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MINISTRY OF HEALTH
SINGAPORE

MediShield Life Claims Rules for Urology and Related Procedures

CLAIMS MANAGEMENT OFFICE

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MediShield Life Claims Rules for Urology

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Definitions

Terminology	Definition
Initial Cystoscopy	Refers to the very first cystoscopy performed for the patient
Initial Ureteroscopy	Refers to the very first ureteroscopy performed for the patient
Subsequent Cystoscopy	Refers to a repeat procedure usually determined at the time of diagnosis or at the first cystoscopy, based on management decision of individual condition
Subsequent Ureteroscopy	Refers to follow up ureteroscopy for further management of a patient following his or her initial diagnosis made/procedure performed that had required a ureteroscopy assessment
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 anesthesia/sedation is also defined under the same surgical episode.
Surveillance (Secondary) Cystoscopy	Refers to regular repeat cystoscopies (commonly on intermediate to long term follow-up e.g., every 3 /6 /12 months x several years etc.), based on established requirements for some conditions (e.g. bladder cancer, urothelial cancers of ureter, kidney, prostate, or urethra). The exact surveillance protocol is subject to variation based on physician discretion and patient's specific condition.

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[1] including general medical/ health screening packages, physical check-ups, and vaccinations;
(iii) procedures done for cosmetic purposes[2]. 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.

[1] 'Primary prevention' refers to medical services for generally healthy individuals to pick up asymptomatic disease early, in the absence of medical indications.
[2] MediShield/MediSave claim is also not allowed for the treatment of complications if the treatment is cosmetic in nature.

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) Guidances (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. bladder, kidney, ureter). 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.

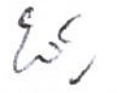
4 Registered doctors may claim 1 non-core Continuing Medical Education (CME) point under category 3A for reading each set of CR and its accompanying case studies found at the Claims Management webpage.

Message from Urology 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 standard to which cases may be audited and reviewed. In the context of MSHL sustainability, treatment decisions should solely be based on medical necessity and preserved for patients who require coverage for chronic and long-term conditions.

The Urology CR Workgroup has come together with representatives from both the public and private institutions to address common clinical procedures with high utilisation and potential for ambiguity. CR are based on published guidelines and prevailing clinical practice. We hope this supports the Urology community to clarify the clinical indications for selected TOSP codes, and make clear appropriate coding principles, so that it can benefit all patients and practitioners alike.

Yours Sincerely,



A/Prof Chiong Edmund

Chairman

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

(In Alphabetical Order)

A/Prof Chiong Edmund	Dr Ng Chee Kwan
Adj A/Prof Heng Chin Tiong	Dr Tan Yeh Hong
Prof Kesavan Esuvaranathan	Dr Tan Yung Khan
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Urology Claims Rules

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SG709B	**2B**	BLADDER, CYSTOSCOPY, REMOVAL OF FOREIGN BODY/URETERIC STENT	**Inpatient** or **day surgery**	**This procedure may be claimed according to the rules below.** **Clinical Indications:** 1. Presence of a foreign body in the lower urinary tract 2. Ureteric stent previously inserted for any condition

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SG713B	**1B**	BLADDER, CYSTOSCOPY, WITH OR WITHOUT BIOPSY	**Inpatient** or **day surgery**	**This procedure may be claimed according to the rules below.** **Clinical Indications:** Initial/subsequent cystoscopy: 1. Haematuria, gross or microscopic 2. Evaluation/diagnosis of suspected malignancy/tumour/mass (bladder, urethra, upper tract, abnormal urine cytology) 3. Lower urinary tract symptoms (LUTS): E.g., Irritative/obstructive voiding symptoms, urinary incontinence, chronic pelvic pain syndrome, recurrent UTIs etc. 4. Abnormal imaging of bladder 5. Trauma involving the genitourinary tract 6. Concern for genitourinary fistula/diverticulum 7. Haematospermia 8. Azoospermia 9. Evaluation of conditions requiring cystoscopy (but not limited to): a. Staging of cervical and vaginal cancer b. Suspected operative urinary tract injury (e.g., ureteral injury, cystotomy, intravesical placement or erosion of mesh or suture) c. Unrecognized lower urinary tract injuries during surgery (e.g., hysterectomy) d. Suspected urinary tract involvement by endometriosis, gynaecologic malignancies/tumours, intestinal, inflammation/malignancy etc. e. Verification of suprapubic catheter placement

