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MINISTRY OF HEALTH
SINGAPORE

MediShield Life Claims Rules for Ophthalmology Procedures

CLAIMS MANAGEMENT OFFICE

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MediShield Life Claims Rules for Ophthalmology

Contents

Definitions

Terminology	Definition
Day Surgery	A day surgery is defined as one in which the patient undergoes a surgical operation (with Table of Operation 1A to 7C; see Section 6 of the Manual on Medisave Scheme) or radiosurgery treatment, and who is admitted and discharged on the same day. This would not include inpatient admissions. This includes surgical operations performed in outpatient clinics, short stay units, and day surgery centres. <u>How to interpret setting in CR?</u> Where 'day surgery' is indicated, this means the procedure is predominantly claimed under the day surgery setting, including outpatient clinics, short stay units, and day surgery centres. CR may clarify conditions where inpatient claims may be made. Where 'inpatient/day surgery' is indicated, this means the procedure can be done either inpatient or day surgery setting at the discretion of the medical practitioner.
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 anesthesia, the continuous period under General Anesthesia/Sedation is also defined under the same surgical episode.

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. retina, lens, eyelids). 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.

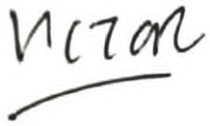
Message from the Ophthalmology Claims Rules Workgroup

MediShield Life (MSHL) is a basic, universal health insurance scheme that was introduced in 2015 to safeguard Singapore Citizens and Permanent Residents (PRs) against the financial burden of catastrophic hospital bills. In the dynamic landscape of healthcare, it is advantageous for doctors and medical professionals to possess a broad understanding of MSHL claims guidelines in Singapore. These guidelines establish a structured framework for the claims process, ensuring that medical procedures are appropriately claimed within defined boundaries.

The development of these guidelines involves a dedicated group of MOH-appointed ophthalmologists from the public and private sectors who bring their expertise and knowledge to the table. The workgroup carefully deliberates and derives the guidelines, considering several key factors. These factors include prevailing evidence, practice guidelines that are specifically applicable to the local context, the complexity and range of procedures, and alignment with the Table of Surgical Procedures (TOSP).

By familiarising themselves with the MSHL claims guidelines, the workgroup aims to provide fellow ophthalmologists in Singapore with valuable insights into the boundaries of claims for procedures conducted in clinics or operating rooms. Armed with this knowledge, ophthalmologists can make well-informed decisions and deliver high-quality care while adhering to the guidelines and ensuring appropriate MSHL claims. Additionally, these guidelines cultivate a culture of transparency, accountability, and ethical practice among healthcare providers, ultimately benefiting both patients and the healthcare system as a whole.

Yours sincerely,



A/Prof Koh Teck Chang Victor

Chairperson

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

(in alphabetical order)

Prof Chee Soon Phaik	Adj Asst Prof Rajesh Rajagopalan
Clin A/Prof Khor Wei Boon	Clin A/Prof Shen Yu Sunny
A/Prof Koh Teck Chang Victor	Dr Tan Wan-Hui, Nikolle
Dr Leo Seo Wei	Dr Young Stephanie Ming
Dr Lim Lee Hooi	Dr Yvonne Chung Hsi-Wei

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
SL700R	3B	Retina, Laser Retinopexy, Complex (Subretinal Fluid, Vitreous Haemorrhage, Multiple Tears)	**Day Surgery** Claims can be made for the inpatient setting provided they fulfil one or more of the following conditions (including but not limited to): 1. When the procedure is combined with other surgeries requiring admission 2. When patient is already admitted when the decision is made to proceed with the surgery 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty, anticoagulation titration	**This procedure may be claimed according to the rules below:** **Clinical Indications:** 1. Treatment of and reduction of risk of progression to retinal detachment in the following conditions: a) Large retinal tears b) Multiple retinal tears c) Tears with subretinal fluid d) Tear/tears in setting of poor fundus view (media opacities e.g. significant cataracts or vitreous opacities), anterior locations, small pupil e) Retinal dialysis f) Traumatic retinal breaks g) Peripheral or asymptomatic retinal detachment h) Proliferative vitreoretinopathy 2. Treatment to reduce risk of retinal re-detachment in a previously operated eye scheduled for a final procedure e.g. removal of silicone oil **Frequency:** 2 claims (1 per eye) per patient within a 1-year period.

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
SL705R	3B	Retina, Pan Retinal Photocoagulation	**Day Surgery** Claims can be made for the inpatient setting provided they fulfil one or more of the following conditions (including but not limited to): 1. When the procedure is combined with other surgeries requiring admission 2. When patient is already admitted when the decision is made to proceed with the surgery 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty, anticoagulation titration	**This procedure may be claimed according to the rules below:** **Clinical Indications:** 1. Treatment of vascular and ischemic disorders of the retina with existing or potential for neovascularization, such as: a) Proliferative diabetic retinopathy b) Severe non proliferative diabetic retinopathy c) Central or branch retinal vein occlusion d) Central or branch retinal artery occlusion e) Retinal vasculitis f) Cytomegalovirus retinitis g) Familial exudative vitreoretinopathy h) Retinopathy of prematurity 2. Treatment of persistent diabetic macular oedema in the presence of significant peripheral retinal ischemia. **Frequency:** 2 claims per eye per patient within a 1-year period. **Additional notes:** 1. SL705R should not be claimed for sub-threshold diode micropulse photocoagulation.

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
SL804R	3C	Retina, Tears, Cryotherapy or Photocoagulation (Laser) (Bilateral)	**Day Surgery** Claims can be made for the inpatient setting provided they fulfil one or more of the following conditions (including but not limited to): 1. When the procedure is combined with other surgeries requiring admission 2. When patient is already admitted when the decision is made to proceed with the surgery 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty, anticoagulation titration	**This procedure may be claimed according to the rules below:** **Clinical Indications:** 1. Retinal tears in both eyes 2. Lattice degeneration, atrophic holes, or other peripheral pathology with significant risk of progression to retinal detachment, in both eyes, such as in patients with: a) Retinal tear or detachment in the contralateral eye b) High-risk ocular factors such as Stickler's syndrome, vitreo-retinal traction or family history of retinal tears and/or detachments, high myopia, aphakia, pseudophakia **Frequency:** 1 claim per patient within a 1-year period.

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
SL805R	3B	Retina, Tears, Photocoagulation (Laser) (Unilateral)	**Day Surgery** Claims can be made for the inpatient setting provided they fulfil one or more of the following conditions (including but not limited to): 1. When the procedure is combined with other surgeries requiring admission 2. When patient is already admitted when the decision is made to proceed with the surgery 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty, anticoagulation titration	**This procedure may be claimed according to the rules below:** **Clinical Indications:** 1. Retinal tears 2. Lattice degeneration, atrophic holes, or other peripheral pathology with significant risk of progression to retinal detachment, such as in patients with: a) Retinal tear or detachment in the contralateral eye b) High-risk ocular factors such as Stickler's syndrome, vitreo-retinal traction or family history of retinal tears and/or detachments, high myopia, aphakia, pseudophakia **Frequency:** 2 claims per eye per patient within a 1-year period.

<table>
<tr><th>TOSP Code</th><th>Table Code</th><th>TOSP Description</th><th>Claims Indicators (Setting)</th><th>Claims Indicators (Clinical Indications/Frequency)</th></tr>
<tr><td>SL700V</td><td>1B</td><td>Vitreous, Intravitreal Injections</td><td>Day Surgery

Claims can be made for the inpatient setting provided they fulfil one or more of the following conditions (including but not limited to):

1. When the procedure is combined with other surgeries requiring admission
2. When patient is already admitted when the decision is made to proceed with the surgery
3. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty, anticoagulation titration</td><td>This procedure may be claimed according to the rules below:

Clinical Indications:
1. Neovascular age-related macular degeneration (AMD) / wet AMD
2. Proliferative diabetic retinopathy
3. Macular oedema, including diabetic macular oedema, cystoid macular oedema
4. Retinal vascular occlusive disease such as retinal vein occlusion
5. Ocular infections e.g. Cytomegalovirus (CMV) retinitis
6. Endophthalmitis
7. Intraocular lymphoma
8. Proliferative vitreoretinopathy
9. Posterior Uveitis
10. Intermediate Uveitis
11. Vitreous haemorrhage
12. Submacular haemorrhage
13. Retinoblastoma with persistent or recurrent vitreous seeding

Frequency:
<table><tr><th>Indication</th><th>Frequency</th></tr><tr><td>(Steroids) For macular oedema following either BRVO or CRVO, for treatment of inflammation of the posterior segment of the eye presenting as non-infectious uveitis</td><td>Not greater than 5 injections* per eye in any 1-year period</td></tr></table></td></tr>
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				Anti-VEGF (e.g. Bevacizumab, ranibizumab, aflibercept, Faricimab)	Not greater than **13 injections*** per eye in any 1-year period
				Anti-microbials (excludes intravitreal ganciclovir for CMV retinitis and antifungals which may be used more frequently and for a prolonged period)	Not more than **5 injections*** per episode of infection
				***Note:** 1. Number of injections include total injections of all drugs within the stated class. 2. List is not exhaustive.	

