

## Responses to Clinical Feedback

S/N	TOSP Code	Feedback	MOH's Reply
<b>Ureter</b>			
1	<b>SG700U (2C)</b> Ureter, cystoscopy, and insertion of double J stent	<p>a) When a ureteric stent is always inserted without exception, the primary surgical TOSP code sufficiently describes the procedure including the insertion of ureteric stent. If SG700U is added as part of the surgical episode, then should be deemed an inappropriate pair code. A clarification statement can be made that "SG700U can be claimed if performed at a subsequent separate episode after the primary surgery, and/ or on the contralateral side if the primary procedure was a unilateral procedure."</p> <p>b) Removal of the following clinical indications:</p> <ul style="list-style-type: none"> <li>i. 'Following the creation of a ureteral anastomosis (e.g., ileal conduit, ileal neobladder, ureteroureterostomy).</li> <li>ii. Post operative drainage for e.g., pyeloplasty, pyelolithotomy, ureterolithotomy.</li> </ul>	The clinical indications in (b) i, ii are removed as reflected in page 15 of the CR document.
2	<b>SG704U (2B)</b> Ureter, stricture, percutaneous antegrade balloon dilatation	a) As no TOSP code exists for retrograde balloon dilatation, can SG704U can be used for retrograde balloon dilatation of ureteric strictures?	<u>SG704U (2B)</u> Ureter, stricture, percutaneous antegrade balloon dilatation can be used for antegrade procedures or <u>SG812U (3B)</u> Ureter, various lesions, ureterotomy/insertion of double J stent can be used for retrograde balloon dilatation of ureteric strictures.
<b>Prostate</b>			
3	<p><b>SH836P (4B)</b> Prostate gland, various lesions, transurethral resection (TURP)/enucleation of prostate (resected weight less than 30g)</p> <p><b>SH837P (5C)</b> Prostate gland, various lesions, transurethral resection (TURP)/enucleation of prostate (resected weight more than 30g)</p>	<p>a) The clinical indication: '<i>Urothelial cancer/tumour/mass of the prostate and urethra</i>' may be too specific.</p> <p>b) There are rare variant histologies such as adenocarcinoma and squamous cell carcinoma, for which the procedures are still clinically indicated. It may be better to not specify that it has to be 'urothelial carcinoma'.</p>	These procedures are not limited to urothelial carcinoma. For clarity, the indication has been rephrased to: ' <i>Urothelial cancer, or <u>any</u> tumour or mass of the prostate and urethra</i> ' for clarity.

Inappropriate pairings			
4	<p><b>SG709B (2B)</b> Bladder, cystoscopy, removal of foreign body/ureteric stent</p> <p><b>SG700U (2C)</b> Ureter, cystoscopy, and insertion of double J stent</p>	<p>a) If an existing ureteric stent is removed and replaced with a new ureteric stent on the ipsilateral side during the same surgical episode, will WG permit the claim of both codes for removal and for insertion, or only one code?</p> <p>b) CR should specifically disallow charging both codes and permit only the higher table code (2C) ought to be charged. To consider adding this code pairing to the inappropriate pairing section for ipsilateral procedure done during the same surgical episode.</p>	The TOSP committee will review the potential creation of new codes for the replacement of ureteric stents. In the interim, only the higher table code i.e., SG700U (2C) for insertion should be submitted.
5	<p><b>SG704U (2B)</b> Ureter, stricture, percutaneous antegrade balloon dilatation</p>	<p>a) Is SG704U appropriate to be coded with SG727K kidney/ureter, retrograde intrarenal surgery or RIRS using flexible ureteroscopy (therapeutic – eg lithotripsy and/or basket extraction of stones &lt; 1cm)/ SG730K kidney/ureter, retrograde intrarenal surgery or RIRS using flexible ureteroscopy (therapeutic – eg lithotripsy, and/or basket extraction of stones &gt;1cm) in a single surgical episode?</p>	Yes, SG704U can be coded with SG727K/ SG730K as these are separate procedures for different pathologies, which can be performed at the same setting or at a separate stage.
6	<p><b>SG714B (4A)</b> Bladder/urethra, transurethral resection of bladder tumour (&lt;3cm)</p> <p><b>SG715B (4B)</b> Bladder/urethra, transurethral resection of bladder tumour (&gt;3cm)</p>	<p>a) There is redundancy in listing this pairing in CR as their descriptors are clear and should not be submitted together in a single surgical episode.</p> <p>b) When there are multiple bladder tumours, to consider revising the descriptors as below:</p> <ol style="list-style-type: none"> <li>SG714B (4A) <i>Bladder/urethra, transurethral resection of bladder tumour (Cumulative size of tumour(s) less than 3CM)</i></li> <li>SG715B (4B) <i>Bladder/urethra, transurethral resection of bladder tumour (Cumulative size of tumour(s) 3CM or larger)</i></li> </ol>	<p>This pairing is included in the CR for clarity.</p> <p>Comments on revision of TOSP descriptors have been surfaced to TOSP committee for review.</p>
7	<p><b>PCNL and RIRS codes</b></p>	<p>This pairing should still be appropriate if performed on different sides:</p> <p>a) <b>SG812K (5C)</b> Kidney, staghorn calculus, nephrolithotomy or percutaneous nephrostolithotomy (PCNL) and <b>SG709K (5A)</b> Kidney, calculus, percutaneous nephrolithotomy or percutaneous nephrostolithotomy (PCNL)</p> <p>b) <b>SG727K (4B)</b> Kidney/ureter, retrograde intrarenal surgery or RIRS using flexible ureteroscopy (therapeutic - e.g. lithotripsy and/or basket extraction of stones &lt;1cm) and <b>SG730K (4C)</b> Kidney/ureter, retrograde intrarenal surgery or RIRS using flexible ureteroscopy (therapeutic – e.g. lithotripsy, and/or basket extraction of stones &gt;1cm)</p>	<p>Yes, these code pairings can be claimed together if procedures are done on different sides, as reflected in page 30 of CR.</p> <p>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).</p>