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
				f. Urachal lesion g. Urethral discharge h. Concern for bladder abnormality Surveillance (secondary) cystoscopy: 1. Surveillance for a previously diagnosed tumour (benign/malignant) (bladder, urethra, upper tract, abnormal urine cytology) with or without fluorescence 2. Follow up of previous abnormal cystoscopic finding as in initial cystoscopy 3. Conditions or indications as in initial cystoscopy

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SG714B	**4A**	BLADDER/URETHRA, TRANSURETHRAL RESECTION OF BLADDER TUMOUR (<3CM)	**Inpatient** or **day surgery**	**This procedure may be claimed according to the rules below.** **Clinical Indications:** 1. Diagnosis, treatment or staging of suspected bladder tumours/mass 2. Repeat transurethral resection of bladder tumour (TURBT) for the following patient types: a. Incomplete initial resection b. Relook or repeat TURBT in high-risk and/or high-grade non-muscle invasive cancer

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SG716B	**1C**	BLADDER/URETER, CYSTOSCOPY, WITH URETERIC CATHETERISATION	**Inpatient** or **day surgery**	**This procedure may be claimed according to the rules below.** **Clinical Indications:** 1. Intraoperatively to demonstrate ureteral patency 2. Short-term postoperative ureteral drainage 3. Catheters or stents left in place for treatment of obstructions, crush injuries, or ureteric repairs/upper tract urinary surgical reconstruction to drain urine from the kidneys 4. Prevention of ureteral stenosis/delayed injury 5. Aid in identifying ureter radiologically or surgically, or avoidance of significant ureteral injury e.g., serve as guidance for other surgical procedures that may involve ureter/upper urinary tract or its proximity 6. Facilitation of ureteral healing

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SG718B	**1C**	BLADDER/URETHRA, CYSTOSCOPY, WITH URETHRAL DILATATION	**Inpatient** or **day surgery**	**This procedure may be claimed according to the rules below.** **Clinical Indications:** 1. Urethral stenosis/strictures/tight urethra 2. Meatal stenosis 3. Recurrent urethral stenosis/strictures requiring repeated dilatation 4. Idiopathic acute urinary retention when trial without a catheter fails 5. Chronic urinary retention 6. Lower urinary tract symptoms not effectively managed by other means in females 7. To facilitate insertion of a cystoscope/urinary catheter

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SG711K	**2B**	KIDNEY, HYDRONEPHROSIS, PERCUTANEOUS NEPHROSTOMY AND DRAINAGE CATHETER INSERTION (PCN AND DRAINAGE)	**Inpatient** or **day surgery**	**This procedure may be claimed according to the rules below.** **Clinical Indications:** 1. For drainage in an obstructed and/or infected kidney (hydronephrosis, pyonephrosis or obstructive pyelonephritis, emphysematous pyelonephritis) in the setting of sepsis or uraemia 2. To relieve an obstructed urinary system from extrinsic mass effect, e.g., pregnancy, malignancy, cysts, abscesses, or urinomas or intrinsic blockage, e.g., benign, or malignant strictures 3. Access for treatment of the following conditions: a. Kidney stones b. Ureteral stones c. Ureteral abnormalities requiring definitive treatment 4. Urinary Diversion a. Healing of injured urinary tract tissue, in the setting of urinary leak/fistula and haemorrhagic cystitis b. Palliation of lower urinary tract complications arising from conditions including but not limited to pelvic malignancy, endometriosis and complications relating to pelvic irradiation

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SG727K	**4B**	KIDNEY/URETER, RETROGRADE INTRARENAL SURGERY OR RIRS USING FLEXIBLE URETEROSCOPY (THERAPEUTIC - E.G. LITHOTRIPSY AND/OR BASKET EXTRACTION OF STONES <1CM)	**Inpatient** or **day surgery**	**This procedure may be claimed according to the rules below.** **Clinical Indications:** 1. Any symptomatic or asymptomatic kidney or ureteric stone/encrustations treated with the use of flexible ureteroscope 2. Treatment of ureteric and renal tumours/lesions via flexible ureteroscope 3. Management of foreign body in the upper urinary tract PCNL (SG709K/ SG812K) and RIRS (SG727K/ SG730K) codes are allowed to be claimed together in a single surgical setting even if performed on the same side, for the indication of treating complex kidney stone(s) with 1.5cm cumulative size or more with endoscopic combined intrarenal surgery (ECIRS).

