



MINISTRY OF HEALTH
SINGAPORE

MediShield Life Claims Rules for Breast Procedures

CLAIMS MANAGEMENT OFFICE

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MediShield Life Claims Rules for Breast Procedures

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Definitions

Terminology	Definition
Day Surgery	A day surgery is defined as one in which the patient undergoes a surgical operation (with Table of Operation 1A to 7C; see Section 6 of the Manual on MediSave Scheme) or radiosurgery treatment, and who is admitted and discharged within 24 hours. This would not include inpatient admissions. <i>NB: For the purposes of this document, day surgery under 'setting' will include surgical procedures performed in medical facilities such as Outpatient clinic, 'Short Stay Unit', and Ambulatory Surgical Centres.</i>
Surgical/Procedural Episode	A single surgical/procedural episode refers to the entire suite of services provided during the time the patient arrives to the operating theatre complex until the patient leaves. If the patient requires anaesthesia, the continuous period under general anaesthesia/sedation is also defined under the same surgical episode.

General Comments

A. MediShield Life and Claims Rules

MediShield Life is a basic, universal national health insurance scheme that is supported by government funding and premiums paid by Singapore Citizens and Permanent Residents. As such, there is a need to strike a balance between ensuring appropriate coverage and better protection against large bills for medically necessary treatments, whilst keeping premiums affordable for all.

2 MediShield Life Claims Rules (CR) define parameters on what constitutes an appropriate claim under MediShield Life. The CR document is

- (i) developed by Ministry of Health (MOH)-appointed workgroups comprising public and private sector specialists, in consultation with representative specialist groups;
- (ii) based on published literature, prevailing clinical practice, cost-effective guidelines; and
- (iii) verified against available past claims data to ensure that they cover the vast majority of claims that are medically appropriate.

3 The CR document is **not** a clinical practice guideline. The objective of the rules is to make clear to all medical practitioners the general standard to which cases would be audited and reviewed.

4 The CR is not exhaustive. Deviation from CR is allowed if clinically justified. The treating medical practitioner should inform his patient of the deviation, perform relevant documentation, and be prepared to provide justification if queried.

5 Procedures commonly done in a day surgery setting should be claimed as day surgery where possible. Notwithstanding, for such procedures, the CR includes a non-exhaustive list of conditions where inpatient claims may be allowed. In addition to standard exclusions under MediShield Life (found [here](#)), scenarios which are not claimable in general include:

- (i) admissions based on the request of a patient, without evidence of clinical necessity;
- (ii) tests conducted for primary prevention including general medical/health screening packages, physical check-ups, and vaccinations;
- (iii) procedures done for cosmetic purposes. Exceptions to this include cosmetic surgery to reconstruct a body part, particularly face and neck, where that part (physical appearance or function) has been affected by trauma, cancer, congenital anomalies, nerve palsies and other disfiguring diseases (to be ascertained by pre-surgical photographs). Medical practitioners are expected to exercise good clinical judgement in determining if a procedure is cosmetic in nature. If audited, medical practitioners must be prepared to justify their decision.

B. How to use the Claims Rules

Each set of CR is based on a subset of specialty-specific Table of Surgical Procedures (TOSP) codes. These are priority areas identified as procedures with high volume of claims; and where there were ambiguities. This list is non-exhaustive, and claims containing codes not mentioned in this CR document may still be subject to adjudication by MOH. Claims can be adjudicated based on:

- (i) accepted standards of medical practice (peer reviewed journals, MOH Clinical Practice Guidelines (CPG), Agency for Care Effectiveness's (ACE) Guidance (ACG), consensus statements, peer concurrences); and
- (ii) prevailing guidelines published by MOH and its appointed agencies, such as the TOSP Booklet, Manual on MediSave/MediShield Life claims, Terms and Conditions for Approval under MediSave/MediShield Life schemes, MOH Finance Circulars related to MediShield Life claims, MediShield Life CR where available and Singapore Medical Council (SMC)'s Ethical Code and Ethical Guidelines (ECEG).

2 The TOSP codes in this CR are arranged by anatomical parts (e.g. breast, lymph nodes). MediShield Life CR aim to provide additional clarity to guide an appropriate claim in the following areas:

- (i) Clinical indications
- (ii) Setting (Day surgery or Inpatient)
- (iii) Frequency of claims allowed, where applicable
- (iv) Appropriate TOSP coding; and
- (v) In certain cases, modality of treatment allowed under the TOSP code (e.g. instances where "technology-assisted" surgical treatments are claimable).

3 These rules work in tandem with the Guidelines on MediSave/MediShield claims as well as the general TOSP coding principles in the TOSP booklet to guide appropriate coding practices.

4 Registered doctors may claim 1 non-core Continuing Medical Education (CME) point under category 3A for reading each set of CR and its accompanying case studies found at the [Claims Management webpage](#).

Message from Breast Claims Rules Workgroup

MediShield Life (MSHL) Claims Rules (CR) guide the appropriateness of MSHL claims. The rules ensure that medically necessary treatments can be covered in a sustainable manner and at affordable premiums, making clear the general standards to which cases may be audited and reviewed. In the context of MSHL sustainability, claims should relate to medically necessary care, while clinical decisions should continue to be guided by evidence, professional judgement and shared decision-making.

The Breast CR Workgroup has come together with representatives from both the public and private sectors to provide guidance on common breast procedures with high utilisation and potential for ambiguity. The Breast CR addresses issues and feedback raised by the community and insurers, such as claims for risk reduction mastectomies, breast cancer gene mutations and breast reconstruction. We hope this supports all surgeons who perform breast procedures, by clarifying the clinical indications for selected TOSP codes, and making clear the appropriate coding principles.

Yours sincerely,



Dr Tan Yia Swam

Chairperson

On behalf of the Claims Rules for Breast Workgroup, comprising:

(In Alphabetical Order)

Assoc Prof Bo Anders Mikael Hartman

Dr Kua Ee Hsiang Jonah

Clin Assoc Prof Lim Geok Hoon

Prof Tan Kok Chai

Assoc Prof Tan Su-Ming

Clin Assoc Prof Tan Kiak Mien Veronique

Dr Tan Yia Swam

Dr Tang Siau-Wei

Dr Wee Siew Bock

Appropriate filing of Breast Procedure TOSP codes

On 30 Dec 2021, MOH issued a circular to remind all medical and dental practitioners on the appropriate utilisation of TOSP codes when making MediShield Life and MediSave claims for surgical procedures. Generally, it would be inappropriate to:

- a. use proxy TOSP codes that do not accurately describe the procedure performed.
- b. Submit multiple TOSP codes for a **single episode of surgery or procedure**, even if it consists of multiple steps; and
- c. perform and code sub-procedures as **separate surgical/procedural episodes** when all the procedures could be performed in a surgical episode and claimed under a single TOSP code. This constitutes to code-splitting.

2 To monitor and govern the TOSP filing and to ensure claims appropriateness, MOH have put together a list of **combinations of Breast TOSP codes deemed to be inappropriate in Table 1 below**. Please note that the list serves as a reference and may be non-exhaustive.

- a. For a single episode of surgery/procedure, if a single TOSP code adequately describes the surgery/procedure performed, only one TOSP code should be utilised. This is regardless of the number of primary surgeons involved in the surgery/procedure.
- b. A surgeon converting a diagnostic operation into a definitive procedure in the same surgical episode will be allowed only one claim of the higher TOSP, e.g., breast lump biopsy/frozen section proceeding to mastectomy.
 - c. Where multiple breast biopsies are performed **within the same surgical episode** (or on the same day), separate codes can be submitted when different biopsy techniques are used (e.g., when vacuum assisted biopsy and Trucut are performed on the same patient). However, only a single TOSP code should be submitted if the same biopsy technique is performed multiple times using different imaging modalities.
 - d. Where multiple breast biopsies are performed **across separate surgical episodes**, separate TOSP codes may be submitted.
 - e. In cases where pre-operative wire localisation and the excision of wire-localised lesions are performed, only the definitive excision may be claimed using TOSP codes SA712B or SA711B which specify the use of wire localisation within the descriptor. This would be regardless of whether the wire localisation was performed during the same or separate surgical episode, as per existing MSV guidelines. Note that the tables for excision of wire-localised lesions are appropriately one table higher than the corresponding standard excision codes (SA812B, SA813B).
 - f. **The pairings listed in Table 1 are inappropriate if performed on the same breast and same lesion.**
 - g. Bilateral and unilateral codes for the same procedure are not allowed to be submitted together in the same surgical/procedural episode.

Note: The coding guidance on laterality included in the consultation draft has been removed pending the TOSP Review Committee's review. Existing TOSP coding principles apply in the interim. As this remains under review, any current allowance of such practices is interim in nature and may be subject to change following the conclusion of the review.

