. 64)
	5-042	Suture of nerve
	5-042 (a)	Reanastomosis of divided nerve
	5-042 (b)	Brachial Plexus Exploration Microsuturing 13.29 (pg. 64)
	5-043	Freeing of adhesions & decompressions of nerve
	5-043 (a)	Release of nerve in carpal tunnel
	5-043 (b)	Median Nerve Decompression 13.30 (pg. 64)
	5-044	Nerve graft
	5-045	Transposition of nerve
	5-046	Other neuroplasty
	5-046 (a)	Cross anastomosis, nerve
	5-046 (b)	New attachment of nerve
	5-046 (c)	Repair of old injury
	5-046 (d)	Cervical Nerve Anastomosis 13.34 (pg. 64)
	5-047	Injection into nerve
	5-047 (+)	(Other available code : anesthesia for operation 8-571)
	5-049	Other operations on cranial & peripheral nerves
	5-049 (a)	Peripheral Nerve Surgery - Major 13.36 (pg. 64)
	5-049 (b)	Peripheral Nerve Surgery - Minor 13.36 (pg. 64)
	5-049 (c)	R.F. Lesion for Trigeminal Neuralgia 13.49 (pg. 65)
	5-049 (d)	Nerve Biopsy 13.38 (pg. 64)
5-05		Operations on sympathetic nerves or ganglia
	5-05 (+)	Includes : parasympathetic nervous system
	5-05 (*)	Excludes : Sympathetic nerves to
	5-05 (*)	Excludes : sympathetic nerves to : adrenals (5-073)
	5-05 (*)	Excludes : sympathetic nerves to : eye (5-133)
	5-05 (*)	Excludes : sympathetic nerves to : tympanum (5-209)

	5-05 (*)	Excludes : sympathetic nerves to uterus (5-604)
	5-05 (*)	Excludes : sympathetic nerves to vascular bundles (5-399)
	5-050	Division of sympathetic nerve or ganglion
	5-050 (a)	Crushing
	5-050 (b)	Esplachinkotomy
	5-051	Sympathectomy
	5-051 (a)	Excision of nerve or ganglion
	5-051 (a)	Presacral neurectomy
	5-051 (*)	Excludes : periaxial stripping (5-397)
	5-051 (*)	Excludes : tympanosympathectomy (5-209)
	5-052	Injection into sympathetic nerve or ganglion
	5-053	Other operations on sympathetic nerves or ganglia
	5-053 (a)	Ganglionectomy
	5-053 (b)	Suture of nerve
	5-059	Other operations on the nervous system
	5-06	OPERATIONS ON ENDOCRINE SYSTEM
	5-060	Operations on thyroid & parathyroid glands
		Incision of thyroid field
	5-060 (a)	Drainage
	5-060 (b)	Exploration
	5-060 (c)	Reopening wound
	5-060 (d)	Thyroglossal tract
	5-064 (d)	Excision of Thyroglossal Cyst / Fistula 22.23 (pg. 37)
	5-060 (e)	Thyroid gland
	5-061	Unilateral thyroid lobectomy
	5-061 (a)	Hemithyroidectomy
	5-061 (a)	Hemithyroidectomy 22.21.1
	5-062	Other partial thyroidectomy
	5-062 (a)	Excision of adenoma
	5-062 (b)	Isthmectomy
	5-062 (b)	Isthmectomy 22.21.6
	5-062 (c)	Thyroidectomy, unqualified
	5-063	Complete thyroidectomy
	5-064	Substernal thyroidectomy
	5-064 (a)	Partial
	5-064 (b)	Total
		1) Partial Thyroidectomy 22.21.2
		2) Partial Thyroidectomy 22.21.3
	5-064 (c)	Thyroidectomy 22.21 (pg. 36)
		1) Total Thyroidectomy (Cancer) 22.21.4
		2) Resection Enucleation of Adenoma 22.21.5
		3) Total Thyroidectomy and Block Dissection 22.21.7
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	5-065	Excision of lingual thyroid
	5-065 (a)	Excision of Lingual Thyroid 22.22 (pg. 37)
	5-066	Excision of thyroglossal tract
	5-067	Partial parathyroidectomy
	5-067 (a)	Excision of adenoma
	5-067 (b)	Excision of ectopic parathyroid
	5-064 (c)	Excision of Parathyroid Adenoma / Carcinoma 22.24 (pg. 37)
	5-068	Complete parathyroidectomy
	5-069	Other operations on thyroid & parathyroid glands
	5-069 (a)	Division of thyroid isthmus
	5-069 (a)	Isthmectomy 22.21.6
	5-069 (b)	Ligation of thyroid arteries
	5-07	Operations on other endocrine glands
	5-070	Exploration of adrenal glands
	5-071	Partial adrenalectomy
	5-071 (a)	Excision of lesion
	5-071 (b)	Unilateral excision of adrenal
	5-072	Bilateral adrenalectomy
	5-072 (a)	Removal of remaining gland
	5-072 (b)	Adrenalectomy Unilateral / Bilateral for Tumour / For Carcinoma 26.55 (pg. 44)
	5-072 (+)	Includes : associated oophorectomy
		Other operations on adrenal glands
	5-073 (a)	Division of nerves to adrenal glands
	5-073 (b)	Ligation of adrenal artery
	5-074	Operations on pineal gland
	5-075	Hypophysectomy
	5-075 (a)	Ab:atopm pf tototar
	5-075 (b)	Cryohypophysectomy
	5-075 (c)	section of hypophyseal stalk
	5-075 (*)	(Other available code : interstitial irradiation - see Chapter 3) *
	5-076	Other operations on hypophysis
	5-076 (a)	Drainage of Rathke's pouch
	5-077	Thymectomy
	5-077 (a)	Thymectomy 24.19 (pg. 38)
	5-077 (a)	Thymectomy 30.8 (pg. 73)
	5-077 (a)	Thymectomy 3.50 (pg. 59)
	5-078	Transplantation of thymus
	5-079	Other operations on endocrine glands
	5-079 (+)	Excludes : aortic and carotid bodies (5-398)
	5-079 (+)	Excludes : ovaries (5-650 to 5-659)
	5-079 (+)	Excludes : pancreas (5-520 to 5-529)

		Excludes: tests (5-020 to 5-029)
5-08		OPERATION ON THE EYES
		Operations on lacrimal apparatus
5-080		Incision of lacrimal gland
	5-080 (a)	Removal of foreign body
5-081		Excision of lacrimal gland or lesion
	5-081 (a)	Dacryoadenectomy
5-082		Other operations on lacrimal glands
5-083		Removal of lesion of lacrimal passages
	5-083 (a)	Removal of calculus
5-084		Incision of lacrimal sac & passages
	5-084 (a)	Drainage
	5-084 (b)	Splitting of lacrimal papillae
5-085		Excision of lacrimal sac or lesion
	5-085 (a)	Dacryocystectomy
	5-085 (b)	Destruction of sac
5-086		Repair of canaliculus & punctum
	5-086 (a)	Correction of everted punctum
	5-086 (b)	Plastic operation
	5-086 (c)	Repair of punctum
	5-086 (d)	Suture of canaliculus
5-087		Dacryocystorhinostomy
	5-087 (a)	D.C.R.
	5-087 (b)	Fistulization into nose
	5-087 (c)	Intubation
	5-087 (d)	Nasolacrimal anastomosis
	5-087 (e)	DCR 29.8 (pg. 70)
	5-087 (e)	Endoscopic DCR 33.8 (pg. 75)
5-088		Conjunctivorhinostomy
	5-088 (a)	Canthocystostomy
	5-088 (b)	Conjunctivodacryocystorhinostomy
	5-088 (c)	Dacryocystostomy
5-089		Other operations on lacrimal apparatus
	5-089 (+)	(Other available code: catheterization of lacrimal duct 8-141)
5-09		Operations on eyelids
5-090		Incision of eyelid
	5-090 (a)	Blepharotomy
	5-090 (b)	Drainage of chalazion
	5-090 (c)	Chalazion Operation 4.11 (pg. 22)
	5-090 (c)	Drainage of hordeolum
5-091		Excision or destruction of eyelid
	5-091 (a)	Excision of cilia base
	5-091 (b)	Excision of Meibomian gland
	5-091 (c)	Tarsectomy
	5-091 (d)	Chalazion 29.3 (pg. 70)
5-092		Operations on canthus & tarsus
	5-092 (a)	Epicanthus repair
	5-092 (b)	Palpebral fissure repair
	5-092 (c)	Epicanthus 29.10 (pg. 70)
5-093		Correction of entropion or ectropion
	5-093 (a)	Ectropion 29.6 (pg. 70)
	5-093 (b)	Entropion 29.31 (pg. 71)
5-094		Correction of blepharoptosis
5-095		Blepharorrhaphy
	5-095 (a)	Major
	5-095 (a)	Minor
	5-095 (a)	Suture of eyelid
	5-095 (b)	Tarsorrhaphy
	5-095 (*)	Excludes: canthorrhaphy (5-092)
5-096		Other repair of eyelids
	5-096 (a)	Repositioning of cilia base
	5-096 (b)	Transplantation of hair follicles
5-099		Other operations on eyelids
	5-099 (+)	(Other available code: epilation of eyelid 8-181)
	5-099 (+)	(Other available code: removal of foreign body 8-102)
	5-099 (+)	Reconstruction of Eyelid Defects 28.19 (pg. 46)
		1) Minor 28.19.1 (pg. 46)
		2) Major 28.9.2 (pg. 46)
5-10		Operations on ocular muscles
5-100		Myotomy & tenotomy of ocular muscles
5-101		Excision of ocular muscle or tendon with recession or advancement of same muscle
	5-101 (a)	Squint Correction 29.12 (pg. 70)
5-102		Advancement or recession of ocular muscle
5-103		Transposition of ocular muscle
	5-103 (*)	Excludes: transposition for correction of ptosis (5-094)
	5-103 (a)	Ptosis 29.5 (pg. 70)
5-104		Other shortening of ocular muscle
5-105		Freeing of adhesion of ocular muscle
5-109		Other operations on ocular muscle
5-11		Operations on conjunctiva
5-110		Removal of foreign body from conjunctiva by incision
	5-110 (*)	Foreign body removal 4.5 (pg. 22)
	5-110 (*)	Excludes: magnet extraction (5-120)
	5-110 (*)	Excludes: Other (8-101)

5-111	5-111(a)	Other lesions of conjunctiva
	5-111(b)	Expression of follicles
5-112		Pentomy
		Excision of lesion of conjunctiva
5-112 (a)		Curettage of follicles
5-112 (b)		Perilectomy
5-113		Conjunctivoplasty
	5-113 (a)	Conjunctival flap
	5-113 (b)	Mucosal graft
5-114		Freeing of adhesions of conjunctiva & eyelid
5-115		Suture of conjunctiva
5-119		Other operations on conjunctiva
6-12		Operations on cornea
5-120		Magnetic removal of foreign body from cornea
5-121		Incision of cornea
	5-121 (a)	Keratotomy
	5-121 (b)	Saemisch section
5-122		Excision of pterygium
	5-122 (+)	Includes : with graft or transposition
5-123		Excision or destruction of lesion of cornea
	5-123 (a)	Fistulectomy
	5-123 (b)	Keratotomy
5-124		Suture of cornea
5-125		Corneal transplant
	5-125 (a)	Lamellar keratoplasty
	5-125 (b)	Penetrating keratoplasty
	5-125 (c)	Keratoplasty 29.13 (pg. 70)
5-126		Other repair of cornea
	5-126 (a)	Collar stud prosthesis
	5-126 (b)	Insertion of keratoprosthesis
	5-126 (c)	Refractive keratoplasty
5-129		Other operations on cornea
	5-129 (a)	Xenon Arc Laser 29.7 (pg. 70)
5-13		TATTOOING IF CORNEA
5-130		Operations on iris, ciliary body & anterior chamber
	5-130 (a)	Removal of foreign body from anterior eye by incision
5-131		Foreign body penetrating cornea
5-132		Magnetic removal of foreign body from anterior eye, Anterior chamber, ciliary body, iris
	5-132 (a)	Relief of intraocular tension
	5-132 (b)	Filtering procedure
	5-132 (c)	Iridencleisis
	5-132 (d)	Sclerectomy
	5-132 (*)	Sclerotomy
5-133		Excludes : exploratory sclerotomy (5-139)
	5-133 (a)	Facilitation of intracular circulation
	5-133 (b)	Diminution of ciliary body : (irido-) cyclectomy
		Improved internal drainage :
		1) Ciliarotomy
		2) Cyclotomy
		3) goniotomy
		4) Trabeculotomy
	5-133 (c)	Reduction of formation of aqueous :
		1) Cycloanemization
		2) Cyclodiathermy
		3) Opticociliary injection
		4) Opticociliary neurectomy
	5-133 (d)	Trabeculectomy 29.14 (pg. 70)
	5-133 (e)	Trabeculotomy 29.15 (pg. 70)
	5-133 (f)	Iridectomy 29.16 (pg. 70)
	5-133 (g)	Goniotomy 29.17 (pg. 70)
	5-133 (+)	(Other available code : Injection into eye or orbit 8-572)
5-134		Destruction of lesion of iris, ciliary body sclera
	5-134 (a)	Excision of prolapsed iris or ciliary body
	5-134 (+)	(Other available code : laser beam destruction - see Chapter -3)
5-135		Other iridectomy or iridotomy
	5-135 (a)	Iridosclerostomy
	5-135 (b)	Iridosclerotomy
	5-135 (c)	Iridocystectomy (peripheral)
	5-135 (d)	Optical iridectomy
	5-135 (e)	Sphincterotomy of iris
	5-135 (f)	Transfixion of iris
5-136		Iridoplasty
	5-136 (a)	Freeing of adhesions in anterior segment of eye
	5-136 (b)	Repair of uveal hernia
5-137		Scleroplasty
	5-137 (a)	Repair of sclera
	5-137 (b)	Suture of sclera
	5-137 (c)	with graft
5-139		Other operations on iris, ciliary body & anterior chamber
	5-139 (a)	Exploratory sclerotomy
	5-139 (+)	(Other available codes : aspiration of anterior chamber 8-152)
5-14		(Other available codes : injection into anterior chamber 8-572)
		Operations on lens
5-140		Magnetic removal of foreign body from lens

5-141		Removal of foreign body from lens by incision
5-142		Linear extraction of lens
5-143	5-142 (a)	Curette evacuation
		Discussion of lens & capsulotomy
	5-143 (a)	Needling of capsule
5-144		Intracapsular extraction of lens
	5-144 (a)	Cryoextraction
	5-144 (b)	Erysiptake extraction
	5-144 (c)	Forceps extraction
	5-144 (d)	Suction extraction
5-145		Extracapsular extraction of lens
	5-145 (+)	Includes : combined, or with iridectomy
5-146		Other cataract extraction
	5-146 (a)	Phakoemulsification
5-147		Insertion of prosthetic lens
5-148		Removal of implanted lens
5-149		Other operations on lens
	5-149 (a)	Capsulectomy
5-15		Operation on retina, chroid & vitreous
5-150		Removal of foreign body posterior eye by incision removal of encircling tube
	5-150 (a)	Removal of encircling tube
5-151		Magnetic removal of foreign body from posterior eye
5-152		Scleral buckling with implant
	5-152 (a)	Buckling with vitreous implant
5-153		Other scleral buckling
	5-153 (a)	Constriction of globe
	5-153 (b)	Scleral resection
	5-153 (c)	Scleral Bucking (Retinal Detachment Surgery) 29.18 (pg. 70)
5-154		Other operations for repair of retina
5-155		Destruction of lesion of retina or choroid
5-156		Other operations on retina or chroid
	5-156 (+)	(Other available codes : laser beam destruction - see chapter 3)
	5-156 (+)	(Other available codes : laser beam production of adhesions - see chapter 3)
	5-156 (+)	(Other available codes : other photocoagulation 8-622)
	5-156 ()	Vitreotomy 29.28 (pg. 71)
5-157		Operation on vitreous
	5-157 (a)	Replacement of vitreous
5-16		Operations on orbit & eyeball
5-160		Orbitotomy
	5-160 (a)	Decompression
	5-160 (b)	Drainage
	5-160 (c)	Orbitotomy 29.4 (pg. 70)
5-161		Removal of foreign body from eye or orbit NEC
	5-161 (*)	Excludes : removal of nonpenetrating foreign body (8-102)
5-162		Evisceration of eyeball
	5-162 (a)	Removal of ocular contents with implant into scleral shell
5-163		Removal of eyeball
	5-163 (+)	Includes : implant into Tenon's capsule
5-164		Excision or destruction of orbital contents
5-165		Insertion of orbital implant
	5-165 (a)	Reinsertion of extruded implant
5-166		Removal of orbital implant
5-167		Repair of orbit
	5-167 (a)	Permanent lid closure
5-169		Other operation on orbit & eye
	5-169(+)	(Other available codes : therapeutic injection into eye or orbit 8-572)
		OPERATION ON THE EAR
5-18		Operation on external ear
5-180		Incision of external ear
	5-180 (a)	Drainage of furuncle
	5-180 (b)	Excision of Pinna for Growths (Squamous / Basal) Injuries 22.2 (pg. 35)
		1) Skin Only 22.2.1
		2) Skin and Cartilage 22.2.2
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5-181		Excision or destruction of lesion of external ear
	5-181 (a)	Curettage
	5-181 (b)	Excision of preauricular fistula
	5-181 (c)	Pinna Excision 32.13 (pg. 75)
5-182		Other excision of external ear
	5-182 (a)	Amputation of ear
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5-183		Suture of external ear
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5-184		Surgical correction of prominent ear
	5-184 (a)	Cartilage graft
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	5-184 (c)	Otoplasty 32.14 (pg. 75)
5-185		Reconstruction of external auditory canal
	5-185 (a)	Correction of metal atresia
	5-185 (b)	Skin graft lining
5-186		Other repair of external ear
	5-186 (a)	Reconstruction of auricle of ear

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5-189	Other operation on external ear
5-189 (+)	(Other available codes : removal of cerumen 8-171)
5-189 (+)	(Other available codes : removal of foreign body in meatus 8103)
5-189 (+)	Plastic Surgery of Different Regions of the Ear 28.20 (pg. 46)
	1) Minor 28.20.1 (pg. 47)
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5-19	Reconstructive operations on middle ear
5-190	Stapes mobilization
5-190 (a)	Crurolysis of stapes
5-190 (b)	Division of otosclerotic material
5-190 (c)	Remobilization
5-191	Stapedectomy
5-191 (a)	With fenestration of footplate
5-191 (b)	with graft of vein or fat
5-191 (c)	with wire prosthesis
5-191 (d)	Stapedectomy 32.6 (pg. 75)
5-192	Revision of stapedectomy
5-193	Other operations on ossicular chain
5-194	Myringoplasty
5-194 (a)	Construction of tympanum
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5-194 (c)	Type I 1 tympanoplasty
5-194 (d)	Myringoplasty 32.5 (pg. 75)
5-195	Other tympanoplasty
5-195 (a)	Type II, graft against incus of malleus
5-195 (b)	Type III, myringostapedopexy
5-195 (c)	type IV, leaving mobile foot plate
5-195 (c)	Type V, graft covering semicircular canal
5-195 (d)	Tympanoplasty 32.11 (pg. 75)
5-196	Revision of tympanoplasty
5-199	Other repair of middle ear
5-20	Other operations on middle & inner ear
5-200	Myringotomy
5-200 (a)	Myringotomy 32.7 (pg. 75)
5-200 (a)	Insertion of tympanotomy tube
5-200 (b)	Paracentesis tympani
5-200 (b)	Paracentesis 32.10 (pg. 75)
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5-200 (c)	Tympanotomy 32.9 (pg. 75)
5-201	Removal of tympanostomy tube
5-201 (a)	Removal of grommet
5-202	Incision of mastoid & middle ear
5-202 (a)	Atticotomy
5-202 (b)	Drainage of mastoid antrum
5-202 (c)	Exploration, transtympanic
5-202 (c)	Hypotympanotomy
5-203	Mastoidectomy
5-203 (a)	Attico-antrotomy
5-203 (b)	Mastoid antrotomy
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5-203 (+)	(Other available codes : skin grafting 5-893)
5-203 (+)	(Other available codes : tympanoplasty 5-194, 5-195)
5-204	Other excision of middle ear
5-204 (a)	Excision of cholesteatoma
5-204 (b)	Excision of petrous apex cells
5-204 (c)	Removal of outer attic wall
5-205	Fenestration of inner ear
5-205 (a)	With partial ossiculectomy
5-205 (b)	With skin or vein graft
5-206	Revision of fenestration
5-207	Incision & destruction of inner ear
5-207 (a)	Drainage
5-207 (b)	Endolymphatic shunt
5-207 (c)	Excision, glomus jugulare tumor
5-207 (d)	Labyrinthotomy
5-207 (e)	Sacculotomy
5-207 (f)	Vestibulotomy
5-209	Other operations on middle & inner ear
5-209 (a)	Revision of mastoidectomy
5-209 (b)	Tympanosympathectomy
5-209 (+)	(Other available codes : insufflation of Eustachian tube 8-173)
5-209 (+)	(Other available codes : tympanic injection 8-573)
5-209 (+)	(Other available codes : ultrasonic destruction - see chapter 3)
5-21	OPERATIONS ON NOSE, MOUTH AND PHARYNX
5-210	Operations on nose
5-210 (a)	Control of epistaxis
5-210 (a)	By Cautery, Cryosurgery, Suture
5-210 (+)	Excludes : ligation of artery (5-387)
5-210 (+)	(Other available codes : nasal packing 8-501)
5-211	Incision of nose
5-211 (a)	Drainage
5-211 (b)	Removal of foreign body
5-211 (c)	Septotomy
5-211 (d)	Turbinotomy