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SG802K	**4B**	KIDNEY, CALCULUS, EXTRA CORPOREAL SHOCKWAVE LITHOTRIPSY (ESWL)	**Inpatient** or **day surgery**	**This procedure may be claimed according to the rules below.** **Clinical Indications:** For treatment of kidney stone, based on one or more of the following criteria 1. Stone is growing 2. Stone in high-risk patient for stone formation 3. Stone is causing obstruction, or there is a risk that it will cause obstruction 4. Stone is causing infection, or there is a risk that it will cause infection 5. Stone is causing symptoms e.g., pain or haematuria 6. Stone is at risk of one or more of the following: growth, symptoms, complications 7. Stone has to be removed based on social situation of the patient (e.g., profession or travelling)

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SG700U	**2C**	URETER, CYSTOSCOPY AND INSERTION OF DOUBLE J STENT	**Inpatient** or **day surgery**	**This procedure may be claimed according to the rules below.** **Clinical Indications:** 1. Obstructive uropathy due to various causes (but not limited to): a. Renal or ureteric stone disease b. Pelviureteric junction (PUJ) obstruction c. Malignancies or other tumours d. Pregnancy e. Ureteric strictures f. Inflammatory conditions involving upper urinary tract g. Extrinsic compression 2. Post-operative drainage in open surgery or endoscopic procedures for any obstructed, leaking, dysfunctional, inflamed or strictured ureter e.g., ureteroscopy, intracorporeal lithotripsy (ICL) 3. Dilation of ureter due to difficult anatomy prior to URS 4. After ESWL to minimize blockage from steinstrasse 5. Bypass an immovable or obstructed ureteral calculus 6. Upper tract urinary fistula e.g., post-pyelolithotomy or other urinary reconstruction, post injury etc. 7. Aid in identifying ureter radiologically or surgically, or prevention of ureteral injury e.g., serve as prophylaxis/guidance for other surgical procedures that may involve ureter/upper urinary tract or its proximity 8. Short-term postoperative ureteral drainage

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
				9. Stents left in place for treatment of obstructions, crush injuries, or any other form of ureteric repairs/upper tract urinary surgical reconstruction to drain urine from the kidneys 10. Prevention of ureteral stenosis 11. Facilitation of ureteral healing

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SG701U	**4A**	URETER, EXTRA CORPOREAL SHOCKWAVE LITHOTRIPSY (ESWL) FOR URETERIC STONE	**Inpatient** or **day surgery**	**This procedure may be claimed according to the rules below.** **Clinical Indications:** For treatment of ureteric stone, based on one or more of the following criteria 1. Stone has low likelihood of spontaneous passage 2. Stone is causing obstruction, or there is a risk that it will cause obstruction 3. Stone is causing infection, or there is a risk that it will cause infection 4. Stone is causing symptoms e.g., pain or haematuria 5. Patient has renal insufficiency (renal impairment, bilateral obstruction, or single kidney) 6. Stone is at risk of causing symptoms or complications 7. Stone has to be removed based on social situation of the patient (e.g., profession or travelling)

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SG709U	**2C**	URETER, URETEROSCOPY	**Inpatient** or **day surgery**	**This procedure may be claimed according to the rules below.** **Clinical Indications:** Initial ureteroscopy: 1. Diagnosis of lesions in the upper urinary tract 2. As a means of dilatation of the ureter for the diagnosis of upper tract neoplasms, benign or malignant i.e., biopsy 3. For the diagnosis of ureterovaginal fistulas or stenoses of the pyeloureteral junction, congenital or acquired 4. Lateralizing essential haematuria (haemangiomas, minute venous rupture, varices, arterio-venous malformations, and neoplasms) Subsequent ureteroscopy: 1. Indications for subsequent ureteroscopy are the same as initial ureteroscopy above *NB: This is a diagnostic code not for treatment.*

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SG800U	**4A**	URETER, CALCULUS, URETEROSCOPY AND LITHOTRIPSY	**Inpatient** or **day surgery**	**This procedure may be claimed according to the rules below.** **Clinical Indications:** 1. Treatment of ureteric stones 2. Treatment of ureteric neoplasms/lesions 3. For management of steinstrasse post ESWL 4. Extraction of intraureteral foreign bodies

