



**MINISTRY OF HEALTH**  
SINGAPORE

# MediShield Life Claims Rules for Ear, Nose, Throat (ENT) and Related Procedures

**CLAIMS MANAGEMENT OFFICE**

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# MediShield Life Claims Rules for Ear, Nose & Throat (ENT)

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## Definitions

Terminology	Definition
Initial Laryngoscopy	Refers to the very first laryngoscopy performed for the patient
Subsequent Laryngoscopy	Refers to the follow up laryngoscopy for further management of a patient following his or her initial diagnosis made/procedure performed that had required a laryngoscopy 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 anaesthesia/sedation is also defined under the same surgical episode.
Surveillance (Secondary) Nasoendoscopy	Refers to the follow-up nasoendoscopy for patients with a background history of a condition that had originally required a nasoendoscopy for diagnosis

## General Comments

MediShield Life (MSHL) Claims Rules (CR) define parameters on what constitutes an appropriate claim under MSHL. MSHL is a basic, universal national insurance scheme that is supported by government funding as well as by premiums paid by Singaporeans and 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.

The CR are not clinical practice guidelines. The CR document is put together by a group of specialists from the public and private sectors and are developed from evidence-based literature, clinical practice and cost-effective guidelines. It describes claims rules on clinical indications, setting, frequency, coding and mode of treatment for selected procedures from the Table of Surgical Procedures (TOSP). For instance, Claims Indicators (Settings) guide the settings, whether day surgery or inpatient admission, that are most appropriate for MSHL claims which follows peer practice in the medical fraternity. 'Day surgery' in this document refers to accredited outpatient clinics, 23-hour wards, short stay units, and day surgery centres. However, in order to manage medically unnecessary inpatient admissions, procedures usually done in a day surgery setting has a list of non-exhaustive conditions where claims for inpatient admission may be allowed. For avoidance of doubt, admissions made purely based on the request of a patient, without any evidence of clinical necessity, are not claimable under MSHL.

Yours Sincerely,



Clin A/Prof Lu Kuo Sun Peter

Chairman

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## ENT Claims Rules

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SM700A	2C	ADENOIDS, VARIOUS LESIONS, REMOVAL	<p><b>Day surgery</b></p> <p>Claims can be made for the <b>inpatient</b> setting provided they fulfil one of the following conditions (including but not limited to):</p> <ol style="list-style-type: none"> <li>1. Patients at risk of airway compromise e.g., obstruction/bleeding</li> <li>2. When the procedure is performed with any surgery that require inpatient admission</li> <li>3. When patient is already admitted</li> <li>4. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty</li> </ol>	<p><b>This procedure may be claimed according to the rules below.</b></p> <p><b>Clinical Indications:</b></p> <ol style="list-style-type: none"> <li>1. Clinical documentation or symptoms of sinusitis is required, ideally 1 intranasal exam will have to be performed</li> <li>2. 4 or greater episodes of recurrent purulent rhinorrhoea in prior 12 months in a child &lt;12 years of age</li> <li>3. Persisting symptoms of adenoiditis after 2 courses of antibiotic therapy. 1 course of antibiotics should have lasted for at least 2 weeks</li> <li>4. Sleep disturbance with nasal airway obstruction persisting for at least 3 months             <ol style="list-style-type: none"> <li>a. Cardiopulmonary complications including cor pulmonale, pulmonary hypertension, right ventricular hypertrophy associated with upper airway obstruction</li> </ol> </li> <li>5. Nasal airway obstruction secondary to adenoid hypertrophy</li> <li>6. Hyponasal speech</li> <li>7. Recurrent otitis media with effusion &gt;3 months <u>and</u> associated with additional sets of tympanostomy tubes</li> <li>8. Dental malocclusion or orofacial growth disturbance documented by orthodontist or dentist (photo documentation or imaging is required before surgery)</li> <li>9. Otitis media with effusion (age 4 or greater)</li> </ol>

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SM831E	1B	EAR, TYMPANIC MEMBRANE, UNILATERAL, MYRINGOTOMY WITHOUT TUBE	<p><b>Day surgery</b></p> <p>Claims can be made for the <b>inpatient</b> setting provided they fulfil one of the following conditions (including but not limited to):</p> <ol style="list-style-type: none"> <li>1. Patients at risk of airway compromise e.g., obstruction/bleeding</li> <li>2. When the procedure is performed with any surgery that require inpatient admission</li> <li>3. When patient is already admitted</li> <li>4. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty</li> </ol>	<p><b>This procedure may be claimed according to the rules below.</b></p> <p><b>Clinical Indications:</b></p> <ol style="list-style-type: none"> <li>1. Patients with acute otitis media with failure of conservative treatment</li> <li>2. Individual with persistent otitis media and an immunocompromising condition such as cancer chemotherapy or use of anti-rejection medications following a transplant; or</li> <li>3. Individual who meets criteria for tympanostomy and tube insertion but for whom tube insertion is not feasible due to the degree of ear inflammation</li> <li>4. Patients with recurrent/chronic eustachian tube dysfunction</li> </ol>

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SM700I	1C	INFERIOR TURBINATE REDUCTION (SUBMUCOUS DIATHERMY/RADIOFREQUENCY)	<p><b>Day surgery</b></p> <p>Claims can be made for the <b>inpatient</b> setting provided they fulfil one of the following conditions (including but not limited to):</p> <ol style="list-style-type: none"> <li>1. Patients at risk of airway compromise e.g., obstruction/bleeding</li> <li>2. When the procedure is performed with any surgery that require inpatient admission</li> <li>3. When patient is already admitted</li> <li>4. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty</li> </ol>	<p><b>This procedure may be claimed according to the rules below.</b></p> <p><b>Clinical Indications:</b></p> <ol style="list-style-type: none"> <li>1. Hypertrophy of inferior turbinates</li> <li>2. Subsequent SM700I procedure in patients with worsening or recurrent symptoms within 36 months</li> </ol> <p><b>Frequency:</b> This procedure is allowed for <b>2 SM700I claims in a 3-year period.</b></p>

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SM711L	2C	LARYNGOSCOPY WITH REMOVAL OF TUMOUR/LESIONS	<p><b>Day surgery</b></p> <p>Claims can be made for the <b>inpatient</b> setting provided they fulfil one of the following conditions (including but not limited to):</p> <ol style="list-style-type: none"> <li>1. Patients at risk of airway compromise e.g., obstruction/bleeding</li> <li>2. When the procedure is performed with any surgery that require inpatient admission</li> <li>3. When patient is already admitted</li> <li>4. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty</li> </ol>	<p><b>This procedure may be claimed according to the rules below.</b></p> <p><b>Clinical Indications:</b></p> <p>Initial laryngoscopy:</p> <ol style="list-style-type: none"> <li>1. This is a therapeutic procedure performed under general anaesthesia for vocal cord surgery (biopsy, microsurgical dissection).</li> </ol> <p>Subsequent laryngoscopy:</p> <ol style="list-style-type: none"> <li>1. When repeat surgery is required as appropriate (conditions where the problem can be recurrent, e.g., recurrent benign tumours i.e., papilloma, dysplastic lesions, carcinoma in-situ, early glottic cancers, cancer)</li> </ol>