5-211 (e)	Reduction of facial fractures of nose 28.10 (pg. 46)
5-211 (*)	Excludes : removal of foreign body by rhinoscopy (8-104) *
5-212	Excision or destruction of lesion of nose
5-212 (a)	Polyblebectomy
5-212 (b)	Snaring
5-212 (*)	Excludes : cauterization (5-911) *
5-212 (*)	Excludes : electrocoagulation (5-920) *
5-212 (*)	Excludes : freezing (5-944) *
5-212 (*)	Excludes : ionization (5-931)
5-212 (*)	Excludes : osteotomy of facial bone (5-772)
5-213	Resection of nose
5-213 (+)	Other available code : rhinoplasty 5-217
5-214	Submucous resection of nasal septum
5-214 (a)	Submucous Resection 33.2 (pg. 75)
5-214 (b)	FB Removal 32.4 (pg. 74)
5-214 (c)	Tympanotomy 32.9 (pg. 75)
5-215	Turbinelectomy
5-215 (a)	Electrocoagulation
5-215 (b)	Intra Nasal Diathermy 33.6 (pg. 75)
5-215 (c)	Turbinelectomy 33.7 (pg. 75)
5-215 (+)	(Other available code : infraction of turbinate 8-210)
5-216	Open reduction of fracture of nasal bone
5-216 (d)	Fracture Reduction 33.5 (pg. 75)
5-216 (b)	Reduction of facial fractures of nose 28.10 (pg. 46)
5-216 (*)	Excludes : closed reduction of fracture (8-210)
5-216 (+)	(Other available code : correction of displacement, nasal (8-201)
5-217	Repair & plastic operations on nose
5-217 (a)	Closure, septal perforator
5-217 (b)	Graft or implant
5-217 (c)	Reconstruction
5-217 (d)	Suture
5-217 (e)	Rhinoplasty 33.4 (pg. 75)
5-217 (f)	Septoplasty 33.1 (pg. 75)
5-217 (g)	Septal Peri. Repair 33.10 (pg. 76)
5-217 (h)	Septo-rhinoplasty 33.3 (pg. 75)
5-217 (*)	Excludes : Suture or graft of skin of nose (5-890 to 5-897)
5-217 (+)	(Other available code : manipulation of displaced septum 8-201)
5-219	Other operations on nose
5-219 (a)	Separation of adhesions
5-219 (b)	Reduction of facial fractures of nose 28.10 (pg. 46)
5-219 (c)	Plastic Surgery of the Nose 28.21 (pg. 47)
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	2) Major 28.21.2 (pg. 47)
5-22	Operations on nasal sinuses
5-220	Puncture of nasal sinus
5-220 (a)	with irrigation
5-221	Intranasal antrotomy
5-221 (a)	Antrum window operation
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5-222	External maxillary antrotomy
5-222 (a)	Canine fossa approach
5-222 (+)	Includes : associated antrum window operation
5-222 (*)	Maxillectomy 33.14 (pg. 76)
5-223	Frontal sinusotomy & sinusectomy
5-223 (a)	Decompression
5-223 (b)	Drainage of mucocele
5-223 (c)	Excision of lesion
5-224	Other nasal sinusotomy
5-224 (a)	Combined sinuses
5-224 (b)	Ethmoidotomy
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5-225	Other nasal sinusotomy
5-225 (a)	Ethmoidectomy
5-225 (b)	Sphenoidectomy
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5-225 (d)	Ethmoidectomy 33.15 (pg. 76)
5-225 (e)	Caldwell Luc Surgery 33.16 (pg. 76)
5-226	Repair of nasal sinus
5-226 (a)	Plastic operation on sinus
5-226 (b)	Repair of oro-antral fistula
5-226 (*)	Excludes : elevation of fractured bone *
5-226 (*)	Excludes : frontal sinus (5-767) *
5-226 (*)	Excludes : maxillary sinus (5-763) *
5-229	Other operations on nasal sinuses
5-229 (*)	Excludes : excision of neoplasm of antrum (5-771) *
5-229 (*)	Angiofibroma Excision 33.17 (pg. 76)
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5-23	Removal & restoration of teeth
5-230	Forceps extraction of tooth
5-231	Surgical removal of tooth

	5-231 (a)	Excision of buried root
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	5-231 (c)	With odontotomy or dental flap
5-232		Restoration of tooth by filling
	5-232 (a)	With drilling of cavity
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5-233		Restoration of tooth by inlay
	5-233 (a)	Gold inlay
5-234		Other dental restoration
	5-234 (a)	Crown : Ceramic, Gold
	5-234 (b)	Fixed bridge
5-235		Reimplantation of tooth
5-236		Prosthetic dental implant
	5-236 (a)	Endosseous implant
5-237		Apicectomy & root canal therapy
	5-237 (a)	Canal filling
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5-24		Other operations on gums & alveolus
5-240		Incision of gum or alveolar bone
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5-241		Gingivoplasty
	5-241 (a)	with graft of bone or soft tissue
5-242		Other operations on gum
	5-242 (a)	Curettage of periodontium
	5-242 (b)	Excision of epulis or granuloma of gum
	5-242 (c)	Suture of gingiva
5-243		Excision of dental lesion of jaw
	5-243 (a)	Dental Cyst
	5-243 (b)	Odontome
5-244		Alveoloplasty
	5-244 (a)	Alveolectomy
	5-244 (b)	Reconstruction of alveolar ridge
	5-244 (c)	Vestibuloplasty
5-245		Exposure of tooth
5-246		Application of orthodontic appliance
	5-246 (a)	Arch bars
	5-246 (b)	Obturator
	5-246 (c)	Orthodontic wiring
	5-246 (d)	Periodontal splint
	5-246 (+)	(Other available codes : insertion of orthodontic appliance 8-350)
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5-247		Other orthodontic operation
	5-247 (a)	Equilibration
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5-249		Other dental operation
	5-249 (+)	(Other available codes : dental prophylaxis 4-520 to 4-529)
	5-249 (+)	(Other available codes : removable denture or appliance 9-301 to 9-303)
5-25		Operation on tongue
5-250		Excision or destruction of lesion of tongue
	5-250 (a)	Excision of benign neoplasm
	5-250 (b)	Frenulectomy
	5-250 (c)	Tongue Tie Excision 34.3 (pg. 76)
	5-250 (d)	Radial excision 34.1 (pg. 76)
	5-250 (d)	Cyst Excision 34.2 (pg. 76)
	5-250 (*)	Excludes : frenotomy of tongue (5-258) *
5-251		Partial glossectomy
	5-251 (a)	Glossectomy, unqualified
	5-251 (b)	Wedge resection of tongue
5-252		Complete glossectomy
	5-252 (+)	Glossectomy 37.5 (pg. 77)
	5-252 (+)	(Other available code : regional lymph node excision 5-402)
5-253		Radial Glossectomy
	5-253 (a)	Commando removal of tongue and jaw
	5-253 (+)	Carotid Body Excision 37.8 (pg. 77)
	5-253 (+)	(Other available code : radical cervical lymphadenectomy 5-403)
5-254		Repair of tongue & glossoplasty
	5-254 (a)	Fascial sling
	5-254 (b)	Freeing of adhesions
	5-254 (c)	Fusion to lip
	5-254 (d)	Graft, skin or mucosa
5-258		Frenotomy lingual
5-259		Other operations on tongue
	5-259 (a)	Incision and drainage
	5-259 (+)	(Other available code : radiotherapy, volume implant, see chapter 3)
5-26		Operations on salivary glands & ducts
5-260		Incision of salivary gland or duct
	5-260 (a)	Drainage of abscess
	5-260 (b)	Enlargement of duct orifice
	5-260 (c)	Sialoadenotomy
	5-260 (d)	Sialolithotomy
5-261		Excision of lesion of salivary gland
	5-261 (a)	Excision of benign neoplasm

	5-261 (b)	Marsupialization of sublingual cyst
	5-262	Other excision of salivary gland
	5-262 (a)	Lobectomy of parotid gland
	5-263	Repair of salivary gland or duct
	5-263 (a)	Closure of fistula
	5-263 (b)	Revision of scar of duct
	5-263 (c)	sialodochoplasty
	5-263 (d)	Transplantation of duct opening
	5-269	Other operations on salivary glands & ducts
	5-269 (+)	(Other available codes : dilation of duct 8-223)
	5-269 (+)	(Other available codes : removal of carculus 8-110)
	5-269 (+)	Sub Mand. Duct Lithotomy 34.4 (pg. 70)
	5-269 (+)	Adendidectomy 34.5 (pg. 76)
5-27		Other operations on mouth & face
	5-270	Drainage of face or floor of mouth
	5-270 (a)	Drainage of facial abscess
	5-270 (b)	Drainage of Ludwig's angina
	5-270 (*)	Excludes : drainage of thyroglossal tract (5-060) *
	5-271	Incision of palate
	5-271 (a)	Drainage of abscess
	5-271 (b)	Fenestration of palate
	5-272	Excision of palate
	5-273	Excision of other parts mouth
	5-273 (*)	Excludes : excision of tongue (5-251 to 5-253)
	5-274	Plastic repair of mouth
	5-274 (a)	Closure of fistula
	5-274 (b)	Correction of buccal deformity
	5-274 (c)	Stomatoplasty
	5-274 (d)	With graft of skin or mucosa
	5-274 (*)	Excludes : closure of oro-antral fistula (5-226) *
	5-274 (*)	Excludes : correction of microstoma or macrostoma (5-898) *
	5-274 (*)	Excludes : repair of cleft lip (5-898) *
	5-275	Palatoplasty
	5-275 (a)	Repair of cleft palate
	5-275 (b)	Reconstruction of palate
	5-275 (c)	Suture
	5-275 (d)	With bone or skin graft
	5-275 (e)	Cleft Lip 28.14 (pg. 46)
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	5-275 (g)	Primary Bone Grafting of Cleft Lip Deformity 28.16 (pg. 46)
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	5-275 (i)	Secondary Surgery for Cleft Palate 28.18 (pg. 46)
	5-276	Operations on uvula
	5-279	Other operations on mouth & face
	5-279 (a)	Labial frenotomy with suture
	5-279 (+)	(Other available codes : removal of foreign body from mouth or palate 8-110)
5-28		Operations on tonsils & adenoids
	5-280	Oral drainage of pharyngeal abscess
	5-280 (a)	Parapharyngeal
	5-280 (b)	Peritonsillar
	5-280 (c)	Retropharyngeal
	5-280 (d)	Tonsillar
	5-280 (e)	Drainage of Peritonsillar Abscess 21.13 (pg. 34)
	5-280 (f)	Drainage of Retropharyngeal Abscess 21.14 (pg. 34)
	5-281	Tonsillectomy (without adenoidectomy)
	5-282	Tonsillectomy (with adenoidectomy)
	5-283	Excision of tonsil tag
	5-284	Excision of lingual tonsil
	5-285	Adenoidectomy (without tonsillectomy)
	5-285 (a)	Excision of adenoid tag
	5-289	Other operations on tonsils or adenoids
	5-289 (a)	Excision of lesion
	5-289 (+)	(Other available code : control of hemorrhage after tonsillectomy 8-894)
5-29		Operations on pharynx
	5-290	Pharyngotomy
	5-290 (a)	Aspiration of diverticulum
	5-290 (b)	Removal of foreign body
	5-290 (*)	Excludes : drainage of retropharyngeal abscess (5-280) *
	5-290 (+)	(Other available code : removal of foreign body without incision 8-110)
	5-291	Excision of branchial cleft vestiges
	5-291 (a)	Excision of Branchial Cyst 22.4 (pg. 35) + 33.2 (pg. 51)
	5-291 (b)	Excision of Branchial Sinus 22.5 (pg. 35) + 33.3 (pg. 51)
	5-291 (*)	Excludes : excision of thyroglossal tract (5-066)
	5-292	Excision or destruction of lesion of pharynx
	5-292 (a)	Diverticulotomy
	5-292 (b)	Excision or closure of fistula (except branchial)
	5-292 (c)	Pharyngectomy
	5-292 (d)	Excision of Pharyngeal Diverticulum 22.6 (pg. 35)
	5-292 (*)	Excision or closure of fistula (except branchial)
	5-293	Plastic operation on pharynx
	5-293 (a)	Correction of atresia
	5-293 (b)	Reconstruction
	5-293 (c)	Pharyngectomy & Reconstruction 22.11 (pg. 35)
	5-293 (d)	Pharyngoplasty 34.6 (pg. 70)

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	5-293 (e)	Pharyngoplasty 34.8 (pg. 76)
	5-293 (f)	Glycodelomy 34.9 (pg. 76)
5-294		Other repair of pharynx
	5-294 (a)	Division of adhesions or web
	5-294 (b)	Invagination of diverticulum
	5-294 (+)	(Other available code : dilation 8-224)
5-30		OPERATION ON RESPIRATORY SYSTEM
		Excision of larynx
5-300		Excision or destruction of lesion of larynx
	5-300 (a)	Excision of lesion of epiglottis
	5-300 (b)	Stripping of vocal cords
	5-300 (*)	Excludes : endoscopic application of caustic (5-951)
5-301		Hemilaryngectomy
5-302		Other partial laryngectomy
	5-302 (a)	Arytenoidectomy
	5-302 (b)	Cricothyroidectomy
	5-302 (c)	Epiglottidectomy
	5-302 (d)	Laryngectomy, Unqualified
	5-302 (e)	Submucous excision of cord
5-303		Complete laryngectomy
5-304		Radial laryngectomy
	5-304 (+)	Includes : radical neck dissection
5-31		Other operation on larynx & trachea
5-310		Injection into larynx
	5-310 (a)	Injection of vocal cord
5-311		Temporary tracheostomy
	5-311 (a)	Emergency cricothyroidotomy
	5-311 (b)	Tracheostomy, Unqualified
	5-311 (b)	Thymectomy 30.8 (pg. 73)
	5-311 (b)	Trachostomy (Paed) 33.1 (pg. 51)
5-312		Permanent tracheostomy
	5-312 (a)	Partial pericardectomy 30.9 (pg. 73)
5-313		Other incision of larynx or trachea
	5-313 (a)	Crinage
	5-313 (b)	Exploration
	5-313 (c)	Laryngotomy
	5-313 (d)	Thyrotomy
5-314		Local excision or destruction of trachea
	5-314 (a)	Bronchoscopic electrocoagulation
	5-314 (b)	Resection with reanastomosis
	5-314 (c)	Microsurgical Surgery 36.4 (pg. 77)
	5-314 (d)	Laryngofissure 36.5 (pg. 77)
	5-314 (e)	Stenosis Excision 36.6 (pg. 77)
	5-314 (*)	Direct Laryngoscopy 36.1 (pg. 77)
	5-314 (*)	Phonosurgery 36.2 (pg. 77)
	5-314 (*)	Fibrotic Laryngoscopy 36.3 (pg. 77)
5-315		Repair of larynx
	5-315 (a)	Closure of fistula
	5-315 (b)	Cordopexy
	5-315 (c)	Insertion of Plate or Keel
	5-315 (a)	Transposition of Cords
5-316		Repair & plastic operation on trachea
	5-316 (a)	Closure of tracheostomy
	5-316 (b)	Construction of artificial larynx
	5-316 (c)	Reconstruction of trachea
	5-316 (d)	Tracheoplasty
	5-316 (e)	Tracheorrhaphy
	5-316 (+)	Total Laryngectomy 37.9 (pg. 77)
	5-316 (*)	Excludes : closure of tracheo-esophageal fistula (5-427)
5-319		Other operations on larynx & trachea
	5-319 (a)	Dilatation
	5-319 (b)	Division of adhesions or web
	5-319 (c)	Removal of plate
	5-319 (+)	Other available code : Injection into trachea (8-574)
	5-319 (+)	Other available code : Removal of tracheostomy tube (8-109)
	5-319 (+)	Other available code : replacement of tracheostomy tube (8-700)
5-32		Excision of lung & bronchus
5-320		Excision or destruction of lesion of bronchus
	5-320 (a)	Bronchoscopic destruction
	5-320 (b)	Local excision
5-321		Other excision of bronchus
	5-321 (a)	En bloc resection
	5-321 (b)	Sleeve resection
5-322		Excision or destruction of lesion of lung
	5-322 (a)	Excision of tumor
	5-322 (b)	Removal of cyst
	5-322 (c)	Hydatid Cyst 24.18 (pg. 38)
	5-322 (c)	Hydatid Cyst 31.13 (pg. 74)
5-323		Segmental excision of lung
	5-323 (a)	Apicectomy
	5-323 (b)	Lingulectomy
	5-323 (c)	Partial lobectomy
	5-323 (d)	Wedge resection
	5-323 (e)	Segmental resection 30.6 (pg. 73)

5-324	Lobectomy of lung Lobectomy 30.4 (pg. 73) + 3.47 (pg. 58)
5-324 (a)	Partial pneumonectomy
5-324 (a)	Pneumonectomy 30.3 (pg. 72) + 3.47 (pg. 58)
5-324 (b)	Lobectomy 24.16 (pg. 38)
5-325	Complete pneumonectomy
5-325 (a)	Extended pneumonectomy
5-325 (b)	Pneumonectomy, unqualified
5-325 (c)	Radical (mediastinal) dissection
5-325 (d)	Pneumonectomy 24.15 (pg. 38)
5-329 (*)	Other excision of lung & bronchus Excludes: pulmonary decortication (5-344) *
5-33	Other operations on lung & bronchus
5-330	Incision of bronchus
5-330 (a)	Exploration
5-330 (b)	Removal of foreign body by incision
5-330 (*)	Bronchoscopy 24.2 (pg. 37)
5-330 (*)	Bronchoscopy 31.2 (pg. 73)
5-330 (*)	Excludes: removal of foreign body by bronchoscopy (8-107) *
5-331	Incision of lung
5-331 (a)	Drainage
5-331 (b)	Removal of foreign body
5-331 (c)	Removal of F.B. - Trachea of Oesophagus 3.42 (pg. 58) + 4.3 (pg. 59)
5-332	Surgical collapse of lung
5-332 (a)	Destruction of phrenic nerve
5-332 (b)	Plombage
5-332 (c)	Thoracoplasty
5-332 (d)	Thoracoplasty 24.14 (pg. 38)
5-332 (d)	Thoracoplasty 30.1 (pg. 72) + 3.44 (pg. 58)
5-332 (*)	Excludes: therapeutic pneumothorax (8-731) *
5-333	Freeing of adhesions of lung & chest wall
5-333 (a)	Pneumonolysis
5-333 (b)	Thoracolysis
5-334	Repair & plastic operation on lung & bronchus
5-334 (a)	Anastomosis to trachea
5-334 (b)	Closure of fistula
5-334 (c)	Reconstruction
5-334 (d)	Suture
5-335	Lung transplant
5-339	Other operations on lung & bronchus
5-339 (*)	Open Lung Biopsy 30.15 (pg. 73) + 3.41 (pg. 58)
5-339 (a)	Dilation of bronchus
5-339 (b)	Ligation of bronchus
5-339 (*)	Excludes: ligation of vascular pedicle (5-387)
5-339 (+)	(Other available code: aspiration of lung 8-156) *
5-34	Operations on chest wall, pleura, mediastinum & diaphragm
5-340	Incision of chest wall & pleura
5-340 (a)	Exploration
5-340 (b)	Hemostasia
5-340 (c)	Rib resection for drainage
5-340 (d)	Thoracotomy
5-340 (e)	Aspiration of Pleural Cavity 24.5 (pg. 37)
5-340 (f)	Aspiration of Pericardial Cavity 24.6 (pg. 37)
5-340 (g)	Thoractomy (Penetrating Wounds) 24.10 (pg. 37)
5-340 (h)	Intercostal Drainage of Empyema 24.11 (pg. 38)
5-340 (i)	Rib Resection for Empyema 24.12 (pg. 38)
5-340 (j)	Thorachostomy 3.36 (pg. 58)
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5-340 (l)	Pleural Biopsy 3.40 (pg. 58) + 31.7 (pg. 74)
5-340 (m)	Rib Resection & Drainage 3.43 (pg. 58) + 31.11 (pg. 74)
5-341	Incision of mediastinum
5-341 (a)	Drainage
5-341 (b)	Exploration
5-341 (c)	Removal of foreign body
5-342	Excision or destruction of mediastinal lesion
5-342 (a)	Mediastinal Tumour 30.7 (pg. 73) + 3.49 (pg. 59)
5-343	Excision or destruction of chest wall lesion
5-343 (a)	Costectomy for thoracic disease
5-343 (b)	Resection of chest wall
5-343 (*)	Excludes: costectomy for disease of rib (5-783)
5-343 (*)	Excludes: excision of skin lesion of chest wall (5-884, 5-885)
5-343 (*)	Removal tumours of chest wall 30.10 (pg. 73)
5-344	Pleurectomy
5-344 (a)	Excision of pleural lesion
5-344 (b)	Pulmonary decortication
5-344 (c)	Decortication (Pleurectomy) 24.13 (pg. 38)
5-345	Scarification of pleura
5-345 (a)	Obliteration of pleural cavity
5-345 (b)	Poudrage
5-346	Repair of chest wall
5-346 (a)	Correction of pectus excavatum
5-347	Operations on diaphragm
5-347 (a)	Drainage
5-347 (b)	Excision of lesion