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
SL801V	6B	Vitreous, Various Lesions, Posterior Vitrectomy (Pars Plana/ Sclerotomy/ Lensectomy-Extraction With Intra-Ocular Lens Implant/ Endolaser/ Membrane Peels)	**Day Surgery or Inpatient**	**This procedure may be claimed according to the rules below:** **Clinical Indications:** SL801V is performed for at least one of the conditions in [A] and should involve at least one of the stated from [B]: [A] 1. Tractional, traction-rhegmatogenous or rhegmatogenous retinal detachment 2. Full thickness macular hole 3. Myopic macular schisis 4. Refractory macular oedema 5. Clinically significant epiretinal membrane 6. Submacular haemorrhage 7. Vitreous haemorrhage 8. Clinically significant vitreomacular traction 9. Dropped lens nucleus or fragment 10. Dislocated or subluxed natural lens or lens implant 11. Intraocular foreign body requiring removal 12. Intraocular trauma 13. Intraocular tumours 14. Endophthalmitis 15. Malignant glaucoma 16. Ghost cell glaucoma 17. Gene therapy 18. Vitreous opacities with the following features: a) Significant impact on visual quality, AND b) Unresolved despite conservative management of at least 3 months

				[B] a) Pars plana approach b) Sclerotomy c) Lens/ Cataract removal d) Endolaser e) Membrane Peels

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
SL706L	4C	Lens, Complicated Cataract Extraction with Intraocular Lens Implant (Capsular Tension ring/Capsular Tension Segment/)	**Day Surgery** Claims can be made for the inpatient setting provided they fulfil one or more of the following conditions (including but not limited to): 1. When the procedure is combined with other surgeries requiring admission 2. When patient is already admitted when the decision is made to proceed with the surgery 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty, anticoagulation titration	**This procedure may be claimed according to the rules below:** **Clinical Indications:** The lens displays signs of cataract formation and a) The cataract is causing symptomatic impairment of visual function not correctable with a tolerable change in glasses or contact lenses; and b) Surgery requires devices or techniques not generally used in routine cataract surgery including but not limited to capsular tension ring, and pupil expansion devices; **and** c) Demonstrates the following pre-operative factors: Evidence of zonular weakness including but not limited to phacodonesis, iridonesis, lens subluxation, uneven anterior chamber depth and ultrasound biomicroscopy-proven weakness of the zonules; **or** d) Demonstrates the following intra-operative factors: Evidence of zonular weakness including but not limited to difficulty initiating capsulorhexis, star folds of the capsule, chamber instability and misdirection of fluid. Note: • SL706L should not be claimed for prophylactic capsular tension ring/capsular tension segment placement when the above factors are not clearly documented or demonstrated. • SL706L, as with other TOSP codes with cataract and intra-ocular lens implantation in its descriptor, should not be claimed for correction of refractive errors in the absence of cataract (terms for such a procedure include are but not limited to implantable collamer lens, clear lens exchange, refractive lens exchange).

				Additional notes: 1. Indications for surgery must be clearly documented, such as patient history demonstrating visual impairment in keeping with visual requirements (e.g. significant pathology in the fellow eye severely affecting visual function). There should be demonstration of impairment of visual function, and the surgeon should also assess the type and severity of cataract to demonstrate consistency with the visual impairment. **Frequency:** 2 claims (1 per eye) per patient within a 1-year period.

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
SL807L	5A	Lens, Cataract, Extraction With Intra-Ocular Lens Implant (Bilateral)	**Day Surgery** Claims can be made for the inpatient setting provided they fulfil one or more of the following conditions (including but not limited to): 1. When the procedure is combined with other surgeries requiring admission 2. When patient is already admitted when the decision is made to proceed with the surgery 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty, anticoagulation titration	**This procedure may be claimed according to the rules below:** **Clinical Indications:** 1. The lens displays signs of cataract formation, and the following criteria are met: b) the cataract is causing symptomatic impairment of visual function not correctable with a tolerable change in glasses or contact lenses; and c) vision impairment interferes with one's lifestyle needs or activities which include but are not limited to one or more of the following: reading, viewing television, driving, meeting vocational or recreational needs, or other daily activities. or 2. Lens removal is needed to allow better visualization of the optic nerve and retina for examination, visual field testing or imaging, or 3. The individual has an underlying lens-related or other ophthalmologic disease for which cataract removal is indicated, or 4. Clinically significant anisometropia, that is symptomatic, in the presence of cataract. **Note:** • SL807L, as with other TOSP codes with cataract and intra-ocular lens implantation in its descriptor, should not be claimed for correction of refractive errors in the absence of cataract (terms for such a procedure include are but not limited to implantable collamer lens, clear lens exchange, refractive lens exchange).

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
				Additional notes: 1. Cataract surgery should be performed as separate procedures for each eye i.e. staff have to re-scrub, change drapes and use new sets of fluid bottles, tubings and instruments 2. Indications for surgery must be clearly documented, such as patient history demonstrating visual impairment in keeping with visual requirements (e.g. significant pathology in the fellow eye severely affecting visual function). There should be demonstration of impairment of visual function, and the surgeon should also assess the type and severity of cataract to demonstrate consistency with the visual impairment. **Frequency:** 1 claim per patient

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
SL808L **SL809L**	4A 4A	Lens, Cataract, Extraction With Intra-Ocular Lens Implant (Unilateral Left) Lens, Cataract, Extraction With Intra-Ocular Lens Implant (Unilateral Right)	**Day Surgery** Claims can be made for the inpatient setting provided they fulfil one or more of the following conditions (including but not limited to): 1. When the procedure is combined with other surgeries requiring admission 2. When patient is already admitted when the decision is made to proceed with the surgery 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty, anticoagulation titration	**This procedure may be claimed for any of the following**: **Clinical Indications:** 1. The lens displays signs of cataract formation, and the following criteria are met: a) the cataract is causing symptomatic impairment of visual function not correctable with a tolerable change in glasses or contact lenses; and b) vision impairment interferes with one's lifestyle needs or activities which include but are not limited to one or more of the following: reading, viewing television, driving, meeting vocational or recreational needs, or other daily activities. or 2. Lens removal is needed to allow better visualization of the optic nerve and retina for examination, visual field testing or imaging, or 3. The individual has an underlying lens-related or other ophthalmologic disease for which cataract removal is indicated, or 4. Clinically significant anisometropia, that is symptomatic, in the presence of cataract. **Note:** • Neither SL808L nor SL809L, as with other TOSP codes with cataract and intra-ocular lens implantation in its descriptor, should not be claimed for correction of refractive errors in the absence of cataract (terms for such a procedure include but are not limited to implantable collamer lens, clear lens exchange, refractive lens exchange).

