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CEOs, CMBs, CFOs, BOMs
Public Hospitals and National Centres
Private Hospitals accredited under MediSave/MediShield Life Scheme

UPDATES TO THE TABLE OF SURGICAL PROCEDURES AND REMINDER ON GUIDELINES ON MEDISHIELD LIFE AND MEDISAVE CLAIMS FOR SURGICAL PROCEDURES

The attached circular:

- a) Informs MediSave and MediShield Life accredited medical institutions on the updates to the Table of Surgical Procedures (TOSP) since the last round of revisions to the TOSP were announced in MOH FCM No. 57/2020, which can be found in Annex A, on 22 Dec 2020; and
- b) Reminds all medical and dental practitioners on the appropriate utilisation of TOSP codes when making MediShield Life and MediSave claims for surgical procedures.

2. The changes outlined in the attached circular will be effective from 13 Jan 2022 and should be read together with MOH FCM No. 57/2020.

BACKGROUND

3. The TOSP is a classification of surgical procedures according to complexity. Procedures are grouped into 21 tables with increasing complexity from Table 1A to 7C. Since 2013, the TOSP Review Committee convenes regularly to review the TOSP, to ensure that the procedures included in the TOSP are evidence-based, and up-to-date.

4. Following the 2019/2020 TOSP review cycle, MOH updated the TOSP on 22 Dec 2020, as circulated in MOH FCM No. 57/2020. The updated TOSP found in Annex B has taken effect from 1 Feb 2021.

(A) UPDATES TO THE TABLE OF SURGICAL PROCEDURES



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5. Since then, MOH has conducted further reviews on certain TOSP codes following clarifications from medical institutions and insurers. The updates to the TOSP are summarised in Table 1:

Table 1: Summary of updates to the TOSP

S/N	TOSP codes reviewed	Updated MOH guidance
1.	SA902S (1B): Skin, pre-malignant lesions, Excision/Vaporisation by laser and other ablative modalities, therapeutic, up to 4 sessions in 12 months (To provide histopathology report if audited) SM839E (2A): Ear, Tympanic Membrane, Unilateral, transtympanic perfusion of drugs, with injections/myringotomy including repeat procedures during a 90-day period in the same ear SM700N (1A): Nose, Nasoendoscopy/ Nasopharyngolaryngoscopy (single or repeat examinations, during a 90-day global period)	Frequency limitations on these TOSP codes are under review and will not apply until further notice.
2.	SD720H(1B): Heart, Insertable Loop Recorder SD815H(3B): Heart, Heart Block/Arrhythmia, Insertion of Single Chamber Pacemaker (Permanent)	The following codes should not be used for the implantation of AngelMed Guardian device.

SUSPENSION OF FREQUENCY LIMITATIONS FOR FREQUENCY LIMITED TOSP CODES

6. With reference to Table 1 S/N 1, during the 2019/2020 TOSP review cycle, MOH had introduced three new, frequency limited TOSP codes, namely SA902S, SM839E and SM700N. As the frequency limitations of these TOSP codes are currently being reviewed, they have been suspended until further notice (see Annex C for the email note to all medical institutions dated 26 Apr 2021). This means that medical institutions can continue to submit these three TOSP codes for claims, and there is no need to adhere to the frequency limitations. Medical institutions may resubmit impacted claims with date of admission between 1 Feb 2021 to 26 Apr 2021 (inclusive).

MEDISHIELD LIFE AND MEDISAVE CLAIMS FOR ANGELMED GUARDIAN DEVICE FOR MONITORING OF ACUTE CORONARY SYNDROME (ACS)

7. With reference to Table 1 S/N 2, MOH has also received queries on the use of AngelMed Guardian device for monitoring of ACS. Although this device is FDA-approved, it is not registered with HSA under the Singapore Medical Device Register

(HSA). Please be informed that the surgical procedure for the implantation of the AngelMed Guardian device will not be claimable under MediShield Life and MediSave TOSP limits from 13 Jan 2022 (based on date of admission).

(B) REMINDER ON GUIDELINES FOR MEDISHIELD LIFE AND MEDISAVE CLAIMS FOR SURGICAL PROCEDURES

8. MOH would like to remind all clinicians and medical institutions that the TOSP code used for claims should be the one that best describes the surgery/procedure performed. 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 surgery¹ or procedure, even if it consists of multiple steps; and
- c) Perform each component procedure in separate episode of surgery or procedure, for procedures that could otherwise be performed under a single TOSP code/episode.

9. For para 8b, if a single TOSP code adequately describes the surgery/procedure performed, **only one TOSP code should be utilised**. This is regardless of the number of primary surgeons or the number of intermediate steps involved in the single episode of the surgery/procedure. MOH has noted 2 such instances of wrong coding:

- a) Revision total knee replacement should only be coded for by SB717K. Additional codes for the removal of screws or prostheses should not be included.
- b) Whipple procedure coded under SF809P, includes removal of the head of pancreas, the duodenum, the gallbladder, a portion of the bile duct, and if required, a portion of the stomach. resection of the various components cannot be coded separately.

10. MOH will be monitoring the filing of TOSP codes for MediShield Life and MediSave claims. We have also alerted Integrated Shield Plan insurers to inform us of cases they detect in their claims processing. Clinicians or medical institutions that submit inappropriate claims may face any or all following consequences:

- i. Having their Approved Medical Practitioner status being suspended by MOH;
- ii. Risk being the subject of a complaint to the Clinical Claims Resolution Process; and/or
- iii. Being reported to the Singapore Medical Council (SMC) and Singapore Dental Council (SDC) for disciplinary action, particularly when the behaviour has been found to be persistent.

¹ A single surgical/procedural episode refers to the entire suite of services provided during the time the patient arrives to the operating theatre complex until the patient leaves. If the patient requires anaesthesia, the continuous period under General Anaesthesia/Sedation is also defined under the same surgical episode

CONTACT INFORMATION

11. For further clarifications, please contact:

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12. Kindly disseminate this circular to relevant staff for their information and follow-up.

Yours sincerely,

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Transmitted electronically, no signature required

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MINISTRY OF HEALTH
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