	5-347 (c)	Resection
	5-347 (d)	Suture
	5-347 (*)	Excludes: repair of diaphragmatic hernia (5-537 and 5-538)
5-349		Other operations on thorax
	5-349 (*)	Mediastinoscopy 24.4 (pg. 37)
	5-349 (*)	Tracheostomy 24.8 (pg. 37)
	5-349 (*)	Node Biopsy 3.39 (pg. 58) + 22.9 (pg. 35) + 24.3 (pg. 37) + 21.37 (pg. 34) + 31.3 (pg. 74)
	5-349 (*)	Excludes: lysis of adhesions (5-333)
	5-349 (*)	Excludes: thoracocentesis (8-155)
5-35		OPERATIONS ON THE CARDIOVASCULAR SYSTEM
		Operations on valves & septum of heart
5-350		Closed heart valvotomy
	5-350 (a)	Commissurotomy, transventricular
	5-350 (b)	Digital opening of valve
5-351		Open heart valvotomy
	5-351 (a)	Division of chordae tendinae
	5-351 (b)	Division of papillary muscle
	5-351 (c)	Infundibulectomy
	5-351 (d)	Open commissurotomy
	5-351 (e)	Removal of leaflets or cusps
	5-351 (f)	Sculpturing of valve
	5-351 (g)	Open ASD VSD 3.14 (pg. 57)
	5-351 (h)	Open Pulmonary Valvotomy 3.15 (pg. 57)
	5-351 (i)	Open Aortic Valvotomy 3.16 (pg. 57)
	5-351 (j)	Blalock Taussing operation 3.18 (pg. 57)
5-352		Replacement of heart valve
	5-352 (a)	Graft or prosthesis
	5-352 (b)	Partial or total
	5-352 (c)	Open Mitral Valvotomy 3.20 (pg. 58)
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5-353		Heart valvuloplasty (without replacement)
	5-353 (a)	Annuloplasty
	5-353 (b)	Bicuspidization
	5-353 (c)	Mobilization or hinging
	5-353 (d)	Repair of cusp
5-354		Other repair of defects of heart valves
	5-354 (a)	Reattachment of papillary muscle
	5-354 (b)	Repair of sinus of valsalva aneurysm
5-355		Production of septal defect in heart
	5-355 (a)	Enlargement of foramen
5-356		Other repair of valve or septum with prosthesis
	5-356 (a)	Outflow prosthesis
	5-356 (b)	Plastic patch implant
	5-356 (c)	Tube prosthesis for pulmonary artery
5-357		Other repair of valve or septum (without prosthesis)
	5-357 (a)	Auricular ligation
	5-357 (b)	Closure of septal fenestration
	5-357 (c)	Interatrial baffle (pericardial)
	5-357 (d)	Repair of endocardial defect
	5-357 (e)	Repair with tissue graft
5-358		Other operations on valves & septum of heart
	5-358 (d)	Patent Ductus Arteriosus 3.10 (pg. 57)
	5-358 (e)	Total Correction of Tetralogy of Fallot 3.11 (pg. 57)
	5-358 (f)	RSUV Correction 3.12 (pg. 57)
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	5-360 (a)	Coronary endarterectomy
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	5-360 (+)	Includes: venous graft or patch repair
5-361		Bypass anastomosis for heart revascularization
	5-361 (a)	Aortocoronary anastomosis
	5-361 (b)	direct revascularization
	5-361 (c)	Internal mammary to coronary anastomosis
5-362		Heart revascularization by arterial implant
	5-362 (a)	Implantation of aortic branches
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5-363		Other heart revascularization
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	5-363 (b)	Cardio-omentopexy
	5-363 (c)	Introduction of irritants
	5-363 (d)	Poudrage
5-369		Other operations on vessels of heart
	5-369 (a)	Ligation of coronary arteriovenous fistula
	5-369 (b)	Coarctation - Aorta Rep. Of Blk. Taussing Shunt 3.25 (pg. 58)
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5-370	Pericardiotomy
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5-370 (+)	(Other available codes : cardioscopy 1-691)
5-370 (+)	(Other available codes : diagnostic pericardial aspiration 1-842)
5-370 (1)	(Other available codes : drainage aspiration of pericardial cavity 8.15)
5-370 (+)	Aspiration of Pericardial Cavity 24.6 (pg. 37)
5-370 (+)	(Other available codes : pericardial injection 8-575)
5-371	Pericardiectomy
5-371 (a)	Division of adhesions or web
5-371 (b)	Evacuation of hematoma
5-371 (c)	Pericardial window operation
5-371 (d)	Removal of foreign body
5-371 (e)	Pericardiostomy 3.27 (pg. 58)
5-372	Pericardiectomy
5-372 (a)	Decortication
5-372 (b)	Excision of adhesions or scar
5-372 (c)	Excision of cyst
5-372 (d)	Pericardiectomy 3.28 (pg. 58) + 3.51 (pg. 59)
5-373	Excision of lesion of heart
5-373 (a)	Atrial appendectomy
5-373 (b)	Excision of akinetic area
5-373 (c)	Excision of aneurysm
5-373 (d)	Myocardectomy of infarct
5-373 (e)	Aneurysm Resection & Grafting 3.34 (pg. 58)
5-374	Other repair of heart & pericardium
5-374 (a)	Ligation
5-374 (b)	Repair of ruptured aneurysm
5-374 (c)	Suture
5-375	Heart transplant
5-376	Implant of heart assist system
5-376 (a)	Artificial heart
5-376 (b)	Intra-aortic balloon pump
5-376 (+)	Includes : removal, replacement or repair of system
5-377	Implant of cardiac pacemaker
5-377 (a)	Implant of epicardial electrodes
5-377 (b)	Implant of pulse generator (battery)
5-377 (c)	By thoracotomy or mediastinotomy
5-377 (d)	Permanent Pacemaker Implantation 3.30 (pg. 58)
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5-377 (*)	(Other available codes : electrical conversion of cardiac rhythm 8-640 to 8-649)
5-377 (*)	(Other available codes : intravenous endocardial electrode 8-880)
5-378	Removal or replacement of implanted cardiac pacemaker
5-378 (*)	Excludes : replacement of battery (8-881) *
5-379	Other operations on heart or pericardium
5-379 (a)	Open chest cardiac massage
5-379 (*)	Excludes : replacement or removal of transvenous electrodes (8-882)
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5-38 (a)	Optional anatomical subdivision, fifth digit :
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	2) other head and neck
	3) upper limb vessels
	4) thoracic vessels
	5) abdominal arteries
	6) abdominal veins
	7) lower limb arteries
	8) lower limb veins
	9) Operations for Stenosis of Renal Arteries 4.14 (pg. 60)
	10) Injection of Varicose Veins 4.15 (pg. 60)
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	12) Stripping of short / long Saphenous Veins 4.17 (pg. 60)
5-380	5-38 (*) Excludes : heart vessels (5-360 to 5-369) *
	Incision of vessel
5-380 (a)	Embolectomy
5-380 (a)	Embolectomy 3.33 (pg. 58)
5-380 (a)	Arterial Embolectomy 4.3 (pg. 59)
5-380 (a)	Arterial Embolectomy 32.1 (pg. 50)
5-380 (b)	Exploration
5-380 (*)	Excludes : catheterization of vessel (8-830 to 8-839)
5-380 (*)	Excludes : puncture of vessel (8-840 to 8-849)
5-381	Endarterectomy
5-381 (a)	Thromboendarterectomy
5-381 (a)	Thrombo-Endarterectomy 4.6 (pg. 59)
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5-381 (+)	Includes : removal of thrombus
5-381 (+)	Includes : temporary bypass during operation
5-381 (+)	Includes : vein patch closure
5-381 (+)	Venous Thrombectomy 4.19 (pg. 60)
5-381 (+)	Venous Thrombectomy 32.16 (pg. 51)
5-382	Resection of vessel with reanastomosis
5-382 (a)	Correction of coarctation of aorta
5-382 (b)	Excision of aneurysm with reanastomosis
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	5-384 (a)	Stripping of short or long Sphenous Vein 32.13 (pg. 51)
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	5-385 (a)	Aneurysmectomy
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	5-386 (a)	Antithrombotic filter
	5-386 (b)	Ligation
	5-387	Other surgical occlusion of vessels
	5-387 (a)	Banding or ligation
	5-387 (b)	Division
	5-387 (c)	Suture of aneurysmal sacculum
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	5-390 (a)	Anastomosis :
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		left to right shunt
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	5-391	Intra-abdominal venous anastomosis
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		portacaval 25.26 (pg. 39)
		portal decompression 25.27 (pg. 39)
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	5-392	Other shunt or vascular bypass
	5-393	Suture of vessel
	5-394	Revision of vascular procedure
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5-42	OPERATION ON THE DIGESTIVE SYSTEM
5-42	Operations on esophagus
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5-422	Local excision or destruction of lesion of esophagus
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	5-437 (a)	Gastroduodenectomy (partial)
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	5-438 (b)	Gastrectomy, unqualified
	5-438 (c)	With gastrogastrostomy
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5-440		Vagotomy
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	5-443 (a)	Closure of perforated ulcer
	5-443 (b)	Ligation of bleeding vessel
5-444		Revision of gastric anastomosis
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5-445		Other repair of stomach
	5-445 (a)	Closure of gastrostomy
	5-445 (b)	Gastroplasty
	5-445 (c)	Invagination of diverticulum
	5-445 (d)	Other suture of stomach
	5-445 (e)	Repair of gastrocolic fistula
	5-445 (*)	Excludes : suture of ulcer (5-443)
5-449		Other operations on stomach
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	5-449 (*)	Excludes : cryosurgery of stomach (5-434)
	5-449 (+)	Other available code : gastric cooling (8-613)
5-45		Incision, excision & anastomosis of intestine
5-450		Enterotomy
	5-450 (a)	Drainage
	5-450 (b)	Exploration
	5-450 (c)	Removal of foreign body
	5-450 (*)	Excludes : duodenocholedochotomy (5-513 and 5-514)
	5-450 (*)	Excludes : enteroroized intestine (5-460)
	5-450 (*)	Excludes : proctotomy (5-480)
5-451		Excision or destruction of lesion of small intestine
	5-451 (a)	Excision of diverticulum
	5-451 (b)	Polyps
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	5-451 (d)	Ulcer (duodenal)
	5-451 (e)	Duodenal Diverticulum 25.52 (pg. 40)
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5-452 (a)	Excision of diverticulum
5-452 (b)	Intestine, unperforated
5-452 (c)	Polyps
5-452 (d)	Redundant mucosa, ileostomy
5-452 (*)	Excludes : segmental excision of intestine with lesion (5-455)
5-453	Isolation of intestinal segment
5-453 (a)	Resection ic. interposition
5-453 (b)	Reversal of segment
5-454	Other excision of small intestine
5-454 (a)	Duodenectomy
5-454 (b)	Enterectomy
5-454 (c)	Ileectomy
5-454 (d)	Jejunectomy
5-454 (e)	With end-to-end anastomosis
5-454 (f)	With excision of lesion
5-454 (g)	Duodenojejunostomy 25.7 (pg. 38)
5-454 (*)	Excludes : enterocolectomy (5-455)
5-454 (*)	Excludes : gastroduodenectomy (5-436 and 5-439)
5-454 (*)	Excludes : pancreatoduodenectomy (5-524 to 5-526)
5-455	Excision of large intestine, partial
5-455 (a)	Excision with end-to-end anastomosis
5-455 (*)	Excludes : proctosigmoidectomy (5-483 to 5-485)
5-456	Total colectomy
5-456 (a)	Excision of cecum, colon and sigmoid colon
5-456 (b)	Right Hemi-Colectomy 25.66 (pg. 41)
5-456 (c)	Left Hemi-Colectomy 25.67 (pg. 41)
5-456 (d)	Total Colectomy 25.68 (pg. 41)
5-456 (e)	Operations for Volvulus of Large Bowel 25.69 (pg. 41)
5-457	Anastomosis, small to small intestine
5-457 (a)	Bypass shunt of : duodenum, ileum or jejunum
5-457 (b)	Congenital atresia & stenosis of small intestine 25.46 (pg. 40)
5-457 (c)	Muconium ileus 25.47 (pg. 40)
5-457 (d)	Mal-rotation and volvulus of the midgut 25.48 (pg. 40)
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5-457 (f)	Excision of Meckle's diverticulum 25.50 (pg. 40)
5-457 (g)	Intussusception 25.51 (pg. 40)
5-458	Anastomosis, small to large intestine
5-458 (a)	Colon exclusion
5-458 (b)	Intestinal bypass
5-459	Anastomosis, large to large intestine
5-459 (a)	Bypass shunt of : cecum, colon or sigmoid, colon and rectum
5-46	Other operations on intestine
5-460	Exteriorization of intestine
5-460 (a)	Loop colostomy
5-460 (b)	Resection and formation of stoma
5-461	Colostomy
5-461 (a)	Cecostomy
5-461 (b)	Sigmoidostomy
5-461 (c)	Caecostomy 25.63 (pg. 41)
5-461 (d)	Colostomy 25.64 (pg. 41)
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5-462 (a)	Formation of transplantation of stoma site
5-462 (b)	Ileostomy 24.45 (pg. 40)
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5-463 (c)	Jejunostomy 24.44 (pg. 40)
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5-464 (a)	Release of scar tissue
5-464 (b)	Revision, reconstruction
5-464 (*)	Excludes : excision of redundant mucosa (5-451)
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5-466 (a)	To abdominal wall
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5-467	Other repair of intestine
5-467 (a)	Closure of fistula or perforated ulcer
5-467 (*)	Excludes : closure of perforated duodenal ulcer (5-443)
5-467 (*)	Excludes : closure of vesical fistula (5-578)
5-468	Intra-abdominal manipulation of intestine
5-468 (a)	Malrotation
5-468 (b)	Reduction of intussusception
5-468 (c)	Torsion
5-468 (d)	Volvulus
5-469	Other operations on intestine
5-469 (a)	Revision of anastomosis
5-469 (b)	Sigmoid myotomy

	5-469 (+)	Other available codes : dilation of stoma (8-225)
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	5-470	Appendectomy
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	5-470 (a)	Appendectomy 25.40 (pg. 40)
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	5-479 (b)	Closure of fistula
5-48		Operations on rectum
	5-480	Proctotomy
	5-480 (a)	Decompression
	5-480 (b)	Exploration
	5-480 (c)	Proctovalvotomy
	5-480 (d)	Removal of foreign body by incision
	5-481	Proctostomy
	5-482	Local excision or destruction of rectum
	5-482 (a)	Cauterization
	5-482 (b)	Excision of rectal mucosa
	5-483	Pull-through excision of rectum
	5-483 (a)	Pull through abdominal resection 25.82 (pg. 40)
	5-484	Abdominoperineal excision of rectum
	5-484 (a)	Combined synchronous excision
	5-484 (b)	Abdominoperineal excision of rectum 25.80 (pg. 40)
	5-485	Other excision of rectum
	5-485 (a)	Proctosigmoidectomy
	5-485 (b)	Sphincter saving operation
	5-485 (c)	With end-to-end anastomosis
	5-485 (d)	Anterior resection of rectum 25.81 (p. 40)
	5-486	Repair of rectum
	5-486 (a)	Closure of fistula, internal
	5-486 (b)	Closure of proctostomy
	5-486 (c)	Fixation
	5-486 (d)	Suture
	5-486 (e)	With graft or wiring
	5-486 (*)	Excludes : repair of rectovaginal fistula (5-706)
	5-487	Incision of excision of perirectal tissue
	5-487 (a)	Drainage of perirectal tissue
	5-487 (b)	Excision of external fistula
	5-487 (c)	Incision of rectovaginal septum
	5-489	Other operations on rectum & perirectal tissue
	5-489 (a)	Freeing of adhesions
	5-489 (+)	Other available codes : dilation of rectum (8-225)
	5-489 (+)	Other available codes : irrigation (8-12)
	5-489 (+)	Other available codes : manual reduction of prolapse (8-242)
	5-489 (+)	Other available codes : removal of foreign body by endoscopy (8-113)
	5-489 (+)	Other available codes : removal of impacted feces (8-127)
5-49		Operations on anus
	5-490	Incision or excision of perianal tissue
	5-490 (a)	Drainage of abscess
	5-490 (b)	Undercutting for denervation
	5-491	Incision or excision of anal fistula
	5-491 (a)	Fistula in Ano
		1) High fistulectomy 25.75.1
		2) Low fistulectomy 25.75.2
	5-492	Other local excision or destruction of anus
	5-492 (a)	Cryptectomy
	5-492 (b)	Fissurectomy
	5-492 (c)	Papillectomy
	5-492 (d)	Removal of anal tags
	5-493	Hemorrhoidectomy
	5-493 (a)	Cauterization
	5-493 (b)	Crushing
	5-493 (c)	Ligation
	5-493 (d)	Operations Hem***** 25.74
	5-493 (e)	Lord's procedure 25.74.1 (pg. 41)
	5-493 (f)	Ligation of excision 25.74.2 (pg. 41)
	5-493 (g)	
	5-493 (*)	Excludes : injection (5-973)
	5-493 (+)	Other available codes : ringing (8-341)
	5-494	Division of anal sphincter
	5-495	Other excision of anus
	5-496	Repair of anus
	5-496 (a)	Cerclage
	5-496 (b)	Closure of fistula
	5-496 (c)	Repair of imperforate anus
	5-496 (d)	Sphincteroplasty

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	5-496 (e)	Suture
	5-496 (f)	Wiring
	5-496 (g)	
		1) Colostomy 25 76 1
		2) Cut back 25 76 2
		3) Pull through operation 25 76 3
	5-498 (h)	Prolapse rectum
		1)
		2) Rectopexy 25 77 2
		3)
5-400		Other operations on anus
	5-499 (a)	Evacuation of thrombosed hemorrhoids
	5-499 (+)	Other available codes : control of postoperative hemorrhage (8-896)
	5-499 (+)	Other available codes : dilation of anus (8-225)
	5-499 (+)	Other available codes : irrigation (8-127)
	5-499 (+)	Other available codes : manual reduction of hemorrhoids (8-243)
5-60		Operations on liver
	5-500	Hepatotomy
	5-500 (a)	Drainage
	5-500 (b)	Exploration
	5-500 (c)	Removal of foreign body
	5-500 (d)	Operation for hydatid cyst of liver 25 36 (pg. 39)
	5-500 (d)	With packing
	5-501	Local excision or destruction of liver
	5-501 (a)	Marsupialization
	5-501 (b)	Partial hepatectomy
	5-502	Lobectomy of liver
	5-502 (a)	
	5-503	Total hepatectomy
	5-504	Liver transplant
	5-505	Repair of liver
	5-505 (a)	Hemostatic suture
	5-505 (b)	Hepatopexy
	5-509	Other operations of liver
	5-509 (+)	Other available codes : percutaneous aspiration of abscess (8-158)
5-51		Operations on gallbladder & biliary tract
	5-510	Cholecystotomy
	5-510 (a)	Drainage
	5-510 (b)	Exploration
	5-510 (c)	Removal of foreign body or calculus from gallbladder
	5-510 (d)	Cholecystotomy 25 37 (pg. 39)
	5-511	Cholecystotomy
	5-511 (+)	Includes : drainage and lithotomy
		Cholecystotomy 25 33 (pg. 39)
	5-512	Anastomosis of gallbladder or bile duct
	5-512 (+)	Includes : anastomosis to : intestine
	5-512 (+)	Includes : anastomosis to : pancreas
	5-512 (+)	Includes : anastomosis to : stomach
	5-513	Incision of bile ducts for relief of obstruction
	5-513 (a)	Calculus stricture of tumor
	5-514	Other incision of bile ducts
	5-514 (a)	For drainage, endoscopy or destruction of bile ducts
	5-514 (b)	Cholecystotomy and exploration of CBD 25 34 (pg. 39)
	5-515	Local excision or destruction of bile ducts
	5-515 (a)	Excision of ampulla (of Vater), with reimplantation of ducts Resection, with end-to-end anasto
	5-516	Repair of bile ducts
	5-516 (a)	Closure of artificial opening
	5-516 (b)	Suture
	5-516 (c)	Repair of CBD 25 35 (pg. 39)
	5-517	Removal of prosthetic appliance from bile duct
	5-518	Operations on sphincter of oddi
	5-519	Other operations on biliary tract
	5-519 (a)	Repair of gallbladder
	5-519 (b)	Repair of gallbladder fistula
	5-519 (*)	Excludes : freeing of adhesions (5-544)
5-52		Operations on pancreas
	5-520	Pancreatotomy
	5-520 (a)	Drainage (external)
	5-520 (b)	Exploration
	5-520 (c)	Removal of calculus
	5-521	Local excision or destruction of pancreas
	5-522	Marsupialization of pancreatic cyst
	5-523	Internal drainage of pancreatic cyst
	5-524	Partial pancreatectomy
	5-524 (a)	Fistulectomy
	5-524 (+)	Includes : associated duodenectomy
	5-525	Total pancreatectomy
	5-525 (+)	Includes : associated duodenectomy
	5-525 (a)	Pancreato duodenectomy 25 30 (pg. 39)
	5-526	Radical pancreaticoduodenectomy
	5-526 (a)	With anastomosis to stomach or jejunum
	5-526 (c)	By pass procedure for inoperable cancer of pancreas 25 31 (pg. 39)
	5-527	Anastomosis of pancreatic duct
	5-527 (a)	Anastomosis to stomach, jejunum or ileum

	5-527 (b)	Implant of tube	
	5-527 (*)	Excludes : anastomosis with bile duct (5-512)	
	5-527 (b)	Cysto jejunostomy / cysto gastrostomy 25.32 (pg. 39)	
	5-528	Transplant of pancreas	
	5-529	Other operations on pancreas	
	5-529 (a)	Dilation of duct (of Wirsung)	
	5-529 (b)	Removal of tube	
	5-529 (c)	Repair of duct	
	5-529 (d)	Suture	
	5-529 (*)	Excludes : freeing adhesions (5-544)	
5-53		Repair of hernia	
	5-530	Repair of inguino-femoral hernia	
	5-530 (a)	Herniography 25.21.1 (Pg. 39)	
	5-530 (b)	Femoral hernia 25.22 (pg. 39)	
	5-531	Repair of inguino-femoral hernia with graft or prosthesis	
	5-531 (a)	Hernioplasty 25.21.2 (pg. 39)	
	5-532	Bilateral repair of inguino-femoral hernia	
	5-532 (a)	Heller's operation 30.13 (pg. 73)	
	5-533	Bilateral repair of inguino-femoral hernia with graft or prosthesis	
	5-533 (a)	Fascial graft	
	5-533 (b)	Synthetic mesh fabric	
	5-534	Repair of umbilical hernia	
	5-534 (a)	Omphalocele	
	5-534 (b)	Paraumbilical hernia	
	5-534 (c)	Umbilical Hernia 25.19 (pg. 39)	
	5-535	Repair of other hernia of anterior abdominal	
	5-536	Repair of other hernia of anterior abdominal wall with graft or prosthesis	
	5-536 (a)	Epigastric hernia	
	5-536 (b)	Gastroschisis	
	5-536 (c)	Incisional hernia	
	5-536 (d)	Ventral hernia	
	5-536 (e)	Epigastric Hernia 25.18 (pg. 39)	
	5-536 (f)	Ventral and Scar Hernia 25.20 (pg. 39)	
	5-537	Repair of diaphragmatic hernia	
	5-537 (a)	Abdominal approach	
	5-537 (b)	Para-esophageal hernia	
	5-537 (c)	Parahistal hernia	
	5-537 (d)	Abdominal 25.16.1 (pg. 38)	
	5-537 (d)	Hiatus Hernia Repair 25.16 (pg. 38)	
		1) Abdominal 25.16.1	
		2) Transthoracic 25.16.2	
	5-537 (d)	Hiatus hernia repair 30.12 (pg. 73)	
	5-537 (d)	Hiatus hernia repair 3.54 (pg. 59)	
	5-537 (e)	Congenital Diaphragmatic hernia 25.15 (pg. 38) + 33.5 (pg. 51)	
	5-537 (f)	Transthoracic repair or hiatus hernia 27.4 (pg. 45)	
	5-537 (g)	Abdominal repair of Hiatus hernia 27.5 (pg. 45)	
	5-537 (h)	Heller's Operation 30.13 (pg. 73) + 3.55 (pg. 59)	
5-538		Repair of diaphragmatic hernia, thoracic approach	
	5-538 (a)	Parasternal hernia	
	5-538 (b)	With thoraco-abdominal approach	
	5-538 (c)	Transthoracic 25.16.2 (pg. 39)	
5-539		Other hernia repair	
	5-539 (a)	Rare Hernias (Spigalion, Obturator, Lumbar, Sciatic) 25.23 (pg. 39)	
	5-539 (*)	Excludes : freeing of intestinal adhesions (5-544)	
	5-539 (*)	Excludes : relief of strangulated hernia with exteriorization of bowel (5-460)	
	5-539 (*)	Excludes : repair of enterocoele in female (5-707)	
5-54		Other operations on abdominal region	
	5-54 (+)	Includes : inguinal region	
	5-54 (a)	Male pelvic cavity	
	5-54 (*)	Excludes : female pelvic cavity (5-65, 5-65)	
	5-54 (*)	Excludes : retroperitoneal tissue (5-590)	
	5-54 (*)	Excludes : superficial tissues (5-880 to 5-908)	
	5-540	Incision abdominal parietes	
	5-540 (a)	Extraperitoneal drainage	
	5-540 (b)	Extraperitoneal exploration	
	5-540 (c)	Removal of foreign body	
	5-541	Laparotomy	
	5-541 (a)	Celiotomy	
	5-541 (b)	Drainage, peritoneal	
	5-541 (c)	Reopening of recent laparotomy site	
	5-541 (d)	Exploratory Laparotomy 25.17 (pg. 39)	
	5-541 (*)	Excludes : culdocentesis (5-700) *	
	5-541 (*)	Excludes : drainage of appendix abscess (5-471) *	
	5-541 (*)	Excludes : reopening wound for hemorrhage (8-896) *	
5-542		Excision or destruction of abdominal wall & umbilicus	
	5-542 (*)	Excludes : size reduction (5-901) *	
	5-542 (*)	Excludes : skin of abdominal wall (5-883 to 5-885) *	
5-543		Excision or destruction of peritoneum	
	5-543 (a)	Mesentery	
	5-543 (b)	Omentum	
	5-543 (c)	Mesenteric Cyst-Excision 25.42 (pg. 40)	
5-544		Division of peritoneal adhesions	
	5-544 (a)	Adhesions surrounding intraperitoneal organs	
	5-544 (*)	Excludes : fallopian tube and ovary (5-657)	

