

Neurosurgery

Schedule of Benefits
for Professional Fees

ARTERIES/ VEINS

| Code | Description | Pre-Approval Required | Payment Rules |
|------|--|-----------------------|---|
| 5290 | Clipping aneurysm, anterior circulation (open procedure) | No | |
| 5292 | Detachable balloon occlusion of carotico cavernous aneurysms and fistulae | No | |
| 5713 | Contra-lateral carotid and vertebral angiography performed at the same session as procedure codes 5711 or 5712 above (benefit shown is payable in full with the code for the main procedure) | No | Benefit shown is payable in full with the code for the main procedure |
| 5779 | Arteriovenous malformation, simple (< Spetzler 3) | No | |
| 5781 | Arteriovenous malformation, complex (> Spetzler 3) | No | |
| 5782 | Dural arteriovenous malformation | No | |
| 5783 | Clipping aneurysm, posterior circulation (open procedure) | No | |
| 5784 | Anastomosis, arterial, extracranial-intracranial (e.g. middle cerebral/ cortical) arteries | No | |

BURR HOLE

| Code | Description | Pre-Approval Required | Payment Rules |
|------|--|-----------------------|---------------|
| 5490 | Burr hole for excavation and/ or drainage of subdural haematoma | No | |
| 5645 | Burr hole(s) for brain biopsy/ abscess tapping | No | |
| 5650 | Burr hole for ventricular puncture or intensive care monitoring (I.P.) | No | |
| 5706 | Twist drill, burr hole, craniotomy or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (e.g. thalamus, globus pallidus, subthalamic, nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording | No | |
| 5707 | Twist drill, burr hole, craniotomy or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (e.g. thalamus, globus pallidus, subthalamic, nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording | No | |
| 5744 | Burr hole(s) for brain biopsy/ abscess tapping/ implanting ventricular catheter, reservoir, EEG electrode(s) or pressure recording device | No | |

CO-SURGERY

| Code | Description | Pre-Approval Required | Payment Rules |
|--------|--|-----------------------|--|
| 5691 | Consultant plastic surgeon, cranio facialplasty, including the correction of craniosynostoses and facial synostoses | No | |
| 5692 | Consultant neurosurgeon, neurosurgical involvement with cranio facialplasty | No | |
| 647010 | Co-surgery benefit for two surgeons who perform neuroendoscopy, intracranial; with excision of pituitary tumour, transnasal or transsphenoidal approach (I.P.) - Neurosurgeons benefit | No | Claimable by second surgeon assisting in procedure |

CO-SURGERY

| Code | Description | Pre-Approval Required | Payment Rules |
|--------|--|-----------------------|--|
| 647011 | Co-surgery benefit for two surgeons who perform spinal surgery (I.P.) - ENT Surgeons benefit | Yes | Claimable by second surgeon assisting in procedure |

CRANIECTOMY/ CRANIOTOMY

| Code | Description | Pre-Approval Required | Payment Rules |
|------|--|-----------------------|---------------|
| 5295 | Craniectomy or craniotomy for cerebellar haematoma | No | |
| 5320 | Craniectomy for excision of brain tumour, supratentorial | No | |
| 5365 | Craniectomy for meningioma, supratentorial | No | |
| 5376 | Craniotomy for excision epileptic focus | No | |
| 5377 | Craniotomy for lobectomy (epilepsy) with electrocorticography during surgery (includes removal of electrode array) | No | |
| 5378 | Craniotomy with elevation of bone flap (for intractable epileptic seizures); for lobectomy, temporal, temporal lobe, without electrocorticography during surgery | No | |
| 5379 | Craniotomy with elevation of bone flap (to treat intractable mesial temporal lobe epilepsy); for selective amygdalohippocampectomy | No | |
| 5410 | Craniectomy or craniotomy for intracerebral haematoma | No | |
| 5420 | Craniectomy or craniotomy for abscess | No | |
| 5470 | Craniotomy for removal of pituitary tumour or to resect a portion of gland | No | |
| 5747 | Craniectomy or craniotomy, exploratory, supratentorial (I.P.) | No | |
| 5748 | Craniectomy or craniotomy, exploratory, infratentorial (I.P.) | No | |
| 5749 | Craniectomy or craniotomy for extra/ subdural haematoma | No | |
| 5751 | Craniectomy for foramen magnum decompression (A-C; syringo) | No | |
| 5752 | Craniectomy for nerve section/ decompression | No | |
| 5753 | Craniectomy for bone tumour, supratentorial | No | |
| 5754 | Craniectomy for excision of brain tumour, infratentorial | No | |
| 5757 | Craniectomy for meningioma, infratentorial | No | |
| 5758 | Craniectomy for cerebellopontine angle tumour (includes acoustic neuroma) | No | |
| 5759 | Craniectomy for midline skull base tumour | No | |
| 5764 | Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long term seizure monitoring | No | |