				Additional notes: 1. Indications for surgery must be clearly documented, such as patient history demonstrating visual impairment in keeping with visual requirements (e.g. significant pathology in the fellow eye severely affecting visual function). There should be demonstration of impairment of visual function, and the surgeon should also assess the type and severity of cataract to demonstrate consistency with the visual impairment. **Frequency:** 1 claim for SL808L/SL809L each per patient

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
SL810L	5A	Lens, Cataract, Extraction with Intra-ocular Lens Implant and Trabeculectomy with/without Antimetabolites	**Day Surgery** Claims can be made for the inpatient setting provided they fulfil one or more of the following conditions (including but not limited to): 1. When the procedure is combined with other surgeries requiring admission 2. When patient is already admitted when the decision is made to proceed with the surgery 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty, anticoagulation titration	**This procedure may be claimed according to the rules below:** **Clinical Indications:** Combined cataract and glaucoma, defined as having met the following criteria in the same eye: Criteria 1 (for cataract) is considered met if any of the following is present: a) The cataract is causing symptomatic impairment of visual function not correctable with a tolerable change in glasses or contact lenses; AND b) Vision impairment interferes with one or more of the following; reading, viewing television, driving, meeting vocational or recreational needs, or other daily activities; OR c) Lens removal is needed to allow better visualization of the optic nerve and retina for examination, visual field testing or imaging; OR d) Clinically significant anisometropia, that is symptomatic, in the presence of cataract Criteria 2 (for glaucoma) is considered met if any of the following is present: a) Suboptimal control of intraocular pressure with medical intervention b) Unable to tolerate anti-glaucoma eye drops due to side effects c) Unable to adhere to anti-glaucoma eye drops d) Diagnosis of glaucoma on anti-glaucoma medical intervention **Note:** • SL810L as with other TOSP codes with cataract and intra-ocular lens implantation in its descriptor, should not be claimed for

				correction of refractive errors in the absence of cataract (terms for such a procedure include but are not limited to implantable collamer lens, clear lens exchange, refractive lens exchange). **Additional notes**: 1. Indications for surgery must be clearly documented, such as patient history demonstrating visual impairment in keeping with visual requirements (e.g. significant pathology in the fellow eye severely affecting visual function). There should be demonstration of impairment of visual function, and the surgeon should also assess the type and severity of cataract to demonstrate consistency with the visual impairment. 2. SL810L includes the following procedures when it is combined with cataract extraction and intraocular lens implant: 1) Trabecular meshwork by-pass implant 2) Schlemm canal-based surgery 3) Subconjunctival draining devices 4) Suprachoroidal space draining devices.

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
SL814L	4A	Lens, Various Lesions, Secondary Intra-ocular Lens Implantation Without Vitrectomy[15] [15] This code is not to be used for implantation of contact lens.	**Day Surgery** Claims can be made for the inpatient setting provided they fulfil one or more of the following conditions (including but not limited to): 1. When the procedure is combined with other surgeries requiring admission 2. When patient is already admitted when the decision is made to proceed with the surgery 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty, anticoagulation titration	**This procedure may be claimed according to the rules below:** **Clinical Indications:** Indications for anterior chamber intraocular lens (ACIOL) implantation include: 1. Aphakia with a. Previous intracapsular cataract extraction b. Previous lensectomy for congenital cataract c. Ocular trauma Indications for posterior chamber intraocular lens (PCIOL) implantation include: 1. PCIOL cannot be implanted in the primary surgery and does not require additional vitrectomy including but not limited to paediatric cataract surgery, unavailability of appropriate intraocular lens and ocular trauma **Frequency:** 2 claims (1 per eye) per patient within a 1-year period. **Note:** 1. SL814L, as with other TOSP codes with cataract and intra-ocular lens implantation in its descriptor, should not be claimed for correction of refractive errors in the absence of cataract (terms for such a procedure include but are not limited to implantable collamer lens, clear lens exchange, refractive lens exchange).

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
SL815L	1C	Lens, Various Lesions, Yag Laser Capsulotomy	**Day surgery** Claims can be made for the inpatient setting provided they fulfil one or more of the following conditions (including but not limited to): 1. When the procedure is combined with other surgeries requiring admission 2. When patient is already admitted when the decision is made to proceed with the surgery 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty, anticoagulation titration	**This procedure may be claimed according to the rules below:** **Clinical Indications:** Nd:YAG laser capsulotomy is indicated for: 1. Treatment of posterior capsule opacification (PCO) in patients who are: a. BCVA of 6/12 or worse, fluctuating visual disability due to symptoms of glare or symptoms of decreased contrast; and visual disability affecting function b. For patients with best corrected visual acuity 6/9 or better, documented as symptomatic from PCO, a photo of the capsule to demonstrate the capsular opacities must be documented. 2. To provide better visualisation of the posterior pole where it is difficult in patients with posterior capsular opacification 3. Capsular block syndrome Repeat claims allowed in the following uncommon situations: • Malignant glaucoma/aqueous misdirection **Frequency:** 2 claims (1 per eye) per patient allowed within a 1-year period. **Additional notes:** 1. SL815L should not be claimed for YAG laser capsulotomy performed prophylactically to prevent posterior capsule opacification that has not occurred.

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
SL801I	2C	Iris, Various Lesions, Iridectomy/Iridotomy	**Day surgery** Claims can be made for the inpatient setting provided they fulfil one or more of the following conditions (including but not limited to): 1. When the procedure is combined with other surgeries requiring admission 2. When patient is already admitted when the decision is made to proceed with the surgery 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty, anticoagulation titration	**This procedure may be claimed according to the rules below:** **Clinical Indications:** Indications for Laser Peripheral Iridotomy (LPI) include: 1. Treatment and prevention of acute angle closure (AAC) crisis 2. Prophylactic reduction of risk of AAC crisis in contralateral Eye in Acute Primary Angle Closure 3. Primary-Angle Closure suspect (PACS), “narrow” or “occludable” angle 4. Treatment of Primary Angle Closure (PAC) and Primary Angle-Closure Glaucoma (PACG) 5. Prevention of recurrence of pupillary block such as in silicon oil or uveitic glaucoma 6. Treatment for reverse pupil block Indications for surgical iridectomy include: 1. LPI is not possible because the patient is uncooperative or unable to sit upright; or the cornea is too hazy/oedematous for LPI to be performed safely; or the cornea endothelial cell count is low; or previous LPI has failed; or anterior segment dysgenesis **Frequency:** 2 claims (1 per eye) per patient within a 1-year period.

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
SL722E	1C	Eyelids, Botox Injections for Blepharospasm & Hemifacial spasm	**Day Surgery** Claims can be made for the inpatient setting provided they fulfil one or more of the following conditions (including but not limited to): 1. When the procedure is combined with other surgeries requiring admission 2. When patient is already admitted when the decision is made to proceed with the surgery 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty, anticoagulation titration	**This procedure may be claimed according to the rules below:** **Clinical Indications:** 1. Blepharospasm, and/or 2. Hemifacial spasm **Frequency:** 6 claims per patient within a 1-year period, for dose titration. **Note**: 1. MSHL does not cover procedures performed for cosmesis e.g. SL722E performed to reduce wrinkles due to aging 2. Claims cannot be made for conditions not specified in the code descriptor.

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
SL723E	1A	Eyelids, Chalazion Or Stye Excision Under General Anaesthesia	**Day Surgery** Claims can be made for the inpatient setting provided they fulfil one or more of the following conditions (including but not limited to): 1. When the procedure is combined with other surgeries requiring admission 2. When patient is already admitted when the decision is made to proceed with the surgery 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty, anticoagulation titration	**This procedure may be claimed according to the rules below:** **Clinical Indications:** 1. Chalazion/Stye with at least one of the following features: a) Persistent b) Failed conservative management Indications for use of general anaesthesia: a) Large or multiple chalazia drainage where significant discomfort can be expected during the procedure b) Young children where cooperation for clinic procedure cannot be ensured c) Inability to tolerate clinic procedure due to pain intolerance, anxiety or failed previous clinic attempts at drainage. **Note:** 1. To claim for SL723E, General Anaesthesia must be used, with the presence of an anaesthetist (MCR number to be indicated). 2. Claims for chalazion/stye excision not fulfilling the above indications should be coded under SL820E Eyelids, Chalazion Cyst/Stye, Excision.