5-545	5-545 (a)	Excludes: kidney, ureter and retroperitoneal (5-590)
	5-545 (a)	Suture of abdominal wall & peritoneum
	5-545 (b)	Closure of burst abdomen
	5-545 (b)	Delayed closure
	5-545 (c)	Secondary suture
5-546		Other repair of abdominal wall & peritoneum
	5-546 (a)	Detorsion of omentum
	5-546 (b)	Fixation of intestine
	5-546 (c)	Grafting of omentum
	5-546 (d)	Plication of intestine
	5-546 (e)	Suture of mesentery and ligaments
5-549		Other operations in abdominal region
	5-549 (a)	Removal of foreign body in peritoneal cavity
	5-549 (b)	Repair of multiple injuries to abdominal organs
	5-549 (+)	(Other available code: aspiration of abdominal cavity 8-157)
		OPERATIONS ON THE URINARY TRACT
5-55		Operations of kidney
5-550		Nephrotomy & nephrostomy
	5-550 (a)	Drainage
	5-550 (b)	Exploration
	5-550 (c)	Removal of calculus or foreign body
	5-550 (d)	Nephrostomy 26.3 (pg. 42) + 7.21 (pg. 62)
5-551		Pyelotomy & pyelostomy
	5-551 (a)	Drainage
	5-551 (b)	Exploration
	5-551 (c)	Removal of calculus in renal pelvis
	5-551 (d)	Gil-Verner's Extended Pyelolithotomy 7.7 (pg. 61)
	5-551 (d)	Pyelolithotomy 26.6 (pg. 42)
	5-551 (d)	Pyelolithotomy 7.19 (pg. 62)
5-552		Local excision or destruction of kidney
5-553		Partial nephrectomy
	5-553 (a)	Calycectomy
	5-553 (b)	Heminephrectomy
	5-553 (c)	Wedge resection
	5-553 (d)	Partial Nephrectomy 26.2 (pg. 42)
	5-553 (d)	Partial Nephrectomy 7.8 (pg. 61)
	5-553 (d)	Nephrolithomy 26.5 (pg. 42)
5-554		Total nephrectomy
	5-554 (a)	Nephro-ureterectomy
	5-554 (a)	Bilateral Nephroureterectomy (Native) 5.3.7 (pg. 61)
	5-554 (a)	Nephroureterectomy 26.11 (pg. 42)
	5-554 (b)	Nephrectomy 26.1 (pg. 42)
	5-554 (b)	Donor Nephrectomy 5.3.1 (pg. 61)
	5-554 (b)	Nephrectomy Simple 7.20 (pg. 62)
	5-554 (b)	Simple Nephrectomy 7.10 (pg. 61)
5-555		Transplant of kidney
5-556		Nephropexy
		Fixation of movable kidney
5-557		Other repair of kidney
	5-557 (a)	Anastomosis: Kidney and pelvis to ureter or kidney
	5-557 (b)	Correction of pelviureteral junction
	5-557 (c)	Nephroplasty and pyeloplasty
	5-557 (d)	Reduction of torsion
	5-557 (e)	Suture
5-559		Other operations of kidney
	5-559 (a)	Decapsulation
	5-559 (b)	Implantation of artificial kidney
	5-559 (c)	Operations for Hydronephrosis 26.6 (pg. 42)
	5-559 (d)	Open Drainage of Perinephric Abscess 26.7 (pg. 42)
	5-559 (e)	Convernostomy 26.8 (pg. 42)
	5-559 (f)	Operations for Cyst of the Kidney 26.9 (pg. 42)
	5-559 (g)	Nephrectomy Compl. Tumour or Adhesions 7.9 (pg. 61)
	5-559 (*)	Excludes: freeing of perirenal adhesions (5-590)
	5-559 (+)	(Other available codes: aspiration of renal cyst or pelvis 8-160) *
	5-559 (+)	(Other available codes: radiographic puncture - see chapter 3)
5-56		Operations of ureter
5-560		Transurethral clearance of ureter & renal pelvis
	5-560 (a)	Removal of:
		1) Blood clot
		2) Calculus
	5-560 (b)	Removal of:
		1) Foreign body
5-561		Ureteral meatotomy
	5-561 (a)	Modification of ureterovesical junction
5-562		Ureterotomy
	5-562 (a)	Exploration
	5-562 (b)	Implantation of electronic stimulator
	5-562 (c)	Removal of calculus
	5-562 (d)	Ureteral splinting
	5-560 (c)	Dormia Extraction of Calculus
	5-560 (d)	Cystoscopic basketing of Ureter
5-563		Ureterectomy
	5-563 (a)	Excision of lesion
	5-563 (b)	Resection with end-to-end anastomosis

5-564		Cutaneous uretero-ileostomy
	5-564 (a)	Ileal bladder
	5-564 (b)	Ileal conduit
	5-564 (b)	Formation of an ileal Conduit 26.15 (pg. 43)
	5-564 (c)	PCNL 7.1 (pg. 61)
		1) Unilateral 7.1.1 (pg. 61)
		2) Bilateral 7.1.2 (pg. 61)
5-565		Other external urinary diversion
	5-565 (a)	Implantation of ureter into skin
	5-565 (b)	Ureteric Reimplant 5.3.4 (pg. 61)
5-566		Urinary diversion to intestine
	5-566 (a)	Implantation of ureter into : ileum, colon, rectum
	5-566 (+)	Includes : associated colostomy
5-567		Other anastomosis or bypass of ureter
	5-567 (a)	Nephrocystanastomosis
	5-567 (b)	Pyeloureterovesical anastomosis
	5-567 (c)	Reimplantation of ureter into bladder
	5-567 (d)	Revision of anastomosis
5-568		Repair of ureter
	5-568 (a)	Closure of fistula
	5-568 (b)	Freeing of internal adhesions
	5-568 (c)	Grafting of omentum
	5-568 (d)	Suture
5-569		Other operations on ureter
	5-569 (a)	Ligatoin
	5-569 (b)	Operations for Ureter for 26.12 (pg. 42)
		1) Double Ureters
		2) Ectopia of Single Ureter
	5-569 (c)	Operations for Vesicoureteric Reflux 26.13 (pg. 43)
	5-569 (d)	Ureterostomy 26.14 (pg. 43)
		1) Cutaneous 26.14.1 (pg. 43)
		1) Uretero Colic anastomosis 26.14.2 (pg. 43)
	5-569 (*)	Excludes : denervation (5-051)
	5-569 (*)	Excludes : ureteral catheterization and dilation (5-598)
5-57		Operations on urinary bladder
	5-570	Transurethral clearance from bladder
	5-570 (a)	Aspiration of blood clot
	5-570 (b)	Crushing and removal of calculus
	5-570 (+)	(Other available codes : bladder washout 8-133)
	5-570 (+)	(Other available codes : other aspiration 8-161)
	5-570 (+)	(Other available codes : removal of foreign body 8-114)
5-571		Cystotomy
	5-571 (a)	Drainage (suction)
	5-571 (b)	Exploration
	5-571 (c)	Implantation of electronic stimulator
	5-571 (d)	Removal of calculus, clot or foreign body
	5-571 (e)	Suprapubic catheterization
5-572		Cystotomy
	5-572 (+)	(Other available code : removal or replacement of tube 8-136)
5-573		Transurethral excision or destruction of bladder
	5-573 (a)	Bladder neck
	5-573 (b)	Dioathermy fulguration
	5-573 (c)	Electroresection
	5-573 (d)	Papilloma
	5-573 (e)	Punch operation
	5-573 (e)	Ulcer
	5-573 (f)	Open Resection of the Bladder Neck 26.28 (pg. 43)
	5-573 (g)	Y-V Plasty of the Bladder Neck 26.29 (pg. 43)
	5-573 (*)	Excludes : instillation of cytotoxic drug (5-965) *
	5-573 (+)	(Other available code : radioactive implant - see chapter 3)
5-574		Other excision or destruction of bladder
	5-574 (a)	Diverticulectomy
	5-574 (b)	Excision of urachal cyst
	5-574 (c)	Open operation for resection or fulguration of tumor
	5-574 (d)	Diverticulectomy 26.27 (pg. 43)
5-575		Partial cystectomy
	5-575 (a)	Lome of bladder
	5-575 (b)	Trigonectomy
	5-575 (c)	Wedge resection
	5-575 (d)	Partial cystectomy 7.23 (pg. 62)
	5-575 (e)	Cystolithotomy Suprapubic 7.29 (pg. 62)
	5-575 (f)	Cystolithotomy 26.20 (pg. 43)
5-576		Complete cystectomy
	5-576 (a)	Cystoprostectomy
	5-576 (b)	Pelvic clearance, in male
	5-576 (c)	Radical cystectomy
	5-576 (d)	with removal of urethra
	5-576 (e)	Total Cystectomy 26.26 (pg. 43)
	5-576 (e)	Total Cystectomy 7.13 (pg. 61)
5-577		Reconstruction of urinary bladder
	5-577 (a)	Augmentation of bladder
	5-577 (b)	Colocystoplasty
	5-577 (c)	Ileocystoplasty
	5-577 (d)	Replacement of bladder

5-578	5-577 (e)	Caeco Cystoplasty 7 1/3 (pg. 62)
		Other repair of urinary bladder
	5-578 (a)	Closure of fistula
	5-578 (b)	Cytocolic anastomosis
	5-578 (c)	Cystoplasty
	5-578 (d)	Cystoplasty 26.31 (pg. 43)
	5-578 (e)	Sphincteroplasty
	5-578 (f)	Suture
	5-578 (g)	Operations for injuries of the Bladder 26.23 (pg. 43)
	5-578 (*)	Excludes : closure of vesicorectal fistula (5-486) *
5-579	5-578 (*)	Excludes : closure of vesicovaginal fistula (5-706)
	5-578 (*)	Excludes : operation for stress incontinence (5-502 to 5-507)
	5-578 (*)	Excludes : repair of cystocele (5-704)
	5-579	Other operations on urinary bladder
	5-579 (a)	Freeing of internal adhesions
	5-579 (b)	Endoscopic Removal of stone in Bladder 7.30 (pg. 62)
	5-579 (b)	Lithotripsy 26.22 (pg. 43)
	5-579 (*)	Excludes : freeing of external adhesions (5-544)
	5-579 (+)	(Other available codes : aspiration by puncture 8-161)
	5-579 (+)	(Other available codes : distension 8-226)
5-580	5-579 (+)	(Other available codes : removal of foreign body, endoscopic 8-114)
	5-579 (+)	(Other available codes : replacement of cystostomy tube 8-136)
	5-58	Operations on urethra
	5-580	External urethrotomy
	5-580 (a)	Exploration
	5-580 (b)	Removal of calculus by incision
	5-580 (c)	Urethrostomy
	5-580 (d)	Ureteroscopic removal 7.32 (pg. 62)
	5-580 (e)	Optical Urethrotomy 7.35 (pg. 62)
	5-581	Urethral meatotomy
5-582	5-582	Excision or destruction of urethra
	5-582 (a)	Excision of Congenital valve
	5-582 (b)	Excision of diverticulum
	5-582 (c)	Excision of fistula
	5-582 (d)	Excision of stricture
	5-582 (e)	Closure of Urethral Fistula 7.27 (pg. 62)
	5-582 (f)	Operations for injury to Urethra 26.38 (pg. 43)
	5-583	Repair of urethra
	5-583 (a)	Closure of urethrostomy
	5-583 (b)	End-to-end anastomosis
5-584	5-583 (c)	Reconstruction
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	5-583 (e)	Urethral Transplantation 7.22 (pg. 62)
	5-583 (f)	Urethral Reconstruction 26.41 (pg. 44)
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	5-583 (i)	Operation for Congenital Valves of Urethra 26.42 (pg. 44)
	5-583 (*)	Excludes : closure of urethrorectal fistula (5-486) *
	5-583 (*)	Excludes : closure of urethrovaginal fistula (5-706) *
	5-583 (*)	Excludes : repair of epispadias or hypospadias (5-643) *
5-585	5-583 (*)	Excludes : repair of obstetric laceration (5-756) *
	5-583 (*)	Excludes : repair of urethrocele (5-704) *
	5-584	Freeing of stricture of urethra
	5-584 (a)	Internal urethrotomy
	5-585	Dilation of urethra
	5-585 (a)	Calibration of urethra
	5-585 (b)	Dilation of stricture Urethra under G.A 7.38 (pg. 62)
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	5-589	Other operations on urethra
5-589	5-589 (a)	Drainage of bulbourethral gland
	5-589 (b)	Incision and excision of penile urethral tissue
	5-589 (c)	Perineal Urethrostomy 7.37 (pg. 62)
	5-59	Other operation on urinary tract
	5-590	Dissection of retroperitoneal tissue
	5-590 (a)	Drainage
	5-590 (b)	Exploration
	5-590 (c)	Freeing of adhesions
	5-590 (d)	Perineal tissue
	5-590 (e)	Periurethral tissue
5-591	5-591	Incision or perivesical tissue
	5-591 (a)	Drainage
	5-591 (b)	Exploration
	5-591 (c)	Perineal tissue
	5-591 (d)	Retropubic tissue
	5-592	Plication of urothrovaginal junction
	5-592 (a)	Kelly-Stoeckel plication or stitch
	5-593	Levator muscle operation
	5-593 (a)	Ingleman-Sundberg operation
	5-593 (b)	Pubococcygeoplasty or sling
5-594	5-594	Suprapubic sling operation
	5-594 (a)	Fascial sling
	5-595	Retropubic urethral suspension
	5-595 (a)	Marshall-Marchetti-Krantz operation

	5-595 (b)	suture of paraurethral tissue to symphysis pubis	(b) (5) 595-2	
5-596		Periurethral suspension & compression	(b) (5) 596-2	
	5-596 (a)	Pereyra operation	(a) (5) 596-1	
	5-596 (b)	Suspension of urethrovesical junction	(b) (5) 596-2	
5-597		Other repair of urinary incontinence	(b) (5) 597-2	
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	5-597 (b)	Operations for Incontinence of Urine 26.43 (pg. 44)	(b) (5) 597-2	
		1) Male 26.43.1 (pg. 44)	(1) (5) 597-1	
		2) Female 26.43.2 (pg. 44)	(2) (5) 597-2	
	5-597 (*)	Excludes: operation with colporrhaphy (5-704) *	(*) (5) 597-3	
5-598		Ureteral catheterization	(b) (5) 598-2	
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	5-598 (*)	Excludes: removal of calculus from kidney (5-560)	(*) (5) 598-3	
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	5-599 (*)	Excludes: surgical operations to produce male sterilization (5-981) *	(*) (5) 599-5	
5-60		Operations on prostate & seminal vesicles	(b) (5) 600-2	
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	5-600 (a)	Drainage	(a) (5) 600-1	
	5-600 (b)	Removal of calculus by incision	(b) (5) 600-2	
5-601		Transurethral prostatectomy	(b) (5) 601-2	
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	5-601 (b)	Punch resection	(b) (5) 601-2	
	5-601 (c)	Transurethral Resection of Prostate 26.36 (pg. 43) + 7.24 (pg. 62)	(c) (5) 601-3	
5-602		Suprapubic prostatectomy	(b) (5) 602-2	
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	5-603 (a)	Transcapsular retropubic resection	(a) (5) 603-1	
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5-604		Radical prostatectomy	(b) (5) 604-2	
	5-604 (a)	By any approach	(a) (5) 604-1	
	5-604 (b)	Prostatovesiculectomy	(b) (5) 604-2	
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	5-605 (b)	Prostatectomy, unqualified	(b) (5) 605-2	
	5-605 (c)	Transcapsular prostatectomy	(c) (5) 605-3	
	5-605 (d)	Open Prostatectomy 7.26 (pg. 62)	(d) (5) 605-4	
5-606		Operations on seminal vesicles	(b) (5) 606-2	
	5-606 (a)	Spermatocystectomy	(a) (5) 606-1	
	5-606 (*)	Excludes: prostatovesiculectomy (5-604) *	(*) (5) 606-3	
5-607		Incision or excision of periprostatic tissue	(b) (5) 607-2	
	5-607 (a)	Drainage	(a) (5) 607-1	
5-608		Other operations on prostate	(b) (5) 608-2	
	5-608 (a)	Control of hemorrhage by endoscopy	(a) (5) 608-1	
5-61		Operations on scrotum & tunica vaginalis	(b) (5) 610-2	
5-610		Incision of scrotum & tunica vaginalis	(b) (5) 610-1	
	5-610 (a)	Drainage	(a) (5) 610-1	
5-611		Excision of hydrocele (of tunica vaginalis)	(b) (5) 611-2	
	5-611 (a)	Repair of hydrocele	(a) (5) 611-1	
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	5-612 (a)	Fistulectomy of scrotum	(a) (5) 612-1	
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	5-612 (c)	Resection of scrotum	(c) (5) 612-3	
	5-612 (d)	Exploratory Scrototomy 7.36 (pg. 62)	(d) (5) 612-4	
	5-612 (e)	Excision of Filial Scrotum 26.62 (pg. 45)	(e) (5) 612-5	
5-613		Repair of scrotum & tunica vaginalis	(b) (5) 613-2	
	5-613 (a)	Eversion or inversion	(a) (5) 613-1	
	5-613 (b)	Reconstruction	(b) (5) 613-2	
	5-613 (c)	Suture	(c) (5) 613-3	
5-619		Other operations on scrotum & tunica vaginalis	(b) (5) 619-2	
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5-62		Operations on testis	(b) (5) 620-2	
5-620		Incision of testis	(b) (5) 620-1	
	5-620 (a)	Drainage	(a) (5) 620-1	
	5-620 (b)	Removal of foreign body	(b) (5) 620-2	
5-621		Excision or destruction of testis lesion	(b) (5) 621-2	
5-622		Unilateral orchiectomy	(b) (5) 622-2	
5-623		Bilateral orchiectomy	(b) (5) 623-2	
	5-623 (a)	Castration	(a) (5) 623-1	
	5-623 (b)	Removal of ovotestis	(b) (5) 623-2	
	5-623 (c)	Removal of remaining testis	(c) (5) 623-3	
5-624		Orchiopexy	(b) (5) 624-2	
	5-624 (a)	Exploration for abdominal testis	(a) (5) 624-1	
	5-624 (b)	Mobilization and replacement in scrotum	(b) (5) 624-2	
	5-624 (c)	Orchiopexy Unilateral 7.28.1 (pg. 62)	(c) (5) 624-3	
	5-624 (d)	Orchiopexy Bilateral 7.28.2 (pg. 62)	(d) (5) 624-4	

	5-624 (e)	Orchidectomy 26.52 (pg. 44)
	5-624 (f)	Orchidopexy 26.54 (pg. 44)
5-625		Repair of testis
	5-625 (*)	Excludes : reduction of torsion (5-634) *
5-626		Insertion of testicular prosthesis
5-629		Other operations on testis
	5-629 (a)	Operation for Torsion of Testis 26.58 (pg. 44)
	5-629 (+)	(Other available codes : aspiration of hydrocele 8-163)
	5-629 (+)	(Other available codes : injection of hydrocele 8-582)
5-63		Operations on spermatic cord, epididymis & vas deferens
	5-630	Excision of varicocele & hydrocele of spermatic cord
	5-630 (a)	Ligation of spermatic veins
	5-630 (b)	Repair of hydrocele of cord
	5-630 (c)	Varicocelectomy
	5-630 (d)	Operations for Hydrocele 26.56 (pg. 44)
		1) Unilateral 26.56.1 (pg. 44)
		2) Bilateral 26.56.2 (pg. 44)
	5-630 (e)	Operations for Varicocele 26.60 (pg. 45)
		1) Unilateral
		2) Bilateral
	5-631	Excision of cyst of epididymis
	5-631 (a)	Spermatocelectomy
	5-634 (d)	Epididymectomy 26.53 (pg. 44)
5-633		Other epididymectomy
	5-633 (*)	Excludes : that with orchiectomy (5-622 and 5-623)
5-634		Repair of spermatic cord & epididymis
	5-634 (a)	Detorsion of spermatic cord
	5-634 (b)	Suture of spermatic cord
	5-634 (c)	Transplantation of cord
	5-634 (*)	Excludes : that with orchioepexy (5-624) *
5-635		Vasotomy
	5-635 (a)	Drainage and exploration
	5-635 (b)	Removal of foreign body
5-636		Vasectomy
	5-636 (a)	For excision of lesion
	5-636 (b)	Vasectomy should be free for family welfare 26.57 (pg. 44)
5-637		Repair of vas deferens & epididymis
	5-637 (a)	Anastomosis or reconstruction
	5-637 (b)	Epididymovasostomy
	5-637 (c)	Removal of ligature or valve
	5-637 (d)	Suture
	5-639	Other operations on spermatic cord, epididymis & vas deferens
	5-639 (+)	(Other available code : aspiration of spermatocele 8-163)
5-64		Operations on penis
	5-640	Circumcision
	5-641	Local excision or destruction of penis
	5-642	Amputations of penis
	5-643	Repair & plastic operations on penis
	5-643 (a)	Balanoplasty
	5-643 (b)	Reconstruction
	5-643 (c)	Release of chordee
	5-643 (d)	Repair of epispadias
	5-643 (e)	Repair of hypospadias
	5-643 (f)	Suture
	5-643 (g)	Operations for Hypospadias 26.48 (pg. 44)
		1) Chordee Correction 26.48.1 (pg. 44)
		2) Second Stage or One Stage Repair 26.48.2 (pg. 44)
	5-643 (h)	Operations for Epispadias 26.49 (pg. 44)
	5-643 (i)	Epispadias / Extrophy repair 7.17 (pg. 62)
	5-643 (j)	Urethroplasty 1st Stage 7.34 (pg. 62)
	5-643 (k)	Operations for Extrophy of the Bladder 26.32 (pg. 43)
5-644		Operations for sex transformation, not elsewhere classified
	5-644 (a)	Operation with indeterminate sex
5-649		Other operations on male genital organs
	5-649 (a)	Division of adhesions
	5-649 (b)	Drainage
	5-649 (c)	Irrigation, corpus cavernosum
		OPERATIONS ON FEMALE GENITAL ORGANS
		Excludes : surgical operations to produce female sterilization (5-980)
5-65		Operations on ovary
	5-650	Oophorotomy
	5-650 (a)	Drainage (abscess) (cyst)
	5-650 (b)	Rupture of cyst
	5-650 (c)	Salpingo-oophorotomy
	5-650 (d)	Salpingo-oophorotomy 20.13 (pg. 32)
5-651		Local excision or destruction of ovary
	5-651 (a)	Ovarian cystectomy
	5-651 (b)	Partial oophorectomy
	5-651 (c)	Wedge resection
	5-651 (d)	Partial cystectomy 20.14 (pg. 32)
5-652		Unilateral oophorectomy
	5-652 (a)	Oophorectomy, unqualified
	5-652 (b)	Oophorectomy 20.15 (pg. 32)
5-653		Unilateral salpingo-oophorectomy