Table 1: List of inappropriate pairings of Breast TOSP codes for the same lesion and same breast

S/N	TOSP code	Inappropriate Pairings
1	SA704B (2B) Breast, lumps, imaging guided vacuum assisted biopsy, single lesion	SA704B should not be coded with the following: • SA704B (2B) Breast, lumps, imaging guided vacuum assisted biopsy, single lesion • SA706B (2C) Breast, lumps, imaging guided vacuum assisted biopsy, > 1 lesion • SA824B (5A) Breast tumour (malignant, various lesions), simple mastectomy with axillary clearance, with/without sentinel node biopsy • SA825B (5C) Breast, tumour (malignant), radical mastectomy with/without axillary clearance • SA826B (4A) Breast, tumour (malignant, various lesions), simple mastectomy, therapeutic/prophylactic • SA827B (4C) Breast, tumour (malignant, various lesions), simple mastectomy with sentinel node biopsy/axillary node sampling • SA833B (4C) Breast, various lesions, nipple/skin sparing/subcutaneous mastectomy, therapeutic/prophylactic, excluding gynaecomastia, unilateral • SA834B (5A) Breast, tumour (malignant), nipple/skin sparing mastectomy with sentinel node biopsy/axillary node sampling • SA835B (5C) Breast, tumour (malignant), nipple/skin sparing mastectomy with axillary clearance, with/without sentinel node biopsy Additionally, none of the codes listed above should be coded together.
2	SA710B (1B) Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (single)	SA710B should not be coded with the following: • SA710B (1B) Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (single) • SA709B (1C) Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (multiple) • SA824B (5A) Breast tumour (malignant, various lesions), simple mastectomy with axillary clearance, with/without sentinel node biopsy • SA825B (5C) Breast, tumour (malignant), radical mastectomy with/without axillary clearance • SA826B (4A) Breast, tumour (malignant, various lesions), simple mastectomy, therapeutic/prophylactic • SA827B (4C) Breast, tumour (malignant, various lesions), simple mastectomy with sentinel node biopsy/axillary node sampling • SA833B (4C) Breast, various lesions, nipple/skin sparing/subcutaneous mastectomy, therapeutic/prophylactic, excluding gynaecomastia, unilateral • SA834B (5A) Breast, tumour (malignant), nipple/skin sparing mastectomy with sentinel node biopsy/axillary node sampling • SA835B (5C) Breast, tumour (malignant), nipple/skin sparing mastectomy with axillary clearance, with/without sentinel node biopsy • SA829B (1A) Breast, various lesions, trucut biopsy

S/N	TOSP code	Inappropriate Pairings
		Additionally, none of the codes listed above should be coded together.
3	SA712B (3A) Breast, various lesions, wire localisation, excision (single)	SA712B should not be coded with the following: • SA712B (3A) Breast, various lesions, wire localisation, excision (single) • SA711B (3B) Breast, various lesions, wire localisation, excision (multiple) • SA824B (5A) Breast tumour (malignant, various lesions), simple mastectomy with axillary clearance, with/without sentinel node biopsy • SA825B (5C) Breast, tumour (malignant), radical mastectomy with/without axillary clearance • SA826B (4A) Breast, tumour (malignant, various lesions), simple mastectomy, therapeutic/prophylactic • SA827B (4C) Breast, tumour (malignant, various lesions), simple mastectomy with sentinel node biopsy/axillary node sampling • SA833B (4C) Breast, various lesions, nipple/skin sparing/subcutaneous mastectomy, therapeutic/prophylactic, excluding gynaecomastia, unilateral • SA834B (5A) Breast, tumour (malignant), nipple/skin sparing mastectomy with sentinel node biopsy/axillary node sampling • SA835B (5C) Breast, tumour (malignant), nipple/skin sparing mastectomy with axillary clearance, with/without sentinel node biopsy Additionally, none of the codes listed above should be coded together.
4	SA814B (5A) Breast, post mastectomy, implant/expander Reconstruction/removal of implant, Capsulectomy and replacement (bilateral)	SA814B should not be coded with the following: • SA815B (4A) Breast, post mastectomy, implant/expander reconstruction/removal of implant, capsulectomy and replacement (unilateral) • SA820B (3B) Breast, post prosthetic contraction, capsulotomy (bilateral) • SA821B (3A) Breast, post prosthetic contraction, capsulotomy (unilateral) Additionally, none of the codes listed above should be coded together.
5	SA816B (6C) Breast, post mastectomy, latissimus dorsi pedicled flap with or without implant reconstruction (bilateral)	SA816B should not be coded with the following: • SA817B (6A) Breast, post mastectomy, latissimus dorsi pedicled flap with or without implant reconstruction (unilateral)
6	Breast reduction codes	For this set of breast reduction codes, any combination of > 1 code is not allowed to be submitted together in a single surgical episode

S/N	TOSP code	Inappropriate Pairings
		- SA802B (6A) Breast, diffuse hypertrophy, reduction mammoplasty >500g (bilateral) - SA803B (4B) Breast, diffuse hypertrophy, reduction >250g (unilateral) - SA804B (5B) Breast, drooping, mastopexy/reduction (bilateral) - SA805B (4A) Breast, drooping, mastopexy/reduction (unilateral) - SA806B (4A) Breast, gynaecomastia, reduction (bilateral) - SA807B (3A) Breast, gynaecomastia, reduction (unilateral)
7	SA701B (3A) Breast, ductal lesions, microdocheotomy (bilateral)	SA701B should not be coded with the following: SA702B (2C) Breast, ductal lesions, microdocheotomy (unilateral)
8	SA800B (4B) Breast (nipple), various lesions, graft and/or flap reconstruction (bilateral)	SA800B should not be coded with the following: SA801B (4A) Breast (nipple), various lesions, graft and/or flap reconstruction (unilateral)
9	SA808B (4A) Breast, hypoplasia, augmentation mammoplasty (prosthetic and bilateral)	SA808B should not be coded with the following: SA809B (3A) Breast, hypoplasia, augmentation mammoplasty (prosthetic and unilateral)
10	SA810B (3A) Breast, inverted nipple, surgical eversion (bilateral)	SA810B should not be coded with the following: SA811B (2C) Breast, inverted nipple, surgical eversion (unilateral)

Breast Claims Rules

TOSP Code	TOSP Description	Table Code
SA701B	BREAST, DUCTAL LESIONS, MICRODOCHECTOMY (BILATERAL)	3A

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast	
This procedure may be claimed according to the rules below: Clinical Indications: 1. Unexplained nipple discharge from bilateral lactiferous ducts 2. Persistent nipple discharge post microdochectomy 3. Intraductal nodules 4. Treatment of recurrent infections beneath the nipple i.e., breast abscesses, mastitis	Day surgery Claims can be made for the inpatient setting provided they fulfil one of the following conditions (including but not limited to): 1. When the procedure is performed with any surgery that require inpatient admission 2. When patient is already admitted 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring (e.g. titration of anticoagulants etc), and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty	N/A	SA701B (3A) should not be claimed with:	
			SA702B (2C)	Breast, ductal lesions, microdochectomy (unilateral)

TOSP Code	TOSP Description	Table Code
SA702B	BREAST, DUCTAL LESIONS, MICRODOCHECTOMY (UNILATERAL)	2C

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast			
This procedure may be claimed according to the rules below. Clinical Indications: 1. Unexplained nipple discharge from one or more lactiferous ducts 2. Persistent nipple discharge post microdochectomy 3. Intraductal nodules 4. Treatment of recurrent infections beneath the nipple i.e., breast abscesses, mastitis	Day surgery Claims can be made for the inpatient setting provided they fulfil one of the following conditions (including but not limited to): 1. When the procedure is performed with any surgery that require inpatient admission 2. When patient is already admitted 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management (e.g. titration of anticoagulants etc), monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty	N/A	SA702B (2C) should not be claimed with: <table><tr><td>SA701B (3A)</td><td>Breast, ductal lesions, microdochectomy (bilateral)</td></tr></table>		SA701B (3A)	Breast, ductal lesions, microdochectomy (bilateral)
SA701B (3A)	Breast, ductal lesions, microdochectomy (bilateral)					

TOSP Code	TOSP Description	Table Code
SA704B	BREAST, LUMPS, IMAGING GUIDED VACUUM ASSISTED BIOPSY, SINGLE LESION	2B

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast	
This procedure may be claimed according to the rules below. Clinical Indications: 1. When histological diagnosis of a breast lesion is required Re-biopsy (repeat biopsy on the same lesion): 1. Discordant or inconclusive pathologic results from initial biopsy	Day surgery Claims can be made for the inpatient setting provided they fulfil one of the following conditions (including but not limited to): 1. When the procedure is performed with any surgery that require inpatient admission 2. When patient is already admitted 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management (e.g. titration of anticoagulants etc), monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty	N/A	SA704B (2B) should not be claimed with:	
			SA704B (2B)	Breast, lumps, imaging guided vacuum assisted biopsy, single lesion
			SA706B (2C)	Breast, lumps, imaging guided vacuum assisted biopsy, > 1 lesion
			SA824B (5A)	Breast tumour (malignant, various lesions), simple mastectomy with axillary clearance, with/without sentinel node biopsy
			SA825B (5C)	Breast, tumour (malignant), radical mastectomy with/without axillary clearance
			SA826B (4A)	Breast, tumour (malignant, various lesions), simple mastectomy, therapeutic/prophylactic
			SA827B (4C)	Breast, tumour (malignant, various lesions), simple mastectomy with sentinel node biopsy/axillary node sampling
			SA833B (4C)	Breast, various lesions, nipple/skin sparing/subcutaneous mastectomy, therapeutic/prophylactic, excluding gynaecomastia, unilateral
			SA834B (5A)	Breast, tumour (malignant), nipple/skin sparing mastectomy with sentinel node biopsy/axillary node sampling
			SA835B (5C)	Breast, tumour (malignant), nipple/skin sparing mastectomy with axillary clearance, with/without sentinel node biopsy
Additionally, none of the codes listed above should be coded together.				