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
SL833E	5B	Eyelids, Ptosis, Correction Levator Palpebrae Superioris Resection (Bilateral)	**Day Surgery** Claims can be made for the inpatient setting provided they fulfil one or more of the following conditions (including but not limited to): 1. When the procedure is combined with other surgeries requiring admission 2. When patient is already admitted when the decision is made to proceed with the surgery 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty, anticoagulation titration	**This procedure may be claimed according to the rules below**: *[Adapted from* **2018 Circular on Revision Of Guideline For Medisave / MediShield Life Claims For Eyelid Ptosis Correction And Inclusion Of Eyebrow Ptosis And Dermatochalasis Correction***]* **Functional indications for ptosis surgery:** 1. The patient must have a documented Functional/Physical Impairment complaint directly related to the position of the eyelid(s) in primary or down gaze e.g. reading; 2. Other causes of ptosis are ruled out (e.g., recent Botulinum toxin injections, myasthenia gravis); and 3. Upper eyelid ptosis with an MRD1 of +2.0 mm or less; and 4. The MRD is documented in colour photographs with patient looking straight ahead and light reflex centered on the pupil; and 5. For ptosis with MRD1 between +0.5 mm to +2.0 mm, automated perimetry is required to support functional indication. Automated perimetry such as Humphrey visual field (60-4) and Octopus kinetic perimetry showing superior visual field testing, with the eyelids taped and un-taped, showing improvement of 30% or more improvement in the number of points seen. This approximates to at least 15 degrees or more of superior visual field improvement. The visual field defect should be commensurate with and be accounted for by the severity of ptosis clinically. 6. Manual perimetry (such as Goldmann perimetry and tangent perimetry) is only allowed if the claimant showed that supra-threshold automated perimetry had been attempted at least twice. The claimant should furnish printouts of the failed visual field tests. 7. In situations where visual field testing is not possible, refer to point 8, Annex C of the MOH Circular (MOH FCM) No.47/2018.

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
				8. In the case of prosthetic difficulties associated with an anophthalmic, microphthalmic, or enophthalmic socket, subjective complaints, examination findings (signs), and failure of prosthesis modification (when indicated) should be present in the clinical documentation. Photographic documentation should show that the patient has ptosis which is likely associated with his socket condition. Note: a. Functional ptosis surgery on the contra-lateral eyelid with MRD1 more than +2.0 mm may be performed, in the presence of a positive effect of Hering's law when the more ptotic eyelid (MRD1 of +2.0 mm or less) is being lifted up. The Hering's effect should be documented in the case note and on clinical photography indicating its eyelid position with and without the more ptotic eyelid elevated. b. For children under the age of 12 years, ptosis repair is covered to prevent amblyopia. Visual field testing is not required; but a colour photograph is required. **Additional notes for claims related to eyelid ptosis and brow ptosis:** 1) Clinical photographs should be properly taken: They should show a single corneal light reflex in a patient with relaxed facial musculature and be consistent with the photograph-taking guidelines in Annex A of the MOH Circular (MOH FCM) No.47/2018. 2) Visual field (VF) tests should be reliable in terms of fixation loss, false positive error and false negative error: Unreliable VF tests should be repeated to obtain a reliable test, with all repeated VF tests submitted to show evidence why repeating was needed. Ensure the visual field defect is commensurate with the clinical photograph and clinical examination findings; degree of VF obstruction should be commensurate with the severity of the ptosis. For example, it is highly

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
				unlikely to have a patient with a MRD1 of +2.0 mm to have a superior VF of only 0-15 degrees. Refer to visual field testing guidelines in Annex A of the MOH Circular (MOH FCM) No.47/2018. 3) Clinical evaluation of MRD1 reading from photographs and visual field testing should be accurately done by a trained and qualified professional. 4) Evidence demonstrating functional indication(s) should be clearly documented in patient notes. Refer to **Annex B** for a checklist on photographs and VF tests for functional ptosis. **Frequency:** 1 claim per patient within a 1-year period. **Additional notes:** 1. Under MediShield Life, revision surgeries are generally viewed as a staged procedure and hence only the initial ptosis surgery should be coded and claimed. 2. SL833E should not be claimed for other ptosis correction techniques such as Fasanella-Servat procedure (SL831E), conjunctival mullerectomy (SL716E), use of fascia lata graft (SL835E).

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
SL834E	4B	Eyelids, Ptosis, Correction Levator Palpebrae Superioris Resection (Unilateral)	**Day Surgery** Claims can be made for the inpatient setting provided they fulfil one or more of the following conditions (including but not limited to): 1. When the procedure is combined with other surgeries requiring admission 2. When patient is already admitted when the decision is made to proceed with the surgery 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty, anticoagulation titration	**This procedure may be claimed according to the rules below:** *[Adapted from* **MOH FCM No.47/2018 Circular on Revision Of Guideline For Medisave / MediShield Life Claims For Eyelid Ptosis Correction And Inclusion Of Eyebrow Ptosis And Dermatochalasis Correction***]* **Functional indications for ptosis surgery:** 1. The patient must have a documented Functional/Physical Impairment complaint directly related to the position of the eyelid(s) in primary or down gaze e.g. reading; 2. Other causes of ptosis are ruled out (e.g., recent Botulinum toxin injections, myasthenia gravis); and 3. Upper eyelid ptosis with an MRD1 of +2.0 mm or less; and 4. The MRD is documented in colour photographs with patient looking straight ahead and light reflex centered on the pupil; and 5. For ptosis with MRD1 between +0.5 to +2.0 mm, automated perimetry is required to support functional indication. Automated perimetry such as Humphrey visual field (60-4) and Octopus kinetic perimetry showing superior visual field testing, with the eyelids taped and un-taped, showing improvement of 30% or more improvement in the number of points seen. This approximates to at least 15 degrees or more of superior visual field improvement. The visual field defect should be commensurate with and be accounted for by the severity of ptosis clinically. 6. Manual perimetry (such as Goldmann perimetry and tangent perimetry) is only allowed if the claimant showed that supra-threshold automated perimetry had been attempted at least twice. The claimant should furnish printouts of the failed visual field tests. 7. In situations where visual field testing is not possible, refer to point 8, Annex C of the MOH Circular (MOH FCM) No.47/2018.

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
				8. In the case of prosthetic difficulties associated with an anophthalmic, microphthalmic, or enophthalmic socket, subjective complaints, examination findings (signs), and failure of prosthesis modification (when indicated) should be present in the clinical documentation. Photographic documentation should show that the patient has ptosis which is likely associated with his socket condition. Note: a. Functional ptosis surgery on the contralateral eyelid with MRD1 more than +2.0 mm may be performed, in the presence of a positive effect of Hering's law when the more ptotic eyelid (MRD1 of +2.0 mm or less) is being lifted up. The Hering's effect should be documented in the case note and on clinical photography indicating its eyelid position with and without the more ptotic eyelid elevated. b. For children under the age of 12 years, ptosis repair is covered to prevent amblyopia. Visual field testing is not required; but a colour photograph is required. **Additional notes for claims related to eyelid ptosis and brow ptosis:** 1) Clinical photographs should be properly taken: They should show a single corneal light reflex in a patient with relaxed facial musculature and be consistent with the photograph-taking guidelines in Annex A of the MOH Circular (MOH FCM) No.47/2018. 2) Visual field (VF) tests should be reliable in terms of fixation loss, false positive error and false negative error: Unreliable VF tests should be repeated to obtain a reliable test, with all repeated VF tests submitted to show evidence why repeating was needed. Ensure the visual field defect is commensurate with the clinical photograph and clinical examination findings; degree of VF obstruction should be commensurate with the severity of the ptosis. For example, it is highly

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
				unlikely to have a patient with a MRD1 of +2.0 mm to have a superior VF defect of only 0-15 degrees. Refer to visual field testing guidelines in Annex A of the MOH Circular (MOH FCM) No.47/2018. 3) Clinical evaluation of MRD1 reading from photographs and visual field testing should be accurately done by a trained and qualified professional. 4) Evidence demonstrating functional indication(s) should be clearly documented in patient notes. Refer to **Annex B** for a checklist on photographs and VF tests for functional ptosis. **Frequency:** 2 claims per patient within a 1-year period. **Additional notes:** 1. Under MediShield Life, revision surgeries are generally viewed as a staged procedure and hence only the initial ptosis surgery should be coded and claimed. 2. SL834E should not be claimed for other ptosis correction techniques such as Fasanella-Servat procedure (SL832E), conjunctival mullerectomy (SL717E), use of fascia lata graft (SL836E).