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SH827P	**2C**	PROSTATE GLAND, HYPERTROPHY, INSERTION OF PROSTATIC STENT/DEVICES	**Inpatient** or **day surgery**	**This procedure may be claimed according to the rules below.** **Clinical Indications:** 1. Lower urinary tract symptoms (LUTS) secondary to benign prostatic hyperplasia (BPH) a. Hesitancy during micturition b. Interrupted or decreased urine stream c. Nocturia d. Incomplete voiding e. Urinary retention 2. Bladder outlet obstruction (BOO) related to BPH 3. BPH patients with contraindications for transurethral surgery 4. Urethral stricture disease 5. Detrusor-sphincter dyssynergia 6. Post-treatment obstruction 7. Complications of radical prostatectomy The use of prostatic urethral lift device (e.g., UroLift™) can only be claimed for the indication of **BPH** for patients with: 1. Conditions that require an alternative to transurethral resection of the prostate (TURP) and other surgical management of obstructing prostate 2. LUTS secondary to BPH described above and keen to preserve sexual function 3. BPH refractory to medical therapy 4. BPH with side effects/contraindications to medical therapy or not keen for long term medical therapy

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SH832P	**3B**	PROSTATE GLAND, PROSTATE, BENIGN HYPERPLASIA, ABLATION	**Inpatient** or **day surgery**	**This procedure may be claimed according to the rules below.** **Clinical Indications:** 1. Lower urinary tract symptoms (LUTS) secondary to benign prostatic hyperplasia (BPH) a. Hesitancy during micturition, b. Interrupted or decreased urine stream, c. Nocturia d. Incomplete voiding e. Urinary retention 2. BPH refractory to medical therapy 3. BPH with side effects/contraindications to medical therapy or not keen for long term medical therapy **Modality:** Ablation includes the following (but not limited to) 1. Transurethral electrovaporisation of the prostate 2. Transurethral water jet ablation 3. Transurethral needle ablation (TUNA) i.e., Prostiva The use of water vapor thermal therapy (e.g., Rezūm™) can only be claimed for the indication of **BPH** using **SH832P** as a proxy code, for patients with: 1. Conditions that require an alternative to transurethral resection of the prostate (TURP) and other surgical management of obstructing prostate 2. LUTS secondary to enlarged prostate described above and keen to preserve sexual function 3. BPH refractory to medical therapy 4. BPH with side effects/contraindications to medical therapy or not keen for long term medical therapy

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SH834P	**1B**	PROSTATE GLAND, VARIOUS LESIONS, TRANS-RECTAL ULTRASOUND (TRUS) GUIDED BIOPSY	**Inpatient** or **day surgery**	**This procedure may be claimed according to the rules below.** **Clinical Indications:** This procedure includes both the transperineal or transrectal route of biopsy, as both types of biopsies are usually guided by transrectal ultrasound. 1. For the evaluation and/or diagnosis when there is a suspicion of prostate malignancy according to patient symptoms or risk of cancer, based on clinician's judgement, and either; 2. Abnormal serum prostate-specific antigen (PSA) according to international guidelines or local age-specific reference ranges (if available) suggesting an increased risk of cancer 3. Abnormal digital rectal examination (DRE) e.g., presence of nodules, induration, or asymmetry 4. Imaging showing suspicious features for prostate cancer, e.g., multiparametric MRI prostate, PSMA PET CT scans *NB: The use of blood and urine biomarkers independent of abnormal serum PSA remains controversial* **Repeat TRUS biopsies** are indicated for the following: 1. Equivocal and inconclusive initial biopsy 2. Atypical findings on initial biopsy 3. Continued high clinical suspicion for prostate cancer after initial negative biopsy e.g., rising or persistently elevated serum PSA levels, imaging showing suspicious features for prostate cancer, e.g., multiparametric MRI prostate, PSMA PET CT scans

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
				4. As part of the protocol for follow-up of patients with low-risk, clinically localized prostate malignancy managed with active surveillance 5. As part of the follow-up protocol of patients or suspected recurrence after non-extirpative therapy for prostate cancer e.g., radiation therapy, energy ablative therapy

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SH835P	**2A**	PROSTATE GLAND, VARIOUS LESIONS, SATURATION PROSTATE BIOPSY OR MRI-US GUIDED FUSION BIOPSY	**Inpatient** or **day surgery**	**This procedure may be claimed according to the rules below.** **Clinical Indications:** This procedure includes both the transperineal or transrectal route of biopsy. 1. For the evaluation and/or diagnosis when there is a suspicion of prostate malignancy according to patient symptoms or risk of cancer, based on clinician's judgement, and either: 2. Abnormal serum prostate-specific antigen (PSA) according to international guidelines or local age-specific reference ranges (if available) suggesting an increased risk of cancer 3. Abnormal digital rectal examination (DRE) e.g., presence of nodules, induration, or asymmetry 4. Imaging showing suspicious features for prostate cancer, e.g., multiparametric MRI prostate, PSMA PET CT scans *NB: The use of blood and urine biomarkers independent of abnormal serum PSA remains controversial* **Repeat saturation biopsies** are indicated for the following: 1. Equivocal and inconclusive initial biopsy 2. Atypical findings on initial biopsy 3. Continued high clinical suspicion for prostate cancer after initial negative biopsy e.g., rising or persistently elevated serum PSA levels, imaging showing suspicious features for prostate cancer, e.g., multiparametric MRI prostate, PSMA PET CT scans