TOSP Code	TOSP Description	Table Code
SA705B	BREAST, LUMP (REMOVAL) WITH PARENCHYMAL FLAP CLOSURE (UNILATERAL)	4A

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast
This procedure may be claimed according to the rules below. Clinical Indications: 1. For histologically proven B3 conditions which warrant surgical excision and are ≥4cm which require oncoplastic techniques 2. Large B2 lesion causing breast asymmetry	Inpatient or day surgery	N/A	N/A

TOSP Code	TOSP Description	Table Code
SA706B	BREAST, LUMPS, IMAGING GUIDED VACUUM ASSISTED BIOPSY, > 1 LESION	2C

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast	
This procedure may be claimed according to the rules below. Clinical Indications: 1. When histological diagnosis of breast lesions is required Re-biopsy (repeat biopsy on the same lesion): 1. Discordant or inconclusive pathologic results from initial biopsy	Day surgery Claims can be made for the inpatient setting provided they fulfil one of the following conditions (including but not limited to): 1. When the procedure is performed with any surgery that require inpatient admission 2. When patient is already admitted 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management (e.g. titration of anticoagulants etc), monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty	N/A	SA706B (2C) should not be claimed with:	
			SA704B (2B)	Breast, lumps, imaging guided vacuum assisted biopsy, single lesion
			SA706B (2C)	Breast, lumps, imaging guided vacuum assisted biopsy, > 1 lesion
			SA824B (5A)	Breast tumour (malignant, various lesions), simple mastectomy with axillary clearance, with/without sentinel node biopsy
			SA825B (5C)	Breast, tumour (malignant), radical mastectomy with/without axillary clearance
			SA826B (4A)	Breast, tumour (malignant, various lesions), simple mastectomy, therapeutic/prophylactic
			SA827B (4C)	Breast, tumour (malignant, various lesions), simple mastectomy with sentinel node biopsy/axillary node sampling
			SA833B (4C)	Breast, various lesions, nipple/skin sparing/subcutaneous mastectomy, therapeutic/prophylactic, excluding gynaecomastia, unilateral
			SA834B (5A)	Breast, tumour (malignant), nipple/skin sparing mastectomy with sentinel node biopsy/axillary node sampling
			SA835B (5C)	Breast, tumour (malignant), nipple/skin sparing mastectomy with axillary clearance, with/without sentinel node biopsy
Additionally, none of the codes listed above should be coded together.				

TOSP Code	TOSP Description	Table Code
SA707B	BREAST, TUMOUR (MALIGNANT), WIDE EXCISION/LUMPECTOMY/SEGMENTAL MASTECTOMY/PARTIAL MASTECTOMY, WITH SENTINEL NODE BIOPSY/AXILLARY NODE SAMPLING	4A

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast	
This procedure may be claimed according to the rules below. Clinical Indications: Patients with a preoperative diagnosis of breast malignancy and requires sentinel lymph node biopsy (SLNB)/targeted axillary dissection (TAD) This code also covers breast cancers which have been image-localised for excision.	Inpatient or day surgery	N/A	SA711B (3B)	Breast, various lesions, wire localisation, excision (multiple)
			SA712B (3A)	Breast, various lesions, wire localisation, excision (single)
			SA824B (5A)	Breast tumour (malignant, various lesions), simple mastectomy with axillary clearance, with/without sentinel node biopsy
			SA825B (5C)	Breast, tumour (malignant), radical mastectomy with/without axillary clearance
			SA826B (4A)	Breast, tumour (malignant, various lesions), simple mastectomy, therapeutic/prophylactic
			SA827B (4C)	Breast, tumour (malignant, various lesions), simple mastectomy with sentinel node biopsy/axillary node sampling
			SA833B (4C)	Breast, various lesions, nipple/skin sparing/subcutaneous mastectomy, therapeutic/prophylactic, excluding gynaecomastia, unilateral
			SA834B (5A)	Breast, tumour (malignant), nipple/skin sparing mastectomy with sentinel node biopsy/axillary node sampling
			SA835B (5C)	Breast, tumour (malignant), nipple/skin sparing mastectomy with axillary clearance, with/without sentinel node biopsy

TOSP Code	TOSP Description	Table Code
SA709B	BREAST, VARIOUS LESIONS, TRUCUT BIOPSY, ULTRASOUND GUIDED OR STEREOTACTIC (MULTIPLE)	1C

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast	
This procedure may be claimed according to the rules below. Clinical Indications: 1. When histological diagnosis of a breast lesion is required	Day surgery Claims can be made for the inpatient setting provided they fulfil one of the following conditions (including but not limited to): 1. When the procedure is performed with any surgery that require inpatient admission 2. When patient is already admitted 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management (e.g. titration of anticoagulants etc), monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty	N/A	SA709B (1C) should not be claimed with:	
			SA709B (1C)	Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (multiple)
			SA710B (1B)	Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (single)
			SA824B (5A)	Breast tumour (malignant, various lesions), simple mastectomy with axillary clearance, with/without sentinel node biopsy
			SA825B (5C)	Breast, tumour (malignant), radical mastectomy with/without axillary clearance
			SA826B (4A)	Breast, tumour (malignant, various lesions), simple mastectomy, therapeutic/prophylactic
			SA827B (4C)	Breast, tumour (malignant, various lesions), simple mastectomy with sentinel node biopsy/axillary node sampling
			SA833B (4C)	Breast, various lesions, nipple/skin sparing/subcutaneous mastectomy, therapeutic/prophylactic, excluding gynaecomastia, unilateral
			SA834B (5A)	Breast, tumour (malignant), nipple/skin sparing mastectomy with sentinel node biopsy/axillary node sampling
			SA835B (5C)	Breast, tumour (malignant), nipple/skin sparing mastectomy with axillary clearance, with/without sentinel node biopsy
			SA829B (1A)	Breast, various lesions, trucut biopsy
			Additionally, none of the codes listed above should be coded together.	

TOSP Code	TOSP Description	Table Code
SA710B	BREAST, VARIOUS LESIONS, TRUCUT BIOPSY, ULTRASOUND GUIDED OR STEREOTACTIC (SINGLE)	1B

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast	
This procedure may be claimed according to the rules below. Clinical Indications: 1. When histological diagnosis of a breast lesion is required	Day surgery Claims can be made for the inpatient setting provided they fulfil one of the following conditions (including but not limited to): 1. When the procedure is performed with any surgery that require inpatient admission 2. When patient is already admitted 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management (e.g. titration of anticoagulants etc), monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty	N/A	SA710B (1B) should not be claimed with:	
			SA709B (1C)	Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (multiple)
			SA710B (1B)	Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (single)
			SA824B (5A)	Breast tumour (malignant, various lesions), simple mastectomy with axillary clearance, with/without sentinel node biopsy
			SA825B (5C)	Breast, tumour (malignant), radical mastectomy with/without axillary clearance
			SA826B (4A)	Breast, tumour (malignant, various lesions), simple mastectomy, therapeutic/prophylactic
			SA827B (4C)	Breast, tumour (malignant, various lesions), simple mastectomy with sentinel node biopsy/axillary node sampling
			SA833B (4C)	Breast, various lesions, nipple/skin sparing/subcutaneous mastectomy, therapeutic/prophylactic, excluding gynaecomastia, unilateral
			SA834B (5A)	Breast, tumour (malignant), nipple/skin sparing mastectomy with sentinel node biopsy/axillary node sampling
			SA835B (5C)	Breast, tumour (malignant), nipple/skin sparing mastectomy with axillary clearance, with/without sentinel node biopsy
			SA829B (1A)	Breast, various lesions, trucut biopsy
			Additionally, none of the codes listed above should be coded together.	