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SM716L	1B	LARYNX, VARIOUS LESIONS, DIRECT LARYNGOSCOPE EXAMINATION WITH/WITHOUT BIOPSY	<p><b>Day surgery</b></p> <p>Claims can be made for the <b>inpatient</b> setting provided they fulfil one of the following conditions (including but not limited to):</p> <ol style="list-style-type: none"> <li>1. Patients at risk of airway compromise e.g., obstruction/bleeding</li> <li>2. When the procedure is performed with any surgery that require inpatient admission</li> <li>3. When patient is already admitted</li> <li>4. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty</li> </ol>	<p><b>This procedure may be claimed according to the rules below.</b></p> <p><b>Clinical Indications:</b></p> <p>Initial laryngoscopy:</p> <ol style="list-style-type: none"> <li>1. Laryngo-videostroboscopic exam of the vocal cords</li> <li>2. Fiberoptic Endoscopic Evaluation of Swallowing (FEES)</li> <li>3. Examination of the larynx under general anaesthesia (as part of panendoscopy for evaluation of cancer or as a stand-alone procedure)</li> </ol> <p><i>NB: Drug induced sleep endoscopy (DISE) should be claimed under SM725N (1B).</i></p> <p>Subsequent laryngoscopy:</p> <ol style="list-style-type: none"> <li>1. Repeat videostroboscopic evaluation of the vocal cord post-surgery</li> <li>2. Surveillance videostroboscopic evaluation of vocal cord function for recurrent lesions (dysplastic lesions, laryngeal papilloma, carcinoma in situ, vocal cords cancer)</li> <li>3. Repeat FEES after swallowing therapy to assess swallowing status</li> </ol>

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SM700N	1A	NOSE, NASOENDOSCOPY/ NASOPHARYNGOLARYNGOSCOPY (DIAGNOSTIC, SINGLE, DURING A 90-DAY PERIOD) <sup>1</sup>	Inpatient or day surgery	<p><b>This procedure may be claimed according to the rules below (including but not limited to).</b></p> <p><b>Clinical Indications:</b> For diagnosis and evaluation of:</p> <ol style="list-style-type: none"> <li>1. Conditions affecting the sinonasal complex including the nasopharynx</li> <li>2. Conditions affecting the middle ear</li> <li>3. Conditions affecting the larynx</li> <li>4. Conditions affecting the oropharynx and hypopharynx</li> <li>5. Conditions affecting the upper aerodigestive tract including the upper airway</li> <li>6. Conditions affecting the head and neck e.g., neck masses, cervical lymph nodes etc.</li> <li>7. Patients with elevated EBV serology</li> <li>8. Screening of patients with family history of nasopharyngeal cancer in one or more first degree relative</li> </ol> <p>Repeat endoscopies within 90 days should utilise SM726N (MSP). SM700N allows for only 1 claim every 90 days.</p> <p>This code is not to be used for claims for endoscopic assisted post-operative procedures. A new code that covers such procedures is expected to be introduced soon.</p>

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<sup>1</sup> The frequency restriction of code applies irrespective of the specialist performing the procedure or medical institution at which the procedure is performed.

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SM713N	1B	NOSE, VARIOUS LESIONS (POSTNASAL SPACE), DIRECT EXAMINATION WITH BIOPSY AND NASENDOSCOPY	<p><b>Day surgery</b></p> <p>Claims can be made for the <b>inpatient</b> setting provided they fulfil one of the following conditions (including but not limited to):</p> <ol style="list-style-type: none"> <li>1. Patients at risk of airway compromise e.g., obstruction/bleeding</li> <li>2. When the procedure is performed with any surgery that require inpatient admission</li> <li>3. When patient is already admitted</li> <li>4. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty</li> </ol>	<p><b>This procedure may be claimed according to the rules below.</b></p> <p><b>Clinical Indications:</b></p> <ol style="list-style-type: none"> <li>1. Histological diagnosis of suspected tumours/cancers of the anterior/posterior nasal space e.g., NPC, inverted papilloma, lymphoma</li> <li>2. Sarcoidosis</li> <li>3. Non-healing granulomata <ol style="list-style-type: none"> <li>a. Wegener's</li> <li>b. Lethal midline</li> </ol> </li> <li>4. Infection <ol style="list-style-type: none"> <li>a. Bacterial – Syphilis, scleroma, tuberculosis, Leprosy</li> <li>b. Fungi/Yeast – Phycomycosis, Rhinosporidiosis, Aspergillosis, Histoplasmosis</li> <li>c. Protozoa – Leishmaniasis</li> </ol> </li> </ol>

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SM714N	2C	NOSE, VARIOUS LESIONS (TURBINATES), TURBINECTOMY/TURBINOPLASTY/SUBMUCOUS RESECTION (WITH OR WITHOUT ENDOSCOPES)	Inpatient or day surgery	<p><b>This procedure may be claimed according to the rules below.</b></p> <p><b>Clinical Indications:</b></p> <ol style="list-style-type: none"> <li>1. Chronic nasal obstruction due in part to inferior turbinate hypertrophy</li> <li>2. Documented failure of directed medical management with continued nasal symptoms (medications, allergy treatment, and duration of therapy) with the following documentation: <ol style="list-style-type: none"> <li>a. There is evidence of clinically significant nasal airway obstruction or difficult nasal breathing (i.e., heavy snoring, mouth breathing, sleep apnoea, interference with daily activities due to loss of sleep and accompanying fatigue, headache, poor concentration); <u>and</u></li> <li>b. A trial of conservative treatment has to be attempted; <u>and</u></li> <li>c. General conservative management has failed, including reduction of all nasal irritants, including smoking, occupational exposures, drugs, and inadequate humidification.</li> </ol> </li> <li>3. Failure of medical treatment of rhinitis medicamentosa;</li> <li>4. Symptoms of obstructive sleep apnoea</li> </ol> <p><b>Frequency:</b> This procedure is allowed for <b>2 SM714N claims in a 3-year period.</b></p>

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SM715N	1A	NOSE, VARIOUS LESIONS, CAUTERISATION/DIATHERMY <sup>2</sup>	<p><b>Day surgery</b></p> <p>Claims can be made for the <b>inpatient</b> setting provided they fulfil one of the following conditions (including but not limited to):</p> <ol style="list-style-type: none"> <li>1. Patients at risk of airway compromise e.g., obstruction/bleeding</li> <li>2. When the procedure is performed with any surgery that require inpatient admission</li> <li>3. When patient is already admitted</li> <li>4. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty</li> </ol>	<p><b>This procedure may be claimed according to the rules below.</b></p> <p><b>Clinical Indications:</b></p> <ol style="list-style-type: none"> <li>1. Primary/secondary epistaxis unresponsive to initial resuscitative measures</li> <li>2. Recurrent paediatric epistaxis</li> </ol> <p><b>This procedure does not allow claims for intra-op haemostasis.</b></p>

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<sup>2</sup> This procedure should not be used for silver nitrate treatment.