CRANIECTOMY/ CRANIOTOMY

| Code | Description | Pre-Approval Required | Payment Rules |
|------|--|-----------------------|---------------|
| 5766 | Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue | No | |
| 5767 | Craniotomy for transection of corpus callosum | No | |
| 5768 | Craniectomy for excision/ fenestration cyst | No | |
| 5769 | Craniotomy for excision of craniopharyngioma (complete removal) | No | |
| 5774 | Craniectomy for repair of skull base, encephalocele | No | |
| 5776 | Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa | No | |

OTHER NEUROSURGICAL PROCEDURES

| Code | Description | Pre-Approval Required | Payment Rules |
|------|---|-----------------------|---|
| 5325 | Penetrating brain injury with removal of foreign body | No | |
| 5370 | CSF leak repair via craniectomy or nasal endoscopy (I.P.) | No | |
| 5400 | Hemispherectomy | No | |
| 5484 | Stereotactic computer assisted volumetric intracranial procedure | No | Payable in full with main benefit to Neurosurgeon or ENT. |
| 5590 | Intracranial sensory root division, trigeminal | No | |
| 5665 | Elevation of depressed skull fracture | No | |
| 5690 | Excision of osteoma calvarium | No | |
| 5693 | Skull bone grafting to facial skeleton | No | |
| 5695 | Repair of platybasia | No | |
| 5708 | Revision or removal of intracranial neurostimulator electrodes | No | |
| 5711 | Percutaneous transcatheter occlusion or embolisation of tumour, acute haemorrhage, vascular malformation or aneurysm includes angioplasty, stenting or clot extraction from any vessel(s) external or internal carotid or vertebral arteries including distal branches; includes angiographic evaluation before, during and after the procedure, at the same session | No | Code 5711 is not claimable with Code 5712. |
| 5712 | Percutaneous transcatheter occlusion or embolisation of tumour, acute haemorrhage, vascular malformation or aneurysm includes angioplasty, stenting or clot extraction from any vessel(s) external or internal carotid or vertebral arteries including distal branches; including any combination of more than one of the following: microcatheter, balloon catheter; stent catheter or clot retrieval device required for complex embolisation; includes angiographic evaluation before, during and after the procedure, at the same session | No | Code 5712 is not claimable with Code 5711. |
| 5725 | Anomalies of cord vascular, operation for | No | |
| 5741 | Intraoperative neurophysiology testing by a consultant Neurophysiologist to monitor motor evoked potentials/ sensory evoked potentials of the spinal cord during spinal surgery | No | |
| 5743 | Botulinum toxin injection for treatment of cervical dystonia | No | |

OTHER NEUROSURGICAL PROCEDURES

| Code | Description | Pre-Approval Required | Payment Rules |
|------|---|-----------------------|---------------|
| 5756 | Intrathecal cytotoxic chemotherapy infusion | No | |
| 5763 | Exploration of the brachial plexus with removal of tumours | No | |
| 5771 | Nerve root tumours, transthoracic or abdominal removal | No | |
| 5772 | Single surgeon transnasal or transeptal approach to remove a pituitary tumour or resect a portion of gland (I.P.) | No | |
| 5773 | Repair of encephalocele, skull vault, including cranioplasty | No | |
| 5777 | Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus with or without decompression and/ or mobilization of contents of auditory canal or petrous carotid artery | No | |
| 5778 | Trans cochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/ or petrous carotid artery | No | |
| 5786 | Stereotactic lesioning (functional) | No | |
| 5787 | Stereotactic biopsy (CT or MRI targeted) | No | |
| 5788 | Cranioplasty for skull defect (I.P.) | No | |
| 5789 | Trans-oral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion (I.P.) | No | |
| 5791 | Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/ or temporal lobe(s) (I.P.) | No | |
| 5792 | Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/ or facial nerve (I.P.) | No | |
| 5797 | Endoscopic third ventriculostomy or cyst fenestration | No | |

SHUNTS

| Code | Description | Pre-Approval Required | Payment Rules |
|------|-----------------|-----------------------|---------------|
| 5520 | Shunt insertion | No | |
| 5525 | Shunt revision | No | |
| 5796 | Shunt removal | No | |

SYMPATHECTOMY

| Code | Description | Pre-Approval Required | Payment Rules |
|------|------------------------------------|-----------------------|---------------|
| 5761 | Cervical sympathectomy, unilateral | No | |
| 5762 | Cervical sympathectomy, bilateral | No | |
| 5765 | Lumbar sympathectomy, unilateral | No | |
| 5770 | Lumbar sympathectomy, bilateral | No | |