TOSP Code	TOSP Description	Table Code
SA711B	BREAST, VARIOUS LESIONS, WIRE LOCALISATION, EXCISION (MULTIPLE)	3B

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast	
This procedure may be claimed according to the rules below. Clinical Indications: 1. Non-palpable breast lesions requiring excision Modality: Different imaging modalities of localisation are acceptable.	Day surgery Claims can be made for the inpatient setting provided they fulfil one of the following conditions (including but not limited to): 1. When the procedure is performed with any surgery that require inpatient admission 2. When patient is already admitted 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management (e.g. titration of anticoagulants etc), monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty	N/A	SA711B (3B) should not be claimed with:	
			SA711B (3B)	Breast, various lesions, wire localisation, excision (multiple)
			SA712B (3A)	Breast, various lesions, wire localisation, excision (single)
			SA824B (5A)	Breast tumour (malignant, various lesions), simple mastectomy with axillary clearance, with/without sentinel node biopsy
			SA825B (5C)	Breast, tumour (malignant), radical mastectomy with/without axillary clearance
			SA826B (4A)	Breast, tumour (malignant, various lesions), simple mastectomy, therapeutic/prophylactic
			SA827B (4C)	Breast, tumour (malignant, various lesions), simple mastectomy with sentinel node biopsy/axillary node sampling
			SA833B (4C)	Breast, various lesions, nipple/skin sparing/subcutaneous mastectomy, therapeutic/prophylactic, excluding gynaecomastia, unilateral
			SA834B (5A)	Breast, tumour (malignant), nipple/skin sparing mastectomy with sentinel node biopsy/axillary node sampling
			SA835B (5C)	Breast, tumour (malignant), nipple/skin sparing mastectomy with axillary clearance, with/without sentinel node biopsy
Additionally, none of the codes listed above should be coded together.				

TOSP Code	TOSP Description	Table Code
SA712B	BREAST, VARIOUS LESIONS, WIRE LOCALISATION, EXCISION (SINGLE)	3A

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast	
This procedure may be claimed according to the rules below. Clinical Indications: 1. Non-palpable breast lesion requiring excision Modality: Different imaging modalities of localisation are acceptable.	Day surgery Claims can be made for the inpatient setting provided they fulfil one of the following conditions (including but not limited to): 1. When the procedure is performed with any surgery that require inpatient admission 2. When patient is already admitted 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management (e.g. titration of anticoagulants etc), monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty	N/A	SA712B (3A) should not be claimed with:	
			SA711B (3B)	Breast, various lesions, wire localisation, excision (multiple)
			SA712B (3A)	Breast, various lesions, wire localisation, excision (single)
			SA824B (5A)	Breast tumour (malignant, various lesions), simple mastectomy with axillary clearance, with/without sentinel node biopsy
			SA825B (5C)	Breast, tumour (malignant), radical mastectomy with/without axillary clearance
			SA826B (4A)	Breast, tumour (malignant, various lesions), simple mastectomy, therapeutic/prophylactic
			SA827B (4C)	Breast, tumour (malignant, various lesions), simple mastectomy with sentinel node biopsy/axillary node sampling
			SA833B (4C)	Breast, various lesions, nipple/skin sparing/subcutaneous mastectomy, therapeutic/prophylactic, excluding gynaecomastia, unilateral
			SA834B (5A)	Breast, tumour (malignant), nipple/skin sparing mastectomy with sentinel node biopsy/axillary node sampling
			SA835B (5C)	Breast, tumour (malignant), nipple/skin sparing mastectomy with axillary clearance, with/without sentinel node biopsy
Additionally, none of the codes listed above should be coded together.				

TOSP Code	TOSP Description	Table Code
SA713B	BREAST, POST MASTECTOMY, RECONSTRUCTION USING PEDICLED TRANSVERSE RECTUS ABDOMINIS MUSCULOCUTANEOUS FLAP (UNILATERAL)	6A

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast
This procedure may be claimed according to the rules below. Clinical Indications: - Breast reconstruction for patients following a unilateral mastectomy or risk-reducing mastectomy (fulfilling criteria outlined in TOSP codes SA826B and SA833B below) - Can be performed as an immediate or delayed procedure without limitation of duration	Inpatient or day surgery	N/A	N/A

TOSP Code	TOSP Description	Table Code
SA801B	BREAST (NIPPLE), VARIOUS LESIONS, GRAFT AND/OR FLAP RECONSTRUCTION (UNILATERAL)	4A

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast	
This procedure may be claimed according to the rules below. Clinical Indications: 1. Nipple-areolar reconstruction for patients following a unilateral mastectomy or risk-reducing mastectomy (fulfilling criteria outlined in TOSP codes SA826B and SA833B below) a. Can be performed as an immediate or delayed procedure without limitation of duration	Inpatient or day surgery	N/A	SA801B (4A) should not be claimed with:	
			SA800B (4B)	Breast (nipple), various lesions, graft and/or flap reconstruction (bilateral)

TOSP Code	TOSP Description	Table Code
SA802B	BREAST, DIFFUSE HYPERTROPHY, REDUCTION MAMMOPLASTY >500G (BILATERAL)	6A

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast													
This procedure may be claimed according to the rules below. Clinical Indications: Hypertrophied breasts resulting in one or more of the following: 1. Chronic pain in the breast, neck, shoulder, or midthoracic region of the back that is intractable to physical therapy 2. Significant discomfort impairing a patient's quality of life and interference with activities of daily living 3. Skin changes i.e., intertrigo, maceration, irritation, rashes, or other dermatologic manifestations 4. Neuropathy of the upper extremities 5. Postural changes The following must be clearly documented in operative notes: 1. Pre- and post-operative clinical photographs (standard frontal, side views) 2. Surgical specimen weights of both breasts exceed 500g	Inpatient or day surgery	N/A	For this set of breast reduction codes, any combinations of > 1 code is not allowed to be submitted together in a single surgical episode: <table><tr><td>SA802B (6A)</td><td>Breast, diffuse hypertrophy, reduction mammoplasty >500g (bilateral)</td></tr><tr><td>SA803B (4B)</td><td>Breast, diffuse hypertrophy, reduction >250g (unilateral)</td></tr><tr><td>SA804B (5B)</td><td>Breast, drooping, mastopexy/reduction (bilateral)</td></tr><tr><td>SA805B (4A)</td><td>Breast, drooping, mastopexy/reduction (unilateral)</td></tr><tr><td>SA806B (4A)</td><td>Breast, gynaecomastia, reduction (bilateral)</td></tr><tr><td>SA807B (3A)</td><td>Breast, gynaecomastia, reduction (unilateral)</td></tr></table>		SA802B (6A)	Breast, diffuse hypertrophy, reduction mammoplasty >500g (bilateral)	SA803B (4B)	Breast, diffuse hypertrophy, reduction >250g (unilateral)	SA804B (5B)	Breast, drooping, mastopexy/reduction (bilateral)	SA805B (4A)	Breast, drooping, mastopexy/reduction (unilateral)	SA806B (4A)	Breast, gynaecomastia, reduction (bilateral)	SA807B (3A)	Breast, gynaecomastia, reduction (unilateral)
SA802B (6A)	Breast, diffuse hypertrophy, reduction mammoplasty >500g (bilateral)															
SA803B (4B)	Breast, diffuse hypertrophy, reduction >250g (unilateral)															
SA804B (5B)	Breast, drooping, mastopexy/reduction (bilateral)															
SA805B (4A)	Breast, drooping, mastopexy/reduction (unilateral)															
SA806B (4A)	Breast, gynaecomastia, reduction (bilateral)															
SA807B (3A)	Breast, gynaecomastia, reduction (unilateral)															

TOSP Code	TOSP Description	Table Code
SA803B	BREAST, DIFFUSE HYPERTROPHY, REDUCTION >250G (UNILATERAL)	4B

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast													
This procedure may be claimed according to the rules below. Clinical Indications: Hypertrophied breast resulting in one or more of the following: 1. Chronic pain in the breast, neck, shoulder, or midthoracic region of the back that is intractable to physical therapy 2. Significant discomfort impairing a patient's quality of life and interference with activities of daily living 3. Skin changes i.e., intertrigo, maceration, irritation, rashes, or other dermatologic manifestations 4. Neuropathy of the upper extremities 5. Postural changes 6. Correct asymmetry caused by unilateral hyperplasia or after unilateral breast reconstruction The following must be clearly documented in operative notes: 1. Pre- and post-operative clinical photographs (standard frontal, side views) 2. Surgical specimen weight exceeds 250g	Inpatient or day surgery	N/A	For this set of breast reduction codes, any combinations of > 1 code is not allowed to be submitted together in a single surgical episode: <table><tr><td>SA802B (6A)</td><td>Breast, diffuse hypertrophy, reduction mammoplasty >500g (bilateral)</td></tr><tr><td>SA803B (4B)</td><td>Breast, diffuse hypertrophy, reduction >250g (unilateral)</td></tr><tr><td>SA804B (5B)</td><td>Breast, drooping, mastopexy/reduction (bilateral)</td></tr><tr><td>SA805B (4A)</td><td>Breast, drooping, mastopexy/reduction (unilateral)</td></tr><tr><td>SA806B (4A)</td><td>Breast, gynaecomastia, reduction (bilateral)</td></tr><tr><td>SA807B (3A)</td><td>Breast, gynaecomastia, reduction (unilateral)</td></tr></table>		SA802B (6A)	Breast, diffuse hypertrophy, reduction mammoplasty >500g (bilateral)	SA803B (4B)	Breast, diffuse hypertrophy, reduction >250g (unilateral)	SA804B (5B)	Breast, drooping, mastopexy/reduction (bilateral)	SA805B (4A)	Breast, drooping, mastopexy/reduction (unilateral)	SA806B (4A)	Breast, gynaecomastia, reduction (bilateral)	SA807B (3A)	Breast, gynaecomastia, reduction (unilateral)
SA802B (6A)	Breast, diffuse hypertrophy, reduction mammoplasty >500g (bilateral)															
SA803B (4B)	Breast, diffuse hypertrophy, reduction >250g (unilateral)															
SA804B (5B)	Breast, drooping, mastopexy/reduction (bilateral)															
SA805B (4A)	Breast, drooping, mastopexy/reduction (unilateral)															
SA806B (4A)	Breast, gynaecomastia, reduction (bilateral)															
SA807B (3A)	Breast, gynaecomastia, reduction (unilateral)															