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SM723N	5C	NOSE, VARIOUS LESIONS, RHINOPLASTY (TOTAL) INCLUDING CORRECTION OF ALL BONY AND CARTILAGINOUS ELEMENTS	Inpatient or day surgery	<p><b>This procedure may be claimed according to the rules below.</b></p> <p><b>Clinical Indications:</b></p> <ol style="list-style-type: none"> <li>1. Correction/Reconstruction of the external cartilaginous nasal skeleton <u>and</u> nasal bony vault for: <ol style="list-style-type: none"> <li>a. Post traumatic nasal deformity, including iatrogenic trauma from previous functional surgery</li> <li>b. Nasal obstruction*</li> <li>c. Nasal reconstruction following cancer ablative surgery</li> <li>d. Congenital nasal deformity</li> </ol> </li> </ol> <p>*For (b) Nasal obstruction: The specific indications include correction of the internal and external valve obstruction for the lower two-thirds. The specific indications for osteotomies to correct nasal obstruction must be provided. Humpectomies for aesthetic improvement in the shape of the nose do not routinely qualify for this code.</p> <ol style="list-style-type: none"> <li>2. Appropriate history and physical examination must be documented: <ol style="list-style-type: none"> <li>a. Prolonged and persistent nasal obstruction associated with moderate to severe dysfunction</li> <li>b. Physical examination documenting valvular stenosis and high dorsal/caudal strut deviation not correctable with septoplasty and turbinate surgery</li> </ol> </li> <li>3. Appropriate pre and post operative clinical photographs (standard frontal, profile, and basal views) must be taken</li> </ol>

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
				<p><b>SM723N is not clinically indicated for the following:</b></p> <ol style="list-style-type: none"> <li>1. When one of the medical conditions outlined above are not present, and/or the criteria for the conditions are not met</li> <li>2. Asymptomatic nasal deviation without the need for surgical access</li> <li>3. In the absence of appropriate trial of conservative medical management of symptoms</li> <li>4. When performed as a part of a cosmetic reconstructive procedure</li> </ol> <p><b>SM723N cannot be claimed in a single surgical episode with SM724N^</b></p> <p>^Septoplasty is often a part of the rhinoplasty procedure in functional cases, as graft harvesting from the septum is essentially a septoplasty (required in correction of the most lower two-thirds nasal obstruction indications).</p>

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SM724N	3B	NOSE, VARIOUS LESIONS, SEPTOPLASTY/SUBMUCOUS RESECTION	Inpatient or day surgery	<p><b>This procedure may be claimed according to the rules below.</b></p> <p><b>Clinical Indications:</b></p> <ol style="list-style-type: none"> <li>1. Nasal obstruction due to a deviated septum, not relieved by medical therapy, where appropriate</li> <li>2. Septal deformity that prevents access to other intranasal areas when such access is required to perform surgical procedures (e.g., endoscopic sinus for paranasal sinuses and skull base surgery for pituitary)</li> <li>3. Recurrent epistaxis related to a septal deformity</li> <li>4. Recurrent sinusitis related to septal deformity not relieved by medical and antibiotic therapy</li> <li>5. Correction of septal deformity to enhance CPAP effectiveness for obstructive sleep apnoea</li> <li>6. Done in association with cleft palate repair</li> <li>7. Nasal septal trauma</li> <li>8. Appropriate pre and post operative clinical photographs (standard frontal, profile and basal views) must be taken</li> </ol> <p><b>SM724N is not clinically indicated for the following:</b></p> <ol style="list-style-type: none"> <li>1. When one of the medical conditions outlined above are not present, and/or the criteria for the conditions are not met</li> <li>2. Asymptomatic nasal deviation without the need for surgical access</li> <li>3. In the absence of appropriate trial of conservative medical management of symptoms</li> <li>4. When performed as a part of a cosmetic reconstructive procedure</li> </ol>

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SM703S	5A	SINUSES, NASAL, INFECTION, FUNCTIONAL SINUSCOPIC ETHMOIDECTOMY (BILATERAL)	Inpatient or day surgery	<p><b>This procedure may be claimed according to the rules below.</b></p> <p><b>Clinical Indications:</b></p> <ol style="list-style-type: none"> <li>1. Chronic sinusitis resistant to maximal appropriate medical treatment</li> <li>2. Multiple recurrent attacks of documented acute sinusitis</li> <li>3. Nasal polyposis</li> <li>4. Paranasal sinus mucoceles</li> <li>5. Biopsy of intranasal or paranasal sinus masses</li> <li>6. Treatment of selected nasal and paranasal tumours</li> </ol> <p><b>For endoscopic post sinus surgery toilet/debridement, only 1 claim under SM724S (1B) is allowed per episode of procedure(s).</b></p>

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SM709S	4A	SINUSES, NASAL, INFECTION, FUNCTIONAL SINUSCOPIC ETHMOIDECTOMY (UNILATERAL)	Inpatient or day surgery	<p><b>This procedure may be claimed according to the rules below.</b></p> <p><b>Clinical Indications:</b></p> <ol style="list-style-type: none"> <li>1. Chronic sinusitis resistant to maximal appropriate medical treatment</li> <li>2. Multiple recurrent attacks of documented acute sinusitis</li> <li>3. Nasal polyposis</li> <li>4. Paranasal sinus mucoceles</li> <li>5. Biopsy of intranasal or paranasal sinus masses</li> <li>6. Treatment of selected nasal and paranasal tumours</li> </ol> <p><b>It is not appropriate for SM709S to be claimed twice, clinicians should submit claims for SM703S when bilateral surgeries are performed.</b></p> <p><b>For endoscopic post sinus surgery toilet/debridement, only 1 claim under SM724S (1B) is allowed per episode of procedure(s).</b></p>

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SM711S	1B	SINUSES, NASAL, VARIOUS LESIONS OF ANTRUM, PROOF PUNCTURE WITH/WITHOUT LAVAGE	<p><b>Day surgery</b></p> <p>Claims can be made for the <b>inpatient</b> setting provided they fulfil one of the following conditions (including but not limited to):</p> <ol style="list-style-type: none"> <li>1. Patients at risk of airway compromise e.g., obstruction/bleeding</li> <li>2. When the procedure is performed with any surgery that require inpatient admission</li> <li>3. When patient is already admitted</li> <li>4. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty</li> </ol>	<p><b>This procedure may be claimed according to the rules below.</b></p> <p><b>Clinical Indications:</b></p> <ol style="list-style-type: none"> <li>1. Patients with an existing sinus diagnosis, in addition to pathology of the lower respiratory tract i.e., secretion immobility</li> <li>2. When surgery is contraindicated</li> <li>3. When obtaining specimen for culture</li> <li>4. Failure of treatment for acute, subacute, or chronic suppurative inflammation of the sinus</li> </ol> <p><b>To claim for SM711S, a mandatory proof puncture must be performed, with or without lavage.</b></p>

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SM714S	5C	SINUSES, NASAL, VARIOUS LESIONS, FRONTO-NASAL ETHMOIDECTOMY WITH/WITHOUT CONTRALATERAL ETHMOIDECTOMY AND SPHENOIDOTOMY(S) (UNILATERAL)	Inpatient or day surgery	<p><b>This procedure may be claimed according to the rules below.</b></p> <p><b>Clinical Indications:</b></p> <ol style="list-style-type: none"> <li>1. Acute or chronic inflammation of the ethmoid sinus, unresponsive to appropriate medical therapy</li> <li>2. Multiple or recurrent nasal polyps causing obstruction</li> <li>3. CSF leak/Encephalocele</li> <li>4. Endoscopic decompression</li> </ol> <p><b>For endoscopic post sinus surgery toilet/debridement, only 1 claim under SM724S (1B) is allowed per episode of procedure(s).</b></p>