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
SL848E	3A	Eyelids, Various Lesions, Upper Blepharoplasty, Unilateral	**Day Surgery** Claims can be made for the inpatient setting provided they fulfil one or more of the following conditions (including but not limited to): 1. When the procedure is combined with other surgeries requiring admission 2. When patient is already admitted when the decision is made to proceed with the surgery 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty, anticoagulation titration	**This procedure may be claimed according to the rules below:** *[Adapted from* **MOH FCM No.47/2018 Circular on Revision Of Guideline For Medisave / Medishield Life Claims For Eyelid Ptosis Correction And Inclusion Of Eyebrow Ptosis And Dermatochalasis Correction***]* **Functional indications for upper blepharoplasty:** 1. The patient must have a Functional/Physical Impairment complaint directly related to an abnormality of the eyelid(s). 2. Ptosis has been ruled out as the primary cause of visual field obstruction; and 3. The colour photograph (frontal, right oblique and left oblique views) must show: • Presence of extra upper eyelid skin encroaching below the eyelid margin • Lateral hooding (if present) and • Excess skin touching the lashes; and 4. Automated perimetry such as Humphrey visual field (60-4) and Octopus kinetic perimetry showing superior and/or lateral visual field loss, with the excess eyelids skin taped and un-taped, showing improvement of 30% or more in number of points seen. This approximates to at least 15 degrees or more of superior visual field improvement. 5. The presence of anterior segment pathology due to the over-hanging eyelid should be documented and submitted as supporting evidence for any medical claims. 6. Manual perimetry (such as Goldmann perimetry and tangent perimetry) is only allowed if the claimant showed that supra-threshold automated perimetry had been attempted at least twice. The claimant should furnish printouts of the failed visual field tests.

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
				Examples of conditions may include: 1. Blepharochalasis 2. Dermatochalasis fulfilling functional criteria 3. Chronic dermatitis caused by redundant skin **Additional notes for claims related to eyelid ptosis and brow ptosis:** 1) Clinical photographs should be properly taken: They should show a single corneal light reflex in a patient with relaxed facial musculature and be consistent with the photograph-taking guidelines in Annex A of the MOH Circular (MOH FCM) No.47/2018. 2) Visual field (VF) tests should be reliable in terms of fixation loss, false positive error and false negative error: Unreliable VF tests should be repeated to obtain a reliable test, with all repeated VF tests submitted to show evidence why repeating was needed. Ensure the visual field defect is commensurate with the clinical photograph and clinical examination findings; degree of VF obstruction should be commensurate with the severity of the ptosis. For example, it is highly unlikely to have a patient with a MRD1 of +2.0 mm to have a superior VF defect of only 0-15 degrees. Refer to visual field testing guidelines in Annex A of the MOH Circular (MOH FCM) No.47/2018. 3) Clinical evaluation of MRD1 reading from photographs and visual field testing should be accurately done by a trained and qualified professional. 4) Evidence demonstrating functional indication(s) should be clearly documented in patient notes. Refer to **Annex B** for a checklist on photographs and VF tests for functional ptosis.

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
				Frequency: 2 claims per patient within a 1-year period. **Additional notes:** 1. SL848E should not be claimed for lower blepharoplasty techniques e.g. pinch technique blepharoplasty, Loeb's blepharoplasty. Lower blepharoplasty is deemed cosmetic and should not be claimed for.

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
SL718E	3C	Eyelids, Various Lesions, Upper Blepharoplasty, Bilateral	**Day Surgery** Claims can be made for the inpatient setting provided they fulfil one or more of the following conditions (including but not limited to): 1. When the procedure is combined with other surgeries requiring admission 2. When patient is already admitted when the decision is made to proceed with the surgery 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty, anticoagulation titration	**This procedure may be claimed according to the rules below:** *[Adapted from* **MOH FCM No.47/2018 Circular on Revision Of Guideline For Medisave / MediShield Life Claims For Eyelid Ptosis Correction And Inclusion Of Eyebrow Ptosis And Dermatochalasis Correction***]* **Functional indications for upper blepharoplasty:** 1. The patient must have a Functional/Physical Impairment complaint directly related to an abnormality of the eyelid(s). 2. Ptosis has been ruled out as the primary cause of visual field obstruction; and 3. The colour photograph (frontal, right oblique and left oblique views) must show: • Presence of extra upper eyelid skin encroaching below the eyelid margin • Lateral hooding (if present) and • Excess skin touching the lashes; and 4. Automated perimetry such as Humphrey visual field (60-4) and Octopus kinetic perimetry showing superior and/or lateral visual field loss, with the excess eyelids skin taped and un-taped, showing improvement of 30% or more in number of points seen. This approximates to at least 15 degrees or more of superior visual field improvement. 5. The presence of anterior segment pathology due to the over-hanging eyelid should be documented and submitted as supporting evidence for any medical claims. 6. Manual perimetry (such as Goldmann perimetry and tangent perimetry) is only allowed if the claimant showed that supra-threshold automated perimetry had been attempted at least twice. The claimant should furnish printouts of the failed visual field tests.

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
				Examples of conditions may include: 1. Blepharochalasis 2. Dermatochalasis fulfilling functional criteria 3. Chronic dermatitis caused by redundant skin **Additional notes for claims related to eyelid ptosis and brow ptosis:** 1) Clinical photographs should be properly taken: They should show a single corneal light reflex in a patient with relaxed facial musculature and be consistent with the photograph-taking guidelines in Annex A of the MOH Circular (MOH FCM) No.47/2018. 2) Visual field (VF) tests should be reliable in terms of fixation loss, false positive error and false negative error: Unreliable VF tests should be repeated to obtain a reliable test, with all repeated VF tests submitted to show evidence why repeating was needed. Ensure the visual field defect is commensurate with the clinical photograph and clinical examination findings; degree of VF obstruction should be commensurate with the severity of the ptosis. For example, it is highly unlikely to have a patient with a MRD1 of +2.0 mm to have a superior VF defect of only 0-15 degrees. Refer to visual field testing guidelines in Annex A of the MOH Circular (MOH FCM) No.47/2018. 3) Clinical evaluation of MRD1 reading from photographs and visual field testing should be accurately done by a trained and qualified professional. 4) Evidence demonstrating functional indication(s) should be clearly documented in patient notes. Refer to **Annex B** for a checklist on photographs and VF tests for functional ptosis.

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
				Frequency: 1 claim per patient within a 1-year period. **Additional notes:** 1. SL718E should not be claimed for lower blepharoplasty techniques e.g. pinch technique blepharoplasty, Loeb's blepharoplasty. Lower blepharoplasty is deemed cosmetic and should not be claimed for.

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
SL704C	3B	Cornea, Riboflavin-UVA Induced Collagen Crosslinking Treatment for Corneal Ectasia (CXL-Crosslinking Laser/Post Lasik Keratectomy/Keratitis)	**Day Surgery** Claims can be made for the inpatient setting provided they fulfil one or more of the following conditions (including but not limited to): 1. When the procedure is combined with other surgeries requiring admission 2. When patient is already admitted when the decision is made to proceed with the surgery 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty, anticoagulation titration	**This procedure may be claimed according to the rules below:** **Clinical indications:** 1. Keratoconus with clinical and/or topographical signs of progression 2. Paediatric keratoconus (patients aged 18 years old or younger) with or without signs of progression 3. Keratoconus with significant inherent risk of progression (eg Down's syndrome, connective tissue disease, ongoing atopy) 4. Post-refractive surgery ectasia (such as post-LASIK, -PRK, or -radial keratotomy ectasia) with clinical and/or topographical signs of progression 5. Pellucid marginal degeneration with clinical and/or topographical signs of progression 6. Bacterial/fungal keratitis refractory to medical treatment 7. CXL combined with cornea surface ablation for visual improvement, in patients with stable and mild-to-moderate keratoconus (3 or less on the Amsler Krumeich classification); e.g. CXL-PRK, CXL-transPRK Corneal cross-linking is used in the following refractive procedures, which are considered cosmetic and therefore <u>not Medisave/MediShield Life claimable</u>: • Cross-linking combined with refractive correction in patients <u>without keratoconus</u> (termed LASIK Xtra, SMILE Xtra, PRK Xtra) • Cross-linking for the correction of low refractive errors - photorefractive intrastromal cross-linking- PiXL procedure **Indications for repeat SL704C in the same eye:** 1. Keratoconus <u>with</u> clinical and/or topographical signs of progression

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
				2. Post-refractive surgery ectasia with clinical and/or topographical signs of progression 3. Pellucid marginal degeneration with clinical and/or topographical signs of progression. 4. Bacterial/fungal keratitis refractory to medical treatment **Frequency:** 2 claims (1 per eye) per patient within a 1-year period.