TOSP Code	TOSP Description	Table Code
SA812B	BREAST, LUMP (SINGLE), EXCISION BIOPSY	2C

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/ procedural episode for the same lesion and same breast
This procedure may be claimed according to the rules below. Clinical Indications: - When histological diagnosis of a breast lesion is required and percutaneous biopsy is unsuitable/unsafe - Where removal of the whole breast lump is recommended - When result of percutaneous biopsy is discordant with imaging/clinical assessment.	Day surgery Claims can be made for the inpatient setting provided they fulfil one of the following conditions (including but not limited to): - When the procedure is performed with any surgery that require inpatient admission - When patient is already admitted - Patients with medical comorbidities requiring peri-procedural resuscitation, management (e.g. titration of anticoagulants etc), monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty	N/A	N/A

TOSP Code	TOSP Description	Table Code
SA813B	BREAST, LUMPS (MULTIPLE/BILATERAL), EXCISION BIOPSY	3A

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast
This procedure may be claimed according to the rules below. Clinical Indications: - When histological diagnosis of breast lesions is required and percutaneous biopsy is unsuitable/unsafe - Where removal of the whole breast lumps is recommended - When result of percutaneous biopsy is discordant with imaging/clinical assessment.	Day surgery Claims can be made for the inpatient setting provided they fulfil one of the following conditions (including but not limited to): - When the procedure is performed with any surgery that require inpatient admission - When patient is already admitted - Patients with medical comorbidities requiring peri-procedural resuscitation, management (e.g. titration of anticoagulants etc), monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty	N/A	N/A

TOSP Code	TOSP Description	Table Code
SA815B	BREAST, POST MASTECTOMY, IMPLANT/EXPANDER RECONSTRUCTION/REMOVAL OF IMPLANT, CAPSULECTOMY AND REPLACEMENT (UNILATERAL)	4A

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast									
This procedure may be claimed according to the rules below. Clinical Indications: - Breast reconstruction for patients following a unilateral mastectomy or risk-reducing mastectomy (fulfilling criteria outlined in TOSP codes SA826B and SA833B below) - Can be performed as an immediate or delayed procedure without limitation of duration - Implant-based reconstruction performed in one or two stages: - One-stage reconstruction: permanent implant inserted during mastectomy - Two-stage reconstruction: tissue expander placed following mastectomy with permanent implant replacement at a later date - Capsulectomy and replacement, or removal of breast implant following complications of initial breast reconstruction i.e., formation of fibrous scar tissue, ruptured	Inpatient or day surgery	N/A	SA815B (4A) should not be claimed with: <table><tr><td>SA814B (5A)</td><td>Breast, post mastectomy, implant/expander Reconstruction/removal of implant, Capsulectomy and replacement (bilateral)</td></tr><tr><td>SA815B (4A)</td><td>Breast, post mastectomy, implant/expander Reconstruction/removal of implant, Capsulectomy and replacement (unilateral)</td></tr><tr><td>SA820B (3B)</td><td>Breast, post prosthetic contraction, capsulotomy (bilateral)</td></tr><tr><td>SA821B (3A)</td><td>Breast, post prosthetic contraction, capsulotomy (unilateral)</td></tr></table> Additionally, none of the codes listed above should be coded together.		SA814B (5A)	Breast, post mastectomy, implant/expander Reconstruction/removal of implant, Capsulectomy and replacement (bilateral)	SA815B (4A)	Breast, post mastectomy, implant/expander Reconstruction/removal of implant, Capsulectomy and replacement (unilateral)	SA820B (3B)	Breast, post prosthetic contraction, capsulotomy (bilateral)	SA821B (3A)	Breast, post prosthetic contraction, capsulotomy (unilateral)
SA814B (5A)	Breast, post mastectomy, implant/expander Reconstruction/removal of implant, Capsulectomy and replacement (bilateral)											
SA815B (4A)	Breast, post mastectomy, implant/expander Reconstruction/removal of implant, Capsulectomy and replacement (unilateral)											
SA820B (3B)	Breast, post prosthetic contraction, capsulotomy (bilateral)											
SA821B (3A)	Breast, post prosthetic contraction, capsulotomy (unilateral)											

implant, breast implant-associated anaplastic large cell lymphoma, malpositioned implant			
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TOSP Code	TOSP Description	Table Code
SA819B	BREAST, POST MASTECTOMY, RECONSTRUCTION USING FREE FLAP (UNILATERAL)	7C

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast
This procedure may be claimed according to the rules below. Clinical Indications: - Breast reconstruction for patients following a unilateral mastectomy or risk-reducing mastectomy (fulfilling criteria outlined in TOSP codes SA826B and SA833B below) - Can be performed as an immediate or delayed procedure without limitation of duration	Inpatient or day surgery	N/A	N/A

TOSP Code	TOSP Description	Table Code
SA821B	BREAST, POST PROSTHETIC CONTRACTION, CAPSULOTOMY (UNILATERAL)	3A

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast								
This procedure may be claimed according to the rules below. Clinical Indications: 1. Capsular contracture following unilateral breast implant insertion Physical exam findings with/without pre-operative photographic evidence must be present: a. Symptoms of rigidity, inflammation, or chronic pain localised to affected breast b. Malpositioned implant The primary surgery performed must be medically indicated for the subsequent revision/replacement surgery to be considered medical in nature. If the primary surgery performed is cosmetic, the subsequent revision/replacement surgery will be considered cosmetic in nature.	Inpatient or day surgery	N/A	SA821B (3A) should not be claimed with: <table><tr><td>SA814B (5A)</td><td>Breast, post mastectomy, implant/expander Reconstruction/removal of implant, Capsulectomy and replacement (bilateral)</td></tr><tr><td>SA815B (4A)</td><td>Breast, post mastectomy, implant/expander reconstruction/removal of implant, capsulectomy and replacement (unilateral)</td></tr><tr><td>SA820B (3B)</td><td>Breast, post prosthetic contraction, capsulotomy (bilateral)</td></tr><tr><td>SA821B (3A)</td><td>Breast, post prosthetic contraction, capsulotomy (unilateral)</td></tr></table> Additionally, none of the codes listed above should be coded together.	SA814B (5A)	Breast, post mastectomy, implant/expander Reconstruction/removal of implant, Capsulectomy and replacement (bilateral)	SA815B (4A)	Breast, post mastectomy, implant/expander reconstruction/removal of implant, capsulectomy and replacement (unilateral)	SA820B (3B)	Breast, post prosthetic contraction, capsulotomy (bilateral)	SA821B (3A)	Breast, post prosthetic contraction, capsulotomy (unilateral)
SA814B (5A)	Breast, post mastectomy, implant/expander Reconstruction/removal of implant, Capsulectomy and replacement (bilateral)										
SA815B (4A)	Breast, post mastectomy, implant/expander reconstruction/removal of implant, capsulectomy and replacement (unilateral)										
SA820B (3B)	Breast, post prosthetic contraction, capsulotomy (bilateral)										
SA821B (3A)	Breast, post prosthetic contraction, capsulotomy (unilateral)										

TOSP Code	TOSP Description	Table Code
SA822B	BREAST, TUMOUR (MALIGNANT), WIDE EXCISION/LUMPECTOMY/SEGMENTAL MASTECTOMY/PARTIAL MASTECTOMY	3C

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast	
This procedure may be claimed according to the rules below. Clinical Indications: Patients requiring breast conserving therapy (BCT) in patients with a sole diagnosis of DCIS or phylloides (which is conservable) on biopsy This code also covers breast cancers which have been image-localised for excision.	Inpatient or day surgery	N/A	SA711B (3B)	Breast, various lesions, wire localisation, excision (multiple)
			SA712B (3A)	Breast, various lesions, wire localisation, excision (single)
			SA824B (5A)	Breast tumour (malignant, various lesions), simple mastectomy with axillary clearance, with/without sentinel node biopsy
			SA825B (5C)	Breast, tumour (malignant), radical mastectomy with/without axillary clearance
			SA826B (4A)	Breast, tumour (malignant, various lesions), simple mastectomy, therapeutic/prophylactic
			SA827B (4C)	Breast, tumour (malignant, various lesions), simple mastectomy with sentinel node biopsy/ axillary node sampling
			SA833B (4C)	Breast, various lesions, nipple/skin sparing/subcutaneous mastectomy, therapeutic/prophylactic, excluding gynaecomastia, unilateral
			SA834B (5A)	Breast, tumour (malignant), nipple/skin sparing mastectomy with sentinel node biopsy/axillary node sampling
			SA835B (5C)	Breast, tumour (malignant), nipple/skin sparing mastectomy with axillary clearance, with/without sentinel node biopsy