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SM701T	4B	THROAT, UVULOPALATOPHARYNGOPLASTY (U3P) WITH/WITHOUT TONSILLECTOMY	Inpatient or day surgery	<p><b>This procedure may be claimed according to the rules below.</b></p> <p><b>Clinical Indications:</b></p> <ol style="list-style-type: none"> <li>1. Sleep study performed showing mild, moderate, or severe OSA <u>and</u>;</li> <li>2. Patient must be counselled with a trial of CPAP</li> </ol> <p><b>In which, OSA is defined by an apnoea/hypopnea index (AHI) or respiratory disturbance index (RDI) index of:</b></p> <ol style="list-style-type: none"> <li>1. Mild: &gt;5-14.9 per hour;</li> <li>2. Moderate: &gt;15-29.9 per hour;</li> <li>3. Severe: &gt;30 per hour; <ol style="list-style-type: none"> <li>a. In patients with excessive daytime sleepiness or unexplained hypertension</li> </ol> </li> </ol> <p><b>Where failure of CPAP trial is deemed when patient has demonstrated:</b></p> <ol style="list-style-type: none"> <li>1. Claustrophobia</li> <li>2. Inability to breathe through nose</li> <li>3. Pain or discomfort from CPAP</li> <li>4. User intolerance</li> <li>5. Individuals at high pressures of CPAP &gt;10 H2O complaining of discomfort</li> </ol> <p><b>SM701T is not clinically indicated for the following:</b></p> <ol style="list-style-type: none"> <li>1. Adult Lingual or Pharyngeal Tonsillectomy as an isolated procedure</li> <li>2. Trans-palatal Advancement Pharyngoplasty</li> <li>3. Laser-assisted Uvulopalatoplasty (LAUP)</li> <li>4. Radiofrequency Ablation of Palatal Tissues and the Tongue</li> </ol>

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
				<ul style="list-style-type: none"> <li>5. Tongue Base Suspension or Reduction</li> <li>6. Palatal Stiffening</li> <li>7. Cautery-Assisted Palatal Stiffening Operation (CAPSO)</li> <li>8. Palatal Implants</li> <li>9. Somnoplasty and Coblation</li> <li>10. Uvulectomy</li> <li>11. Injection snoreplasty</li> <li>12. All minimally invasive surgical procedures for OSA not specifically identified as covered above</li> </ul>

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency/Modality)
SM705T	3B	TONSILS, VARIOUS LESIONS, REMOVAL WITH/WITHOUT ADENOIDECTOMY	<p><b>Day surgery</b></p> <p>Claims can be made for the <b>inpatient</b> setting provided they fulfil one of the following conditions (including but not limited to):</p> <ol style="list-style-type: none"> <li>1. Patients at risk of airway compromise e.g., obstruction/bleeding</li> <li>2. When the procedure is performed with any surgery that require inpatient admission</li> <li>3. When patient is already admitted</li> <li>4. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty</li> </ol>	<p><b>This procedure may be claimed according to the rules below.</b></p> <p><b>Clinical Indications:</b></p> <ol style="list-style-type: none"> <li>1. Chronic or recurrent tonsillitis <ol style="list-style-type: none"> <li>a. Sore throat is due to acute tonsillitis</li> <li>b. Recurrent throat infections</li> <li>c. Symptoms present for at least a year</li> <li>d. Episodes of sore throat are disabling and prevent normal functioning</li> </ol> </li> <li>2. Peritonsillar abscess (quinsy) with at least 2 documented episodes</li> <li>3. Diagnostic purposes i.e., diagnosis or suspicion of tonsillar cancer, asymmetrical tonsils</li> <li>4. Tonsillar enlargement causing upper airway obstruction or sleep disruption i.e., treatment of obstructive sleep apnoea (with or without SM701T)</li> <li>5. Tonsilloliths causing severe distress and/or bad breath</li> <li>6. Sleep disordered breathing (SDB)</li> <li>7. PFAPA (periodic fever, aphthous stomatitis, pharyngitis, and adenitis),</li> <li>8. Spontaneous tonsillar haemorrhage</li> <li>9. Patients who are immunocompromised or with other comorbidities (e.g., Diabetes, Cystic Fibrosis or guttate psoriasis)</li> <li>10. Patients at risk of severe complications arising from tonsillitis</li> </ol>

## Appropriate filing of ENT 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 surgical / procedural episode** of surgery or procedures consisting of multiple procedures that fall under a single TOSP code such as Whipple operation; and
- c. perform and code sub-procedures as **separate surgical / procedural episodes** when all the procedures should be performed in a single surgical/procedural 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 **combinations of ENT related TOSP codes deemed to be inappropriate in Table 1 below**. Please note that the list serves as a reference and may be non-exhaustive. These rules will be adapted into a Claim Analytics System (CAS) to detect and flag inappropriate claims upfront to enable systematic claims adjudication.

### 3 For all ENT related TOSP codes:

- a. All ENT TOSP codes are not allowed to be submitted twice in a single surgical / procedural episode
- b. Bilateral and unilateral codes for the same procedure are not allowed be submitted together in the same surgical / procedural episode

**Table 1: List of inappropriate pairings of ENT related TOSP codes**

S/N	TOSP Code	Inappropriate Pairings
1	<b>SM700A (2C)</b> ADENOIDS, VARIOUS LESIONS, REMOVAL	<b>SM713N (1B)</b> NOSE, VARIOUS LESIONS (POSTNASAL SPACE), DIRECT EXAMINATION WITH BIOPSY AND NASENDOSCOPY ( <i>adenoidectomy covers collection of tissue for biopsy</i> ) <b>SM705T (3B)</b> TONSILS, VARIOUS LESIONS, REMOVAL WITH/WITHOUT ADENOIDECTOMY
2	<b>SM700I (1C)</b> INFERIOR TURBINATE REDUCTION (SUBMUCOUS DIATHERMY/RADIOFREQUENCY)	<b>SM714N (2C)</b> NOSE, VARIOUS LESIONS (TURBINATES), TURBINECTOMY/TURBINOPLASTY/SUBMUCOUS RESECTION (WITH OR WITHOUT ENDOSCOPES)
3	<b>SM711L (2C)</b> LARYNGOSCOPY WITH REMOVAL OF TUMOUR/LESIONS	<b>SM716L (1B)</b> LARYNX, VARIOUS LESIONS, DIRECT LARYNGOSCOPE EXAMINATION WITH/WITHOUT BIOPSY