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
SL803C	3A	Conjunctiva, Pterygium, Removal With Conjunctival Graft	**Day Surgery** Claims can be made for the inpatient setting provided they fulfil one or more of the following conditions (including but not limited to): 1. When the procedure is combined with other surgeries requiring admission 2. When patient is already admitted when the decision is made to proceed with the surgery 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty, anticoagulation titration	**This procedure may be claimed according to the rules below:** **Clinical indications:** Primary pterygium with **at least one of** the following features: a) Threatening/ obscuring the central cornea b) Larger than 3mm c) Causing visual disturbance e.g. astigmatism d) Associated with recurrent / chronic inflammation e) Restriction of ocular motility Note: Removal of pterygium for cosmetic indications e.g. ocular redness, disfiguring growth appearance cannot be claimed under MSHL. **Frequency:** 1. No more than 2 primary pterygium removal are allowed per eye. 2. SL701C Conjunctiva, Pterygium, Removal, complex (recurrent, double, symblepharon), with or without amniotic membrane transplant should be claimed for recurrent pterygium surgery / Double-headed pterygium surgery. **Additional notes:** 1. SL803C should not be claimed for pterygium removal with bare sclera technique.

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
SL809C	3A	Cornea, Myopia, Phototherapeutic Keratectomy/Laser In-situ Keratomileusis	**Day Surgery** Claims can be made for the inpatient setting provided they fulfil one or more of the following conditions (including but not limited to): 1. When the procedure is combined with other surgeries requiring admission 2. When patient is already admitted when the decision is made to proceed with the surgery 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty, anticoagulation titration	**This procedure may be claimed according to the rules below:** **Clinical indications:** 1. The anisometropia is **3.00 dioptres difference** or more in the "spherical equivalent" refraction between the 2 eyes and the patient **must ALSO** be intolerant or unable to use spectacles and/or contact lenses before he can qualify. This inability to use spectacles/contact lenses and the reasons(s) must be assessed and documented by the ophthalmologist for MediSave claim(s). 2. Patients are nearsighted, farsighted, with/without astigmatism; 3. Patients are of age 21-60 (those over 60 may be a candidate if they are free from cataracts); Note: 1. SL809C should only be used once in a patient. 2. Any claim for SL809C for both eyes, or repeat claims for the same eye within 2 years, would need to be deemed medically justifiable by the Panel. **Subsequent SL809C**: 1. Residual or consecutive refractive error (myopia, hyperopia or astigmatism) after primary PRK/LASIK. The claim must fulfil items 1-3 of the rules as listed above. **Frequency:** 1 claim per patient within a 2-year period. **Additional notes:** 1. SL809C should not be claimed for implantation of phakic intraocular lens.

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
SL704B	3A	Brow, Direct Browplasty, Unilateral	**Day Surgery** Claims can be made for the inpatient setting provided they fulfil one or more of the following conditions (including but not limited to): 1. When the procedure is combined with other surgeries requiring admission 2. When patient is already admitted when the decision is made to proceed with the surgery 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty, anticoagulation titration	**This procedure may be claimed according to the rules below:** *[Adapted from* **2018 Circular on Revision Of Guideline For Medisave / MediShield Life Claims For Eyelid Ptosis Correction And Inclusion Of Eyebrow Ptosis And Dermatochalasis Correction***]* **Functional indications for eyebrow ptosis surgery:** 1. Patient must have a documented functional complaint related to eyebrow ptosis; and 2. Other causes have been eliminated as the primary cause for the visual field obstruction (e.g., Botulinum toxin treatments within the past six (6) months); and 3. Eyebrow ptosis must be documented in colour photographs (frontal, right oblique and left oblique views). The photographs for each view should have one showing the eyebrow below the bony superior orbital rim, and a second photograph with the eyebrow taped up to alleviate the peripheral obstruction. 4. Visual field tests should be performed for borderline cases i.e. MRD1 of +0.5 mm to +2.0 mm. In these cases, it is in the interest of the claimant that visual field is performed. Significant and typical superior visual field impairment, if reversed by lid-taping, provides strong supporting evidence when MRD1 +0.5 mm to +2.0 mm. 5. Automated perimetry such as such as Humphrey visual field (60-4) and Octopus kinetic perimetry showing superior and/or lateral visual field testing, with the eyebrow (and eyelid, if indicated) taped and un-taped showing 30% or more improvement in total number of points seen with the eyebrow taped up. The visual field defect should be commensurate with and be accounted for by the severity of brow ptosis clinically. 6. Manual perimetry (such as Goldmann perimetry and tangent perimetry) is only allowed if the claimant showed that supra-threshold automated perimetry had been attempted at least twice. The claimant should furnish printouts of the failed VF tests.

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
				7. The presence of any anterior segment pathology due to the over-hanging eyelid should be documented and submitted as supporting evidence for any medical claims. **Additional notes for claims related to eyelid ptosis and brow ptosis:** 1) Ensure clinical photographs are properly taken: They should show a single corneal light reflex in a patient with relaxed facial musculature and be consistent with the photograph-taking guidelines in Annex A. 2) Ensure accurate VF testing: Ensure the VF defect is commensurate with the clinical photograph and clinical examination findings. Repeat testing if necessary and correlate the VF obstruction with the clinical photo. Refer to VF testing guidelines in Annex A. 3) Ensure accurate clinical evaluation of MRD1 reading from photographs and VF testing by a trained and qualified professional. 4) Ensure evidence demonstrating functional indication(s) is clearly documented in patient notes. **Frequency:** 2 claims per patient within a 1-year period. **Additional notes:** 1. SL704B should not be claimed for endoscopic browlift, mid forehead lift, pretrichial brow lift and coronal brow lift procedures

TOSP Code	Table Code	TOSP Description	Claims Indicators (Setting)	Claims Indicators (Clinical Indications/Frequency)
SL703B	3C	Brow, Direct Browplasty, Bilateral	**Day Surgery** Claims can be made for the inpatient setting provided they fulfil one or more of the following conditions (including but not limited to): 1. When the procedure is combined with other surgeries requiring admission 2. When patient is already admitted when the decision is made to proceed with the surgery 3. Patients with medical comorbidities requiring peri-procedural resuscitation, management, monitoring, and treatment in an inpatient setting e.g., hepatic, cardiac, renal failure, frailty, anticoagulation titration	**This procedure may be claimed according to the rules below:** *[Adapted from* **2018 Circular on Revision Of Guideline For Medisave / MediShield Life Claims For Eyelid Ptosis Correction And Inclusion Of Eyebrow Ptosis And Dermatochalasis Correction***]* **Functional indications for eyebrow ptosis surgery:** 1. Patient must have a documented functional complaint related to eyebrow ptosis; and 2. Other causes have been eliminated as the primary cause for the visual field obstruction (e.g., Botulinum toxin treatments within the past six (6) months); and 3. Eyebrow ptosis must be documented in colour photographs (frontal, right oblique and left oblique views). The photographs for each view should have one showing the eyebrow below the bony superior orbital rim, and a second photograph with the eyebrow taped up to alleviate the peripheral obstruction. 4. Visual field tests should be performed for borderline cases i.e. MRD1 of +0.5 mm to +2.0 mm. In these cases, it is in the interest of the claimant that visual field is performed. Significant and typical superior visual field impairment, if reversed by lid-taping, provides strong supporting evidence when MRD1 is +0.5 mm to +2.0 mm. 5. Automated perimetry such as such as Humphrey visual field (60-4) and Octopus kinetic perimetry showing superior and/or lateral visual field testing, with the eyebrow (and eyelid, if indicated) taped and un-taped showing 30% or more improvement in total number of points seen with the eyebrow taped up. The visual field defect should be commensurate with and be accounted for by the severity of brow ptosis clinically. 6. Manual perimetry (such as Goldmann perimetry and tangent perimetry) is only allowed if the claimant showed that supra-threshold automated perimetry had been attempted at least twice. The claimant should furnish printouts of the failed VF tests. 7. The presence of any anterior segment pathology due to the over-hanging eyelid should be documented and submitted as supporting evidence for any medical claims.