5-654	Bilateral oophorectomy
5-654 (a)	Castration, female
5-645 (b)	Removal of remaining ovary
5-655	Bilateral salpingo-oophorectomy
5-655 (a)	Removal of remaining ovary and tube
5-656	Repair of ovary
5-656 (a)	Autotransplant of ovary
5-656 (b)	Oophoropexy
5-656 (c)	Oophoroplasty
5-656 (d)	Salpingo-oophoroplasty
5-656 (e)	Suture
5-656 (*)	Excludes : homotransplant of ovary (5-659) *
5-656 (*)	Excludes : salpingo - oophorostomy (5-666) *
5-657	Freeing of adhesions of ovary & fallopian tube
5-659	Other operations on ovary
5-659 (a)	Ovarian homograft
5-659 (+)	(Other available code : aspiration of ovary 8-164)
5-66	Operations on fallopian tube
5-66 (*)	Excludes : tube with ovary, see 5-65 *
5-660	Salpingotomy
5-660 (a)	Drainage
5-661	Total salpingectomy(unilateral)
5-661 (a)	Salpingectomy 20.12 (pg. 32)
5-662	Total bilateral salpingectomy
5-662 (a)	Removal of remaining tube
5-662 (*)	Excludes : bilateral salpingo-oophorectomy (5-655) *
5-663	Bilateral endoscopic destruction or occlusion of fallopian tubes
5-663 (a)	By culdoscopy
5-663 (b)	By laparoscopy
5-663 (c)	Cauterization
5-663 (d)	Crushing
5-663 (e)	That of remaining tube
5-664	Other bilateral destruction or occlusion of fallopian tubes
5-664 (a)	Partial removal
5-664 (b)	Resection or transection
5-664 (c)	That of remaining tube
5-665	Other salpingectomy
5-665 (a)	Cornual resection
5-665 (b)	Destruction of lesion
5-665 (c)	Excision of lesion
5-665 (d)	Fimbriectomy
5-666	Repair of fallopian tube
5-666 (a)	Anastomosis
5-666 (b)	Implantation into uterus
5-666 (c)	Reconstruction
5-666 (d)	Salpingo-oophorostomy
5-666 (e)	with graft or prosthesis
5-666 (*)	Excludes : salpingo-oophoroplasty (5-656)
5-666 (*)	Excludes : salpingo-oophororrhaphy (5-656)
5-667	Insufflation of fallopian tubes
5-667 (a)	With air
5-667 (b)	With Gas
5-667 (c)	With Saline
5-667 (d)	Hysto-Salpingography 9.20 (pg. 26)
5-667 (e)	With Dye
5-667 (+)	(Other available codes : hysterosalpingography - see chapter 3)
5-669	Other operations on fallopian tubes
5-669 (a)	Unilateral ligation and division (not of remaining tube)
5-67	Operations on cervix
5-670	Dilation of cervical canal
5-670 (*)	Excludes : dilation and curettage (5-690)
5-670 (*)	Excludes : termination of pregnancy (5-752)
5-671	Conization of cervix
5-671 (a)	Cold (knife) excision of cervix
5-672	Other excision or destruction of lesion of cervix
5-672 (a)	Cryoconization
5-672 (b)	Electroconization
5-672 (c)	Excision of polyp
5-673	Amputation of cervix
5-673 (a)	Cervicectomy
5-673 (b)	Excision of cervical stump
5-673 (c)	Hysterotrachelectomy
5-673 (d)	With colporrhaphy
5-674	Repair of internal cervical os
5-674 (a)	Encirclement suture
5-674 (b)	Supporting suture in pregnancy
5-674 (c)	Wedge excision with suture
5-674 (d)	Shirodkar, Mc. Donalds stich 20.34 (pg. 33)
5-675	Other repair of cervix
5-675 (a)	Late repair of obstetric laceration
5-675 (b)	Repair of nonobstetric laceration
5-675 (*)	Excludes : repair of lacerations during the immediate postpartum period (5-755)
5-679	Other operations on cervix

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	5-679 (a)	Repair of post-cortal tear, perineal injury 20.31 (pg. 33)
	5-679 (+)	(Other available code : radioactive implant - see chapter 3)
5-68		Other incision & excision of uterus
	5-680	Hysterotomy
	5-680 (a)	(Hystero) trachelotomy
	5-680 (*)	Excludes : embryotomy (5-744)
	5-680 (*)	Excludes : ,up,ectp,u (5-681)
	5-681	Excision or destruction of lesion of uterus
	5-681 (a)	Division of endometrial synechiae
	5-681 (b)	Endometrectomy
	5-681 (c)	Myomectomy
	5-681 (+)	(Other available code : radioactive implant - see chapter 3)
	5-682	Subtotal abdominal hysterectomy
	5-682 (a)	Fundectomy
	5-682 (b)	Supracervical
	5-682 (c)	Supravaginal
	5-682 (*)	Excludes : hysterotrachelectomy (5-673) *
	5-683	Total abdominal hysterectomy
	5-683 (a)	Extended hysterectomy
	5-683 (b)	Hysterectomy, unqualified
	5-683 (c)	Pannystereotomy
	5-684	Vaginal hysterectomy
	5-684 (a)	Colpohysterectomy
	5-685	Radial abdominal hysterectomy
	5-685 (+)	Includes : hysterocolpomy
	5-685 (+)	Includes : modified radical hysterectomy
	5-685 (+)	Includes : removal of upper vagina and cellular tissues
	5-686	Radial vaginal hysterectomy
	5-687	Pelvic evisceration
	5-687 (a)	En masse excision of ovaries, tubes, uterus, vagina, bladder and urethra
	5-687 (+)	(Other available codes : radical lymph node dissection 5-404)
	5-687 (+)	(Other available codes : regional lymph node dissection 5-402)
	5-687 (+)	(Other available codes : removal of tubes or ovaries 5-652 to 5-662)
	5-687 (+)	(Other available codes : repair of cystocele and rectocele 5-704)
	5-687 (+)	(Other available codes : repair to pelvic floor 5-693)
5-69		Other operations on uterus & supports
	5-690	Dilation & curettage (of uterus)
	5-690 (a)	Removal of mole
	5-690 (a)	Removal of mole 20.29 (pg. 33)
	5-690 (b)	Removal of missed abortion
	5-690 (c)	Removal of retained products of conception following delivery or abortion
	5-690 (d)	Manual removal of placenta 20.20 (pg. 32)
	5-690 (*)	Excludes : termination of pregnancy (5-752) *
	5-691	Vaginal removal of intrauterine foreign body
	5-691 (a)	Removal of intrauterine contraceptive device
	5-692	Excision or destruction of uterine supports
	5-692 (a)	Broad ligament
	5-692 (b)	Canal of Nuck
	5-692 (c)	Cyst (parovarian)
	5-692 (d)	Hematoma
	5-692 (e)	Hydrocele
	5-692 (f)	Round ligament
	5-692 (g)	Broad ligament haematoma drainage 20.16 (pg. 32)
	5-693	Repair of uterine supports
	5-693 (a)	Fixation
	5-693 (b)	Plication
	5-693 (c)	Reattachment
	5-693 (d)	Shortening
	5-693 (e)	Ventrosuspension
	5-693 (f)	Broad ligament
	5-693 (g)	Cardinal ligaments
	5-693 (h)	Endopelvic fascia
	5-693 (i)	Uterosacral ligament
	5-694	Paracervical uterine denervation
	5-694 (a)	Division of uterosacral ligament
	5-695	Repair of uterus
	5-695 (a)	Hystero (trachelo) rrhaphy
	5-695 (b)	Repair of nonobstetric laceration
	5-699	Other operations on uterus, cervix & supporting structures
	5-699 (a)	Removal of encircling suture of cervix
	5-699 (*)	Excludes : obstetric dilation or incision of cervix (5-739)
	5-699 (*)	Excludes : obstetric insertion of bag or pack (5-758)
	5-699 (+)	(Other available codes : insertion of intrauterine contraceptive appliance 4-653)
	5-699 (+)	(Other available codes : menstrual regulation 8-165)
	5-699 (+)	paracervical nerve block 8-891)
5-70		Operations on vagina
	5-700	Culdocentesis
	5-700 (a)	Aspiration of cul-de-sac
	5-700 (*)	Excludes : culdoscopy (5-916) *
	5-701	Incision on vagina
	5-701 (a)	Colpotomy
	5-701 (b)	Culdotomy
	5-701 (c)	Drainage, pelvic abscess
	5-701 (d)	Exploration

	5-701 (e)	Hymenotomy
5-702	5-701 (f)	Vaginoperineotomy
		Local excision or destruction of vagina
	5-702 (a)	Colpectomy, partial
	5-702 (b)	Excision of cyst
	5-702 (c)	Excision of hymen
	5-702 (d)	Excision of polyp
	5-702 (e)	Excision of septum
	5-702 (f)	Colpectomy drainage PIV needling FUA 20.30 (pg. 33)
5-703	5-072 (*)	Excludes : fistulectomy (5-703) *
		Obliteration & total excision of vagina
	5-703 (a)	Colpectomy, total
	5-703 (b)	Colpocleisis
5-704		Repair of cystocele & rectocele
	5-704 (a)	Repair of pouch of Douglas
	5-704 (b)	Repair of urethrocele
	5-704 (c)	Repair of vaginal wall (anterior, posterior)
5-705		Vaginal reconstruction
	5-705 (a)	Colpopoiesis
	5-705 (b)	with graft (skin, colon)
5-706		Other repair of vagina
	5-706 (a)	Colpoperineorrhaphy
	5-706 (b)	Excision and closure of fistula
	5-706 (c)	Fixation
	5-706 (d)	Freeing of adhesions
	5-706 (e)	Hymenorrhaphy
	5-706 (f)	Suture
	5-706 (*)	Excludes : repair of vagina during the immediate postpartum period (5-756)
5-707		Obliteration of vaginal vault
	5-707 (a)	Repair of enterocele
	5-707 (b)	Suture to obliterate cul-de-sac
5-709		Other operations on vagina
	5-709 (a)	Removal of foreign body by incision
	5-709 (+)	(Other available codes : dilation of vagina 8-228)
	5-709 (+)	(Other available codes : packing to control hemorrhage, nonobstetric 8-503)
5-71	5-71	Operations on vulva & perineum
	5-71 (+)	Includes : Bartholin's gland
	5-71 (+)	Includes : clitoris
	5-71 (+)	Includes : labia (minora, majora)
	5-71 (+)	Includes : Skene's gland
	5-71 (*)	Excludes : hymen (5-701 to 5-709) *
5-710		Incision of vulva & perineum
	5-710 (a)	Drainage
	5-710 (b)	Enlargement of introitus
	5-710 (c)	Exploration
	5-710 (d)	Removal of foreign body by incision
	5-710 (e)	Repair of post-coital tear, perineal injury 20.31 (pg. 33)
5-711		Operations on Bartholin's gland
	5-711 (a)	Drainage
	5-711 (b)	Marsupialization
	5-711 (*)	Excludes : perineal cauterization (5-912) *
5-712		Other local excision or destruction of vulva & perineum
	5-712 (a)	Division of Skene's gland
	5-712 (b)	Excision of redundant mucosa
	5-712 (*)	Excludes : perineal cauterization (5-912)
5-713		Operations on clitoris
	5-713 (a)	Amputation of clitoris
5-714		Radical vulvectomy
5-715		Other vulvectomy
	5-715 (a)	Bilateral (simple)
	5-715 (b)	Partial (unilateral)
5-716		Repair of vulva & perineum
	5-716 (a)	Closure of perineal fistula
	5-716 (b)	Perineoplasty
	5-716 (c)	Perineorrhaphy
	5-716 (*)	Excludes : repair of vulva and perineum during the immediate postpartum period (5-756) *
5-719		Other operations on female genital organs
	5-719 (+)	(Other available code : dilation of introitus 8-228)
5-72		OBSTETRIC OPERATIONS
		Breech & instrumental delivery
5-720		Low forceps delivery (without episiotomy)
	5-720 (a)	Low for delivery 20.2 (pg. 32)
5-721		Low forceps delivery with episiotomy
5-722		Mid forceps delivery
	5-722 (a)	Low mid cavity forceps (pg. 32)
5-723		High forceps delivery
5-724		Forceps rotation of fetal head
5-725		Breech extraction
	5-725 (a)	Version with breech extraction
5-726		Forceps application to aftercoming head
5-727		Breech delivery
5-728		Vacuum traction on fetal scalp
5-729		Other & unspecified instrumental delivery
5-73		Other operations inducing or assisting delivery

5-730		Artificial rupture of membranes
5-731		Other surgical induction of labor
5-732	5-731 (a)	Insertion, hydrostatic bag or bougie
		Internal version & extraction
	5-732 (a)	Cephalic version
	5-732 (b)	Combined version
	5-732 (c)	Internal podalic version and extraction 20.10 (pg. 32)
5-733		Failed forceps
	5-733 (a)	Trail forceps
5-734		Operations on fetus to facilitate delivery
	5-734 (a)	Cleidotomy
	5-734 (b)	Drainage of hydrocephalus
5-738		Episiotomy
	5-738 (a)	With repair
	5-738 (b)	Normal delivery or with Episiotomy & P. repair 20.1 (pg. 32)
5-739		Other operations assisting delivery
	5-739 (a)	Dilation or incision of cervix
	5-739 (b)	Pubiotomy
	5-739 (c)	Symphysiotomy
	5-739 (*)	Excludes : removal of encircling suture (5-699) *
	5-739 (+)	(Other available codes : external version 8-251)
	5-739 (+)	(Other available codes : medical induction of labor 9-250)
	5-739 (+)	(Other available codes : other manipulations 8-250 to 8-259)
	5-739 (+)	(Other available codes : oxytocic drugs 7-500 to 7-509)
	5-739 (+)	(Other available codes : replacement of cord 8-254)
5-74		Cesarean section & removal of fetus
	5-740	Classical cesarean section
	5-740 (a)	Upper uterine segment, transperitoneal
	5-740 (b)	Caesarean section 20.5 (pg. 32)
	5-741	Cervical cesarean section
	5-741 (a)	Lower uterine segment, transperitoneal
	5-741 (b)	Broad ligament haemotoma drainage 20.16 (pg. 32)
5-742		Extraperitoneal cesarean section
	5-742 (a)	Supravescical, without opening peritoneal cavity
5-743		Removal of intraperitoneal embryo
	5-743 (a)	Abdominal (ectopic) pregnancy
	5-743 (b)	Ovarian pregnancy
	5-743 (c)	Ruptured tubal pregnancy
	5-743 (d)	Laparotomy for Ectopic rupture 20.9 (pg. 32)
	5-744	Other removal of embryo
	5-744 (a)	By hysterotomy
	5-744 (b)	Embryectomy
	5-744 (c)	Hysterectomy during pregnancy
	5-744 (d)	Destructive Operation 20.28 (pg. 33)
	5-744 (e)	Caesarean Hysterectomy 20.6 (pg. 32)
	5-744 (*)	Excludes : removal of uterine mole (5-690)
	5-744 (**)	Excludes : termination of pregnancy (5-750 to 5-752)
	5-744 (+)	(Other available code : menstrual extraction 8-165)
	5-748	Other cesarean section
5-749		Cesarean section, not otherwise specified
5-75		Other obstetric operations
	5-750	Amniotic injection for termination of pregnancy
	5-750 (a)	Injection of prostaglandin
	5-750 (b)	Injection of saline
	5-750 (*)	Excludes : for induction of labor (9-250) *
5-751		Vacuum aspiration for termination of pregnancy
5-752		Other termination of pregnancy
	5-752 (*)	Excludes : by hysterotomy (5-744) *
	5-752 (a)	Abortion 20.35 (pg. 33)
5-753		Amniocentesis
	5-573 (*)	Excludes : amnioscopy (5-925)
5-754		Intrauterine transfusion
	5-574 (a)	Exchange transfusion in utero
	5-574 (b)	Intraperitoneal blood transfusion exchange
5-755		Other intrauterine operations on fetus
	5-755 (a)	Biopsy specimen and blood sampling
	5-755 (b)	Correction of fetal defects
	5-755 (c)	Scalp electrodes
5-756		Removal of retained placenta
	5-756 (a)	Manual removal of placenta and membranes
	5-756 (b)	Manual removal of placenta 20.20 (pg. 32)
5-757		Repair of obstetric laceration of uterus
	5-757 (a)	Repair of ruptured uterus
	5-757 (b)	Suture of torn cervix
	5-757 (c)	Rupture Uterus, closure and repair with tubal ligation 20.7 (pg. 23)
5-758		Repair of other obstetric lacerations
	5-578 (a)	Bpisiorrhaphy
	5-578 (b)	Perineorrhaphy
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	5-578 (d)	Complete perineal tear-repair 20.26 (pg. 33)
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	5-578 (*)	Excludes : repair of routine episiotomy (9-263) *
5-759		Other obstetric operations
	5-759 (a)	Evacuation of hematoma of vulva
	5-759 (b)	Exploration of uterine cavity, postpartum
	5-759 (c)	Surgical correction of inverted uterus
	5-759 (d)	Incision of cervix
	5-759 (e)	transsection of cervix
	5-759 (f)	Tamponade of uterus, obstetric
	5-759 (g)	Perforation of uterus after D/E laparotomy and closure 20 8 (pg 32)
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	5-759 (*)	Excludes : episiotomy (5-738) *
	5-759 (+)	(Other available codes : expression of placenta 8-510)
	5-759 (+)	(Other available codes : external version 8-251)
	5-759 (+)	(Other available codes : manipulations of fetus or uterus 8-250 to 8-259)
	5-759 (+)	(Other available codes : manual replacement of inverted uterus 8-256)
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		OPERATIONS ON THE MUSCULOSKELETAL SYSTEM
5-76		Reduction of facial fractures
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	5-761	Open reduction of zygomatic fracture
	5-762	Closed reduction of maxillary & mandibular fractures
	5-763	Open reduction of maxillary & mandibular fracture
	5-764	Open reduction of alveolar fracture
	5-765	Open reduction of orbital fracture
	5-765 (a)	with graft or implant
	5-766	Other closed reduction of facial fracture
	5-766 (+)	(Other available codes : jaw traction 8-473)
	5-766 (+)	(Other available codes : nasal bone 8-200)
	5-766 (+)	(Other available codes : wiring of teeth 8-334)
	5-767	Other open reduction of facial fracture
	5-767 (*)	Excludes : nasal bone (5-216)
	5-767 (+)	(Other available code : dental wiring 8-334)
5-77		Other operations on facial bone & joints
	5-770	Incision of facial bone
	5-770 (a)	Drainage
	5-770 (b)	Exploration
	5-770 (c)	Removal of foreign body
	5-770 (d)	Removal of sequestrum
	5-771	Excision or destruction of facial bone lesion
	5-771 (*)	Excludes : excision of odontogenic lesion (5-243) *
	5-772	Partial osteotomy of facial bone, except mandible
	5-772 (a)	With bone graft or prosthesis
	5-773	Excision & reconstruction of mandible
	5-773 (a)	With bone graft or prosthesis
	5-774	Temporomandibular arthroplasty
	5-774 (a)	Condylotomy (intra capsular)
	5-774 (b)	Menisectomy
	5-774 (c)	Removal of joint structures
	5-775	Other facial bone repair & osteoplasty
	5-775 (a)	Condylotomy
	5-775 (b)	Genioplasty
	5-775 (b)	Syndactyly Repair 28.23 (pg. 47)
	5-775 (c)	Ramification of jaw
5-779		Other operations on facial bone & joints
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	5-779 (c)	Internal Wire fixation of Mandible and Maxilla 28.13 (pg. 46)
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	5-779 (*)	Excludes : nasal bones (5-211 to 5-219) *
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	5-779 (+)	(Other available codes : manipulation of temporomandibular joint 8-211)
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	5-78 (0)	Application of Functional cast brace 30.2 (pg. 47)
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5-760 (a)	Drainage
5-780 (b)	Drilling, exploration
5-780 (c)	Removal of foreign body
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	1) Superficial 30.17.1
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5-781	Division of bone
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5-781 (c)	Osteotomy
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5-781 (*)	Excludes : clavotomy of fetus (5-734)
5-781 (*)	Excludes : pubiotomy to assist delivery (5-739)
5-782	Osteotomy for hallux valgus
5-782 (a)	Bunionectomy
5-782 (b)	Excision of bunionette (5th toe)
5-782 (c)	Excision of metatarsal head or phalanx
5-782 (d)	Exostectomy of hallux
5-783	Excision of bone lesion
5-783 (a)	With bone graft or bone chips
5-783 (*)	Excludes : removal of bone fragments of compound fracture (5-795) *
5-784	Partial osteotomy
5-784 (a)	Excision of bone for (homo) graft
5-784 (b)	Wedge resection
5-784 (c)	With bone graft or metallic fixation
5-784 (d)	Bone Grafting 30.13 (pg. 48)
5-785	Total osteotomy
5-785 (*)	Excludes : excision of sesamoid bone (5-833) *
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5-786 (a)	Autogenous graft
5-786 (b)	Heterogenous transplant
5-786 (c)	Homograft
5-786 (d)	With metallic fixation
5-787	Internal fixation of bone (without fracture reduction)
5-787 (a)	Insertion or reinsertion of fixation appliance
5-787 (*)	Excludes : spine (5-810) *
5-788	Removal of internal fixation appliance
5-788 (*)	Excludes : removal of traction pin or wire (8-460) *
5-789	Other operations on bone
5-789 (a)	Ruison of bone
5-789 (b)	Lengthening of bone
5-789 (c)	Reconstruction
5-789 (d)	Shortening of bone
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	Bone marrow (5-410)
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5-79	Closed reduction of fracture with internal fixation
5-79 (*)	Excludes : facial bones (5-760 to 5-767)
5-79 (*)	Excludes : nasal bones (5-217)
5-79 (*)	Excludes : skull (5-020)
5-79 (+)	(Other available codes : closed reduction of dislocation 8-206)
5-79 (+)	(Other available codes : closed reduction of fracture 8-200 to 8-205)
5-79 (+)	(Other available codes : skeletal and other traction 8-400 to 8-430, 8-470 to 8-479)
5-790	Closed reduction of fracture with internal fixation
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5-791	Open reduction of fracture (without internal fixation)
5-792	Open reduction of fracture with internal fixation
5-792 (a)	Band, Plate, Screw, Wire
5-793	Closed reduction of separated epiphysis
5-793 (+)	(Other available code : closed nailing of epiphysis 8-362)
5-794	Open reduction of separated epiphysis
5-795	Toilet of open fracture site
5-795 (a)	Removal of bone fragments
5-796	Open reduction of dislocation of joint
5-797	Operations for multiple fractures & injuries, not elsewhere classified
5-797 (a)	Fracture of bones in two or more limbs

5-82	5-819 (f)	Partial hip replacement (50-40)
	5-820	Operations on muscle, tendon & fascia of hand
	5-820 (a)	Incision of muscle, tendon and fascia of hand
	5-820 (b)	Drainage
	5-820 (c)	Exploration
	5-820 (d)	Incision of palmar whitlow
	5-820 (e)	Incision of tendon sheath
	5-820 (f)	Irrigation of tendon sheath
	5-820 (+)	Removal of rice bodies, foreign bodies
	5-821	(Other available code : aspiration of bursa 8-167)
	5-821 (a)	Division of muscle, tendon & fascia of hand
	5-821 (b)	Release of tendon or muscle
	5-821 (c)	Retinaculotomy (phalangeal)
	5-821 (d)	Transection of tendon or muscle
	5-822	Excision of lesion of muscle, tendon & fascia of hand
	5-822 (a)	Excision of:
	5-822 (b)	ganglion, lesion of tendon sheath, myositis ossificans
	5-822 (c)	ganglion excision 30 15 (pg. 48)
	5-823	Other excision of muscle, tendon & fascia of hand
	5-823 (a)	Bursectomy
	5-823 (b)	Excision of Dupuytren's contracture
	5-823 (c)	Excision of tendon for graft
	5-824	Suture of muscle, tendon & fascia of hand
	5-824 (a)	Myosuture
	5-824 (b)	Repair of tendon
	5-825	Transplantation of muscle & tendon of hand
	5-825 (a)	Advancement of tendon
	5-825 (b)	Reattachment of tendon
	5-825 (c)	Recession of tendon
	5-826	Reconstruction of thumb
	5-826 (a)	Cocked hat procedure
	5-826 (b)	Digital transfer to act as thumb
	5-826 (c)	Pollicization, with neurovascular bundle
	5-826 (d)	Toe to thumb transfer
	5-826 (e)	With bone graft, skin graft or island graft
	5-827	Plastic operation on hand with graft of implant
	5-827 (a)	Opponens plasty
	5-827 (b)	Tendon pulley reconstruction
	5-827 (c)	with graft of fascia, muscle or tendon
	5-828	Other plastic operations on hand
	5-828 (a)	Pixation of tendon
	5-828 (b)	Lengthening of tendon
	5-828 (c)	Plication of fascia
	5-828 (d)	Pollicization of finger
	5-828 (e)	Shortening of tendon
	5-829	Other operations on muscle, tendon & fascia of hand
	5-829 (a)	Freeing of adhesions
	5-829 (+)	Excludes : decompression of carpal tunnel (5-043) *
	5-829 (+)	(Other available code : stretching of fascia, muscle or tendon 8-215 and 8-216)
5-83		Operations on other muscles, tendons, fascia & bursae
	5-83 (*)	Excludes : diaphragm (5-347)
	5-83 (*)	eyelid (5-090 to 5-099)
	5-83 (*)	muscles of eye (5-100 to 5-109)
	5-83 (*)	muscles of hand (5-820 to 5-829)
	5-830	Incision of muscle, tendon, fascia & bursa
	5-830 (a)	Drainage
	5-830 (b)	Exploration
	5-830 (c)	Incision of tendon sheath
	5-830 (d)	Removal of calcareous deposit in bursa
	5-830 (e)	Removal of foreign body
	5-830 (f)	Removal of rice bodies in tendon sheath
	5-831	Division of muscle, tendon & fascia
	5-831 (a)	Tenotomy
	5-831 (b)	Transection
	5-832	Excision of lesion of muscle, tendon fascia & bursa
	5-832 (a)	Removal of Baker's cyst
	5-832 (b)	Removal of heterotopic bone
	5-832 (c)	Removal of hydatid cyst
	5-832 (d)	Removal of myositis ossificans
	5-832 (e)	Removal of synovial cyst
	5-833	Other excision of muscle, tendon & fascia
	5-833 (a)	Excision of aponeurosis
	5-833 (b)	Excision of sesamoid bone
	5-833 (c)	Excision of tendon sheath
	5-833 (*)	Excludes : excision of patella (5-785) *
	5-834	Excision of bursa
	5-835	Suture of muscle, tendon & fascia
	5-835 (a)	Myosuture
	5-835 (b)	Repair of diastasis recti
	5-835 (c)	Rotator cuff repair
	5-835 (*)	Excludes : secondary suture of abdominal wall (5-545) *
	5-836	Reconstruction of muscle & tendon
	5-836 (a)	Advancement
	5-836 (b)	Reattachment