S/N	TOSP Code	Inappropriate Pairings
4	<p style="text-align: center;"><b>SM700N (1A)</b> NOSE, NASOENDOSCOPY/NASOPHARYNGOLARYNGOSCOPY (DIAGNOSTIC, SINGLE, DURING A 90-DAY PERIOD)<sup>3</sup></p>	<p><b>Should not be submitted with any sinus-related codes if using nasoendoscope as part of procedure</b></p> <p><b>SM700A (2C)</b> ADENOIDS, VARIOUS LESIONS, REMOVAL (<i>unless paediatric patient</i>)</p> <p><b>SM711L (2C)</b> LARYNGOSCOPY WITH REMOVAL OF TUMOUR/LESIONS (<i>ELMS or phonosurgery</i>)</p> <p><b>SM716L (1B)</b> LARYNX, VARIOUS LESIONS, DIRECT LARYNGOSCOPE EXAMINATION WITH/WITHOUT BIOPSY</p> <p><b>SM704N (1A)</b> NOSE, HAEMATOMA/ABSCESS, EVACUATION/INCISION &amp; DRAINAGE</p> <p><b>SM705N (1B)</b> NOSE, HAEMORRHAGE, HAEMOSTASIS (PACKING)/CRYOTHERAPY</p> <p><b>SM707N (2B)</b> NOSE, POLYPI (COMPLEX), NASOENDOSCOPY WITH EXCISION BIOPSY, MORE THAN 2</p> <p><b>SM708N (1B)</b> NOSE, POLYPI (SIMPLE), NASOENDOSCOPY WITH EXCISION BIOPSY, 1 TO 2</p> <p><b>SM709N (4A)</b> NOSE, POST-NASAL SPACE, LASER APPLICATION</p> <p><b>SM712N (1B)</b> NOSE, SIMPLE FRACTURE, MANIPULATION (<i>unless paediatric patient</i>)</p> <p><b>SM713N (1B)</b> NOSE, VARIOUS LESIONS (POSTNASAL SPACE), DIRECT EXAMINATION WITH BIOPSY AND NASOENDOSCOPY</p> <p><b>SM714N (2C)</b> NOSE, VARIOUS LESIONS (TURBINATES), TURBINECTOMY/TURBINOPLASTY/SUBMUCOUS RESECTION (WITH OR WITHOUT ENDOSCOPES)</p> <p><b>SM715N (1A)</b> NOSE, VARIOUS LESIONS, CAUTERISATION/DIATHERMY</p> <p><b>SM718N (3B)</b> NOSE, VARIOUS LESIONS, RHINOPLASTY (AUGMENTATION EXCLUDING COST OF IMPLANTS)</p> <p><b>SM724N (3B)</b> NOSE, VARIOUS LESIONS, SEPTOPLASTY/SUBMUCOUS RESECTION (<i>not allowed if using nasoendoscope as part of procedure</i>)</p> <p><b>SM700S (7C)</b> SKULL/FACE, MALIGNANT TUMOUR/TRAUMA, CRANIOFACIAL RESECTION</p> <p><b>SM711S (1B)</b> SINUSES, NASAL, VARIOUS LESIONS OF ANTRUM, PROOF PUNCTURE WITH/WITHOUT LAVAGE (<i>unless outpatient setting on first visit</i>)</p> <p><b>SM721S (5C)</b> SKULL, BASE, RESECTION OF SKULL BASE SOFT TISSUE TUMOURS WITH NO BONE INVOLVEMENT</p> <p><b>SM722S (6C)</b> SKULL, BASE, RESECTION OF SKULL BASE SOFT TISSUE TUMOURS, (INCLUDING NASOPHARYNGECTOMY) WITH RESECTION OF BONE AND PRESERVATION OF DURA (EXTRADURAL)</p> <p><b>SM723S (7C)</b> SKULL, BASE, RESECTION OF SKULL BASE SOFT TISSUE TUMOURS WITH RESECTION OF BONE AND DURA (INTRADURAL, INCLUDING CLIVUS, PARASELLAR AREA OR CAVERNOUS SINUS) WITH SKULL BASE RECONSTRUCTION</p> <p><b>SM705T (3B)</b> TONSILS, VARIOUS LESIONS, REMOVAL WITH/WITHOUT ADENOIDECTOMY (<i>not allowed if using nasoendoscope as part of procedure</i>)</p> <p><b>SF811M (1B)</b> ORAL CAVITY AND PHARYNX, FOREIGN BODY, REMOVAL</p>

<sup>3</sup> The frequency restriction of code applies irrespective of the specialist performing the procedure or medical institution at which the procedure is performed.

S/N	TOSP Code	Inappropriate Pairings
5	<p align="center"><b>SM705N (1B)</b> NOSE, HAEMORRHAGE, HAEMOSTASIS (PACKING)/CRYOTHERAPY)</p>	<p><b>SM700A (2C)</b> ADENOIDS, VARIOUS LESIONS, REMOVAL  <b>SM700I (1C)</b> INFERIOR TURBINATE REDUCTION (SUBMUCOUS DIATHERMY/RADIOFREQUENCY)  <b>SM713N (1B)</b> NOSE, VARIOUS LESIONS (POSTNASAL SPACE), DIRECT EXAMINATION WITH BIOPSY AND NASENDOSCOPY  <b>SM714N (2C)</b> NOSE, VARIOUS LESIONS (TURBINATES), TURBINECTOMY/TURBINOPLASTY/SUBMUCOUS RESECTION (WITH OR WITHOUT ENDOSCOPES)  <b>SM715N (1A)</b> NOSE, VARIOUS LESIONS, CAUTERISATION/DIATHERMY  <b>SM724N (3B)</b> NOSE, VARIOUS LESIONS, SEPTOPLASTY/SUBMUCOUS RESECTION  <b>SM702S (3C)</b> SINUS-NASAL, ENDOSCOPIC HAEMOSTASIS (COMPLEX, UNDER GENERAL ANAESTHESIA)  <b>SM714S (5C)</b> SINUSES, NASAL, VARIOUS LESIONS, FRONTO-NASAL ETHMOIDECTOMY WITH/WITHOUT CONTRALATERAL ETHMOIDECTOMY AND SPHENOIDOTOMY(S) (UNILATERAL)  <b>SM705T (3B)</b> TONSILS, VARIOUS LESIONS, REMOVAL WITH/WITHOUT ADENOIDECTOMY</p>
6	<p align="center"><b>SM713N (1B)</b> NOSE, VARIOUS LESIONS (POSTNASAL SPACE), DIRECT EXAMINATION WITH BIOPSY AND NASENDOSCOPY</p>	<p><b>SM701N (4A)</b> NOSE, CHOANAL ATRESIA, PLASTIC REPAIR  <b>SM702N (2C)</b> NOSE, CHOANAL ATRESIA, REPAIR BY PUNCTURE AND DILATATION  <b>SM704N (1A)</b> NOSE, HAEMATOMA/ABSCESS, EVACUATION/INCISION &amp; DRAINAGE  <b>SM706N (3A)</b> NOSE, LACERATION FULL THICKNESS, REPAIR &gt;3CM  <b>SM707N (2B)</b> NOSE, POLYPI (COMPLEX), NASOENDOSCOPY WITH EXCISION BIOPSY, MORE THAN 2  <b>SM708N (1B)</b> NOSE, POLYPI (SIMPLE), NASOENDOSCOPY WITH EXCISION BIOPSY, 1 TO 2  <b>SM709N (4A)</b> NOSE, POST-NASAL SPACE, LASER APPLICATION  <b>SM703S (5A)</b> SINUSES, NASAL, INFECTION, FUNCTIONAL SINUSCOPIC ETHMOIDECTOMY (BILATERAL)  <b>SM706S (2B)</b> SINUSES, NASAL, FOREIGN BODY/OTHER LESIONS, INTRANASAL OPERATION/REMOVAL OF FOREIGN BODY  <b>SM707S (2B)</b> SINUSES, NASAL, HAEMATOMA/ABSCESS, ANTRAL DRAINAGE  <b>SM708S (3B)</b> SINUSES, NASAL, INFECTION, FUNCTIONAL SINUSCOPIC DRAINAGE OF ETHMOIDAL/MAXILLARY SINUSES  <b>SM709S (4A)</b> SINUSES, NASAL, INFECTION, FUNCTIONAL SINUSCOPIC ETHMOIDECTOMY (UNILATERAL)  <b>SM711S (1B)</b> SINUSES, NASAL, VARIOUS LESIONS OF ANTRUM, PROOF PUNCTURE WITH/WITHOUT LAVAGE  <b>SM712S (3A)</b> SINUSES, NASAL, VARIOUS LESIONS, ANTROSTOMY (RADICAL)  <b>SM713S (5C)</b> SINUSES, NASAL, VARIOUS LESIONS, FRONTO-ETHMOIDECTOMY (RADICAL) WITH OSTEOPLASTIC FLAP  <b>SM714S (5C)</b> SINUSES, NASAL, VARIOUS LESIONS, FRONTO-NASAL ETHMOIDECTOMY WITH/WITHOUT CONTRALATERAL ETHMOIDECTOMY AND SPHENOIDOTOMY(S) (UNILATERAL)  <b>SM716S (5C)</b> SINUSES, SPHENOIDAL, VARIOUS LESIONS, INTRANASAL OPERATION  <b>SM717S (1A)</b> SINUSES FRONTAL, VARIOUS LESIONS, CATHETERISATION</p>