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
				4. As part of the protocol for follow-up of patients with low-risk, clinically localized prostate malignancy managed with active surveillance 5. As part of the follow-up protocol of patients or suspected recurrence after non-extirpative therapy for prostate cancer e.g., radiation therapy, energy ablative therapy

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SH836P	**4B**	PROSTATE GLAND, VARIOUS LESIONS, TRANSURETHRAL RESECTION (TURP)/ENUCLEATION OF PROSTATE (RESECTED WEIGHT LESS THAN 30G)	**Inpatient** or **day surgery**	**This procedure may be claimed according to the rules below.** **Clinical Indications:** 1. When patient has failed conservative treatment, or is unable to tolerate medical therapy, or when severity of condition indicates surgery as preferable over conservative treatment, for BPH/LUTS (benign prostatic hyperplasia/lower urinary tract symptoms) 2. BPH with evidence of any of the following: a. Obstructive uropathy b. Urinary retention/high post-void residual urine volume c. Bladder stone formation d. Gross haematuria e. Recurrent urinary tract infections (UTI) f. Prostate abscesses g. Evidence of permanent bladder damage h. Obstructive azoospermia 3. Prostate cancer for non-curative resection for any of the following: a. Urinary retention or bladder outlet obstruction b. Obstructive uropathy c. Bladder stone formation d. Gross haematuria e. Recurrent urinary tract infection (UTI) 4. Urothelial cancer, or any tumour or mass of the prostate and urethra

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SH837P	**5C**	PROSTATE GLAND, VARIOUS LESIONS, TRANSURETHRAL RESECTION (TURP)/ENUCLEATION OF PROSTATE (RESECTED WEIGHT MORE THAN 30G)	**Inpatient** or **day surgery**	**This procedure may be claimed according to the rules below.** **Clinical Indications:** 1. When patient has failed conservative treatment, or is unable to tolerate medical therapy, or when severity of condition indicates surgery as preferable over conservative treatment, for BPH/LUTS (benign prostatic hyperplasia/lower urinary tract symptoms) 2. BPH with evidence of any of the following: a. Obstructive uropathy b. Urinary retention/high post-void residual urine volume c. Bladder stone formation d. Gross haematuria e. Recurrent urinary tract infections (UTI) f. Prostate abscesses g. Evidence of permanent bladder damage h. Obstructive azoospermia 3. Prostate cancer for non-curative resection for any of the following: a. Urinary retention or bladder outlet obstruction b. Obstructive uropathy c. Bladder stone formation d. Gross haematuria e. Recurrent urinary tract infection (UTI) 4. Urothelial cancer, or any tumour or mass of the prostate and urethra

Appropriate filing of Urology 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 filling and to ensure claims appropriateness, MOH have put together a list of **combination of Urology TOSP codes deemed to be inappropriate in Table 1 below.** Please note that the list serves as a reference and may be non-exhaustive.

Table 1: List of inappropriate pairings of Urology TOSP codes

S/N	TOSP code	Inappropriate Pairings
1	**SG702B (4A)** BLADDER, DIVERTICULUM, MIS EXCISION	**SG804B (3B)** BLADDER, DIVERTICULUM, OPEN EXCISION
2	**SG711B (3B)** BLADDER, CYSTOSCOPY, WITH ENDOSCOPIC REMOVAL/MANIPULATION OF URETERIC CALCULUS	**SG727K (4B)** KIDNEY/URETER, RETROGRADE INTRARENAL SURGERY OR RIRS USING FLEXIBLE URETEROSCOPY (THERAPEUTIC - E.G. LITHOTRIPSY AND/OR BASKET EXTRACTION OF STONES <1CM) *(inappropriate for stones in the same ureter; inappropriate for stone in kidney and stone in ureter on the same side) (appropriate if performed on different sides i.e., left and right)* **SG730K (4C)** KIDNEY/URETER, RETROGRADE INTRARENAL SURGERY OR RIRS USING FLEXIBLE URETEROSCOPY (THERAPEUTIC – EG LITHOTRIPSY, AND/OR BASKET EXTRACTION OF STONES >1CM) (inappropriate for stones in the same ureter; inappropriate for stone in kidney and stone in ureter on the same side)
3	**SG709B (2B)** BLADDER, CYSTOSCOPY, REMOVAL OF FOREIGN BODY/URETERIC STENT	**SG727K (4B)** KIDNEY/URETER, RETROGRADE INTRARENAL SURGERY OR RIRS USING FLEXIBLE URETEROSCOPY (THERAPEUTIC - E.G. LITHOTRIPSY AND/OR BASKET EXTRACTION OF STONES <1CM) **SG730K (4C)** KIDNEY/URETER, RETROGRADE INTRARENAL SURGERY OR RIRS USING FLEXIBLE URETEROSCOPY (THERAPEUTIC – EG LITHOTRIPSY, AND/OR BASKET EXTRACTION OF STONES >1CM) **SG709U (2C)** URETER, URETEROSCOPY **SG800U (4A)** URETER, CALCULUS, URETEROSCOPY AND LITHOTRIPSY