	5-797 (b)	Fracture of limb bone with fracture of skull, thorax or pelvis
	5-797 (c)	Fracture of thorax or pelvis with internal injuries
5-80		Incision & excision of joint structures
	5-80 (*)	Excludes : temporomandibular joint (5-774) *
	5-80 (+)	(Other available codes : injection for radiography - see chapter 3)
	5-80 (+)	(Other available codes : injection of therapeutic substance into joint or ligament 8-584)
	5-80 (+)	(Other available codes : therapeutic aspiration 8-166)
5-800		Arthrotomy
	5-800 (a)	Drainage
	5-800 (b)	Exploration
	5-800 (c)	Removal of loose or foreign body
5-801		Division of joint capsule, ligament or cartilage
	5-801 (a)	Chondrotomy
	5-801 (b)	Desmotomy
	5-801 (c)	Freeing of external adhesions
	5-801 (*)	Excludes : carpal tunnel nerve decompression (5-043)
	5-801 (*)	Excludes : pubiotomy (symphysiotomy) in delivery (5-739)
5-802		Excision or destruction of lesion of joint
	5-802 (a)	Curettage of cartilage
	5-802 (*)	Excludes : ganglion (5-822)
5-803		Excision of intervertebral disc
	5-803 (a)	With laminectomy or bone graft
5-804		Excision of semilunar cartilage of knee
	5-804 (a)	Maniscectomy
	5-804 (*)	Excludes : excision or removal of cruciate ligament or loose body (5-800, 5-802)
5-805		Synovectomy of joint
	5-805 (a)	Villusectomy
5-809		Other excision of joint structure
	5-809 (a)	Arthrectomy
	5-809 (b)	Condylectomy
	5-809 (c)	Excision of capsule or ligament
5-81		Repair & plastic operations on joint structures
	5-81 (+)	Includes : repair and reconstruction of : capsule, cartilage, joint cavity, synovial membrane graft for bone, cartilage, tendon internal or external fixation or prosthetic appliance
5-810		Spinal fusion
	5-810 (a)	Arthrodesis of spine
	5-810 (b)	Spondylosynthesis
	5-810 (*)	Excludes : sacroiliac joints (5-812)
	5-810 (c)	
	5-810 (d)	
	5-810 (e)	Correction of Oestotomy 30.36 (pg. 49) 1) Minor 30.36.1 2) Major 30.36.2
5-811		Arthrodesis of foot & ankle
	5-811 (a)	Correction of hammer toe deformity
	5-811 (b)	Fusion of bone of foot
	5-811 (c)	Subtalar or triple arthrodesis
5-812		Arthrodesis of other joints
	5-812 (a)	Excision of bone ends and compression
	5-812 (b)	Production of ankylosis
5-813		Arthroplasty of foot & toe
	5-813 (a)	Capsuloplasty
	5-813 (b)	Chondroplasty
	5-813 (c)	Reconstruction
	5-813 (d)	Total ankle joint replacement 12.6.2 (pg. 63)
5-814		Arthroplasty of knee
	5-814 (a)	Capsuloplasty
	5-814 (b)	Chondroplasty
	5-814 (c)	Reconstruction
	5-814 (d)	Total knee replacement 12.6.3 (pg. 63)
5-815		Total hip replacement 12.6.1
	5-815 (a)	Replacement of head of femur and acetabulum by prosthesis
5-816		Other arthroplasty of hip
	5-816 (a)	Acetabuloplasty
	5-816 (b)	Reconstruction
	5-816 (c)	Replacement of head of femur
5-817		Arthroplasty of hand & finger
	5-817 (a)	Capsuloplasty
	5-817 (b)	Chondroplasty
	5-817 (c)	Reconstruction
5-818		Arthroplasty of shoulder
	5-818 (a)	Capsuloplasty
	5-818 (a)	Total shoulder replacement
	5-818 (b)	Chondroplasty
	5-818 (c)	Reconstruction
5-819		Other repair of joint structure
	5-819 (a)	Arthroplasty of other joints
	5-819 (b)	Repair of capsule, not involving joint cavity
	5-819 (c)	Suture of ligament
	5-819 (*)	Excludes : temporomandibular joint (5-774) *
	5-819 (d)	Total elbow joint replacement 12.6.5
	5-819 (e)	Total wrist joint replacement 12.6.6

	5-836 (c)	Recession
	5-836 (d)	Transposition
	5-836 (e)	Tendon transfer 30.30 (pg. 48)
5-837		Other plastic operations on muscle, tendon & fascia
	5-837 (a)	Fixation (suture for)
	5-837 (b)	Grafting
	5-837 (c)	Lengthening
	5-837 (d)	Plication
	5-837 (e)	Shortening
	5-837 (f)	Tendon with transplant or graft 31.28 (pg. 48)
	5-837 (g)	Tendon lengthening / tendon suture 31.29 (pg. 48)
5-839		Other operations on muscle, tendon, fascia & bursa
	5-839 (a)	Freeing of adhesions
	5-839 (+)	(Other available codes : aspiration of bursa 8-167)
	5-839 (+)	(Other available codes : injection into bursa or tendon 8-585)
	5-839 (+)	(Other available codes : stretching of fascia 8-216)
	5-839 (+)	(Other available codes : stretching of muscle or tendon 8-215)
5-84		Amputation & disarticulation of limbs
	5-84 (+)	Includes : revision of current amputation for trauma
	5-84 (*)	Excludes : revision of amputation stump (5-850) *
5-840		Amputation & disarticulation of fingers
5-841		Amputation & disarticulation of thumb
5-842		Amputation of forearm & hand
	5-842 (a)	Disarticulation at wrist
	5-842 (b)	Metacarpal amputation
	5-842 (c)	Amputation below elbow 30.43.2
	5-842 (d)	Amputation above elbow 30.43.4
	5-842 (e)	Amputation for ***** 30.43.5
5-843		Disarticulation at elbow & amputation through humerus
5-844		Disarticulation at shoulder & interthoracoscapular amputation
	5-844 (a)	Major 30.44.1
	5-844 (b)	Minor 30.44.2
5-845		Amputation & disarticulation of toes
5-846		Amputation & disarticulation of foot
	5-846 (a)	Between tarsus and metatarsus
	5-846 (b)	Midtarsal amputation or disarticulation
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5-847		Amputation of lower leg or ankle
	5-847 (a)	Below knee amputation 30.43.3 (pg. 49)
	5-847 (b)	Site of election
	5-847 (c)	Supramalleolar amputation
	5-847 (d)	With patellar tendon weight bearing
5-848		Amputation of thigh & disarticulation at knee
	5-848 (a)	Above-knee (supracondylar) amputation
	5-848 (b)	Patellar tendon weight bearing
5-849		Abdominopelvic amputation & disarticulation at hip
	5-849 (a)	Hemipelvectomy
	5-849 (b)	Hemipelvectomy
	5-849 (c)	Hindquarter amputation
	5-849 (d)	Hindquarter amputation of Hemipelvectomy 30.43.6 (pg. 40)
5-85		Other operations on musculoskeletal system
5-850		Revision of amputation stump
	5-850 (a)	Secondary closure
	5-850 (b)	Trimming of stump
	5-850 (*)	Excludes : further amputation for current injury (5-840 to 5-849)
5-851		Reattachment of fingers & thumb
5-852		Other reattachment of upper limb
5-853		Reattachment of toes & foot
	5-853 (*)	Excludes : toe to thumb transfer (5-826) *
5-854		Other reattachment of lower limb
5-855		Implantation of prosthetic limb appliance
	5-855 (a)	Bioelectric prosthesis
	5-855 (b)	Cineplastic prosthesis
	5-855 (c)	Replacement of prosthesis
5-859		Other operations on musculoskeletal & multiple system
	5-859 (a)	Amputation, unqualified
	5-859 (b)	Separation of conjoined twins
	5-859 (+)	(Other available codes : injection 5-584 to 5-589)
	5-859 (+)	(Other available codes : manipulation 8-210 to 8-219)
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5-86		Excision of the breast
5-860		Local excision of lesion of breast
	5-860 (a)	Excision of lesion of duct
	5-860 (b)	Excision of mammary lesion
	5-860 (c)	Partial mastectomy
	5-860 (*)	Excludes : excision of nipple (5-872) *
	5-860 (d)	Excision of lump 23.2 (pg. 37)
	5-860 (e)	Segment results of breast 23.6 (pg. 37)
5-861		Complete mastectomy
	5-861 (a)	Simple mastectomy
	5-861 (b)	Total excision, limited to breast
	5-861 (c)	Local mastectomy (simple) 23.3
5-862		Extended simple mastectomy

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	5-862 (a)	Modified radical mastectomy
	5-862 (b)	With regional lymphadenectomy
5-863		Radiacal mastectomy
	5-863 (a)	With excision of regional lymph nodes and pectoral muscles
5-864		Extended radical mastectomy
	5-864 (a)	Excision of breast and regional lymph nodes and also : 1) clavicular and supraclavicular lymph nodes 2) intrathoracic lymph nodes 3) other extensions of growth beyond pectoral muscles
5-865		Subcutaneous mastectomy with implantation of prosthesis
	5-865 (a)	Removal of breast tissue with preservation of nipple and skin
5-869		Other excision of breast
	5-869 (a)	Excision for gynecomastia
	5-869 (b)	Excision of supernumerary breast
	5-869 (c)	Mastectomy, unqualified
	5-869 (d)	Subcutaneous mastectomy (without implant)
5-87		Other operations on breast
	5-870	Aspiration of breast
	5-870 (+)	(Other available code : diagnostic aspiration 1-859)
	5-871	Mastotomy
	5-871 (a)	Drainage
	5-871 (b)	Exploration
	5-871 (c)	Removal of foreign body
5-872		Breast nipple operation
	5-872 (a)	Excision of nipple
	5-872 (b)	Graft of plastic operation
	5-872 (c)	Transposition of nipple
5-873		Augmentation mammoplasty
	5-873 (a)	Graft
	5-873 (b)	Implant : prosthesis, silicone
5-874		Reduction mammoplasty
	5-874 (*)	Excludes : mastectomy for gynecomastia (5-869)
5-875		Other repair & plastic operation on breast
	5-875 (a)	Mastopexy
	5-875 (b)	Skin graft
	5-875 (c)	Suture
5-879		Other operations on breast
	5-879 (a)	Mamoplasty 28.22 (pg. 47)
	5-879 (b)	Pendulous Breast 28.23 (pg. 47)
	5-879 (c)	Underdeveloped Breast 28.23.1 (pg. 47)
	5-879 (d)	After Mastectomy (Reconstruction 28.23.1 (pg. 47)
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		Excludes : skin of anus (5-490 to 5-499)
		Excludes : skin of breast (5-860 to 5-869)
		Excludes : skin of ear (5-180 to 5-189)
		Excludes : skin of eyelid (5-090 to 5-099)
		Excludes : skin of female penneum (5-710 to 5-719)
		Excludes : skin of nose (5-210 to 5-219)
		Excludes : skin of penis (5-640 to 5-649)
		Excludes : skin of scrotum (5-610 to 5-619)
		Excludes : skin of vulva (5-710 to 5-719)
5-88		Incision & excision of skin & subcutaneous tissue
	5-880	Tattooing & excision of skin & subcutaneous tissue
	5-880 (a)	Injection of filling material
	5-880 (b)	Pigmentation of skin
5-881		Incision of pilonidal sinus
	5-881 (a)	Drainage, sacrococcygeal sinus
	5-881 (b)	Exploration of sinus
5-882		Other incision of skin & subcutaneous tissue
	5-882 (a)	Drainage
	5-882 (b)	Exploration
	5-882 (c)	Removal of foreign body
	5-882 (d)	Undercutting of hair follicle
	5-882 (*)	Excludes : drainage of face or floor of mouth (5-270) *
5-883		Surgical toilet of wound or infected tissue
	5-883 (a)	Removal of slough
	5-883 (*)	Excludes : site of open fracture (5-795) *
5-884		Local excision or destruction of skin & subcutaneous tissue
	5-884 (a)	Excision of fistula
	5-884 (b)	Excision of lesion with Z-plasty
	5-884 (*)	Excludes : adipectomy (5-901) *
	5-884 (*)	Excludes : cauterization (5-913) *
	5-884 (*)	Excludes : cryosurgery (5-949) *
	5-884 (*)	Excludes : electrolysis (5-930 to 5-933) *
	5-884 (+)	(Other available codes : dermabrasion 8-182)
	5-884 (+)	(Other available codes : laser beam - see chapter 3)
5-885		Radical excision of skin lesion
	5-885 (*)	Excludes : excision of elephantiasis of scrotum (5-612) *
5-887		Excision of pilonidal sinus 25.79 (pg. 42)
	5-887 (a)	Exteriorization, marsupialization
5-888		Excision of skin for graft

5-89		Repair & reconstruction of skin & subcutaneous tissue
5-890		Suture of skin & subcutaneous tissue
5-890 (0)		Suturing of small wounds 21.17 (pg. 34)
5-890 (0)		Secondary suture of wounds 21.18 (pg. 34)
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5-890 (a)		Repair of open wound (without skin graft)
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5-891		Relaxation of scar or contracture of skin
5-892		Free skin graft to hand
5-892 (a)		Excision of : full thickness, partial thickness, or split thickness graft
5-893		Other free skin grafts
5-893 (*)		Excludes : construction of artificial vagina (5-705)
5-894		Cutting & preparation of flap or pedicle graft
5-894 (a)		Advancement of flap or tube
5-895		Attachment to hand of flap or pedicle graft
5-895 (a)		Cross finger flap
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5-895 (c)		Pocket flap
5-895 (*)		Excludes : pollicization (5-826 and 5-828) *
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5-896 (a)		Transfer of pedicle
5-897		Revision of flap or pedicle graft
5-897 (a)		Defatting
5-898		Plastic operations on lip & external mouth
5-898 (a)		Cheilostomatoplasty
5-898 (b)		Reconstruction for cleft lip
5-898 (c)		With flap, pedicle or free skin graft
5-898 (*)		Excludes : cleft palate operation (5-275) *
5-898 (*)		Excludes : cutting and preparation of flap or pedicle graft (5-894) *
5-898 (*)		Cleft Lip 28.14 (pg. 46)
5-898 (*)		Cleft Palate Repair Severe Degree 28.15 (pg. 46)
5-898 (*)		Primary Bone Grafting of Cleft Lip Deformity 28.16 (pg. 46)
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5-899		Other repair & reconstruction of skin & subcutaneous tissue
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5-899 (*)		Excludes : genoplasty with bone graft (5-775) *
5-899 (*)		Syndactyly Repair 28.23 (pg. 47)
5-90		Other operations on skin & subcutaneous tissue
5-900		Facial rhytidectomy
5-900 (a)		Face
5-900 (b)		Fascial sling for facial weakness
5-900 (c)		Dermabrasion Face 28.24 (pg. 47)
5-901		Size reduction plastic operation
5-901 (a)		Adipectomy
5-901 (b)		Panniculectomy
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		1) Abdominal wall
		2) Arms
		3) Buttocks
		4) Thigh
5-902		Hair transplant
5-902 (a)		Graft of hair-bearing skin
5-903		Removal of superficial skin layers
5-903 (a)		Keratotomy
5-903 (+)		(Other available codes : removal of tattoo marks 8-184)
5-903 (+)		(Other available codes : dermarasion 8-182)
5-903 (+)		(Other available codes : whirling brush 8-183)
5-904		Chemosurgery of skin
5-904 (a)		Caustic application with surgical removal
5-904 (b)		Chemical exfoliation
5-908		Other operations on skin & subcutaneous tissue
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	5-909 (b)	Removal of foreign body, unqualified
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5-91		Cauterization
	5-910	Cervical cauterization
	5-911	Nasal cauterization
	5-912	Excludes : for epistaxis control (5-210)
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	5-912 (c)	Condyloma acuminata
	5-912 (d)	Penial
	5-913	Vulva
	5-914	Skin cauterization
5-92		Electrocautery
	5-92 (*)	Surgical diathermy
	5-920	Excludes : for eye conditions
	5-920 (*)	Nasal electrocoagulation
	5-921	Excludes : for turbinectomy (5-215) *
	5-922	Cystoscopic electrocoagulation
	5-922 (a)	Electrocoagulation of skin
	5-922 (b)	Warts
	5-922 (b)	Nevi
	5-929	Other coagulation
5-93		Other electrical destruction
	5-930 (+)	Includes : electrolysis
	5-930 (+)	Includes : ionization
	5-930 (+)	Includes : iontophoresis
	5-930	Electrolysis of eyelash
	5-931	Nasal ionization
	5-932	Fulguration of lesion
	5-933	Ionization or electrolysis, unqualified
5-94		Cryosurgery
	5-949	Cryosurgery, not elsewhere classified
	5-949 (*)	Excludes : for eye conditions
5-95		Caustics & other chemicals
	5-950	Topical application of caustic
	5-951	Endoscopic application of caustic
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	5-969	Other cytotoxic drug therapy
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	5-969 (b)	By mouth
5-97		Sclerosing Injection
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	5-971 (a)	Production of thrombosis
	5-971 (b)	Varicose vein injection
	5-971 (b)	Injection of Varicose Veins 232 11 (pg 51)

community health cell

From: "Deva" <deva@devadasan.com>
To: "Abraham Joseph" <slrtckrg@md3.vsnl.net.in>; "Alka Narang" <alka.narang@undp.org>; "Anant Bhan" <dranantbhan@yahoo.com>; "Arvind Kasturi" <arvindk@vsnl.com>; "Bart Criel" <bcriel@itg.be>; "C Pandav" <cpandav@iqplusin.org>; "Centre for Population Dynamics" <cpd@vsnl.net>; "CHAD" <chad@cmcvellore.ac.in>; <commhealth@yahoogroups.com>; "Community Health Cell" <chc@sochara.org>; "Deva" <deva@devadasan.com>; "Dr. D. Varatharajan" <dvarajan@sctimst.ac.in>; "DR. RAKHAL" <subharakhal@cmcvellore.ac.in>; "Marina" <marinarajan@eth.net>
Sent: Tuesday, December 07, 2004 10:03 PM
Attach: CHIN newsletter Dec 2004.doc
Subject: CHIN Newsletter 4

Dear Friends

The second issue of the Community health insurance newsletter. Looking forward to your feedback

Regards - Deva

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Community Health Insurance Network



Vol 1 Issue 2 Dec 2004

CHIN

Dear Friends

First of all let me wish all of you a Merry Christmas and a Meaningful 2005. Let us continue to work towards reaching out to the poor in our regions and make their life a little easier than it was in 2004.

It has been more than three months since the last newsletter and there have been some who speculated whether CHIN was a seven-day wonder. Just to prove the sceptics wrong and also to continue with the networking here is the second issue of the newsletter.

First of all, an egroup has been formed to share information, thoughts and opinions on a daily basis. For those of you who have an email id and are still not part of the egroup, please click on

<http://health.groups.yahoo.com/group/IGHPM/>

and then click on "Join This Group" button on the top right corner of the webpage. For those of you who do not have an email id, it is time to enter the 21st century, or the world may pass you by.

AIIMS – New Delhi organised a "National Conference on Health Insurance and Financing" in October 2004. A brief report of the conference is presented here (courtesy an Ugandan colleague). Anybody else who attended the conference please do feel free to add more details. Deepti, this is a pointed reminder.

The Community health insurance website is up and for those of you who are interested, please click on www.comhealthins.org This

is the work of Mr Manoharan of ACCORD. I would like to take this opportunity to thank him for all the effort he put in. It is still at an elementary stage and hopefully I will have more time now to develop it further. Would really appreciate your feedback, suggestions and comments to improve it. And if you or your institution has any documents, this could be an useful forum to share it with everybody. Even annual reports that have details of your health insurance would be good enough.

And finally, apparently the IRDA (Insurance Regulatory and Development Authority) has recognised community health insurance as an entity – it has developed a concept paper on "microinsurance" and had invited comments from interested stakeholders. The National Insurance Academy also conducted a workshop on Microinsurance at Pune in November. Would appreciate a report by anybody who had attended it.

I am also enclosing a write up about a Community based health insurance from Kerala – for your information. Hope that you enjoy the details provided.

Looking forward to hearing from you. I would appreciate if you could share more information, doubts, ideas about health insurance.

With regards

Dr. N. Devadasan

Email = deva@devadasan.com

Report on the Conference on Health Insurance and Financing, New Delhi, 16-17 October 2004

1. Introduction

The conference on Health Insurance and Financing was organized by AIIMS. The conference was held on 16 and 17 October 2004 at AIIMS. The conference was opened by the Union Minister of Health and family Welfare Dr Anbumani Ramadoss and closed by the Director General of Health Services, Dr S.P. Agarwal.

2. Objective of the conference

To create a linkage between various stakeholders in the health care industry and bring them together all under one platform to jointly address the problems facing Indian people today and come out with sustainable and variable remedies relevant for the Indian set up.

3. Program

The programme covered Health System Financing & Insurance, Health Insurance: Indian experiences of health insurance, the international experiences of SHI and finally the regulatory issues. A detailed programme is available for those who want it.

4. Participants

The conference attracted 600 participants, who were both from local, international organizations and foreign countries namely the World Bank National Office, The World Health Organization Regional Office for South East Asia and Geneva. The International participants came from Tanzania, Uganda, Iran and Nepal.

5. Key issues arising out of the conference

1. Social Health Insurance is not a panacea but is one of the ways of improving the health system
2. It is very important to take the right steps initially and move slowly but in sure way in development of SHI rather than falter.
3. Initial process of development of SHI has to be compulsory.
4. Initially, different schemes for example one for the formal sector and CHI have to be encouraged.
5. Modalities for accreditation and regulation have to be worked out as one of the ways to ensure proper provision of quality care.
6. The National Commission on Macroeconomics and Health of India is providing an enabling framework for review of the current health service delivery and in particular financing of health services. As such, this endeavor is a launching pad for discussions and design of national SHI scheme

Dr. Robert Basaza

Senior Health Planner, Ministry of Health,
Uganda.