				Additional notes for claims related to eyelid ptosis and brow ptosis: 1) Ensure clinical photographs are properly taken: They should show a single corneal light reflex in a patient with relaxed facial musculature and be consistent with the photograph-taking guidelines in Annex A. 2) Ensure accurate VF testing: Ensure the VF defect is commensurate with the clinical photograph and clinical examination findings. Repeat testing if necessary and correlate the VF obstruction with the clinical photo. Refer to VF testing guidelines in Annex A. 3) Ensure accurate clinical evaluation of MRD1 reading from photographs and VF testing by a trained and qualified professional. 4) Ensure evidence demonstrating functional indication(s) is clearly documented in patient notes. **Frequency:** 1 claim per patient within a 1-year period. **Additional notes:** 1. SL703B should not be claimed for endoscopic browlift, mid forehead lift, pretrichial brow lift and coronal brow lift procedures.

Appropriate Filing of Ophthalmology 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 should be performed in a surgical episode and claimed under a single TOSP code. This constitutes code-splitting.

2 **For all Ophthalmology related TOSP codes:**

a. All Ophthalmology TOSP codes can only be submitted once for the same Eye 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.
c. For procedures carried out on both eyes in the same surgical setting/ procedural episode:
    - The use of two TOSP codes is allowed only if a bilateral code does not exist.
    - Where a bilateral code exists, unilateral codes for the same procedure are not allowed to be submitted twice and the bilateral code should be used instead.

3 To monitor and govern TOSP filing and to ensure claims appropriateness, MOH has put together a list of **combinations of Ophthalmology and related TOSP codes deemed inappropriate for claims in a single surgical/procedural episode, 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 Ophthalmology related TOSP codes

S/N	TOSP code	Inappropriate Pairings **for a single surgical/procedural episode in the same eye**
1	**SL700R (3B)** Retina, Laser retinopexy, complex (subretinal fluid, vitreous haemorrhage, multiple tears)	SL700R should not be claimed with other retinal surgeries (SLXXXR codes), or with any of the following codes: **SL701V (6B)** Vitreous, Various Lesions, Complex Posterior Vitrectomy (PVR, GRT, Trauma) **SL800V (5C)** Vitreous, Various Lesions, Simple Vitrectomy (Pars Plana Or Vitreous Washout) **SL801V (6B)** Vitreous, Various Lesions, Posterior Vitrectomy (Pars Plana/ Sclerotomy/ Lensectomy-Extraction With Intra-Ocular Lens Implant/ Endolaser/ Membrane Peels) **SL802V (4A)** Vitreous, Various Lesions, Vitrectomy (Pars Plana/Removal Of Silicone Oil)
2	**SL705R (3B)** Retina, Pan retinal photocoagulation	SL705R should not be claimed with any of the following codes: **SL701V (6B)** Vitreous, Various Lesions, Complex Posterior Vitrectomy (PVR, GRT, Trauma) **SL800V (5C)** Vitreous, Various Lesions, Simple Vitrectomy (Pars Plana Or Vitreous Washout) **SL801V (6B)** Vitreous, Various Lesions, Posterior Vitrectomy (Pars Plana/ Sclerotomy/ Lensectomy-Extraction With Intra-Ocular Lens Implant/ Endolaser/ Membrane Peels) **SL802V (4A)** Vitreous, Various Lesions, Vitrectomy (Pars Plana/Removal Of Silicone Oil)
3	**SL804R (3C)** Retina, Tears, Cryotherapy Or Photocoagulation (Laser) (Bilateral)	SL804R should not be claimed with any code involving cryotherapy or photocoagulation, such as: **SL803R (3A)** Retina, Tears, Diathermy/Cryotherapy (Unilateral) **SL805R (3B)** Retina, Tears, Photocoagulation (Laser) (Unilateral)
4	**SL805R (3B)** Retina, Tears, Photocoagulation (Laser) (Unilateral)	SL805R should not be claimed with any code involving laser photocoagulation such as: **SL804R (3C)** Retina, Tears, Cryotherapy Or Photocoagulation (Laser) (Bilateral) **SL805R (3B)** Retina, Tears, Photocoagulation (Laser) (Unilateral)

S/N	TOSP code	Inappropriate Pairings **for a single surgical/procedural episode in the same eye**
5	**SL700V (1B)** Vitreous, Intravitreal Injections	SL700V should not be claimed with any vitrectomy code, such as: **SL701V (6B)** Vitreous, Various Lesions, Complex Posterior Vitrectomy (PVR, GRT, Trauma) **SL800V (5C)** Vitreous, Various Lesions, Simple Vitrectomy (Pars Plana Or Vitreous Washout) **SL801V (6B)** Vitreous, Various Lesions, Posterior Vitrectomy (Pars Plana/ Sclerotomy/ Lensectomy-Extraction With Intra-Ocular Lens Implant/ Endolaser/ Membrane Peels) **SL802V (4A)** Vitreous, Various Lesions, Vitrectomy (Pars Plana/Removal Of Silicone Oil) **SL701L (4B)** Lens, Cataract (Paediatric), Extraction with anterior vitrectomy **SL702L (5A)** Lens, Cataract (Paediatric), Extraction with anterior vitrectomy – Bilateral **SL703L (4C)** Lens, Cataract (Paediatric), Extraction with anterior vitrectomy and Intraocular Lens implantation **SL704L (5B)** Lens, Cataract (Paediatric), Extraction with anterior vitrectomy and Intraocular Lens implantation – Bilateral
6	**SL801V (6B)** Vitreous, Various Lesions, Posterior Vitrectomy (Pars Plana/ Sclerotomy/ Lensectomy-Extraction With Intra-Ocular Lens Implant/ Endolaser/ Membrane Peels)	SL801V should not be claimed with any code **for cataract extraction with intraocular lens implant**, **posterior vitrectomy** or for **laser photocoagulation/retinopexy**, such as the following codes: **SL700R (3B)** Retina, Laser retinopexy, complex (subretinal fluid, vitreous haemorrhage, multiple tears) **SL705R (3B**) Retina, Pan retinal photocoagulation **SL804R (3C)** Retina, Tears, Cryotherapy Or Photocoagulation (Laser) (Bilateral) **SL805R (3B)** Retina, Tears, Photocoagulation (Laser) (Unilateral) **SL701V (6B)** Vitreous, Various Lesions, Complex Posterior Vitrectomy (PVR, GRT, Trauma) **SL807L (5A)** Lens, Cataract, Extraction with Intra-ocular Lens Implant (Bilateral) **SL808L (4A)** Lens, Cataract, Extraction with Intra-ocular Lens Implant (Unilateral Left) **SL809L (4A)** Lens, Cataract, Extraction with Intra-ocular Lens Implant (Unilateral Right) **SL810L (5A)** Lens, Cataract, Extraction with Intra-ocular Lens Implant and Trabeculectomy with/without antimetabolites **SL811L (4A)** Lens, Cataract, Extraction with Trabeculectomy

S/N	TOSP code	Inappropriate Pairings **for a single surgical/procedural episode in the same eye**
		SL814L (4A) Lens, Various Lesions, Secondary Intra-Ocular Lens Implantation Without Vitrectomy **SL811C (6B)** Cornea, Various Lesions, Transplantation with Cataract Extraction and Intra-ocular Lens Implantation
7	**SL803C (3A)** Conjunctiva, Pterygium, Removal with conjunctival graft	SL803C should not be claimed with any pterygium removal code, including: **SL700C (1A)** Conjunctiva, Excision of Pterygium, bare sclera **SL701C (3B)** Conjunctiva, Pterygium, Removal, complex (recurrent, double, symblepharon), with or without amniotic membrane transplant **SL803C should not be submitted with itself for the same eye.** In the event where a double headed pterygium is removed in one eye, SL701C should be used instead.
8	**SL809C (3A)** Cornea, Myopia, Phototherapeutic Keratectomy/Laser in-situ Keratomileusis **SL704C (3B)** Cornea, Riboflavin-UVA Induced Collagen Crosslinking Treatment For Corneal Ectasia (CXL-crosslinking Laser/Post Lasik Keratectomy/Keratitis)	**Both SL809C and SL704C cannot be submitted together,** with the only exception being the case where CXL is combined with cornea surface ablation for vision correction in patients with stable mild-to-moderate keratoconus; eg CXL-PRK, CXL-transPRK.
9	**SL703B (3C)** Brow, Direct Browplasty, Bilateral **SL704B (3A)** Brow, Direct Browplasty, Unilateral **SL700B (5A)** Brow, Browlift, Endoscopic, Bilateral **SL701B (5C)** Brow, Browlift, Endoscopic, Bilateral with Mid-Face Lift **SL702B (4A)** Brow, Browlift, Endoscopic, Unilateral	**For this set of brow codes, no 2 codes of any combination (including with itself) are allowed to be submitted together**.

