MINISTRY OF HEALTH
SINGAPORE

Case Study:

Inappropriate multi-coding (Cardiothoracic Surgery)

Cardiothoracic surgery
Case study 2

Summary

- 7 TOSP codes were submitted in a MediShield Life claim for pneumonectomy with mediastinal resection done in a single surgical setting.
- The Panel assessed the coding to be inappropriate: Vein repair, thorax decortication and insertion of central catheters should be part of the main pneumonectomy and mediastinal resection procedure; Chest wall resection and reconstruction were not performed; Paravertebral block is a therapeutic pain procedure performed during surgery and should not be submitted; Bronchoscopy is a standard thoracic anaesthesia practice by anaesthetists and should not be submitted.

Case Details

- Patient in the 40s presented with lung cancer.
- The surgeon described that the following were performed: Pneumonectomy with mediastinal dissection; Chest wall resection and reconstruction; Decortication of necrotic material in the pleural cavity; Superior vena cava repair due to inadvertent superior vena cava injury during surgery; Bronchoscopy for ETT placement/exchange, guidance for bronchial transaction, stump assessment and airway toileting; Cannulation of femoral artery and vein in preparation for emergent cardiopulmonary bypass should there be inadvertent major adverse vascular or cardiac events; Paravertebral block for pain control. A MediShield Life claim was submitted with 7 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	SC726L	Lung, Various Lesions, Lung resection with mediastinal resection, any approach	6C	✔ Appropriate
2	SD802V	Vein (major), Trauma, Repair	5C	✘ Inappropriate
3	SC805T	Thorax, Various Lesions, Chest Wall Resection and Major Reconstruction	5B	
4	SC709T	Thorax, MIS decortication	5B	
5	SK711S	Paravertebral Region - Block, anaesthetic (more than 2 levels)	2A	
6	SD720V	Vein, Various Lesions, Imaging guided Insertion of Non Tunnelled Central Venous Catheter	1C	
7	SC703B	Bronchus/Lung, Bronchoscopy with/without biopsy	1B	

The Panel has assessed the following components to be inappropriate:

1. **SD802V, SC709T and SD720V**: These should not have been submitted as they are part of SC726L. For SC709T, no MIS was performed as well.
2. **SC805T**: This should not have been submitted as no chest wall resection and reconstruction was performed.
3. **SK711S, SC703B**: SK711S should not have been submitted as it is a therapeutic pain procedure performed during surgery; SC703B should not have been submitted as it is a standard thoracic anaesthesia practice performed by anaesthetists.

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.