Community Health Insurance - Self Help Association for Development and Empowerment (SHADE)

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Introduction.

Five small self-help groups called Swasraya Credit Unions (SCUs) in Ernakulam district of Kerala have been implementing a community health insurance programme since December 1993. Their programme has recently (January 2004) been coordinated by SHADE (Self help association for development and empowerment). SIIADE is a registered society under the guardianship of the Community Medicine Department of the Malankara Orthodox Syrian Church (M.O.S.C.) Medical College Kolenchery.

Location

State - Kerala

District - Ernakulam

Blocks - Vadavucode, Muvattupuzha, Mulamthuruthy, and Piravom

Villages - Kunnackal, Kunnakurudy, Kandanad, Vettickal, Nechoor

The Community

The total population in the 4 blocks is about 5 lakhs. The community health project of the Medical College covers only selected areas around their health centers with about 100, 000 population. 30-40% of the community are middle class, 30% labour class, 30% poor, 2-5% very poor and 2-5% rich people. The average family size is four. The community health insurance programme operates only in this project area. There are currently over 9000 members in the five SCUs. Anybody willing to pay Rs 10 as registration and contribute any multiple of Rs 5 as a weekly contribution to the group is eligible to join a SCU.

The Community health insurance programme

Only members of the SCUs and their families are eligible to join the health insurance programme.

There are basically two parallel schemes.

- The oldest scheme (started in 1993) was organized by the women themselves. They collected an annual premium of Rs 33 per person per year and purchased a Mediclaim policy from the National Insurance company (NIC). This was tailor made to suit the local women and covered hospitalisation for a maximum of Rs 5000 per year. However, over the years, the premium started increasing because of high claims ratio. In 1998, the SCUs switched over to the Jan Arogya Policy, which was popular. Then in 2003, they switched over to the Viswaragya policy. Now the premium is Rs 356 for an individual per year, Rs 530 for a family of 5 and Rs 720 for a family of 7. For BPL families there is a subsidy of Rs 100 on the premium. The BPL are identified by the ration card.

This premium is collected by the SCU representatives annually over a two month period and handed over to the NIC. The benefit package covers hospitalisation in any hospital for an annual limit of Rs 15000 per individual or Rs 30,000 per family. There is a waiting period of one month for new members. At the time of hospitalisation, the patient has to pay the hospital bills. S/he then submits the necessary documents to the local SCU who scrutinizes it to ensure completeness. If the claim is complete, it is handed over to the NIC. They reimburse the patient through the SCU. The SCU collects a 15% administrative charge on the reimbursement, which is used to meet the administrative costs of the insurance scheme as well as to subsidize the premiums of the poorest.

There are about 200 people who are still enrolled in the original scheme because the upper limits are higher.

- The second scheme was started in 2003 for the people around the Medical College hospital. Most of the members in this scheme are members of the SCUs living within a 10 km radius of the hospital. This is also a Viswaragya policy, but here the MOSC Medical College further subsidizes the premiums for the BPL families. They pay a token of Rs 10 per family and the rest is paid by the hospital on their behalf. APL families are requested to pay as much as possible – this usually ranges from 25 – 100% of the actual premium. The insured family gets an insurance card, which they need to present at the Hospital for receiving benefits. There is a special desk at the hospital for the insured patients.

The benefit package is the same as in the first scheme. Difference is that here there is only a single provider – the MOSC Medical College. Patients get admitted at the hospital and do not have to pay any money at the time of discharge (unless their bills exceed the upper limits). Their claims are processed by the hospital and sent to UIIC who in turn reimburses the hospital directly.

Other than this, all the insured members have access to the free OPDs conducted in their villages by the community medicine dept on a weekly / fortnightly basis.

SHADE helps now with the negotiation of the scheme with the insurance companies. Its workers also help out in the collection of the premium, especially in the second scheme. It also helps in the management and administration of the scheme. All accounts are audited annually.

Other than this, SHADE also provides a personal accident policy for which about 7000 members have joined.

Performance of the Community health insurance programme

- Scheme 1 – 850 families out of a potential of 2000 have joined the scheme in 2003 – 2004. There were about 100 claims amounting to about Rs 250,000. The claims rate = 30 /1000 insured and the claims ratio is 55%.
- Scheme 2 – 1226 BPL families and 257 APL families out of a potential of 7000 have joined the scheme in 2003 – 04. There were 261 claims in the same year amounting to about Rs 550,000. The claims rate = 66 / 1000 insured and the claims ratio is 65%.

Announcements

A new and subsidized life insurance policy has been developed for “Primitive Tribal groups” – a special sub unit of tribals. So those of you who are working with PTGs, please check with your local insurance company to find out more details.

The October 2004 issue of the IRDA journal is on health insurance. This document is available both at www.comhealthins.org and www.microinsurance-india.org

For those of you who find it difficult to download documents on the net, or do not have access to internet, please do write to me with your address and I shall send you the documents by post.

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Community Health Cell

From: "Deva" <deva@devadasan.com>
To: <IGHPM@yahoogroups.com>
Sent: Monday, August 22, 2005 4:44 PM
Subject: [IGHPM] Gujarat going the Yeshasvini way?

Gujarat govt nod for farmers' health insurance programme

Our Regional Bureau / Ahmedabad / Business Standard / April 08, 2005

The largest private hospital group in Asia, Apollo Hospitals will start a health insurance programmes for state farmers' with the support of the state government.

The scheme is likely to go on steam in May, said Dr Alexander Kuruvilla, chief executive officer, Apollo Hospitals.

Under the scheme all surgical procedure would be free for farmers.

Kuruvilla said that state government have already given the nod for the project.

"In fact, I K Jadeja, minister for health and family welfare, has supported this unique project and assured help and support from the health ministry."

"The uniqueness of the project is that a farmer will not have to come all the way to Ahmedabad to take the treatment or surgery.

We are tying up with local hospitals in every district so that local farmers get treated in their place itself.

Talks are on with government for funds and necessary help, he added.

Kuruvilla said that the first phase of the project is almost complete and the officials are now finalising the rules and designing of the project.

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Community Health Cell

From: "Deva" <deva@devadasan.com>
To: <IGHPM@yahooogroups.com>
Sent: Monday, August 22, 2005 1:56 PM
Subject: [IGHPM] Fraud on the people of ASSAM

Some information about the ASSAM health insurance. Sunil Kaul is an eminent health activist from Assam.

An obvious fraud on the people, as they are unlikely to suffer from cancer or alzheimers. They need cover for malaria and ARI and diarrhoea. One more instance of public money being siphoned off to the private sector. Would be interesting to see what the claims ratio is at the end of the scheme.

Regards - Deva

Date: Sun, 21 Aug 2005 00:06:05 +0530
 From: "THE ANT" <scowl@satyam.nct.in>
 Subject: Assam Insurance

Although i have asked everyone possible in the government departments in my district and not found anyone with any official information about the scheme - it is applicable from today, i beleive - i have just managed to get some official details from the ICICI Lombard. I think they have made a killing in the deal. Government - state and central - and those earning more than 2 lakhs are excluded.

To be administered by the Revenue Circle Officer (the chap incharge of the mondals or the patwaris), it has 2 parts. One is the Janta personal accident. It covers any death or permanent disability arising from an injury in an accident incl rail/road, animalbite, drowning in water, natural calamity, fire, lightening, falling from height, building collapse etc. Obviously, intentional injuries are excluded and so are those where law is breached with or without criminal intent (excludes militant injury probably)

My comments: People are paying for rail and road accidents in their tickets anyway! Although floods are common, less than 10 people in a year die of drowning as almost everyone knows how to swim - there is a rare chance of people drowning in swift currents or if a boat capsizes in the Brahmaputra, and this woudl save some money for the State government for what it used to announce ex-gratia. There are hardly any hills in Assam to fall from and less than 5% of all houses in rural Assam (90% people stay there) would have bricks or concrete, so the chances of building collapse etc are also very small for the rural areas.

The other part is for Critical Illness. This covers medical expenses incurred in open heart surgery, Alzheimers, cancer, heart attack, end stage renal failure, stroke, paralysis, heart valve replacement surgery, major burns, coma - caused by an accident, Parkinson's disease multiple sclerosis, deafness caused by accident, loss of limbs - caused due to an illness and major organ transplants.

atc lab - Health Insurance Resource file
 Lu

- My comments: With such a low-monetised economy here, the chances of people managing to collect money enough to spend on such illnesses as are listed here to claim reimbursement would be very low. It may help about 5-10% of richer class rural patients who now go to Guwahati or to "Bhelle", to recover their money. For most others in whose name and numbers the premium is being paid, it would not make any difference. Last month, I was sitting with a friend doctor in the PHC and he told me that the CM has allowed reimbursement for one month for all prescriptions up to Rs 75.00. Now he had a huge queue of city people (admittedly some of these were also poor) who had bills of exactly Rs 75.00 from a pharmacist for his countersignatures so that they could claim the money from the DC's office. With such a reimbursement procedure, I think a lot of the nursing homes also would survive better with such a scheme coming in. I can also visualise the Circle Officer and the mundals upgrading their cars and motorcycles respectively. SORRY for the cynicism!!

Dr. N Devadasan MBBS, MPH

Research Fellow
Dept of Public Health
Institute of Tropical Medicine
Antwerp, Belgium
AND
Achutha Menon Centre for Health Science Studies,
SCTIMST, Trivandrum, Kerala.

YAHOO! GROUPS LINKS

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-

8/25/2005

draft

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com H- 26

Community Health Cell

From: "Community Health Cell" <chc@sochara.org>
To: <deva>; <neeta Rao>; <veloshnee@ccdcindia.org>
Sent: Tuesday, March 22, 2005 3:21 PM
Subject: Meeting on 28th March 2005 at CHC!

Dear Deva, Veloshnee and Neeta,

Greetings!

This is just a reminder about the ^{small} informal meeting that we had planned on Monday, 28th March 2005 at 10 am at CHC. The meeting will be discussing health insurance. Neeta will share preliminary findings from studies undertaken by her during the community health fellowship scheme. We would also like to have an update from Deva about community health insurance in India. We hope Dr. C.M.Francis will also join the discussion. Looking forward to seeing you.

With best wishes,

Yours sincerely,

Thelma Narayan

for
23/3

1cb

Best
22/3

3/22/2005

Community Health Cell

From: "CHIN" <chetna@icenet.net>
To: <shrc@hathway.com>; <skcv@skcv.com>; <sochara@blr.vsnl.net.in>;
 <sonalzaveri@vsnl.com>; <source@ich.ucl.ac.uk>; <ssrawat@vsnl.com>;
 <sujata55@hotmail.com>; <talc@talcuk.org>; <terinakeene@yahoo.com>;
 <Timgrandage@vsnl.net>; <t-martineau@dfid.gov.uk>
Cc: <training@fundraising-india.org>; <tslauri@unicef.org>; <ujumaniad1@sancharnet.in>;
 <unaid@unaid.org>; <upadhyam@who.org>; <vinayakan@pciindia.org>;
 <webinfo@rockfound.org>
Sent: Saturday, July 03, 2004 12:11 PM
Attach: CHIN NEWS Issue - 7.pdf - 8 pgs
Subject: CHIN News

Sub: CHIN News on the *Rights of a Girl Child*

Dear friends,

Greetings from the Communication for Health India Network (CHIN) Secretariat, CHETNA!

We are pleased to share with you the seventh issue of CHIN News (e-newsletter) focusing on the "*Rights of a Girl Child*". CHIN News is developed thrice a year on different health and development issues. The newsletter enjoys a readership of more than 150 like-minded organizations and individuals across India and abroad who are concerned for the rights of the vulnerable groups.

Your valuable suggestion on this issue of newsletter would definitely help us to enrich the newsletter. We would also request you to send articles/information about any programmes/events, which you would like to share through CHIN News.

Happy reading

With warm personal regards,

Chitra Iyer
 CHIN Coordinator
 For CHIN Secretariat, CHETNA

sh
 a

10.
Sent: Thursday, December 02, 2004 2:35 PM
Subject: Re: [IGHPM] Health Insurance

Comm 2b-

Dear Deepti and other friends

HI by itself can not improve matters, na dhalf steps can lead us into the US type health care trap where everyone is shooping for or selling health care and avoiding litigations.

The alternative vision is for Universal Health Insurance (UHI). However things happen in small steps in a democracy. We have to keep vigil.

TR
Q
3/12

file
to
3/12

leb

Community Health Cell

From: "Community Health Cell" <chc@sochara.org>
To: <veloshnee@yahoo.com>
Sent: Wednesday, March 02, 2005 3:30 PM

Dear Velashnee,

Thanks for the background paper.

Neeta's visit to Bangalore to study the Yeshaswini Scheme was delayed and hence we will have to push the meeting on health insurance by about 2-3 weeks. My apologies, I should have informed you about this earlier. We will certainly use the background paper for the meeting.

Best regards,

Thelma

Leb

3/2/2005

Community Health Cell

From: "Community Health Cell" <chc@sochara.org>
To: <deva@devadasan.com>
Sent: Wednesday, March 02, 2005 3:30 PM

Dear Deva,

Greetings from Community Health Cell.

Trust this finds you and the family well.

1. One of our community health fellows Dr. Neeta Rao, whom you may remember is studying health insurance schemes. She is presently collecting data in the field. I would be very grateful if you could meet her at a mutually convenient time.

2. Ms. Veloshnee Govender a health economist known to us is also interested in this area. We were planning a small informal meeting in about 2 weeks and would be happy if you could join and share your expertise and experience. Will work out details of date, theme and programme shortly in consultation with you.

Do let us know about your availability in Bangalore in the third/ fourth week of March 05.

3. SOCHARA/CHC is also organising a planning workshop on 26th, 27th and 28th April 2005 to discuss the future development of CHC into an institute for Community Health, Public Health and Health Policy. We had discussed with you very tentative ideas about this possibility about a year ago. Things seem to be shaping up and we are still at a very initial phase. It would be wonderful if you could join the brainstorming.

Warm wishes to Roopa and children.

Thelma.

3/2/2005

Main Identity

From: "Veloshnee Govender" <veloshnee@yahoo.com>
To: <chc@sochara.org>
Sent: Monday, February 28, 2005 10:44 AM
Attach: Devadasan_Insurance.pdf
Subject: Mail for Dr Thelma

Dear Thelma,

Just to follow up on whether our meeting on Insurance is still on for this Thursday at 10am.

If it is, I have attached a short background paper which can be reviewed in preparation for the meeting. It was prepared by Dr Devadasan on community health insurance and is of course very relevant to the issue. It is also short and very readable as an introductory/background paper.

if the meeting is still on, please let me know either by email (to this address) or by phone at my home (5131 3440).

best regards

Veloshnee

Do you Yahoo!?

Yahoo! Mail - Helps protect you from nasty viruses.

W
deaf
 Dear Veloshnee, Thanks for the background paper. Neeta's visit to Bangalore to study the insurance scheme was delayed and hence we will have to push the meeting on health insurance by about 2-3 weeks. My apologies, I should have informed you about this earlier. We will certainly use the background paper for the meeting. Best regards, Thelma.

Dear Deva,
 greetings! Trust this finds you and the family well!
 1. one of our community health fellows Dr Neeta Rao, whom you may remember is studying health insurance schemes. She is presently collecting data in the field. I would be very grateful if you could meet her at a mutually convenient time.
 2. Rb. Veloshnee founder a health economist known to us is also interested in the area. We were planning a small informal meeting in about 2 weeks + would be happy if you could join & share your expertise & experience. I will work out details of date, time & programme next week / shortly. Do let us know about your availability in Bangalore in the third / first week of March 05.

P70

02-Mar-05

3. SOCHAPRA/CHC is also ^{organising} ~~planning~~ a planning workshop
on 26th, 27th, 28th of April to discuss the further development
of CHC into an institute for comm health, public health
& health policy. ~~The~~ ~~for~~ we had discussed with
you very relative ideas about this possibility
about a year ago. Things seem to be shaping &
we are still in a very initial phase. It
would be wonderful if you could join the
brainstorming.
Warm wishes to respect the children
Shelme

Ms Kavari - State Women's Commission
Women's Health Resource persons.

- (1) Dr Ida
- (2) Dr Elizabeth Vallikod, St. John's Hospital
- (3) Dr Saraswathy Janapathy

lib

draft-
2/3/05

Page 1 of 1

Community Health Cell

From: "Community Health Cell" <chc@sochara.org>
To: <deva@devadasan.com>
Sent: Wednesday, March 02, 2005 3:20 PM

Dear Deva,

Greetings from Community Health Cell.

Trust this finds you and the family well.

1. One of our community health fellows Dr. Neeta Rao, whom you may remember in studying health insurance schemes. She is presently collecting data in the field. I would be very grateful if you could meet her at a mutually convenient time.

2. Ms. Veloshnee Govender a health economist known to us is also interested in this area. We were planning a small informal meeting in about 2 weeks and could be happy if you could join and share your expertise and experience. Will work out details of date, theme and programme next week shortly. *in consultation with you*

Do let us know about your availability in Bangalore in the third/ fourth week of March 05.

3. SOCHARA/CHC is also organising a planning workshop on 26th, 27th and 28th April to discuss the future development of CHC into an institute for Community Health, Public Health and Health Policy. We had discussed with you very tentative ideas about this possibility about a year ago. Things seem to be ~~sleeping~~ *2005* and we are still at a very initial phase. It would be wonderful if you could join the brainstorming. *shaping up*

Warm wishes to Roopa and children.

Thelma.

Dinesh

leb
deaf 2/3/05

Community Health Cell

From: "Community Health Cell" <chc@sochara.org>
To: <veloshnee@yahoo.com>
Sent: Wednesday, March 02, 2005 3:04 PM

Dear Velashnee,

Thanks for the background paper.

Neeta's visit to Bangalore to study the Yeshaswini Scheme was delayed and hence we will have to push the meeting on health insurance by about 2-3 weeks. My apologies, I should have informed you about the earlier. We will certainly use the background paper for the meeting. *Thel*

Best regards,

Thelma

ok file

3/2/2005

x0p@'px'@v'\$0'€

chc@sochara.org (New)

From: "Devadasan" <deva@devadasan.com>
To: <HIN_I@yahoogroups.com>
Sent: Monday, August 07, 2006 3:36 PM
Subject: [HIN_I] Health insurance

Below is an article that explodes the myth of "Mediclaime" being a loss making portfolio. Obviously it is because the industry is subsidizing the rich corporate sector. And the rest of us have to pay stiff premiums because of this subsidy. What a shame.

The author also puts his finger on the main point ie in health insurance, we need to negotiate with the providers – and put in checks and balances. Else they are going to exploit the situation. It is sad, that the hospitals and doctors are more crooked than the average scamster.

Happy reading

Deva

=====

Sunil Jain: Getting health premiums to fall

RATIONAL EXPECTATIONS

Sunil Jain / New Delhi August 07, 2006



While most have interpreted the Insurance Regulatory Development Authority's (IRDA's) proposal to allow the free pricing of non-life insurance premiums from January 1 next year as a sign that health insurance rates will rise, if the IRDA does its job right, it is likely health insurance premiums may actually fall, at least for the individual segment. The reason for this lies in the complex web of cross-subsidies that are currently prevalent in the sector; so once policies are freed, they will be priced on the basis of actual costs and risks.

What happens to all premiums after January 1 will hinge critically on fire insurance, which, today, contributes 50-60 per cent of the profit of non-life insurance companies—right now this rate is regulated/fixed at a level that is much higher than warranted by the risks of fire. Since insurance firms today make a killing on fire insurance, the practice so far has been to supply group medical insurance to companies at rates that are too low to make economic sense—if insurance firms refuse to give corporate clients some sort of sops like this, they threaten to take their lucrative fire business elsewhere. On group mediclaim policies, however, insurance firms typically end up paying claims of anywhere between 140 and 180 per cent of the premiums collected. On individual policies, by contrast, payouts are typically between 90 and 100 per cent of the premiums. So when the insurance companies put out numbers saying their medical insurance payout is around 120 per cent of the annual premiums, this is largely on account of subsidised group medical insurance.

Logically then, once insurance rates are freed, fire insurance premiums will be the first to fall to realistic levels. Once this happens, insurance firms will no longer be under any obligation to sell below-cost group medical insurance policies, and so there is no reason why rates for individual medical insurance

TW/EPD
8/8/06

For chc lib - Health Insurance Resource file
JN 8/8/06

8/8/2006

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	5. Mr .H.R.Mahadeva Swamy	2.11
	6. Mr. Joseph Anthoniappa	2.12
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	8. Mr. S.D.Rajendran	2.14
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should be used to cross-subsidise group policies. Indeed, once the practice of subsidising group medical insurance goes, it should even be possible that specialised medical insurance firms will come up.

This, however, is just one part of the story. After all, if insurance firms end up paying out claims of anywhere between 90 and 100 per cent of the premiums paid on even individual medical policies, it doesn't automatically mean premiums will fall in the future. This is where the government/IRDA has to take steps that have been pending for several decades.

Obviously, the only way medical insurance premiums can fall, apart from trying to get in younger clients, who need less medical attention in the first 15-20 years of their lives, is to ensure that hospitals charge lower rates for those covered by medical insurance. After all, this is an industry that shells out around Rs 3,000 crore each year to hospitals, and yet it doesn't have enough clout to get preferred rates for its clients—in the US, by contrast, top hospitals offer huge discounts to top insurance firms to be able to get their clients. Indeed, a study in Mumbai by a Third Party Administrator (TPAs are the people who run medical insurance policies for insurance firms, examining hospital bills and making the payouts) found that hospitals were actually marking up their bills by around 40 per cent for patients covered by medical insurance! Indeed, when TPAs ask for discounts or suggest hospitals reduce the number of tests (this is the way the marking up of bills takes place), hospitals typically threaten to blacklist them. And when word gets around that a particular TPA is not able to provide cashless service with top hospitals, its future gets a bit bleak.

One way to increase the bargaining power of TPAs or specialised health insurance firms is to establish codes/protocols for various kinds of treatment—a patient for a by-pass has to come in two days before the surgery and leave a week after; while the first MRI can be prescribed without a problem, the second can be done only after a minimum number of days and after certain other tests are carried out; and so on. This can be done only by a medical council, and until this is done, the hospitals will always have the upper hand as there will be no benchmark to assess them against.

The other area that needs tackling is that of accreditation of hospitals, in exactly the same manner that hotels are accredited—two-star, three-star, and so on. This is done by examining their success rates, infection rates, and so on. Automatically, this will bring in some discipline on rates for various procedures/rooms across the country. It is only after 14-15 years of discussions that the Quality Council of India has now been appointed to develop such accreditation standards.

Co-payments of bills, reportedly on the anvil from next year, are another way to check hospital bills—if patients have to pay a certain share of the hospital bill, they too will try to ensure they're not being prescribed irrelevant tests, and not opt for deluxe rooms, as is the practice today—after all, if I'm having a gall bladder removed and am fully covered by medical insurance, chances are I'll opt for the super-deluxe hotel (oops, hospital!) room even though I don't really need it. All of this is going to be a long haul, but ultimately it is the only way healthcare can grow while still being affordable.

suniljain@business-standard.com

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Dr. N. Devadasan
Institute of Public Health
Bangalore - 560078
Tel: 080 2659 6446

8/8/2006

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COMH-2A.

chc@sochara.org (New)

From: "Devadasan" <deva@devadasan.com>
To: <HIN_I@yahoogroups.com>
Sent: Friday, August 11, 2006 12:52 PM
Subject: [HIN_I]

Hello folks,

There has been considerable silence on this egroup after I changed the name. I hope that all of you are getting these postings. Please do confirm.