S/N	TOSP Code	Inappropriate Pairings
		<p><b>SM718S (5C)</b> SINUSES FRONTAL, VARIOUS LESIONS, RADICAL OBLITERATION</p> <p><b>SM719S (2B)</b> SINUSES FRONTAL, VARIOUS LESIONS, TREPHINE</p> <p><b>SM721S (5C)</b> SKULL, BASE, RESECTION OF SKULL BASE SOFT TISSUE TUMOURS WITH NO BONE INVOLVEMENT</p> <p><b>SM722S (6C)</b> SKULL, BASE, RESECTION OF SKULL BASE SOFT TISSUE TUMOURS, (INCLUDING NASOPHARYNGECTOMY) WITH RESECTION OF BONE AND PRESERVATION OF DURA (EXTRADURAL)</p> <p><b>SM723S (7C)</b> SKULL, BASE, RESECTION OF SKULL BASE SOFT TISSUE TUMOURS WITH RESECTION OF BONE AND DURA (INTRADURAL, INCLUDING CLIVUS, PARASELLAR AREA OR CAVERNOUS SINUS) WITH SKULL BASE RECONSTRUCTION</p> <p><b>SM705T (3B)</b> TONSILS, VARIOUS LESIONS, REMOVAL WITH/WITHOUT ADENOIDECTOMY (<i>if performed with adenoidectomy covers collection of tissue for biopsy</i>)</p>
7	<p><b>SM714N (2C)</b> NOSE, VARIOUS LESIONS (TURBINATES), TURBINECTOMY/TURBINOPLASTY/SUBMUCOUS RESECTION (WITH OR WITHOUT ENDOSCOPES)</p>	<p><b>SM708N (1B)</b> NOSE, POLYPI (SIMPLE), NASOENDOSCOPY WITH EXCISION BIOPSY, 1 TO 2</p>
8	<p><b>SM715N (1A)</b> NOSE, VARIOUS LESIONS, CAUTERISATION/DIATHERMY</p>	<p><b>SM700A (2C)</b> ADENOIDS, VARIOUS LESIONS, REMOVAL (<i>unless treatment for recurrent epistaxis, not allowed for intra-op haemostasis</i>)</p> <p><b>SM700I (1C)</b> INFERIOR TURBINATE REDUCTION (SUBMUCOUS DIATHERMY/RADIOFREQUENCY) (<i>unless treatment for recurrent epistaxis, not allowed for intra-op haemostasis</i>)</p> <p><b>SM701N (4A)</b> NOSE, CHOANAL ATRESIA, PLASTIC REPAIR</p> <p><b>SM702N (2C)</b> NOSE, CHOANAL ATRESIA, REPAIR BY PUNCTURE AND DILATATION</p> <p><b>SM704N (1A)</b> NOSE, HAEMATOMA/ABSCESS, EVACUATION/INCISION &amp; DRAINAGE</p> <p><b>SM706N (3A)</b> NOSE, LACERATION FULL THICKNESS, REPAIR &gt;3CM</p> <p><b>SM707N (2B)</b> NOSE, POLYPI (COMPLEX), NASOENDOSCOPY WITH EXCISION BIOPSY, MORE THAN 2</p> <p><b>SM708N (1B)</b> NOSE, POLYPI (SIMPLE), NASOENDOSCOPY WITH EXCISION BIOPSY, 1 TO 2</p> <p><b>SM709N (4A)</b> NOSE, POST-NASAL SPACE, LASER APPLICATION</p> <p><b>SM710N (4A)</b> NOSE, RHINOPHYMA, EXCISION</p> <p><b>SM711N (6B)</b> NOSE, RHINOPHYMA, TOTAL CONSTRUCTION</p> <p><b>SM712N (1B)</b> NOSE, SIMPLE FRACTURE, MANIPULATION</p> <p><b>SM713N (1B)</b> NOSE, VARIOUS LESIONS (POSTNASAL SPACE), DIRECT EXAMINATION WITH BIOPSY AND NASOENDOSCOPY (<i>if haemorrhage is unrelated to PNS biopsy</i>)</p> <p><b>SM714N (2C)</b> NOSE, VARIOUS LESIONS (TURBINATES), TURBINECTOMY/TURBINOPLASTY/SUBMUCOUS RESECTION (WITH OR WITHOUT ENDOSCOPES)</p> <p><b>SM716N (4A)</b> NOSE, VARIOUS LESIONS, COMPOSITE GRAFT (CHONDRO-CUTANEOUS/CHONDRO-MUCOSAL)</p>