S/N	TOSP code	Inappropriate Pairings
4	**SG713B (1B)** BLADDER, CYSTOSCOPY, WITH OR WITHOUT BIOPSY	**The following pairings are only considered appropriate if a biopsy of a lesion was performed, which was of separate diagnosis/ pathology and site from the paired TOSP procedure performed:** **SG700B (2C)** BLADDER, CYSTOSCOPIC INTRADETRUSOR INJECTION OF BOTULINUM **SG708B (2C)** BLADDER, CYSTOSCOPY, EXTERNAL SPHINCTEROTOMY FOR NEUROGENIC BLADDER NECK OBSTRUCTION **SG709B (2B)** BLADDER, CYSTOSCOPY, REMOVAL OF FOREIGN BODY/URETERIC STENT **SG710B (1B)** BLADDER, CYSTOSCOPY, WITH CONTROLLED HYDRODILATATION OF THE BLADDER **SG711B (3B)** BLADDER, CYSTOSCOPY, WITH ENDOSCOPIC REMOVAL/MANIPULATION OF URETERIC CALCULUS **SG712B (3B)** BLADDER, CYSTOSCOPY, WITH ENDOSCOPIC RESECTION/INCISION OF BLADDER NECK **SG714B (4A)** BLADDER/URETHRA, TRANSURETHRAL RESECTION OF BLADDER TUMOUR (<3CM) **SG715B (4B)** BLADDER/URETHRA, TRANSURETHRAL RESECTION OF BLADDER TUMOUR (>3CM) **SG716B (1C)** BLADDER/URETER, CYSTOSCOPY, WITH URETERIC CATHETERISATION *(appropriate if performed on different sides i.e., left and right)* **SG717B (3B)** BLADDER, CYSTOSCOPY, WITH URETERIC MEATOTOMY/WITH RESECTION OF URETEROCELE **SG718B (1C)** BLADDER/URETHRA, CYSTOSCOPY, WITH URETHRAL DILATATION **SG807B (3B)** BLADDER, MILD STRESS INCONTINENCE, CYCTOSCOPIC INJECTION OF COLLAGEN **SG700U (2C)** URETER, CYSTOSCOPY AND INSERTION OF DOUBLE J STENT **SH832P (3B)** PROSTATE GLAND, PROSTATE, BENIGN HYPERPLASIA, ABLATION **SH836P (4B)** PROSTATE GLAND, VARIOUS LESIONS, TRANSURETHRAL RESECTION (TURP)/ENUCLEATION OF PROSTATE (RESECTED WEIGHT LESS THAN 30G) **SH837P (5C)** PROSTATE GLAND, VARIOUS LESIONS, TRANSURETHRAL RESECTION (TURP)/ENUCLEATION OF PROSTATE (RESECTED WEIGHT MORE THAN 30G)
5	**SG714B (4A)** BLADDER/URETHRA, TRANSURETHRAL RESECTION OF BLADDER TUMOUR (<3CM)	**SG715B (4B)** BLADDER/URETHRA, TRANSURETHRAL RESECTION OF BLADDER TUMOUR (>3CM)
6	**SG716B (1C)** BLADDER/URETER, CYSTOSCOPY, WITH URETERIC CATHETERISATION	**SG711B (3B)** BLADDER, CYSTOSCOPY, WITH ENDOSCOPIC REMOVAL/MANIPULATION OF URETERIC CALCULUS **SG700U (2C)** URETER, CYSTOSCOPY AND INSERTION OF DOUBLE J STENT **SG800U (4A)** URETER, CALCULUS, URETEROSCOPY AND LITHOTRIPSY *(appropriate if performed on different sides i.e., left and right)*
7	**SG729B (1C)** BLADDER, STANDARD URODYNAMICS STUDY, SIMPLE (WITHOUT VIDEO)	**SG730B (2A)** BLADDER, STANDARD URODYNAMICS STUDY, COMPLEX (WITH VIDEO)
8	**SG816B (5C)** BLADDER, VESICO-VAGINAL FISTULA, CORRECTION	**SG817B (5C)** BLADDER, VESICO-VAGINAL FISTULA, CLOSURE BY ABDOMINAL ROUTE