One more article showing how the industry subsidises the corporate sector at the cost of others.

Deva

Posted on the Business Standard 11/08/06

Insurers pin rider to group health cover

Falaknaaz Syed / Mumbai August 11, 2006

General insurers are saying no to group health insurance covers to employees of companies, which do not avail of property insurance from the same company.

Premium rates at which group health covers are provided take into account receipt of other profitable business, so that risks underwritten are profitable on a client basis.

"If health insurance is taken from one company and fire and engineering cover from another, then standalone health cover becomes unviable at discounted rates," a public sector general insurance company official said.

Several insurers have stopped selling standalone group health insurance policies to companies owing to a high overall claims ratio of 180 per cent.

Kolkata-based National Insurance Company had a claims ratio of 136 per cent in 2004-05 in its combined health insurance portfolio. It reduced the claims ratio to 128 per cent in 2005-06 by refusing standalone group mediclaim.

Corporates pay Rs 800-Rs 1,200 premium per employee in group covers against Rs 1,800-Rs 2,200 in the case of individual health covers sold by insurers.

Group covers provide the insured maternity benefits, cover for the new-born from day one, cover for all pre-existing illnesses and similar benefits to 4-5 dependent family members. But individual covers provide limited insurance with at least 12 diseases excluded in the first year.

A senior official of National Insurance said, "We stopped accepting standalone mediclaim from corporates. Software companies particularly would buy fire cover from a private insurance company and health insurance from us. This led to severe losses in the health insurance portfolio. Now we give health

8/14/2006

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12/14/06

Health Insurance file (lib)
for 14/8/06.

insurance to corporates which also give us other business.”

Deepak Mendiratta, managing director of Health and Insurance Integrated, said “Insurers are waking up. Once detariffing happens, fire rates will fall. Then insurers will not be in a position to offer discounts on group health insurance. Thus, group mediclaim rates will rise.”

Corporates which buy group cover are unwilling to pay premium arrived at by insurance companies after taking into account the risks involved.

Of the total health insurance business in the industry, retail health insurance constitutes 60 per cent, while group health insurance is 40 per cent.

Sandeep Dadia, director at Enam Insurance Consultants, said, “These are positive signs. The solution is to make each portfolio profitable. The industry should move towards managed healthcare. Preferred provider organisations should emerge where the insurer ties up with a chain of hospitals and gives volume of business to them and in return they offer better rates.”

The total health insurance premium collected was Rs 1,354 crore in 2003-04 to Rs 1,732 crore in 2004-05 and estimated at over Rs 2,100 crore in 2005-06. Public sector insurance companies account for 82 per cent of the total health insurance market in the country.

Enam’s Dadia said, “Group health insurance is under-priced. Medical inflation (cost of healthcare) in metros is 10-15 per cent per annum but the premium for group mediclaim has barely been revised in the last many years.”

=====

Dr. N. Devadasan
Institute of Public Health
Bangalore - 560078
Tel: 080 2659 6446

Com H-2A.

chc@sochara.org (New)

From: "Deepti Chirmulay" <dchirmulay@yahoo.co.in>
To: <HIN_I@yahoogroups.com>
Sent: Saturday, August 12, 2006 11:43 PM
Subject: RE: [HIN_I]

isn't one of the reasons why health insurance has adverse claim ratio - that those with existing health problems (and who know how to fleece the companies) take the policy and then submit hefty claims?

somilnagpal <mail@somilnagpal.com> wrote:

Dear Deva ji,

Thanks for the posting. This cross-subsidizing of health products using surpluses from fire insurance portfolios has been happening for long. And this makes the reported claim ratios of health insurance in general, and group health insurance in particular, appear to be extremely high and unviable, but actually this is a result of a deliberate and calculated hit taken on the health portfolio, because this leads to extra profits coming in somewhere else. Thus, group health insurance premium and claim statistics have always been telling only half of the story.

Thankfully, its just a few months before the cushions in fire insurance portfolio disappear, and we should see realistic pricing, and the real claim ratios, emerge in health insurance. But then, another concern is, will corporate sector be equally willing to pay full group health insurance premia for their employees as an HR measure, vis-à-vis the current scenario where they get this as a subsidized sop, obtained after bargaining with their fire insurer... they have to pay the fire premium anyway, so why not bargain and get a freebie which is good for their employees... will this benevolence continue when corporates have to pay the full cost of health insurance? We would probably know by the time the next renewals of group medical insurance policies fall due....

Thanks and regards,
Somil Nagpal

TN
14/8/06
Health Insurance file (lib)
Sh
14/8

8/14/2006

42b
COMH-2A.chc@sochara.org (New)

From: "Devadasan" <deva@devadasan.com>
To: <HIN_I@yahoogroups.com>
Sent: Tuesday, September 12, 2006 1:42 PM
Subject: [HIN_I] IRDA on health insurance

Dear Friends

Here is some news about IRDA's response to the working committee on Health insurance. Again the emphasis is on profits. As a group that has been working with the poorest sections of society, I think that we should put a counter point on behalf of the poor. A memorandum from us to the IRDA saying that health insurance should not be seen as a business opportunity but as a mechanism for protecting the poor and the rich from medical expenditure. Would like your thoughts on this.

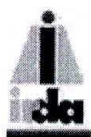
With kind regards

Deva

=====

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IRDA examining panel's suggestions on health insurance



Kolkata, Sept 10: Insurance Development and Regulatory Authority (IRDA) recently examined the recommendations of a working group on health insurance to bring the various stakeholders together to discuss the challenges and opportunities for the development of private health insurance in India.

Insurance Ombudsman (Maharashtra and Goa) B D Banerjee said that the panel had noted that the present state of health insurance in the country was not running on viable terms, adding that this would have to change.

He said that there was a need to expand the market and the private players would have to be fully involved in the strategy of propagation and expansion.

Banerjee said that the working group which was constituted by the IRDA, had also pointed out that there was a need for the government to increase health expenditure as well as to include the weaker sections in some form of a pool or funded scheme.

IRDA was also toying with the idea of introducing health insurance where the emphasis would be on preventive care, he said.

Banerjee said that focus on health insurance in India till date had been on curative means.

He said that developed countries had been moving towards

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managed healthcare where the emphasis was on preventive care.

Areas of concern in the health insurance sector were clarification the legislation and regulation of health insurance, standardisation of data and to create a positive business environment for health insurance products and health insurance companies.

The limiting factors which were hindering the growth of health insurance in India were paltry government funding for healthcare plans, rising medical costs and the absence of a rationalised cost structure.

Banerjee said that the experience of the patients with third party administrators (TPA) had been not too good.

According to him, these shortcomings should be looked into by the health insurance companies.

Bureau Report

=====

Dr. N. Devadasan

Institute of Public Health

Bangalore - 560078

Tel: 080 2659 6446

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9/13/2006

Lib
com H - 2Achc@sochara.org (New)

From: "Devadasan" <deva@devadasan.com>
To: <HIN_I@yahoogroups.com>
Sent: Tuesday, September 12, 2006 1:49 PM
Subject: [HIN_I] Some details about Max's OP plans

Heal thy neighbour

Nanditta Chibber / New Delhi September 12, 2006

HEALTHCARE: With family plans and neighbourhood plans, hospital chains are offering special deals

I am not proud to say it, but I fall ill frequently - flu, viral infections and tummy upsets have been my health woes for the past three years. And each time, I find myself running to a different physician in a different locality. Friends suggest buying medical insurance, but my immediate need is of day-to-day healthcare facilities.

And if I go by the outpatient plan that Max Healthcare is offering in Delhi and NCR, it does suggest that minor illness could cost me a little less money - for some assured quality of care.

According to the Max Happy Family outpatient plan, for Rs 3,000 annually for a family of two, one gets unlimited free consultations with a family physician at any Max facility and 10 free consultations with non-Max family physicians in one's neighbourhood with whom Max has a tie-up.

Plus two free consultations with Max specialists, free diagnostic tests worth Rs 500, one free health check and a 5-per cent discount on medicines at Max pharmacies.

"The value of the services offered by family happy plans is far greater than just the Rs 3,000 for a family of two if one considers just physician visits costing Rs 150-500 per visit otherwise," argues Sanjay Rai, director, sales and marketing, Max Healthcare. The outpatient plans can also be clubbed with various health insurance plans.

Though Max claims that its day-to-day outpatient health plan is among the first in India, most other hospital chains offer various preventive health or neighbourhood packages for families and corporates.

Indraprastha Apollo Hospitals, for example, offers neighbourhood health plans at an annual subscription of Rs 500 for a family of four, which entitles one to 10-15 per cent discounts on preventive health checks, investigations and diagnostic tests, bed charges and physiotherapy.

Fortis has tie-ups with housing societies for neighbourhood specific health plans that offer discounted Fortis facilities, according to Jasbir Grewal, regional director, Fortis.

Preventive health check packages are being promoted all the more aggressively. This is because people tend to neglect checkups, and signing them on is a good way to bind them into a system that makes for early detection of problems. Most of these packages are in the range of Rs 1,000-5,000.

Tn
12/9/06
chc lib - Health Insurance file
for

9/13/2006

Lib

COM H-2A.

chc@sochara.org (New)

From: "Dr. D. Varatharajan" <dvrajan2001@yahoo.com>
To: <HIN_I@yahoogroups.com>
Sent: Wednesday, September 13, 2006 8:46 AM
Subject: Re: AW: [HIN_I] IRDA on health insurance

Dear Friends,

Provision of health insurance to the poor/disadvantaged and regulation of private health insurance to make insurance an viable option for those who are willing and able to pay premium should be seen as complements, not substitutes.

Streamlining the private health insurance and making their size optimal would reduce the financial burden of premium besides enlarging the size and scope of the benefits. This will greatly enhance the chance for many people who are willing to buy but are not able to buy insurance.

Yet, the private health insurance should be seen just as an option not the sum total of health insurance. Regarding the poor, the insurance should be not-for-profit and a major part of it should be financed by the government, philanthropic resources and/or donor funds.

No single form of financing or insurance would suit India, which has a range of financing problems. Hence, the entire debate should be all-inclusive, not one-sided.

Regards,

Varatharajan

TN
13/9/06
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JW

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Community Health Cell

From: Dr. Somil Nagpal [mailto:somilnagpal.com]
Sent: Monday, October 16, 2006 5:07 PM
To: HIN_I@yahooogroups.com
Subject: [HIN_I] Re: Digest Number 153

Dear Deva ji,

Indeed, the group health insurance policies have been the real reason for the overall claims ratio in the health insurance sector looking all that adverse. The group health insurance policies have, in fact, been used as a freebie, packaged along with fire policies as a negotiation tool, because tariff in fire policies could not have been discounted so far.

As regulation changes next year, these insurers will be able to compete on their fire insurance premium itself, and would have no need to link up any other insurance (which is freely priced even today, like health) to sell their fire policies. As that happens, the premiums for group health covers sold to corporates at steeply discounted prices would simultaneously rise, to reflect the real costs. Eventually, this would mean that the claims incurred and the premiums charged would be more in sync, and the claims ratios of health insurance portfolios would then reflect the more truthful and complete picture.

already have stand-alone health insurance companies in the country, and this also indicates that the health insurance market is seen as viable by those investing in such an enterprise. In fact, the claims ratio for individual health insurance policies has been quite comfortable for a long time.

Another important thing I must write about, is the recent judgement on pre-existing conditions reported in the press this week. What is important to remember is that, in the particular case where the court has allowed the claim, there was little proof that the insured was aware of the disease condition existing before, and he had also been given a clean chit by the doctor engaged by the insurance company for a pre-insurance checkup. I presume that the second fact, of having been cleared by a company doctor, is what was really important.

This, of course, does not yet mean that pre-existing conditions will be covered by insurers. In a voluntary insurance scenario, coverage of pre-existing conditions could actually be counter-productive, as the adverse selection of people who know they are having a disease and would need medical care soon, would lead to high claims ratios, in turn leading to high premiums, and would actually drive the healthy away from health insurance policies. An option, probably, could be to cover pre-existing conditions with a waiting period or at a differential premium structure, which are more compatible with a voluntary health insurance environment as we have today.

Warm regards,
 Somil Nagpal

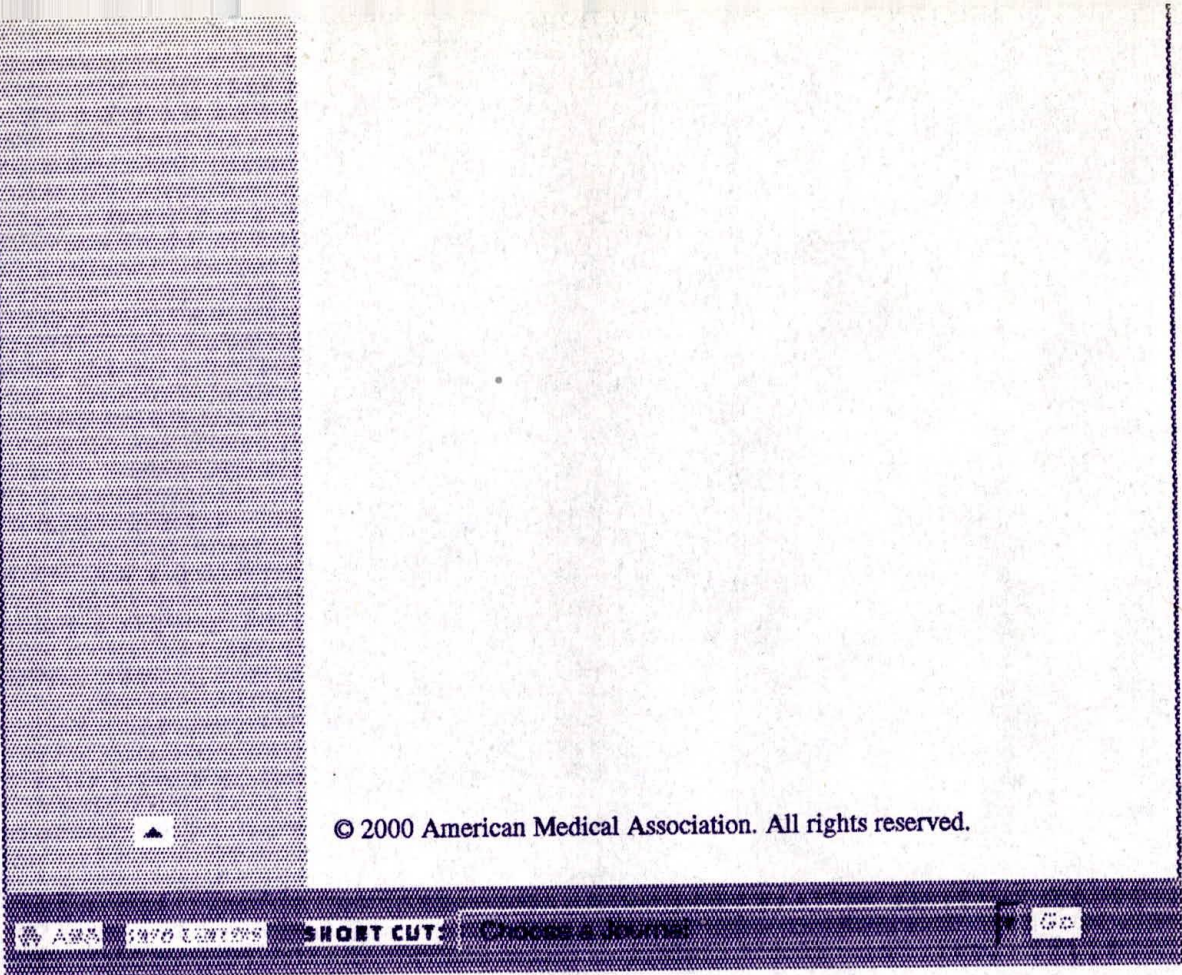
Dr. Somil Nagpal,
 MBBS, MHA, MBA, F.I.I.I.
 mail@somilnagpal.com

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IN
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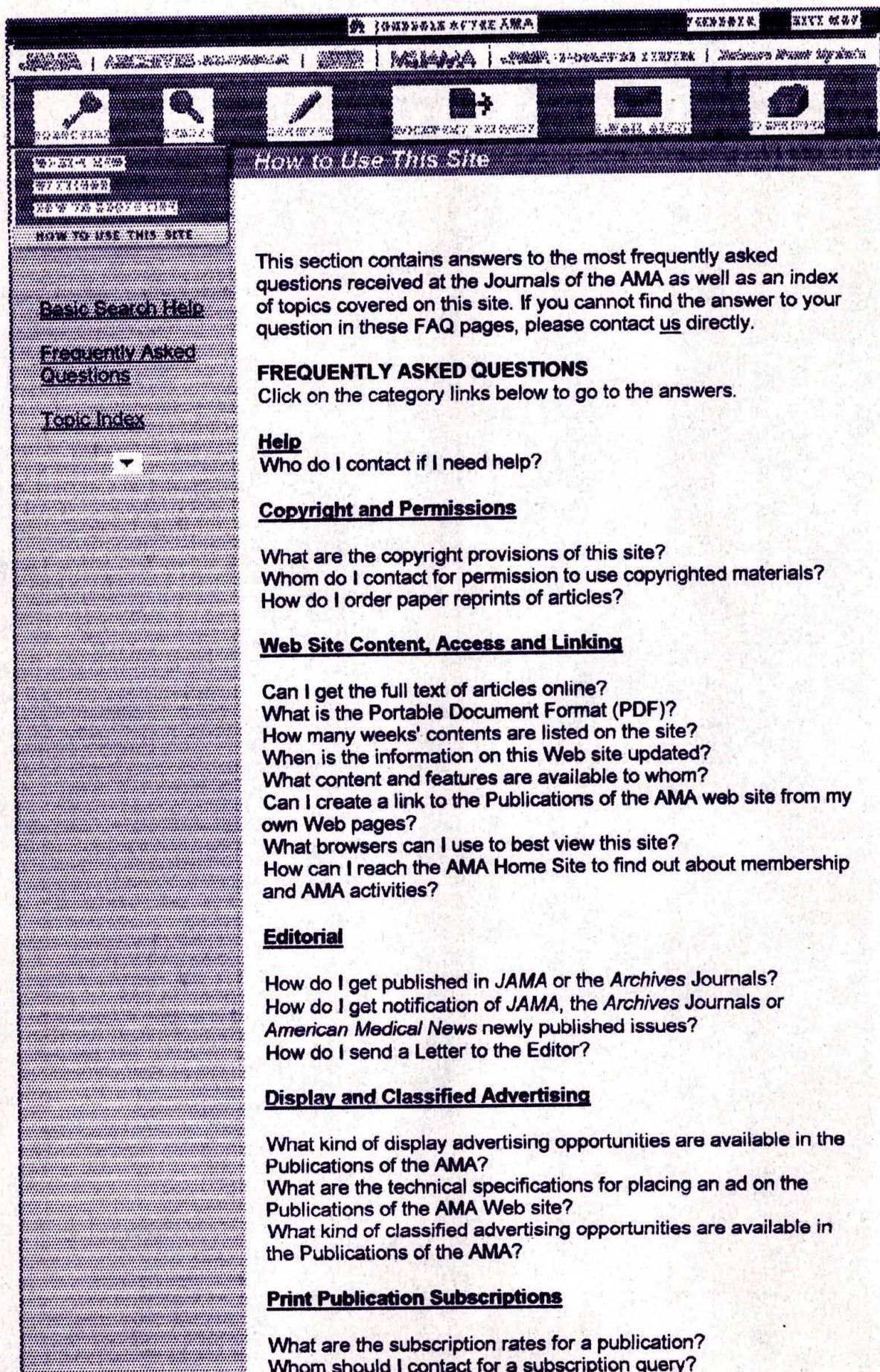
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Original Contribution

Unmet Health Needs of Uninsured Adults in the United States

John Z. Ayanian, MD, MPP; Joel S. Weissman, PhD; Eric C. Schneider, MD, MSc; Jack A. Ginsburg, MPE; Alan M. Zaslavsky, PhD

Context In 1998, 33 million US adults aged 18 to 64 years lacked health insurance. Determining the unmet health needs of this population may aid efforts to improve access to care.

Objective To compare nationally representative estimates of the unmet health needs of uninsured and insured adults, particularly among persons with major health risks.

Design and Setting Random household telephone survey conducted in all 50 states and the District of Columbia through the Behavioral Risk Factor Surveillance System.

Participants A total of 105,764 adults aged 18 to 64 years in 1997 and 117,364 in 1998, classified as long-term (≥ 1 year) uninsured (9.7%), short-term (< 1 year) uninsured (4.3%), or insured (86.0%).

Main Outcome Measures Adjusted proportions of participants who could not see a physician when needed due to cost in the past year, had not had a routine checkup within 2 years, and had not received clinically indicated preventive services, compared by insurance status.

Results Long-term- and short-term-uninsured adults were more likely than insured adults to report that they could not see a physician when needed due to cost (26.8%, 21.7%, and 8.2%, respectively), especially among those in poor health (69.1%, 51.9%, and 21.8%) or fair health (48.8%, 42.4%, and 15.7%) ($P < .001$). Long-term-uninsured adults in general were much more likely than short-term-uninsured and insured adults not to have had a routine checkup in the last 2 years (42.8%, 22.3%, and 17.8%, respectively) and among smokers, obese individuals, binge drinkers, and people with hypertension, elevated cholesterol, diabetes, or human immunodeficiency virus risk factors ($P < .001$). Deficits in cancer screening, cardiovascular risk reduction, and diabetes care were most pronounced among long-term-uninsured adults.

Conclusions In our study, long-term-uninsured adults reported much greater unmet health needs than insured adults. Providing insurance to improve access to care for long-term-uninsured adults, particularly those with major health risks, could have substantial clinical benefits.

JAMA. 2000;284:2061-2069

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Corresponding Author and Reprints: John Z. Ayanian, MD, MPP, Department of Health Care Policy, Harvard Medical School, 180 Longwood Ave, Boston, MA 02115 (e-mail: ayanian@hcp.med.harvard.edu).

Funding/Support: This study was funded by the American College of Physicians-American Society of Internal Medicine.

Acknowledgment: We are grateful to Robert E. Wolf, MS, for statistical programming, Recai Yucel, PhD, for imputing missing data, Whitney W. Addington, MD, and Robert B. Doherty for help in initiating this study, and Melinda Schriver for helpful comments on an earlier draft of the manuscript.

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Subject: [mfriendcircle] US health system and Insurance

Date: Thu, 28 Dec 2000 19:59:53 +0530

From: "Amar Jesani" <jesani@vsnl.com>

Reply-To: mfriendcircle@egroups.com

To: "MFC-eGroup" <mfriendcircle@egroups.com>

Dear All,

Given below is the table of content of October 25 issue of JAMA.

There are a number of papers and discussion pieces (including presidential candidates positions on health care) related to US health care and Insurance. I am sending it in case some you are interested in looking at them for the preparation of next annual meet. The url of each article is given in the table of content itself, and JAMA website allows free download (htm and pdf).

Amar

Amar Jesani

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Amboli, Andheri West, Mumbai 400058, India
Tel:(91)(22) 623 0227. Email: jesani@vsnl.com

----- Original Message -----

From: JAMA TOC

To: jesani@vsnl.com

Sent: Wednesday, October 25, 2000 1:30 AM

Subject: JAMA Table of Contents - October 25, 2000

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ndcircle] US health system and Insurance

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