S/N	TOSP Code	Inappropriate Pairings
		<p><b>SM718N (3B)</b> NOSE, VARIOUS LESIONS, RHINOPLASTY (AUGMENTATION EXCLUDING COST OF IMPLANTS)</p> <p><b>SM719N (4C)</b> NOSE, VARIOUS LESIONS, PRIMARY RHINOPLASTY (CORRECTION OF BONY VAULT ONLY, OSTEOTOMIES REQUIRED, WITHOUT ANY CARTILAGINOUS CORRECTION)</p> <p><b>SM720N (4C)</b> NOSE, RHINOPLASTY, CORRECTION OF LATERAL/ALAR CARTILAGE AND/OR SEPTAL STRUT (INCLUDING ALL GRAFTS, EXTRACORPOREAL SEPTOPLASTY), RECONSTRUCTION OF NASAL VALVE(S), AND/OR EXTRANASAL (SEPTAL, CONCHAL, PINNA) CARTILAGE HARVEST</p> <p><b>SM721N (5A)</b> NOSE, VARIOUS LESIONS, RHINOPLASTY (INVOLVING AUTOGENOUS BONE OR COSTAL CARTILAGE GRAFT)</p> <p><b>SM723N (5C)</b> NOSE, VARIOUS LESIONS, RHINOPLASTY (TOTAL) INCLUDING CORRECTION OF ALL BONY AND CARTILAGINOUS ELEMENTS</p> <p><b>SM724N (3B)</b> NOSE, VARIOUS LESIONS, SEPTOPLASTY/SUBMUCOUS RESECTION (<i>unless treatment for recurrent epistaxis, not allowed for intra-op haemostasis</i>)</p> <p><b>SM702S (3C)</b> SINUS-NASAL, ENDOSCOPIC HAEMOSTASIS (COMPLEX, UNDER GENERAL ANAESTHESIA)</p> <p><b>SM703S (5A)</b> SINUSES, NASAL, INFECTION, FUNCTIONAL SINUSCOPIC ETHMOIDECTOMY (BILATERAL)</p> <p><b>SM705S (5C)</b> SINUSES, ETHMOIDAL, VARIOUS LESIONS, EXTERNAL OPERATION</p> <p><b>SM706S (2B)</b> SINUSES, NASAL, FOREIGN BODY/OTHER LESIONS, INTRANASAL OPERATION/REMOVAL OF FOREIGN BODY</p> <p><b>SM707S (2B)</b> SINUSES, NASAL, HAEMATOMA/ABSCESS, ANTRAL DRAINAGE</p> <p><b>SM708S (3B)</b> SINUSES, NASAL, INFECTION, FUNCTIONAL SINUSCOPIC DRAINAGE OF ETHMOIDAL/ MAXILLARY SINUSES</p> <p><b>SM709S (4A)</b> SINUSES, NASAL, INFECTION, FUNCTIONAL SINUSCOPIC ETHMOIDECTOMY (UNILATERAL)</p> <p><b>SM710S (3A)</b> SINUSES, NASAL, ORO-ANTRAL FISTULA, CLOSURE</p> <p><b>SM711S (1B)</b> SINUSES, NASAL, VARIOUS LESIONS OF ANTRUM, PROOF PUNCTURE WITH/WITHOUT LAVAGE</p> <p><b>SM712S (3A)</b> SINUSES, NASAL, VARIOUS LESIONS, ANTROSTOMY (RADICAL)</p> <p><b>SM713S (5C)</b> SINUSES, NASAL, VARIOUS LESIONS, FRONTO-ETHMOIDECTOMY (RADICAL) WITH OSTEOPLASTIC FLAP</p> <p><b>SM714S (5C)</b> SINUSES, NASAL, VARIOUS LESIONS, FRONTO-NASAL ETHMOIDECTOMY WITH/WITHOUT CONTRALATERAL ETHMOIDECTOMY AND SPHENOIDOTOMY(S) (UNILATERAL)</p> <p><b>SM716S (5C)</b> SINUSES, SPHENOIDAL, VARIOUS LESIONS, INTRANASAL OPERATION</p> <p><b>SM717S (1A)</b> SINUSES FRONTAL, VARIOUS LESIONS, CATHETERISATION</p> <p><b>SM718S (5C)</b> SINUSES FRONTAL, VARIOUS LESIONS, RADICAL OBLITERATION</p> <p><b>SM719S (2B)</b> SINUSES FRONTAL, VARIOUS LESIONS, TREPHINE</p> <p><b>SM721S (5C)</b> SKULL, BASE, RESECTION OF SKULL BASE SOFT TISSUE TUMOURS WITH NO BONE INVOLVEMENT</p>

S/N	TOSP Code	Inappropriate Pairings
		<p><b>SM722S (6C)</b> SKULL, BASE, RESECTION OF SKULL BASE SOFT TISSUE TUMOURS, (INCLUDING NASOPHARYNGECTOMY) WITH RESECTION OF BONE AND PRESERVATION OF DURA (EXTRADURAL)</p> <p><b>SM723S (7C)</b> SKULL, BASE, RESECTION OF SKULL BASE SOFT TISSUE TUMOURS WITH RESECTION OF BONE AND DURA (INTRADURAL, INCLUDING CLIVUS, PARASELLAR AREA OR CAVERNOUS SINUS) WITH SKULL BASE RECONSTRUCTION</p> <p><b>SM705T (3B)</b> TONSILS, VARIOUS LESIONS, REMOVAL WITH/WITHOUT ADENOIDECTOMY (<i>unless treatment for recurrent epistaxis, not allowed for intra-op haemostasis</i>)</p> <p><b>SM725S (6A)</b> SINUSES, NASAL, VARIOUS LESIONS, FRONTO-NASAL ETHMOIDECTOMY WITH/WITHOUT SPHENOIDOTOMY(S) (BILATERAL)</p>
9	<p><b>SM718N (3B)</b> NOSE, VARIOUS LESIONS, RHINOPLASTY (AUGMENTATION EXCLUDING COST OF IMPLANTS)</p>	<p><b>SM724N (3B)</b> NOSE, VARIOUS LESIONS, SEPTOPLASTY/SUBMUCOUS RESECTION</p>
10	<p><b>SM719N (4C)</b> NOSE, VARIOUS LESIONS, PRIMARY RHINOPLASTY (CORRECTION OF BONY VAULT ONLY, OSTEOTOMIES REQUIRED, WITHOUT ANY CARTILAGINOUS CORRECTION)</p> <p><b>SM720N (4C)</b> NOSE, RHINOPLASTY, CORRECTION OF LATERAL/ALAR CARTILAGE AND/OR SEPTAL STRUT (INCLUDING ALL GRAFTS, EXTRACORPOREAL SEPTOPLASTY), RECONSTRUCTION OF NASAL VALVE(S), AND/OR EXTRANASAL (SEPTAL, CONCHAL, PINNA) CARTILAGE HARVEST</p> <p><b>SM721N (5A)</b> NOSE, VARIOUS LESIONS, RHINOPLASTY (INVOLVING AUTOGENOUS BONE OR COSTAL CARTILAGE GRAFT)</p> <p><b>SM723N (5C)</b> NOSE, VARIOUS LESIONS, RHINOPLASTY (TOTAL) INCLUDING CORRECTION OF ALL BONY AND CARTILAGINOUS ELEMENTS</p> <p><b>SM724N (3B)</b> NOSE, VARIOUS LESIONS, SEPTOPLASTY/SUBMUCOUS RESECTION</p>	<p><b>For this set of rhinoplasty codes, any combinations of 2 codes are not allowed to be submitted together in a single surgical episode</b></p>