S/N	TOSP code	Inappropriate Pairings
9	**SG800U (4A)** URETER, CALCULUS, URETEROSCOPY AND LITHOTRIPSY	**SG711B (3B)** BLADDER, CYSTOSCOPY, WITH ENDOSCOPIC REMOVAL/MANIPULATION OF URETERIC CALCULUS **SG727K (4B)** KIDNEY/URETER, RETROGRADE INTRARENAL SURGERY OR RIRS USING FLEXIBLE URETEROSCOPY (THERAPEUTIC - E.G. LITHOTRIPSY AND/OR BASKET EXTRACTION OF STONES <1CM) *(inappropriate for stones in the same ureter; inappropriate for stone in kidney and stone in ureter on the same side) (appropriate if performed on different sides i.e., left and right)* **SG730K (4C)** KIDNEY/URETER, RETROGRADE INTRARENAL SURGERY OR RIRS USING FLEXIBLE URETEROSCOPY (THERAPEUTIC – EG LITHOTRIPSY, AND/OR BASKET EXTRACTION OF STONES >1CM) *(inappropriate for stones in the same ureter; inappropriate for stone in kidney and stone in ureter on the same side)* **In the setting of concurrent/ simultaneous management of kidney and ureteric stones on the same side, a single TOSP code (SG730K) can be used.**
10	**SG709K (5A)** KIDNEY, CALCULUS, PERCUTANEOUS NEPHROLITHOTOMY OR PERCUTANEOUS NEPHROSTOLITHOTOMY (PCNL)	**SG812K (5C)** KIDNEY, STAGHORN CALCULUS, NEPHROLITHOTOMY OR PERCUTANEOUS NEPHROSTOLITHOTOMY (PCNL) *(appropriate if performed on different sides i.e., left and right)*
11	**SG711K (2B)** KIDNEY, HYDRONEPHROSIS, PERCUTANEOUS NEPHROSTOMY AND DRAINAGE CATHETER INSERTION (PCN AND DRAINAGE)	**SG709K (5A)** KIDNEY, CALCULUS, PERCUTANEOUS NEPHROLITHOTOMY OR PERCUTANEOUS NEPHROSTOLITHOTOMY (PCNL) *(appropriate if performed on different sides i.e., left and right)* **SG812K (5C)** KIDNEY, STAGHORN CALCULUS, NEPHROLITHOTOMY OR PERCUTANEOUS NEPHROSTOLITHOTOMY (PCNL) *(appropriate if performed on different sides i.e., left and right)*
12	**SG727K (4B)** KIDNEY/URETER, RETROGRADE INTRARENAL SURGERY OR RIRS USING FLEXIBLE URETEROSCOPY (THERAPEUTIC - E.G. LITHOTRIPSY AND/OR BASKET EXTRACTION OF STONES <1CM)	**SG730K (4C)** KIDNEY/URETER, RETROGRADE INTRARENAL SURGERY OR RIRS USING FLEXIBLE URETEROSCOPY (THERAPEUTIC – EG LITHOTRIPSY, AND/OR BASKET EXTRACTION OF STONES >1CM) *(appropriate if performed on different sides i.e., left and right)* **SG709U (2C)** URETER, URETEROSCOPY
13	**SH829P (4B)** PROSTATE GLAND, SIMPLE PROSTATECTOMY (MIS/OPEN)	**SH830P (6A)** PROSTATE GLAND, VARIOUS LESIONS, RADICAL PROSTATECTOMY (MIS/OPEN) WITHOUT LYMPH NODE DISSECTION
14	**SH832P (3B)** PROSTATE GLAND, PROSTATE, BENIGN HYPERPLASIA, ABLATION	**SH836P (4B)** PROSTATE GLAND, VARIOUS LESIONS, TRANSURETHRAL RESECTION (TURP)/ENUCLEATION OF PROSTATE (RESECTED WEIGHT LESS THAN 30G) **SH837P (5C)** PROSTATE GLAND, VARIOUS LESIONS, TRANSURETHRAL RESECTION (TURP)/ENUCLEATION OF PROSTATE (RESECTED WEIGHT MORE THAN 30G)
15	**SH833P (1A)** PROSTATE GLAND, VARIOUS LESIONS, TRANS-RECTAL ULTRASOUND (TRUS)	**SH834P (1B)** PROSTATE GLAND, VARIOUS LESIONS, TRANS-RECTAL ULTRASOUND (TRUS) GUIDED BIOPSY **SH835P (2A)** PROSTATE GLAND, VARIOUS LESIONS, SATURATION PROSTATE BIOPSY OR MRI-US GUIDED FUSION BIOPSY