8	<p><b>SG711K (2B)</b> Kidney, hydronephrosis, percutaneous nephrostomy and drainage catheter insertion (PCN and drainage)</p>	<p>a) The access and treatment of stones is listed as a clinical indication for SG711K.</p> <p>b) This contradicts the inappropriate pairing of SG711K and PCNL codes (SG709K, SG812K).</p> <p>c) A new surgical code for access could be created.</p>	<p>The TOSP principle states that <i>‘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.’</i></p> <p>SG711K should not be submitted with PCNL codes when performed on the ipsilateral side, as it is considered part of the PCNL procedures. It is appropriate to submit SG711K with PCNL codes when performed on different sides i.e., left and right.</p> <p>SG711K is considered a standalone procedure if performed for the indication of access for subsequent separate treatment of stones.</p>
9	<p><b>SG800U (4A)</b> Ureter, calculus, ureteroscopy and lithotripsy</p> <p><b>SG727K (4B)</b> Kidney/ureter, retrograde intrarenal surgery or RIRS using flexible ureteroscopy (therapeutic – e.g. lithotripsy and/or basket extraction of stones &lt;1cm)</p> <p><b>SG730K (4C)</b> Kidney/ureter, retrograde intrarenal surgery or RIRS using flexible ureteroscopy (therapeutic – e.g. lithotripsy, and/or basket extraction of stones &gt;1cm)</p>	<p>a) Treating a patient with a rigid ureteroscope for an impacted lower ureteric stone followed by a RIRS with a flexible ureteroscope for a large renal stone whether on the same side or opposite side uses the same amount of different equipment expertise and time and should be treated similarly and deemed appropriate.</p> <p>b) The inappropriate pairing of SG800U (4A) with SG727K (4B) or SG730K (4C) should be clinically appropriate to pair should there be indeed two separate stones i.e. – if there is/are stone(s) in the ureter and also if there is a/are stone(s) in the same kidney.</p> <p>c) The rationale is that the ureteric stone has to be dealt with first before one is able to access the ipsilateral kidney. This will inevitably add to the duration of the surgery as well as the resources used to achieve the surgery successfully.</p> <p>a) Should <b>SG800U (4A)</b> Ureter, calculus, ureteroscopy and lithotripsy, <b>SG730K (4C)</b> Kidney/ureter, retrograde intrarenal surgery or RIRS using flexible ureteroscopy (therapeutic – e.g. lithotripsy, and/or basket extraction of stones &gt;1cm) and <b>SG727K (4B)</b> Kidney/ureter, retrograde intrarenal surgery or RIRS using flexible ureteroscopy (therapeutic – e.g. lithotripsy and/or basket extraction of stones &lt; 1cm) be included in this list as cystoscopy would be considered a staged procedure?</p>	<p>The TOSP principle states that <i>‘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.’</i></p> <p>SG800U, SG727K and SG730K have overlapping descriptions and hence only 1 code should be used if the stone(s) is present in a single location. SG727K/ SG730K is more appropriate if RIRS was performed.</p> <p>Multiple coding should not be carried out based on number of stones removed. When there are multiple stones in a single ureter, only one code should be used. However, when stones are present in both ureters, a total of two codes can be used, one for each side of the ureter.</p> <p>This follows the TOSP principle that <i>“Two TOSP claims for the same procedure is allowed for paired organs (e.g. eyes, breasts, kidneys etc), if both organs are being operated on at the same time, particularly if no bilateral TOSP code exists”</i>.</p> <p>In the setting of concurrent/ simultaneous management of kidney and ureteric stones on the same side, a single TOSP code (SG730K) can be used.</p>