TOSP Code	TOSP Description	Table Code
SA823B	BREAST, TUMOUR (MALIGNANT), WIDE EXCISION/LUMPECTOMY/SEGMENTAL MASTECTOMY/PARTIAL MASTECTOMY, WITH AXILLARY CLEARANCE, WITH/WITHOUT SENTINEL NODE BIOPSY	4C

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast	
This procedure may be claimed according to the rules below. Clinical Indications: Patients with preoperative diagnosis of breast malignancy, suitable for breast conserving therapy (BCT) with a need for axillary clearance	Inpatient or day surgery	N/A	SA711B (3B)	Breast, various lesions, wire localisation, excision (multiple)
			SA712B (3A)	Breast, various lesions, wire localisation, excision (single)
			SA824B (5A)	Breast tumour (malignant, various lesions), simple mastectomy with axillary clearance, with/without sentinel node biopsy
			SA825B (5C)	Breast, tumour (malignant), radical mastectomy with/without axillary clearance
			SA826B (4A)	Breast, tumour (malignant, various lesions), simple mastectomy, therapeutic/prophylactic
			SA827B (4C)	Breast, tumour (malignant, various lesions), simple mastectomy with sentinel node biopsy/axillary node sampling
			SA833B (4C)	Breast, various lesions, nipple/skin sparing/subcutaneous mastectomy, therapeutic/prophylactic, excluding gynaecomastia, unilateral
			SA834B (5A)	Breast, tumour (malignant), nipple/skin sparing mastectomy with sentinel node biopsy/axillary node sampling
			SA835B (5C)	Breast, tumour (malignant), nipple/skin sparing mastectomy with axillary clearance, with/without sentinel node biopsy

TOSP Code	TOSP Description	Table Code
SA824B	BREAST TUMOUR (MALIGNANT, VARIOUS LESIONS), SIMPLE MASTECTOMY WITH AXILLARY CLEARANCE, WITH/WITHOUT SENTINEL NODE BIOPSY	5A

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast	
This procedure may be claimed according to the rules below. Clinical Indications: 1. Patients with a preoperative diagnosis of breast malignancy that is undergoing mastectomy with a need for axillary clearance Axillary clearance is performed for patients: 1. Who have pathologically proven lymph node metastasis or failed SLNB or T3/T4 disease The patient must fulfil both mastectomy and axillary lymph node dissection (ALND) criteria and both procedures must be performed at the same setting to claim for this TOSP.	Inpatient or day surgery	N/A	SA824B (5A) should not be claimed with:	
			SA704B (2B)	Breast, lumps, imaging guided vacuum assisted biopsy, single lesion
			SA706B (2C)	Breast, lumps, imaging guided vacuum assisted biopsy, > 1 lesion
			SA709B (1C)	Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (multiple)
			SA710B (1B)	Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (single)
			SA711B (3B)	Breast, various lesions, wire localisation, excision (multiple)
			SA712B (3A)	Breast, various lesions, wire localisation, excision (single)
			SA824B (5A)	Breast tumour (malignant, various lesions), simple mastectomy with axillary clearance, with/without sentinel node biopsy
			SA825B (5C)	Breast, tumour (malignant), radical mastectomy with/without axillary clearance
			SA826B (4A)	Breast, tumour (malignant, various lesions), simple mastectomy, therapeutic/prophylactic
			SA827B (4C)	Breast, tumour (malignant, various lesions), simple mastectomy with sentinel node biopsy/ axillary node sampling
			SA833B (4C)	Breast, various lesions, nipple/skin sparing/subcutaneous mastectomy, therapeutic/prophylactic, excluding gynaecomastia, unilateral

			SA834B (5A)	Breast, tumour (malignant), nipple/skin sparing mastectomy with sentinel node biopsy/axillary node sampling
			SA835B (5C)	Breast, tumour (malignant), nipple/skin sparing mastectomy with axillary clearance, with/without sentinel node biopsy

TOSP Code	TOSP Description	Table Code
SA826B	BREAST, TUMOUR (MALIGNANT, VARIOUS LESIONS), SIMPLE MASTECTOMY, THERAPEUTIC/PROPHYLACTIC	4A

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast																									
This procedure may be claimed according to the rules below. Clinical Indications: Therapeutic setting: - When there is a histologically proven diagnosis of malignant tumour - When there is histologically proven benign pathology such as large phylloides - Multifocal multicentric/extensive pathologically proven B3 lesion – e.g. Lobular carcinoma in situ (LCIS) or lobular neoplasia/papillomatosis Risk-reducing mastectomy: Risk-reducing mastectomy (bilateral or contralateral) for breast cancer risk reduction in an individual who fulfils the following clinical criteria: - The individual is 25 years and older; - The individual has an increased risk of breast cancer due to pathogenic or likely pathogenic variant(s) in any of the following genes: <i>ATM</i>¹, <i>BRCA1</i>, <i>BRCA2</i>, <i>CDH1</i>, <i>PALB2</i>, <i>PTEN</i>, <i>STK11</i> or <i>TP53</i>; - The individual has received genetic counselling;	Inpatient or day surgery	N/A	SA826B (4A) should not be claimed with: <table><tr><td>SA704B (2B)</td><td>Breast, lumps, imaging guided vacuum assisted biopsy, single lesion</td></tr><tr><td>SA706B (2C)</td><td>Breast, lumps, imaging guided vacuum assisted biopsy, > 1 lesion</td></tr><tr><td>SA709B (1C)</td><td>Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (multiple)</td></tr><tr><td>SA710B (1B)</td><td>Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (single)</td></tr><tr><td>SA711B (3B)</td><td>Breast, various lesions, wire localisation, excision (multiple)</td></tr><tr><td>SA712B (3A)</td><td>Breast, various lesions, wire localisation, excision (single)</td></tr><tr><td>SA824B (5A)</td><td>Breast tumour (malignant, various lesions), simple mastectomy with axillary clearance, with/without sentinel node biopsy</td></tr><tr><td>SA825B (5C)</td><td>Breast, tumour (malignant), radical mastectomy with/without axillary clearance</td></tr><tr><td>SA826B (4A)</td><td>Breast, tumour (malignant, various lesions), simple mastectomy, therapeutic/prophylactic</td></tr><tr><td>SA827B (4C)</td><td>Breast, tumour (malignant, various lesions), simple mastectomy with sentinel node biopsy/ axillary node sampling</td></tr><tr><td>SA833B (4C)</td><td>Breast, various lesions, nipple/skin sparing/subcutaneous mastectomy, therapeutic/prophylactic, excluding gynaecomastia, unilateral</td></tr><tr><td>SA834B (5A)</td><td>Breast, tumour (malignant), nipple/skin sparing mastectomy with sentinel node biopsy/axillary node sampling</td></tr></table>		SA704B (2B)	Breast, lumps, imaging guided vacuum assisted biopsy, single lesion	SA706B (2C)	Breast, lumps, imaging guided vacuum assisted biopsy, > 1 lesion	SA709B (1C)	Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (multiple)	SA710B (1B)	Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (single)	SA711B (3B)	Breast, various lesions, wire localisation, excision (multiple)	SA712B (3A)	Breast, various lesions, wire localisation, excision (single)	SA824B (5A)	Breast tumour (malignant, various lesions), simple mastectomy with axillary clearance, with/without sentinel node biopsy	SA825B (5C)	Breast, tumour (malignant), radical mastectomy with/without axillary clearance	SA826B (4A)	Breast, tumour (malignant, various lesions), simple mastectomy, therapeutic/prophylactic	SA827B (4C)	Breast, tumour (malignant, various lesions), simple mastectomy with sentinel node biopsy/ axillary node sampling	SA833B (4C)	Breast, various lesions, nipple/skin sparing/subcutaneous mastectomy, therapeutic/prophylactic, excluding gynaecomastia, unilateral	SA834B (5A)	Breast, tumour (malignant), nipple/skin sparing mastectomy with sentinel node biopsy/axillary node sampling
SA704B (2B)	Breast, lumps, imaging guided vacuum assisted biopsy, single lesion																											
SA706B (2C)	Breast, lumps, imaging guided vacuum assisted biopsy, > 1 lesion																											
SA709B (1C)	Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (multiple)																											
SA710B (1B)	Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (single)																											
SA711B (3B)	Breast, various lesions, wire localisation, excision (multiple)																											
SA712B (3A)	Breast, various lesions, wire localisation, excision (single)																											
SA824B (5A)	Breast tumour (malignant, various lesions), simple mastectomy with axillary clearance, with/without sentinel node biopsy																											
SA825B (5C)	Breast, tumour (malignant), radical mastectomy with/without axillary clearance																											
SA826B (4A)	Breast, tumour (malignant, various lesions), simple mastectomy, therapeutic/prophylactic																											
SA827B (4C)	Breast, tumour (malignant, various lesions), simple mastectomy with sentinel node biopsy/ axillary node sampling																											
SA833B (4C)	Breast, various lesions, nipple/skin sparing/subcutaneous mastectomy, therapeutic/prophylactic, excluding gynaecomastia, unilateral																											
SA834B (5A)	Breast, tumour (malignant), nipple/skin sparing mastectomy with sentinel node biopsy/axillary node sampling																											