S/N	TOSP Code	Inappropriate Pairings
11	<p align="center"><b>SM703S (5A)</b> SINUSES, NASAL, INFECTION, FUNCTIONAL SINUSCOPIC ETHMOIDECTOMY (BILATERAL)</p>	<p><b>Should not be submitted with any other sinus-related code in a single surgical episode</b></p>
12	<p align="center"><b>SM709S (4A)</b> SINUSES, NASAL, INFECTION, FUNCTIONAL SINUSCOPIC ETHMOIDECTOMY (UNILATERAL)</p>	<p><b>Should not be submitted with any other sinus-related code in a single surgical episode</b></p>
13	<p align="center"><b>SM711S (1B)</b> SINUSES, NASAL, VARIOUS LESIONS OF ANTRUM, PROOF PUNCTURE WITH/WITHOUT LAVAGE</p>	<p><b>SM702S (3C)</b> SINAL-NASAL, ENDOSCOPIC HAEMOSTASIS (COMPLEX, UNDER GENERAL ANAESTHESIA)  <b>SM703S (5A)</b> SINUSES, NASAL, INFECTION, FUNCTIONAL SINUSCOPIC ETHMOIDECTOMY (BILATERAL)  <b>SM705S (5C)</b> SINUSES, ETHMOIDAL, VARIOUS LESIONS, EXTERNAL OPERATION  <b>SM708S (3B)</b> SINUSES, NASAL, INFECTION, FUNCTIONAL SINUSCOPIC DRAINAGE OF ETHMOIDAL/MAXILLARY SINUSES  <b>SM709S (4A)</b> SINUSES, NASAL, INFECTION, FUNCTIONAL SINUSCOPIC ETHMOIDECTOMY (UNILATERAL)  <b>SM712S (3A)</b> SINUSES, NASAL, VARIOUS LESIONS, ANTROSTOMY (RADICAL)  <b>SM713S (5C)</b> SINUSES, NASAL, VARIOUS LESIONS, FRONTO-ETHMOIDECTOMY (RADICAL) WITH OSTEOPLASTIC FLAP  <b>SM714S (5C)</b> SINUSES, NASAL, VARIOUS LESIONS, FRONTO-NASAL ETHMOIDECTOMY WITH/WITHOUT CONTRALATERAL ETHMOIDECTOMY AND SPHENOIDOTOMY(S) (UNILATERAL)  <b>SM721S (5C)</b> SKULL, BASE, RESECTION OF SKULL BASE SOFT TISSUE TUMOURS WITH NO BONE INVOLVEMENT  <b>SM722S (6C)</b> SKULL, BASE, RESECTION OF SKULL BASE SOFT TISSUE TUMOURS, (INCLUDING NASOPHARYNGECTOMY) WITH RESECTION OF BONE AND PRESERVATION OF DURA (EXTRADURAL)  <b>SM723S (7C)</b> SKULL, BASE, RESECTION OF SKULL BASE SOFT TISSUE TUMOURS WITH RESECTION OF BONE AND DURA (INTRADURAL, INCLUDING CLIVUS, PARASELLAR AREA OR CAVERNOUS SINUS) WITH SKULL BASE RECONSTRUCTION  <b>SM725S (6A)</b> SINUSES, NASAL, VARIOUS LESIONS, FRONTO-NASAL ETHMOIDECTOMY WITH/WITHOUT SPHENOIDOTOMY(S) (BILATERAL)</p>
14	<p align="center"><b>SM714S (5C)</b> SINUSES, NASAL, VARIOUS LESIONS, FRONTO-NASAL ETHMOIDECTOMY WITH/WITHOUT CONTRALATERAL ETHMOIDECTOMY AND SPHENOIDOTOMY(S) (UNILATERAL)</p>	<p><b>SM707N (2B)</b> NOSE, POLYPI (COMPLEX), NASOENDOSCOPY WITH EXCISION BIOPSY, MORE THAN 2  <b>SM708N (1B)</b> NOSE, POLYPI (SIMPLE), NASOENDOSCOPY WITH EXCISION BIOPSY, 1 TO 2  <b>SM700S (7C)</b> SKULL/FACE, MALIGNANT TUMOUR/TRAUMA, CRANIOFACIAL RESECTION  <b>SM702S (3C)</b> SINAL-NASAL, ENDOSCOPIC HAEMOSTASIS (COMPLEX, UNDER GENERAL ANAESTHESIA)  <b>SM703S (5A)</b> SINUSES, NASAL, INFECTION, FUNCTIONAL SINUSCOPIC ETHMOIDECTOMY (BILATERAL)  <b>SM705S (5C)</b> SINUSES, ETHMOIDAL, VARIOUS LESIONS, EXTERNAL OPERATION  <b>SM706S (2B)</b> SINUSES, NASAL, FOREIGN BODY/OTHER LESIONS, INTRANASAL OPERATION/REMOVAL OF FOREIGN BODY</p>

S/N	TOSP Code	Inappropriate Pairings
		<b>SM707S (2B)</b> SINUSES, NASAL, HAEMATOMA/ABSCESS, ANTRAL DRAINAGE <b>SM708S (3B)</b> SINUSES, NASAL, INFECTION, FUNCTIONAL SINUSCOPIC DRAINAGE OF ETHMOIDAL/MAXILLARY SINUSES <b>SM709S (4A)</b> SINUSES, NASAL, INFECTION, FUNCTIONAL SINUSCOPIC ETHMOIDECTOMY (UNILATERAL) <b>SM713S (5C)</b> SINUSES, NASAL, VARIOUS LESIONS, FRONTO-ETHMOIDECTOMY (RADICAL) WITH OSTEOPLASTIC FLAP <b>SM716S (5C)</b> SINUSES, SPHENOIDAL, VARIOUS LESIONS, INTRANASAL OPERATION <b>SM717S (1A)</b> SINUSES FRONTAL, VARIOUS LESIONS, CATHETERISATION <b>SM725S (6A)</b> SINUSES, NASAL, VARIOUS LESIONS, FRONTO-NASAL ETHMOIDECTOMY WITH/WITHOUT SPHENOIDOTOMY(S) (BILATERAL)
15	<b>SM701T (4B)</b> THROAT, UVULOPALATOPHARYNGOPLASTY (U3P) WITH/WITHOUT TONSILLECTOMY	<b>SM705T (3B)</b> TONSILS, VARIOUS LESIONS, REMOVAL WITH/WITHOUT ADENOIDECTOMY
16	<b>SM802M (4B)</b> MASTOID, VARIOUS LESIONS, MASTOIDECTOMY WITHOUT OSSICULAR CHAIN RECONSTRUCTION	<b>SM829E (4A)</b> EAR, VARIOUS LESIONS, MYRINGOPLASTY (POST-AURAL/ENDAURAL APPROACH) <b>SM830E (3B)</b> EAR, VARIOUS LESIONS, MYRINGOPLASTY (SIMPLE)
17	<b>SM803M (5C)</b> MASTOID, VARIOUS LESIONS, MASTOIDECTOMY (RADICAL/MODIFIED) WITH MYRINGOPLASTY, SUBTOTAL PETROSECTOMY	<b>SM802M (4B)</b> MASTOID, VARIOUS LESIONS, MASTOIDECTOMY WITHOUT OSSICULAR CHAIN RECONSTRUCTION <b>SM829E (4A)</b> EAR, VARIOUS LESIONS, MYRINGOPLASTY (POST-AURAL/ENDAURAL APPROACH) <b>SM830E (3B)</b> EAR, VARIOUS LESIONS, MYRINGOPLASTY (SIMPLE)