S/N	TOSP code	Inappropriate Pairings
16	**SH834P (1B)** PROSTATE GLAND, VARIOUS LESIONS, TRANS-RECTAL ULTRASOUND (TRUS) GUIDED BIOPSY	**SH835P (2A)** PROSTATE GLAND, VARIOUS LESIONS, SATURATION PROSTATE BIOPSY OR MRI-US GUIDED FUSION BIOPSY
17	**SH801S (3A)** SCROTUM, HYDROCELE/VARICOCELE (BILATERAL), EXCISION	**SH802S (2B)** SCROTUM, HYDROCELE/VARICOCELE (UNILATERAL), EXCISION
18	**SH800T (5C)** TESTIS, TUMOUR, RETROPERITONEAL LYMPH NODE DISSECTION FOLLOWING ORCHIDECTOMY	**SE807L (4B)** LYMPH NODE (RETROPERITONEAL), VARIOUS LESIONS, LIMITED EXCISION
19	**SH801T (4C)** TESTIS, UNDESCENDED/ECTOPIC (BILATERAL), ORCHIDOPEXY/TRANSPLANTATION WITH HERNIA REPAIR	**SH802T (3C)** TESTIS, UNDESCENDED/ECTOPIC (UNILATERAL), ORCHIDOPEXY/TRANSPLANTATION WITH HERNIA REPAIR **SH803T (5C)** TESTIS**,** UNDESCENDED/ECTOPIC, ORCHIDOPEXY WITH MICROVASCULAR ANASTOMOSIS **SF819A (3B)** ABDOMINAL WALL, INGUINAL/FEMORAL HERNIA, UNILATERAL HERNIORRHAPHY (MIS/OPEN) *(appropriate if diagnosis is unilateral/ bilateral femoral hernias)* **SF820A (4C)** ABDOMINAL WALL, INGUINAL/FEMORAL HERNIA, BILATERAL HERNIORRHAPHY (MIS/OPEN) *(appropriate if diagnosis is unilateral/ bilateral femoral hernias)*
20	**SH804T (2A)** SCROTUM, EXPLORATION, DETORSION OF TESTIS AND BILATERAL TESTES FIXATION	**Inappropriate to be submitted twice**
20	**SH805T (1C)** TESTIS, VARIOUS LESIONS, BIOPSY OR ASPIRATION	**SH806T (1C)** TESTIS, VARIOUS LESIONS, EXPLORATION/REPAIR *(appropriate if performed on different sides i.e., left and right)*
21	**SH808T (2B)** TESTIS, VARIOUS LESIONS, ORCHIDECTOMY (SIMPLE)	**SH804S (2A)** SPERMATIC CORD, VARIOUS LESIONS, EPIDIDYMECTOMY *(appropriate if performed on different sides i.e., left and right)*
22	**SH809T (3A)** TESTIS, VARIOUS LESIONS, ORCHIDECTOMY WITH COMPLETE EXCISION OF SPERMATIC CORD	**SH808T (2B)** TESTIS, VARIOUS LESIONS, ORCHIDECTOMY (SIMPLE) *(appropriate if performed on different sides i.e., left and right)* **SH804S (2A)** SPERMATIC CORD, VARIOUS LESIONS, EPIDIDYMECTOMY *(appropriate if performed on different sides i.e., left and right)*
23	**SH800V (5C)** VAS DEFERENS, VARIOUS LESIONS, EXPLORATION (MICROSURGICAL) AND TESTICULAR BIOPSY	**SH805T (1C)** TESTIS, VARIOUS LESIONS, BIOPSY OR ASPIRATION *(appropriate if performed on different sides i.e., left and right)* **SH806T (1C)** TESTIS, VARIOUS LESIONS, EXPLORATION/REPAIR *(appropriate if performed on different sides* i.e*., left and right)*