S/N	TOSP code	Inappropriate Pairings **for a single surgical/procedural episode in the same eye**
10	**SL723E (1A)** Eyelids, Chalazion Or Stye Excision Under General Anaesthesia	**Requires Anaesthetist MCR number for claim.**
11	**SL831E (4A)** Eyelids, Ptosis, Correction Fasanella (Bilateral) **SL832E (3B)** Eyelids, Ptosis, Correction Fasanella (Unilateral) **SL833E (5B)** Eyelids, Ptosis, Correction Levator Palpebrae Superioris Resection (Bilateral) **SL834E (4B)** Eyelids, Ptosis, Correction Levator Palpebrae Superioris Resection (Unilateral) **SL835E (5B)** Eyelids, Ptosis, Correction With Fascia Lata Graft (Bilateral) **SL836E (4A)** Eyelids, Ptosis, Correction With Fascia Lata Graft (Unilateral) **SL848E (3A)** Eyelids, Various Lesions, Upper Blepharoplasty, Unilateral **SL718E (3C)** Eyelids, Various Lesions, Upper Blepharoplasty, Bilateral **SL716E (4B)** Eyelid, Ptosis, Conjunctival Mullerectomy (Bilateral) **SL717E (3B)** Eyelid, Ptosis, Conjunctival Mullerectomy (Unilateral)	**For this set of eyelid codes, no 2 codes of any combination (including with itself) are allowed to be submitted together**.
12	**SL807L (5A)** Lens, Cataract, Extraction with Intra-ocular Lens Implant (Bilateral) **SL808L (4A)** Lens, Cataract, Extraction with Intra-ocular Lens Implant (Unilateral Left)	**For this set of cataract extraction codes, no 2 codes of any combination (including with itself) are allowed to be submitted together**.

S/N	TOSP code	Inappropriate Pairings **for a single surgical/procedural episode in the same eye**
	SL809L (4A) Lens, Cataract, Extraction with Intra-ocular Lens Implant (Unilateral Right) **SL810L (5A)** Lens, Cataract, Extraction with Intra-ocular Lens Implant and Trabeculectomy with/without antimetabolites **SL811L (4A)** Lens, Cataract, Extraction with Trabeculectomy **SL811C (6B)** Cornea, Various Lesions, Transplantation with Cataract Extraction and Intra-ocular Lens Implantation **SL701L (4B)** Lens, Cataract (Paediatric), Extraction with anterior vitrectomy **SL702L (5A)** Lens, Cataract (Paediatric), Extraction with anterior vitrectomy – Bilateral **SL703L (4C)** Lens, Cataract (Paediatric), Extraction with anterior vitrectomy and Intraocular Lens implantation **SL704L (5B)** Lens, Cataract (Paediatric), Extraction with anterior vitrectomy and Intraocular Lens implantation – Bilateral **SL705L (6A)** Lens, Combined glaucoma implants with cataract extraction (w/wo Intraocular Lens implantation) **SL706L (4C)** Lens, Complicated Cataract Extraction With Intraocular Lens Implant (Capsular Tension Ring/Capsular Tension Segment/)	

S/N	TOSP code	Inappropriate Pairings **for a single surgical/procedural episode in the same eye**
13	**SL810L (5A)** Lens, Cataract, Extraction with Intra-ocular Lens Implant and Trabeculectomy with/without antimetabolites	**Should not be submitted with any code involving cataract extraction with intra-ocular lens implant or trabeculectomy**, such as: **SL811L (4A)** Lens, Cataract, Extraction with Trabeculectomy **SL814L (4A)** Lens, Various Lesions, Secondary Intra-Ocular Lens Implantation Without Vitrectomy
14	**SL811L (4A)** Lens, Cataract, Extraction with Trabeculectomy	**Should not be submitted with any code involving cataract extraction or trabeculectomy**, such as: **SL810L (5A)** Lens, Cataract, Extraction with Intra-ocular Lens Implant and Trabeculectomy with/without antimetabolites
15	**SL813L (2B)** Lens, Various Lesions, Removal of Intra-ocular Artificial Lens	**Should not be submitted with any code involving intra-ocular lens implant**, such as: **SL807L (5A)** Lens, Cataract, Extraction with Intra-ocular Lens Implant (Bilateral) **SL808L (4A)** Lens, Cataract, Extraction with Intra-ocular Lens Implant (Unilateral Left) **SL809L (4A)** Lens, Cataract, Extraction with Intra-ocular Lens Implant (Unilateral Right) **SL810L (5A)** Lens, Cataract, Extraction with Intra-ocular Lens Implant and Trabeculectomy with/without antimetabolites **SL814L (4A)** Lens, Various Lesions, Secondary Intra-Ocular Lens Implantation Without Vitrectomy **SL811C (6B)** Cornea, Various Lesions, Transplantation with Cataract Extraction and Intra-ocular Lens Implantation **SL704L (5B)** Lens, Cataract (Paediatric), Extraction with anterior vitrectomy and Intraocular Lens implantation – Bilateral **SL706L (4C)** Lens, Complicated Cataract Extraction With Intraocular Lens Implant (Capsular Tension Ring/Capsular Tension Segment/) **SL800V (5C)** Vitreous, Various Lesions, Simple Vitrectomy (Pars Plana Or Vitreous Washout) **SL801V (6B)** Vitreous, Various Lesions, Posterior Vitrectomy (Pars Plana/ Sclerotomy/ Lensectomy-Extraction With Intra-Ocular Lens Implant/ Endolaser/ Membrane Peels) **SL802V (4A)** Vitreous, Various Lesions, Vitrectomy (Pars Plana/Removal Of Silicone Oil)

S/N	TOSP code	Inappropriate Pairings **for a single surgical/procedural episode in the same eye**
16	**SL814L (4A)** Lens, Various Lesions, Secondary Intra-Ocular Lens Implantation Without Vitrectomy	**SL814L should not be claimed with any code involving intraocular lens implant, vitrectomy or removal of intraocular lens, such as**: **SL812L (3B)** Lens, Various Lesions, Extraction **SL813L (2B)** Lens, Various Lesions, Removal of Intra-ocular Artificial Lens **SL701V (6B)** Vitreous, Various Lesions, Complex Posterior Vitrectomy (PVR, GRT, Trauma) **SL800V (5C)** Vitreous, Various Lesions, Simple Vitrectomy (Pars Plana Or Vitreous Washout) **SL801V (6B)*** Vitreous, Various Lesions, Posterior Vitrectomy (Pars Plana/ Sclerotomy/ Lensectomy-Extraction With Intra-Ocular Lens Implant/ Endolaser/ Membrane Peels) **SL802V (4A)** Vitreous, Various Lesions, Vitrectomy (Pars Plana/Removal Of Silicone Oil) *Note: Where intraocular lens implantation is performed with vitrectomy, SL801V should be used.
17	**SL811E (4A)** Eye, Squint, Operation (One/Both Eyes - 3 Muscles Or More) **SL812E (4A)** Eye, Squint, Operation (One/Both Eyes - Adjustable Sutures) **SL813E (4A)** Eye, Squint, Operation (One/Both Eyes - Transposition)	**For this set of squint codes, no 2 codes of any combination are allowed to be submitted together**.
18	**SL701E (5A)** Eye, Glaucoma, Goniotomy/Trabeculotomy (Bilateral) **SL702E (5A)** Eye, Glaucoma, Goniotomy/Trabeculotomy (Bilateral) – Paediatric **SL703E (4A)** Eye, Glaucoma, Goniotomy/Trabeculotomy (Unilateral) – Paediatric **SL804E (4A)** Eye, Glaucoma, Goniotomy/Trabeculotomy (Unilateral)	**For this set of glaucoma codes, no 2 codes of any combination (including with itself) are allowed to be submitted together.**

Annexes

Annex A - MOH FCM No.47/2018	
Annex B – Checklist for claiming surgeries for eyelid ptosis correction