10	<b>SM709B (2B)</b> Bladder, cystoscopy, removal of foreign body/ureteric stent	a) Can SM709B be coded twice for the removal of bilateral DJ stents?	<p>As there is no bilateral code for removal of DJ stents, SM709B can be submitted twice in a single surgical setting for the removal of bilateral DJ stents. This is in view of the following principle stated in the TOSP booklet:</p> <p><i>“Two TOSP claims for the same procedure is allowed for paired organs (e.g. eyes, breasts, kidneys etc), if both organs are being operated on at the same time, particularly if no bilateral TOSP code exists. Where a bilateral TOSP code exists, the bilateral TOSP code should be used.”</i></p>
11	<b>Cystoscopy codes</b>	<p>a) When it is required to incise the bladder neck and/or dilate the urethra for stone removal, can the following be quoted separately or should be encompassed in the definitive procedure: Is <b>SG718B (1C)</b> Bladder/urethra, cystoscopy, with urethral dilatation and <b>SG712B (3B)</b> Bladder, cystoscopy, with endoscopic resection/incision of bladder neck considered as part of <b>SG711B (3B)</b> Bladder, cystoscopy, with endoscopic removal/manipulation of ureteric calculus, or any definitive procedure for stone removal?</p> <p>b) Would <b>SG713B (1B)</b> Bladder, cystoscopy, with or without biopsy/ <b>SG718B (1C)</b> Bladder/urethra, cystoscopy, with urethral dilatation be a valid code with TURBT, or considered a staged procedure?</p> <p>c) Would <b>SG716B (1C)</b> Bladder/ureter, cystoscopy, with ureteric catheterisation be considered staged with <b>SG800U (4A)</b> Ureter, calculus, ureteroscopy and lithotripsy/ <b>SG730K (4C)</b> Kidney/ureter, retrograde intrarenal surgery or RIRS using flexible ureteroscopy (therapeutic – e.g. lithotripsy, and/or basket extraction of stones &gt;1cm)/ <b>SG727K (4B)</b> Kidney/ureter, retrograde intrarenal surgery or RIRS using flexible ureteroscopy (therapeutic – e.g. lithotripsy and/or basket extraction of stones &lt; 1cm) if done in the same surgical sitting, as localization of the calculus would be a necessary step in RIRS/lithotripsy. Any instances where it would be considered appropriate?</p>	<p>In general, the TOSP booklet states that <i>“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.”</i></p> <p>The provided pairings in S/N 9a-c are diagnosis dependent, factoring in different patient complexities and permutations. MediShield Life (MSHL) Claims Rules (CR) aims to cover majority of procedures that are commonly encountered in ground practice. The list of inappropriate pairings in CR serves as a reference and is non-exhaustive.</p>

12	To clarify if these code pairings may be submitted together if done on the same side:	<p>a) <b>SG700U (2C)</b> Ureter, cystoscopy and insertion of double J stent / <b>SG812U (3B)</b> Ureter, various lesions, ureterotomy/ insertion of double J stent</p> <p>b) <b>SG700U (2C)</b> Ureter, cystoscopy and insertion of double J stent / <b>SG707U (2C)</b> Ureter, various lesions, percutaneous antegrade insertion of double J stent</p> <p>c) <b>SG707U (2C)</b> Ureter, various lesions, percutaneous antegrade insertion of double J stent/ <b>SG812U (3B)</b> Ureter, various lesions, ureterotomy/insertion of double J stent</p> <p>d) <b>SG727K (4B)</b> Kidney/ureter, retrograde intrarenal surgery or RIRS using flexible ureteroscopy (therapeutic - e.g. lithotripsy and/or basket extraction of stones &lt; 1cm) / <b>SG709U (2C)</b> Ureter, ureteroscopy</p> <p>e) <b>SG730K (4C)</b> Kidney/ureter, retrograde intrarenal surgery or RIRS using flexible ureteroscopy (therapeutic - e.g. lithotripsy, and/or basket extraction of stones &gt;1cm)/ <b>SG709U (2C)</b> Ureter, ureteroscopy</p> <p>f) <b>SH701T (3C)</b> Testis, various lesions, orchidectomy (simple) (MIS) / <b>SH809T (3A)</b> Testis, various lesions, orchidectomy with complete excision of spermatic cord</p>	<p>In general, the TOSP booklet states that <i>“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.”</i></p> <p>These pairings are codes with overlapping TOSP descriptors, hence should not be coded together for procedures done on the same side.</p>
13	TURP codes	<p>a) Though urethral dilatation is not routinely a part of TURP, but it would be necessary to proceed to TURP if there is urethral stenosis and <b>SG718B (1C)</b> Bladder/urethra, cystoscopy, with urethral dilatation should be regarded as a staged procedure with <b>SH836P (4B)</b> Prostate gland, various lesions, Transurethral resection (TURP)/enucleation of prostate (resected weight less than 30g)/ <b>SH837P (5C)</b> Prostate gland, various lesions, Transurethral resection (TURP)/enucleation of prostate (resected weight more than 30g) as the definitive procedure?</p>	<p>As urethral dilatation (SG718B) is not part of the TURP procedures (SH836P/ SH837P), SG718B can be submitted with a TURP code.</p>