4. The individual has no competing comorbidities which could severely limit her life expectancy at the time of risk-reducing mastectomy; and 5. The individual has received pre-operative counselling about psychosocial and sexual consequences of risk-reducing mastectomy. If there is a need for further counselling, the patient can be referred to a psychologist. ¹ Risk-reducing mastectomy may be considered for carriers of the <i>ATM</i> c.7271T>G variant.			<table><tr><td>SA835B (5C)</td><td>Breast, tumour (malignant), nipple/skin sparing mastectomy with axillary clearance, with/without sentinel node biopsy</td></tr></table>	SA835B (5C)	Breast, tumour (malignant), nipple/skin sparing mastectomy with axillary clearance, with/without sentinel node biopsy
SA835B (5C)	Breast, tumour (malignant), nipple/skin sparing mastectomy with axillary clearance, with/without sentinel node biopsy				

TOSP Code	TOSP Description	Table Code
SA827B	BREAST, TUMOUR (MALIGNANT, VARIOUS LESIONS), SIMPLE MASTECTOMY WITH SENTINEL NODE BIOPSY/ AXILLARY NODE SAMPLING	4C

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast	
This procedure may be claimed according to the rules below. Clinical Indications: 1. Patients with a preoperative diagnosis of breast malignancy and is undergoing a simple mastectomy with a need for sentinel lymph node biopsy (SLNB)/targeted axillary dissection (TAD) The patient must fulfil both mastectomy and SLNB criteria and both procedures must be performed at the same setting to claim for this TOSP.	Inpatient or day surgery	N/A	SA827B (4C) should not be claimed with:	
			SA704B (2B)	Breast, lumps, imaging guided vacuum assisted biopsy, single lesion
			SA706B (2C)	Breast, lumps, imaging guided vacuum assisted biopsy, > 1 lesion
			SA709B (1C)	Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (multiple)
			SA710B (1B)	Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (single)
			SA711B (3B)	Breast, various lesions, wire localisation, excision (multiple)
			SA712B (3A)	Breast, various lesions, wire localisation, excision (single)
			SA824B (5A)	Breast tumour (malignant, various lesions), simple mastectomy with axillary clearance, with/without sentinel node biopsy
			SA825B (5C)	Breast, tumour (malignant), radical mastectomy with/without axillary clearance
			SA826B (4A)	Breast, tumour (malignant, various lesions), simple mastectomy, therapeutic/prophylactic
			SA827B (4C)	Breast, tumour (malignant, various lesions), simple mastectomy with sentinel node biopsy/axillary node sampling
			SA833B (4C)	Breast, various lesions, nipple/skin sparing/subcutaneous mastectomy, therapeutic/prophylactic, excluding gynaecomastia, unilateral
			SA834B (5A)	Breast, tumour (malignant), nipple/skin sparing mastectomy with sentinel node biopsy/axillary node sampling

			SA835B (5C)	Breast, tumour (malignant), nipple/skin sparing mastectomy with axillary clearance, with/without sentinel node biopsy
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TOSP Code	TOSP Description	Table Code
SA829B	BREAST, VARIOUS LESIONS, TRUCUT BIOPSY	1A

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast
This procedure may be claimed according to the rules below. Clinical Indications: When histological diagnosis of a breast lesion is required	Day surgery Claims can be made for the inpatient setting provided they fulfil one of the following conditions (including but not limited to): - When the procedure is performed with any surgery that require inpatient admission - When patient is already admitted Patients with medical comorbidities requiring peri-procedural resuscitation, management (e.g. titration of anticoagulants etc), monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty	N/A	N/A

TOSP Code	TOSP Description	Table Code
SA832B	IPSILATERAL MASTOPEXY/REDUCTION FOLLOWING BREAST, TUMOUR (MALIGNANT) WIDE EXCISION/LUMPECTOMY/SEGMENTAL OR PARTIAL MASTECTOMY, WITH OR WITHOUT SENTINEL NODE BIOPSY AND/OR AXILLARY CLEARANCE	4A

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast
This procedure may be claimed according to the rules below. Clinical Indications: 1. Patients requiring oncoplastic procedures (level 2) post breast conserving therapy (BCT) for treatment of breast malignancy The surgeon should perform relevant documentation, including clear description of the indication for requiring the procedure.	Inpatient or day surgery	N/A	N/A

TOSP Code	TOSP Description	Table Code
SA833B	BREAST, VARIOUS LESIONS, NIPPLE/SKIN SPARING/SUBCUTANEOUS MASTECTOMY, THERAPEUTIC/PROPHYLACTIC, EXCLUDING GYNAECOMASTIA, UNILATERAL	4C

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast																									
This procedure may be claimed according to the rules below. Clinical Indications: For patients with nipple-sparing or skin-sparing mastectomy. Therapeutic setting (when there is a histologically proven diagnosis of malignant tumour): - When BCT is contraindicated for malignant phylloides, DCIS with a plan for delayed SLNB if subsequent upstaging - When further surgery after BCT is required to obtain clear margins (acceptable margins for invasive cancer and DCIS are no tumour at inked margin and 2mm clear margin respectively and axillary staging already performed previously.) - Therapeutic setting: When there is histologically proven benign pathology such as phylloides, or multifocal / multicentric B3 lesion and BCT is contraindicated Risk-reducing mastectomy:	Inpatient or day surgery	N/A	SA833B (4C) should not be claimed with: <table><tr><td>SA704B (2B)</td><td>Breast, lumps, imaging guided vacuum assisted biopsy, single lesion</td></tr><tr><td>SA706B (2C)</td><td>Breast, lumps, imaging guided vacuum assisted biopsy, > 1 lesion</td></tr><tr><td>SA709B (1C)</td><td>Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (multiple)</td></tr><tr><td>SA710B (1B)</td><td>Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (single)</td></tr><tr><td>SA711B (3B)</td><td>Breast, various lesions, wire localisation, excision (multiple)</td></tr><tr><td>SA712B (3A)</td><td>Breast, various lesions, wire localisation, excision (single)</td></tr><tr><td>SA824B (5A)</td><td>Breast tumour (malignant, various lesions), simple mastectomy with axillary clearance, with/without sentinel node biopsy</td></tr><tr><td>SA825B (5C)</td><td>Breast, tumour (malignant), radical mastectomy with/without axillary clearance</td></tr><tr><td>SA826B (4A)</td><td>Breast, tumour (malignant, various lesions), simple mastectomy, therapeutic/prophylactic</td></tr><tr><td>SA827B (4C)</td><td>Breast, tumour (malignant, various lesions), simple mastectomy with sentinel node biopsy/axillary node sampling</td></tr><tr><td>SA833B (4C)</td><td>Breast, various lesions, nipple/skin sparing/subcutaneous mastectomy, therapeutic/prophylactic, excluding gynaecomastia, unilateral</td></tr><tr><td>SA834B (5A)</td><td>Breast, tumour (malignant), nipple/skin sparing mastectomy with sentinel node biopsy/axillary node sampling</td></tr></table>		SA704B (2B)	Breast, lumps, imaging guided vacuum assisted biopsy, single lesion	SA706B (2C)	Breast, lumps, imaging guided vacuum assisted biopsy, > 1 lesion	SA709B (1C)	Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (multiple)	SA710B (1B)	Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (single)	SA711B (3B)	Breast, various lesions, wire localisation, excision (multiple)	SA712B (3A)	Breast, various lesions, wire localisation, excision (single)	SA824B (5A)	Breast tumour (malignant, various lesions), simple mastectomy with axillary clearance, with/without sentinel node biopsy	SA825B (5C)	Breast, tumour (malignant), radical mastectomy with/without axillary clearance	SA826B (4A)	Breast, tumour (malignant, various lesions), simple mastectomy, therapeutic/prophylactic	SA827B (4C)	Breast, tumour (malignant, various lesions), simple mastectomy with sentinel node biopsy/axillary node sampling	SA833B (4C)	Breast, various lesions, nipple/skin sparing/subcutaneous mastectomy, therapeutic/prophylactic, excluding gynaecomastia, unilateral	SA834B (5A)	Breast, tumour (malignant), nipple/skin sparing mastectomy with sentinel node biopsy/axillary node sampling
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SA834B (5A)	Breast, tumour (malignant), nipple/skin sparing mastectomy with sentinel node biopsy/axillary node sampling																											

