MINISTRY OF HEALTH
SINGAPORE

Case Study:

Inappropriate multi-coding (Cardiothoracic Surgery)

Cardiothoracic surgery
Case study 1

Summary

- 6 TOSP codes were submitted in a MediShield Life claim for thymectomy done in a single surgical setting.
- The Panel assessed the case as having inappropriate multi-coding: adhesiolysis, sternum closure, bronchoscopy and insertion of central catheters should be part of the main thymectomy procedure, with the latter two being part of the anaesthesia procedure performed by anaesthetists; paravertebral block is a therapeutic pain procedure performed during surgery and should not be coded separately.

Case Details

- Patient in the 40s presented with myasthenia gravis and was diagnosed with a thymoma.
- The surgeon described that the following were performed: Radical thymectomy; Adhesiolysis of dense adhesions in chest; Fixation of sternum post-surgery with additional plates and screws to reduce risk of dehiscence and better pain control; Cannulation of femoral artery and vein to prepare for adverse cardiovascular injury and cardiopulmonary bypass; Bronchoscopy for endotracheal tube insertion, airway assessment and toileting; Paravertebral block for pain control.
- A MediShield Life claim was submitted with 6 TOSP codes for the surgical episode.

Claim Adjudication Outcome

Summary of TOSP Codes

TOSP Codes Submitted by Doctor				**Decision by Panel**
S/N	Code	Description	Table	
1	SC717T	Thorax, Tumour (mediastinal), Complex Resection	6A	✓ Appropriate
2	SC709T	Thorax, MIS decortication	5B	✗ Inappropriate
3	SC707T	Thorax, Ribs, Open fixation of rib fractures (1 - 3 ribs)	4A	
4	SK711S	Paravertebral Region - Block, anaesthetic (more than 2 levels)	2A	
5	SC703B	Bronchus/Lung, Bronchoscopy with/without biopsy	1B	
6	SD811V	Vein, Various Lesions, Insertion of Central Venous Line	1A	

The Panel assessed the following components to be inappropriate:

1. **SC709T, SC707T, SC703B and SD811V**: These should not have been submitted as they are part of SC717T. For SC709T, adhesiolysis is not decortication and the necessary dissection is part of SC717T. For SC707T, sternal closure is part of the wound closure for SC717T and it is usually used in the context of trauma instead of surgical access. For SC703B and SD811V, they are part of the thoracic anaesthesia procedure performed by anaesthetists, and femoral cannulation is unnecessary in the absence of cardiovascular compression or hemodynamic compromise.
2. **SK711S**: This was performed by the surgeon but should not have been submitted as it is a therapeutic pain procedure performed during surgery

Key Learning Points

- Doctors should claim under TOSP codes which best describe the procedures performed.
- Doctors should not claim under multiple codes for individual surgical steps which are already part of a surgery described by a single TOSP code.
- Investigations will be conducted in respect of doctors who certify inappropriate claim(s), and enforcement action will be taken in respect of any non-compliances found. Egregious or repeated non-compliances may result in the suspension or revocation of the doctor's MediSave and MediShield Life accreditation.