Risk-reducing mastectomy (bilateral or contralateral) for breast cancer risk reduction in an individual who fulfils the following clinical criteria: 1. The individual is 25 years and older; 2. The individual has an increased risk of breast cancer due to pathogenic or likely pathogenic variant(s) in any of the following genes: <i>ATM</i>¹, <i>BRCA1</i>, <i>BRCA2</i>, <i>CDH1</i>, <i>PALB2</i>, <i>PTEN</i>, <i>STK11</i> or <i>TP53</i>; 3. The individual has received genetic counselling; 4. The individual has no competing comorbidities which could severely limit her life expectancy at the time of risk-reducing mastectomy; and 5. The individual has received pre-operative counselling about psychosocial and sexual consequences of risk-reducing mastectomy. If there is a need for further counselling, the patient can be referred to a psychologist. ¹ Risk reducing mastectomy may be considered for carriers of the <i>ATM</i> c.7271T>G variant.			<table><tr><td>SA835B (5C)</td><td>Breast, tumour (malignant), nipple/skin sparing mastectomy with axillary clearance, with/without sentinel node biopsy</td></tr></table>	SA835B (5C)	Breast, tumour (malignant), nipple/skin sparing mastectomy with axillary clearance, with/without sentinel node biopsy
SA835B (5C)	Breast, tumour (malignant), nipple/skin sparing mastectomy with axillary clearance, with/without sentinel node biopsy				

TOSP Code	TOSP Description	Table Code
SA834B	BREAST, TUMOUR (MALIGNANT), NIPPLE/SKIN SPARING MASTECTOMY WITH SENTINEL NODE BIOPSY/AXILLARY NODE SAMPLING	5A

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast																									
This procedure may be claimed according to the rules below. Clinical Indications: 1. Patients with a preoperative diagnosis of breast malignancy with a need for nipple/skin sparing mastectomy and sentinel lymph node biopsy (SLNB)/targeted axillary dissection (TAD) The patient must fulfil both mastectomy and SLNB criteria and both procedures must be performed at the same setting to claim for this TOSP.	Inpatient or day surgery	N/A	SA834B (5A) should not be claimed with: <table><tr><td>SA704B (2B)</td><td>Breast, lumps, imaging guided vacuum assisted biopsy, single lesion</td></tr><tr><td>SA706B (2C)</td><td>Breast, lumps, imaging guided vacuum assisted biopsy, > 1 lesion</td></tr><tr><td>SA709B (1C)</td><td>Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (multiple)</td></tr><tr><td>SA710B (1B)</td><td>Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (single)</td></tr><tr><td>SA711B (3B)</td><td>Breast, various lesions, wire localisation, excision (multiple)</td></tr><tr><td>SA712B (3A)</td><td>Breast, various lesions, wire localisation, excision (single)</td></tr><tr><td>SA824B (5A)</td><td>Breast tumour (malignant, various lesions), simple mastectomy with axillary clearance, with/without sentinel node biopsy</td></tr><tr><td>SA825B (5C)</td><td>Breast, tumour (malignant), radical mastectomy with/without axillary clearance</td></tr><tr><td>SA826B (4A)</td><td>Breast, tumour (malignant, various lesions), simple mastectomy, therapeutic/prophylactic</td></tr><tr><td>SA827B (4C)</td><td>Breast, tumour (malignant, various lesions), simple mastectomy with sentinel node biopsy/ axillary node sampling</td></tr><tr><td>SA833B (4C)</td><td>Breast, various lesions, nipple/skin sparing/subcutaneous mastectomy, therapeutic/prophylactic, excluding gynaecomastia, unilateral</td></tr><tr><td>SA834B (5A)</td><td>Breast, tumour (malignant), nipple/skin sparing mastectomy with sentinel node biopsy/axillary node sampling</td></tr></table>		SA704B (2B)	Breast, lumps, imaging guided vacuum assisted biopsy, single lesion	SA706B (2C)	Breast, lumps, imaging guided vacuum assisted biopsy, > 1 lesion	SA709B (1C)	Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (multiple)	SA710B (1B)	Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (single)	SA711B (3B)	Breast, various lesions, wire localisation, excision (multiple)	SA712B (3A)	Breast, various lesions, wire localisation, excision (single)	SA824B (5A)	Breast tumour (malignant, various lesions), simple mastectomy with axillary clearance, with/without sentinel node biopsy	SA825B (5C)	Breast, tumour (malignant), radical mastectomy with/without axillary clearance	SA826B (4A)	Breast, tumour (malignant, various lesions), simple mastectomy, therapeutic/prophylactic	SA827B (4C)	Breast, tumour (malignant, various lesions), simple mastectomy with sentinel node biopsy/ axillary node sampling	SA833B (4C)	Breast, various lesions, nipple/skin sparing/subcutaneous mastectomy, therapeutic/prophylactic, excluding gynaecomastia, unilateral	SA834B (5A)	Breast, tumour (malignant), nipple/skin sparing mastectomy with sentinel node biopsy/axillary node sampling
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			SA835B (5C)	Breast, tumour (malignant), nipple/skin sparing mastectomy with axillary clearance, with/without sentinel node biopsy	
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TOSP Code	TOSP Description	Table Code
SA835B	BREAST, TUMOUR (MALIGNANT), NIPPLE/SKIN SPARING MASTECTOMY WITH AXILLARY CLEARANCE, WITH/WITHOUT SENTINEL NODE BIOPSY	5C

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast	
This procedure may be claimed according to the rules below. Clinical Indications: 1. Patients with a preoperative diagnosis of breast malignancy that is undergoing a nipple/skin sparing mastectomy, with a need for axillary clearance Axillary node clearance is performed for patients: 1. Who have pathologically proven lymph node metastasis or failed SLNB or T3/T4 disease The patient must fulfil both mastectomy and axillary lymph node dissection (ALND) criteria and both procedures must be performed at the same setting to claim for this TOSP.	Inpatient or day surgery	N/A	SA835B (5C) should not be claimed with:	
			SA704B (2B)	Breast, lumps, imaging guided vacuum assisted biopsy, single lesion
			SA706B (2C)	Breast, lumps, imaging guided vacuum assisted biopsy, > 1 lesion
			SA709B (1C)	Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (multiple)
			SA710B (1B)	Breast, various lesions, trucut biopsy, ultrasound guided or stereotactic (single)
			SA711B (3B)	Breast, various lesions, wire localisation, excision (multiple)
			SA712B (3A)	Breast, various lesions, wire localisation, excision (single)
			SA824B (5A)	Breast tumour (malignant, various lesions), simple mastectomy with axillary clearance, with/without sentinel node biopsy
			SA825B (5C)	Breast, tumour (malignant), radical mastectomy with/without axillary clearance
			SA826B (4A)	Breast, tumour (malignant, various lesions), simple mastectomy, therapeutic/prophylactic
			SA827B (4C)	Breast, tumour (malignant, various lesions), simple mastectomy with sentinel node biopsy/axillary node sampling
			SA833B (4C)	Breast, various lesions, nipple/skin sparing/subcutaneous mastectomy, therapeutic/prophylactic, excluding gynaecomastia, unilateral
			SA834B (5A)	Breast, tumour (malignant), nipple/skin sparing mastectomy with sentinel node biopsy/axillary node sampling

			SA835B (5C)	Breast, tumour (malignant), nipple/skin sparing mastectomy with axillary clearance, with/without sentinel node biopsy	
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TOSP Code	TOSP Description	Table Code
SE700L	LYMPH NODE (AXILLARY), VARIOUS LESIONS, RADICAL EXCISION/CLEARANCE WITH OR WITHOUT SENTINEL LYMPH NODE BIOPSY	4A

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast
Relating to the scope of breast surgeries, this procedure may be claimed according to the rules below. Clinical Indications: 1. Axillary node clearance for patients who have pathologically proven lymph node metastasis or failed SLNB or LN recurrence without distant metastasis This code should be used only when it is not done in conjunction with the ipsilateral breast surgery.	Inpatient or day surgery	N/A	N/A

TOSP Code	TOSP Description	Table Code
SE701L	LYMPH NODE (AXILLARY), VARIOUS LESIONS, SENTINEL LN BIOPSY ONLY	3A

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast
Relating to the scope of breast surgeries, this procedure may be claimed according to the rules below. Clinical Indications: When sentinel lymph node biopsy (SLNB) is required for patients with recent breast surgery showing upgrade to invasive/microinvasive cancer on final histology and no axillary staging was done previously This code should be used only when it is not done in conjunction with the ipsilateral breast surgery.	Inpatient or day surgery	N/A	N/A

TOSP Code	TOSP Description	Table Code
SE800L	LYMPH NODE (AXILLARY), VARIOUS LESIONS, LIMITED EXCISION/BIOPSY	3A

Indications	Setting	Frequency	Inappropriate pairings for a single surgical/procedural episode for the same lesion and same breast
Relating to the scope of breast surgeries, this procedure may be claimed according to the rules below. Clinical Indications: Limited excision of axillary lymph node for diagnostic purposes This code also covers for nodes which have been image-localised for excision. This code should be used only when it is not done in conjunction with the ipsilateral breast surgery.	Inpatient or day surgery	N/A	N/A